HOW PSYCHOTHERAPISTS HANDLE DIFFICULT CLIENTS: LESSONS FOR LIBRARIANS

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It is not uncommon for librarians to encounter what they might regard as a "difficult" patron at one time or another in their career. Fortunately, in most cases these encounters have been limited to an occasional interaction with a difficult person or two. Rarely is it the case that a librarian must contend with difficult patrons on a frequent and extended basis.

The same cannot be said for psychotherapists. As a profession, psychotherapists are much more likely to have what might be termed "difficult" persons as clients. Some of these individuals may be drawn to therapy in order to seek treatment for their difficulties, and many more are likely to be forced to seek therapy because they have been characterized by others as being difficult. Teachers, police, judges, employers, and physicians are occupational groups that are likely to refer those whom they regard as "difficult" to psychotherapists.

The interesting question for librarians then becomes, if psychotherapists are likely to work with difficult clients on a regular basis, how do they manage? How is it that they manage these individuals on a routine basis, and how are they themselves able to cope? Psychotherapists are able to listen to and work with a steady stream of belligerent, complaining, obnoxious individuals and still take considerable satisfaction in their work. How is this possible?

It is the purpose of this study to investigate why it is that psychotherapists are so capable of dealing with some of society's most troubled persons. Is it something about the personality of the psychotherapist that makes this possible? Or is it because of techniques that a psychotherapist uses? The results have obvious implications for the field of librarianship, because it would seem that librarians could use some of these same

techniques in their encounters with difficult patrons. If librarians are better able to understand how it is that psychologists successfully treat difficult patients, they might use that knowledge to improve their relations with their own difficult patrons (Schwenk, Marquez, Lefever, and Cohen 1989).

The Difficulty of Defining "Difficult"

Although psychologists have written many articles about treating difficult patients, they acknowledge that it can sometimes be difficult to define what they mean by "difficult." Perhaps the reason for this is that there are many different ways people can be difficult. To try to simplify the definition by focusing on one particular way in which people are difficult does not do justice to the complexity of the difficult person or the problem in general. Instead, it might be better to acknowledge that there is no single authoritative definition of a difficult patient, but a range of them.

Among the ways psychotherapists have defined "difficult" include a person who seeks help but then fails to listen to advice or rejects it (Yalom 1985). The famous psychiatrist Eric Berne suggested that even though difficult people ask for help they do not really want it. They are actually playing a game in which the real reason they ask for advice is so that they can reject it (Berne 1964). Many psychotherapists have noted that difficult people complain to achieve various forms of psychological gratification, not to actually get help or solve a problem (Berger and Rosenbaum 1967). One therapist has suggested that "difficulty" is to some degree in the eye of the beholder, and that the needs, expectations, and tolerance level of the psychotherapist all contribute to who is defined as "difficult" (Noonan 1998).

Other therapists have pointed out that the definition of "difficult" is not so much subjective as it is social. A difficult person is one who is perceived by others to be abrasive, irritating, aggressive, or annoying (Wepman and Donovan 1984). In other words, one sure means of determining objectively whether a person is "difficult" is the degree to which others feel uneasy when the person is around. Another indicator of "difficult" would be the extent to which people will engage in avoidance behaviors in order to not be around the person (Litvak 1994). So it appears that "difficult" is not merely a subjective label but has an objective social dimension to it. This social definition of "difficult" would seem to be the most compelling. The author has worked in several libraries, each of which had certain patrons that were known to the public services librarians as being "difficult." In each case, there was a high degree of social consensus and no instances in which librarians could not agree on whether the person in question was really "difficult" or not. In other words "difficult" was not a subjective judgment.

The Psychology of Difficult Persons

What makes difficult patrons behave the way they do? Psychologists attribute difficult behavior to several possible causes. Some therapists believe that difficult persons may themselves have been abused by difficult people in their early years. The difficult person later grows up to be deeply ambivalent: the difficult person wants help, but also fears it. Psychologically, their abrasiveness is a defense against closeness, the fear of being injured by the person they are seeking help from (Stern 1984).

Many therapists feel that the difficult person tries to unconsciously re-create in the present the early abusive relationship they experienced with an early caretaker. That is, a

difficult patron will at times try to make the librarian behave in the same abusive manner that the early caretaker did. At other times, the difficult person will try to make the librarian feel like the abused, victimized recipient of the caretaker's mistreatment by acting in an aggressive and abrasive manner. Psychotherapists hypothesize that the reason difficult patients attempt to recreate the early difficult relationships they experienced in their relations with others is because of their inability to articulate these traumatic experiences (Book 1997).

In a psychological sense, difficult persons are deeply contradictory. It is not that they dislike other people, it is others that dislike them. They often act like victims, but actually act to aggressively destroy relationships. Help is rejected in order to avoid being rejected by their helpers. Helpers are viewed as antagonists, and difficult patrons are likely to be hypersensitive to the slightest indication of dislike on the part of those who try to help them (Davis 1984).

The difficult person will frequently alternate between being victim and abuser in the manner he relates to others. Many therapists have noted that the difficult person will at times exhibit behavior that resembles that of a demanding, needy child. Difficult people want a great deal, but are unwilling to extend themselves. Many difficult persons think that they somehow deserve and must be given special treatment. Difficult persons can be so demanding that it seems inevitable that they will never get everything they want (Messer 1999). Once they realize this, they slip into a victimized complaining mentality that serves to further alienate them from those who attempt to help them.

Clearly, the difficult person syndrome is extremely complex psychologically. In attempting to help difficult persons, the psychotherapist—and the librarian—have their

hands full. Difficult patients, as the above explanation makes clear, are among the most challenging clients therapists face. If they represent a challenge to therapists, who have such extensive training in psychology, imagine how much more difficult they appear to librarians. With this in mind it may be helpful to examine closely how psychotherapists contend with these challenging patients. Psychotherapists have much to teach librarians about what to do the next time they encounter a difficult patron at the reference desk.

Handling the Difficult Patron

Psychotherapists have researched extensively the question of how to successfully treat difficult patients. The results of some of the studies seem to be what one might expect. One study, for example, found that the greater the degree to which therapists relied on optimistic perseverance, the better they saw themselves as coping with stressful clients (Medeiros and Prochaska 1988). This might be said of many activities however, and does not seem especially insightful. Another study was conducted of how therapists are able to overcome difficult, resistant, uncooperative patients. It found that therapists that dressed and talked informally and that made frequent references to their own experience were more effective in reducing resistance among difficult clients. Therapists who behaved in a more formal, reserved "expert" role were less successful (Miller and Wells 1990). It also seems likely though, that any client, difficult or not, would find someone who treated them less formally and in a more self-disclosing manner attractive .

Other studies of working with difficult clients are more interesting. They go beyond the obvious and examine the psychology of handling these kinds of people in more depth. Many of these studies are written from a psychoanalytic perspective,

because it was Freud who originally defined the difficult patient. According to Freud, a difficult client was one who could not form a positive transference with the therapist. Before going any further, it may help to take a look at what a few of these technical psychoanalytic terms mean.

Transference and Countertransference

In a general sense, transference is a psychological process that occurs when a patient relates emotionally to a therapist in a manner similar to the way he or she related to early important figures in the patient's life. The patient, for example, may regard the therapist as hateful because the therapist somehow reminds him of an uncle whom he never liked as a child. Earlier, it was suggested that difficult people tend to relate to others as a result of the way they have been treated earlier in life. When a difficult patron treats a librarian as an abuser or as a victim, these are forms of transference. The difficult person attempts to recreate the abusive relationship that the person experienced from early caretakers, and alternates, at times taking on the role of the abuser and at times the role of the victim (Ivey 1995).

Even more interesting is the flip side of this emotional coin. Not only does the patient react emotionally to the therapist to create a transference of feelings, but the therapist also reacts emotionally to the patient. This emotional reaction on the part of the therapist is referred to in psychotherapy as countertransference. Particularly in the course of treating difficult patients, psychotherapists are likely to experience strong countertransference feelings. These are engendered as a result of the especially difficult behaviors and ways of relating that such patients exhibit. Although therapists strive to be

objective and scientifically neutral in an emotional sense, they are also human and vulnerable. As a result, they must at times struggle to control their emotions in working with the difficult client (Marshall and Marshall 1988).

These emotional struggles are understandably difficult for the therapist. Much like a librarian, a therapist confronted by an abrasive, complaining, obnoxious, manipulative, or aggressive client may find this emotionally wrenching. This may seem surprising, since many people regard psychotherapists as having a degree of self-awareness and emotional control, or at least more than the average person. The psychological literature suggests that this is not always the case.

Countertransference feelings are particularly difficult for those in the helping professions. Psychotherapists and librarians have both been trained to help people, and both are members of occupational groups that have a strong ethos of helping associated with them. When an encounter with a difficult person causes librarians to feel anger, disgust, contempt or disdain toward the person, it is especially upsetting because of the occupational and professional values they have been socialized into and have internalized. A librarian is likely to feel guilty for regarding the patron in such a negative manner. It is natural for librarians to feel that their feelings have been manipulated. Difficult patrons are skilled at "pushing people's buttons," and at causing emotional upset in others (Hinshelwood 1999). This can cause unprepared professionals to rapidly lose self-esteem and self-confidence and can cause them to place their professional identity in question.

Coping With Countertranference Reactions

Given the strong professional emphasis on helping, the librarian may well try to deny his or her feelings of anger, aversion or helplessness. Psychotherapists suggest doing the opposite. Instead of becoming overwhelmed by one's emotional reaction and immediately trying to deny it, psychotherapists recommend that the helper fully acknowledge his or her negative feelings toward the difficult client (Staley, 1991). While it is admirable to try to be as objective and impartial toward the client as possible, when negative emotions do arise psychotherapists try to acknowledge and accept those feelings and impulses as part of being human. To try to deny or suppress them creates psychic turmoil and increases a helper's stress level. It is important to recognize that they are human and have needs like everyone else, including a desire to feel needed and respected. It is also important for the librarian to realize that the emotions being experienced are not particular to him or her. Anyone confronted with the same difficult individual would experience similar feelings.

Often the librarian will feel as if he or she is being put into a role by the difficult patron. In fact, this is often the case. Psychologically, the difficult patron has a tendency to unconsciously recreate early divisive relationships. The difficult patron will cast the librarian in the role of the abusive person by acting abrasively in order to test him or her and see if he or she will react negatively. The intention of the difficult person is to see whether the librarian will in turn become abusive or mistreat him. Difficult persons are unable to articulate or explain their psychological problem, so instead they act it out because it is the only way they know how to communicate their early traumatic

experience with caretakers (Book 1997). Unleashing their emotions can also serve as a form of catharsis for them.

The natural reaction of the psychotherapist or the librarian, when confronted by the difficult person is that most basic and primitive of stress reactions: fight or flight. Yet neither of these reactions will help the situation. A withdrawal response on the part of the librarian will encourage the difficult person to become more abusive, because the librarian's victim-like reaction triggers memories of the role the difficult patron was forced into by early caretakers. If the librarian initiates a fight response and becomes angry or retaliatory, the difficult person will react by assuming the role of victim, and complain of mistreatment or lack of respect on the librarian's part. When faced with this difficult double-bind situation, what can a librarian do?

Utilizing the Containment Function

The way that psychotherapists handle this kind of situation is to serve, in a psychological sense, as a container. What this means is that instead of reacting to the difficult patient's behavior with aggression or withdrawal, the therapist simply allows the patient to act out, or actually re-enact the troubled way of relating to others that is so characteristic of the difficult patient's past. The difficult patron is testing the helper to see how much the person is willing to put up with (Siegel 1990). By not reacting as most people have in the past, the therapist or the librarian serves to defuse the situation emotionally. By remaining as calm and objective as possible, the librarian is actually educating the difficult patron. Adopting a non-flight response shows the difficult patient that there is another way to relate to people that is outside the aggressor-victim

dichotomy that the difficult patron typically gets stuck in. On the other hand, if the librarian reacts with anger or anxiety, the difficult patron is likely to unconsciously relate to the librarian as either aggressor or victim.

Instead, what is called for is that, utilizing the containment function, the librarian does not allow his own emotions to overwhelm him to the point that they interfere with his helping role. As challenging as it may be, the librarian must try to utilize his or her cognitive understanding of the psychology of the difficult patient to realize that he or she is there simply to "be with" the patron rather than become aroused, provoked or otherwise phased by the difficult person's behavior (Fiore 1988). Not allowing the behavior of the difficult person to trigger an emotional reaction frees the librarian to focus or whether there is a real need for library help that is obscured by the difficult person's obnoxious behavior. By understanding that the difficult person's behavior is not a personal attack on them, but simply how that person relates to everyone, librarians can regard these tortured individuals empathetically rather than hatefully or with fear.

Many psychotherapists have mentioned the importance of acceptance in working with the difficult patient (Otani 1989). In order to treat difficult behavior, it is first necessary to accept it rather than avoid it or condemn it. Trying to control the behavior will only aggravate or escalate it. The librarian who accepts the difficult patron and lets him or her know this stands a much better chance of getting that person to cooperate, judging from the results of controlled studies of psychology outcomes (Orlinsky and Howard 1986). In other words, the best strategy to manage difficult behavior is to accept it. Arguing with the patron only serves to reinforce resistance. Some therapists have even used paradoxical techniques that involve agreeing with the patient rather than trying

to refute him. If an angry patron comes to the reference desk complaining that the online catalog is too slow, it might be better to say "I know, I hate it too when I'm doing research and it begins to just hang there," than to say, "It probably has something to so with our Internet connections, which is something we have no control over." The librarian, by exhibiting a degree of empathy, sets the groundwork for forming an alliance with the patron. This kind of paradoxical approach can be effective in disarming the patron who approaches the desk looking for a confrontation (Carberry 1983).

Modeling and Kinesics

Irritable and abusive clients are among the most challenging and difficult problems that psychotherapists face in their work. The same holds true for librarians. When an angry patron is acting or speaking abusively, it does little good to try to face the person down. Engaging in a contest to see who has more power is a futile exercise. It is also pointless to attempt to tell them to calm down. It is necessary to try to help them regain their composure, but the best way to do it is to model it. If the librarian uses kinesics, or "body language" as it is commonly known, and deliberately speaks and moves in a slow, calm, deliberate manner, the patron will get an indirect message that the situation is deescalating and that there is no reason to act hysterically or irrationally (Davenport 1999).

Involving Other Staff

Some difficult patrons may be unable to obtain the satisfaction they seek from one librarian, and may then try obtaining it from other librarians. They may try various

tactics to obtain what they want, like playing one librarian off another. Many librarians have experienced a situation in which a patron approaches them at the desk and asks a question. When an answer is offered, the patron then says "But the other librarian told me something else." The author has even experienced situations in which a dissatisfied patron will walk over to the other librarian sharing the desk and ask them the same question.

When faced with a difficult client, psychotherapists will often consult with colleagues about the person. Librarians might consider doing the same. There are several benefits to doing this. To begin with, other colleagues are alerted to the possibility that they may encounter this person. Second, the librarian can get advice and suggestions for how to handle the individual. Some colleagues may already know the person in question, and may be able to offer the benefit of their experience (Kottler 1992). Others may have encountered a similar patron at some point in their careers.

Turning to colleagues for advice and support can be very helpful, but there are also some caveats to be aware of. It is important to act professionally and avoid contests to see who can complain the most about a patron, or who has encountered the most awful patron. It is important to try to maintain some sense of empathy and compassion for even the most abrasive and obnoxious patrons. It is easy to label a client as "difficult" and thereby reduce them to the status of deviant, rather than regard them as the complex, suffering individuals that they are (Norton and McGauley 1998). Labeling a patron as "difficult" can be a way of stigmatizing them so that they are easier to dismiss as beyond help. Once this occurs, there can be little possibility of making any real progress with the

patron, since they have been relegated to a class of patrons that are often merely tolerated rather than genuinely cared for.

Vicarious Traumatization and Self Care

Working with difficult clients is extremely demanding for both psychotherapists and for librarians. As mentioned earlier, difficult clients tend to re-enact their traumatic interactions with those they encounter. This can create a kind of vicarious traumatization in professional helpers that can sap one's ability to be empathic and to believe in one's self-efficacy. The therapist is alternately cast in the role of abuser and victim, and indirectly exposed to the often intense emotions and mood swings that can be characteristic of the difficult client.

Psychotherapists realize that working with difficult clients can be stressful and are proactive about being self protective. They have developed strategies for balancing and countering the negativity they are exposed to in the course of their work. Among the strategies that they can use to stay healthy and maintain perspective is to seek out various kinds of rejuvenating experiences and relationships. Spending quality time with friends and family or taking time out to attend artistic or cultural events can be ways to restore the helper's perspective

Psychotherapists also make use of various relaxation strategies to promote self care. These include deep breathing to relieve stress, progressive relaxation, and the use of guided imagery to enhance relaxation. Some therapists engage in meditation to alleviate tension. Others keep a journal of their experiences and emotions, which can be not only cathartic but also a way of gaining insight into one's thought processes.

Psychotherapists use various combinations of these techniques to maintain maximum effectiveness with clients (Brems 2000).

Experienced therapists understand that it is important to engage in both physical and psychological compartmentalization. Boundaries need to be drawn physically between work and home, and boundaries need to be established mentally as well. An encounter with a difficult patron can sometimes result in intrusive thoughts, flashbacks, and dreams. The librarian may find that even after work he or she may mentally reenact the encounter numerous times and think about how it might have been handled differently or better. This kind of reflection is problematic if it becomes obsessive. Therapists are able to counteract it by recalling successes—even small ones—with clients, and librarians can do the same (Ryan 1999).

In fields like psychotherapy and librarianship that have traditionally maintained a strong service orientation, the idea of self care may strike some as sounding self-indulgent or even narcissistic. Should we not be spending all our time trying to do everything we can for patrons, and worry about ourselves second? Psychotherapists say no. They argue that not engaging in various forms of self care can be irresponsible and potentially damaging to one's self and eventually to one's clients. They believe that focusing exclusively on the care and well being of clients leads to distress and ineffectiveness among practitioners. Adequate self care is necessary to prevent burnout and promote optimal functioning. Working long hours without a break, failing to take adequate vacations, and harboring unrealistic expectations about how much can be accomplished with difficult clients can all take their toll on the librarian emotionally and

physically. Ultimately it is the patron who loses because the stressed, impaired librarian cannot deliver an adequate level of service (Carroll, Gilroy, and Murra 1999).

At least in theory, many psychotherapists have the professional training and sensitivity to be aware that they may be stressed and not capable of functioning well. Many have been in therapy themselves and are aware of how their mind works and of what their emotional weaknesses and limitations may be. They should therefore be capable of recognizing when it is necessary to engage in various forms of self care needed to restore themselves. The same cannot be said for librarians, who are likely to have less self awareness and be less attuned to their own needs for restorative measures. Librarians are likely to engage in more self denying, masochistic behaviors that if left unchecked could not only compromise the efficacy of the librarian with patrons, but result in physical, emotional and social problems for the librarian. Self care awareness and training programs need to be better integrated into library training and supervision. The stigma associated with self care, that it is selfish and indulgent, needs to be removed. Librarians need to realize what psychotherapists are increasingly coming to terms with: that they are human and vulnerable and in need of self care as a preventative measure.

Difficult Patrons as a Means of Growth

Librarians typically regard difficult patrons the same way most other people regard them. They are seen as an annoyance, and interacting with them is something to be avoided as much as possible and when unavoidable, something to be endured. But some psychologists take a different view, and regard difficult clients as a potential means

of growth. From this perspective, difficult clients provide helpers with a means by which they can hone their professional skills and also become better people in the process.

How is it that this is possible? One reason has to do with the fact that most patrons do not offer much of a challenge in terms of their interactive style. They behave in fairly predictable ways and cause us as librarians to respond in fairly predictable ways. The lack of variation can be a source of comfort, but also limiting in some regards. We become so accustomed to treating patrons in a standardized fashion that we lose the ability to respond well to people and situations that are out of the ordinary (May 1983).

The difficult person challenges us to break out of our secure, routine ways of interacting and take risks. Psychologists have an approach to therapy called "stress inoculation." By exposing patients to low levels of stress in controlled situations, the therapist gradually works toward building up a tolerance or resistance to stress in the patient. Working with difficult patrons may have a similar effect, in that the librarian learns to cope with the patron. This makes handling other difficult patrons easier, not to mention ordinary patrons (Meichenbaum 1985).

The librarian is able to learn much about the behavior of the difficult person, but also about his or her behavior in regard to that person. By observing his or her own assumptions and reactions the librarian may be able to enhance his or her self understanding. Difficult people force us to stretch ourselves to tap resources we seldom utilize in our work with ordinary patrons. Librarians who work with difficult patrons learn to think under pressure. They are required to extend themselves by exhibiting exceptional levels of tolerance, patience, empathy, and courage. Difficult patrons also

require a large amount of self control on the part of librarians. The librarian's personality may be enhanced by these demands (Tennen and Affleck 1998).

Not surprisingly, librarians who have worked with difficult patrons are likely to feel more adaptable and resourceful in the face of stress and uncertainty. Suspending customary habits and meeting the challenge posed by difficult patrons can lead to a sense of mastery (Wethington, Casper, and Holmes 1997). It instills a feeling of self confidence and self reliance, that one can handle anything. Difficult patrons force the librarian to think on his or her feet, to be more spontaneous and creative than situations normally call for. Librarians ordinarily do not receive much training in how to relate to patrons as part of their professional education, so they must rely on their intuition and judgment. Difficult patrons help librarians develop their own personal style of relating to patrons, since this is an aspect of librarianship not taught in books. It must be learned through experience, much as the psychotherapist learns how to handle difficult patrons through internships and practicums rather than in the classroom (Wolgien and Cody 1997).

Conclusion

Psychotherapists appear to have much more formal and strategic ways of handling difficult clients than librarians. They have studied the difficult patron carefully and have a more sophisticated understanding of why difficult patrons behave the way they do. One reason psychologists are able to manage difficult clients is that they understand that difficult people behave the way they do as a result of a difficult upbringing. This upbringing has damaged them psychologically, which helps therapists feel empathy

toward them rather than anger or anxiety. Librarians must learn to feel a similar regard for these individuals with a tortured past.

Understanding the dynamics of the transference and countertranference processes is another way that therapists are able to maintain self control. By expecting to be provoked and not reacting to the difficult patient's provocation, they are able to remain calm and focused enough to be of real assistance to the difficult patient. Once librarians understand how transference and countertransference work, they too can muster the composure necessary to be of genuine help to their difficult patrons, rather than get caught up in the emotional turmoil of the immediate encounter. By stepping back, taking a deep breath, and acknowledging to themselves that the negative emotion that the difficult person generates is not directed toward them personally, but is projected on almost everyone the difficult person interacts with, librarians can concentrate on the patron's research problem rather than the overwhelming feeling that the patron is the problem. Letting one's emotions overwhelm one's cognitive reasoning processes can only serve to impede the transaction.

The challenge then for both psychotherapist and librarian is not only to realize that there will be uncomfortable feelings generated in them by the difficult person. It is also to be able to acknowledge these strong feelings of aversion and fear. Then, instead of denying them or suppressing them, one can utilize them constructively so that the difficult patron receives help. By being keenly aware of one's own reactions to the difficult patron and, to the extent possible, anticipating them, the librarian can approach a degree of self control. For the difficult patron, who is used to provoking emotional reactions in others, the presence of a relatively un-reactive person who does not reflect

back negative affect will not only be novel, but hopefully also disarming, comforting, and

possibly even therapeutic.

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