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 trend 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 ingratiating and compliance—but the transfer-
ence 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 zero might have been playing an important
generative role in generating his sadistic fantasy. 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 moth-
er'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 desorbed tak-
ing the pills, I made some comments about alleviating his anxiety instead
of analyzing it, such that he firmly associated me with the idea that remu-
nerization 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 reac-
tions 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 fol-
lowing 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