HONESTY AND DISHONESTY IN THE CONSULTING ROOM

Owen Renik, M.D.

In clinical analysis, the patient is asked to report his or her thoughts with unusual honesty. Clearly, a corresponding honesty is called for from the analyst. There is a great deal of controversy in our field concerning the issue of self-disclosure–i.e., the question of what it is useful for an analyst to say to a patient–but I think there is general agreement that whatever an analyst decides to say, it should be honest. At any given moment, an analyst may choose not to share all of his or her thinking with a patient. However, an analyst should not deceive a patient, either by omission or by commission.

The problem is, of course, that there are important limits to how successfully we can avoid deceiving our patients, no matter how well intentioned we are, because we deceive ourselves; and we cannot help passing on our self-deceptions. Consider the following clinical experience that I had some years ago.

Leon was a young man who was terribly hemmed in by obsessions and compulsions of all sorts. He spent the better part of every day preoccupied with intrusive, nonsensical thoughts or executing various rituals. After two years or so, our analytic work together had gotten to the point at which we were able to understand that these activities served to prevent Leon from being aware of violent, sadistic fantasies that would come to his mind and disturb him very much. This timid and inhibited man was inwardly boiling with rage, often in response to apparently trivial events. A female coworker would close a window he had opened and he would imagine grinding his heel into her face.

The question for us had become why Leon was so prone to fury, especially to fury at women; and here we were stuck. He had certain grievances toward his mother, and we had gone over these. Something in

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Leon's attitude toward me seemed relevant—a demandingness that was only thinly covered over by ingratiation and compliance—but the transference elements involved remained elusive. We just had not made much headway in clarifying his chronic anger.

There were sometimes claustrophobic aspects to the situations that seemed to provoke Leon, and his associations suggested that resentment toward a younger sibling in utero might have been playing an important genetic role in generating his sadistic fantasies. He had a dream in which he was swimming around in a pond, urinating, thus killing some young corn that was growing on the bottom. That dream, in particular, made quite an impression on him. He felt it confirmed the idea that he might have been hostile to the arrival of a younger sibling, and he ransacked his mind–with characteristic obsessive thoroughness–about his feelings toward his six-year-younger sister, trying to dredge up memories of her birth, of his mother's pregnancy and his reactions, etc. It all yielded very little. The analysis was at an impasse.

Now, Leon had trouble sleeping, and from time to time made use of a mild sedative that he got from his internist. When he first described taking the pills, I made some comment about medicating his anxiety instead of analyzing it, such that he firmly associated me with the idea that renunciation was in order. In fact, he came to take the pills less and less, and would look to me for approval about his progress in this regard. It was not a major point of investigation, but I did have the chance from time to time to remark that not using the pills seemed to be something Leon felt he was doing at least as much for me as for himself. Of course, I encouraged him to look into his fantasies about my investment in the matter.

On one such occasion, Leon came in and announced that he had not taken any sleeping pills for a month. As usual, I did not congratulate him, and as usual he complained about this. In the course of exploring his reactions to this familiar situation, he moaned that it was like being weaned from the breast, and I couldn't realize how difficult it was. I made the following comment to him: "It's as if you feel like the only person who was ever weaned from the breast."

The patient was struck by my interpretation. He blinked and paused fractionally, and thought about the fact that his own son had been weaned from the breast some years earlier. He reflected that what I said about his not being unique had been true. As he spoke about recognizing that others had, indeed, been weaned from the breast, Leon made a slip, substituting the name "Gary" for his son's name. When he claimed to know no one named Gary, I suggested that it couldn't have come from nowhere and that