Psychocatalytic Benefits of the Unexpected

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Fresh doctors would say they deliberately try to catch their patients off guard, but doing so under the right circumstances can have salutary effects. Consider my first meeting with the young Ms. M. Having discovered her fiancé’s infidelity, she had impulsively swallowed a bottle of aspirin and managed to get herself involuntarily committed to a locked psychiatric unit, where I met her the morning after her admission. She was feeling scared, angry, ashamed, and betrayed — and was in no mood to tell her embarrassing story to yet another intimidating stranger. I donned my friendliest persona but got nowhere: she refused to make eye contact, stonewalled my questions, and sneered at my evidently lame empathic comments. It was time for a new tack.

“Maybe you could tell me something about what you do for fun,” I suggested.

“No.”

“Taylor Swift? Beyoncé?”

Now her patience was expiring. “I said, I like all music.”

“That did the trick. She appeared a bit startled, apparently wondering whether she’d heard me correctly, and then tried unsuccessfully to suppress a tiny smile, reluctantly peering sidelong at the annoying gray-haired psychiatrist I no doubt appeared. As she confided that indeed she couldn’t listen to country western music (alas, a common aversion in a place like Massachusetts), it was clear to both of us that the hard part of the interview was over. She quickly became something of a chatterbox, which of course facilitated her capacity to engage with her treatment team and make the most out of what ended up being a brief hospitalization. What had happened?

My country western question was a test dose of the unexpected, an attempt to get Ms. M.’s attention in a new way that would allow a shift of her perspective about me as well as the entire treatment situation. By gently startling her, I wanted to telegen something like the following: “I know your situation seems frightening and I seem ridiculous, but I’m actually a reasonably normal person who even has a sense of humor. Maybe we can see eye to eye on something unrelated to hospitals and overdoses.” I knew that simply saying as much would have felt like performing a transfusion with a small-gauge needle. Given how anxious and guarded Ms. M. was, it seemed more effective to show rather than tell her that I was largely harmless, potentially trustable, even “relatable” — and not the patronizing authority figure she apparently expected. I slipped in a question that she might expect to hear from a fellow human being, if not necessarily from The Doctor.

Unexpected or surprising utterances can have what might be called “psychocatalytic” effects, triggering or crystallizing a change in perspective. This technique is useful in cases in which a patient would benefit from being nudged out of cognitive or emotional rigidity. A mildly amusing or ironic comment is often effective; where standard approaches based on evidence and logic fail, a touch of humor can sometimes succeed.

My meeting with Ms. M. revealed a common indication for this approach: I had found myself wondering how I could get a patient to understand something that I couldn’t explicitly tell her.

In another instance, I was try-
to keep a treatment alliance going with a hospitalized patient, a charming but very paranoid middle-aged woman who was convinced that she was being victimized by malicious “psychopaths” who followed her everywhere. I had to break the news that owing to an upcoming vacation, my place as her attending psychiatrist would be taken by a colleague of mine whom she knew from a previous admission. Forget it, she snapped: he was obviously another psychopath — and how could I, whom she thought she could trust, do such a thing to her? Briefly stuck for a helpful answer, I then replied apologetically (if politically incorrectly): “You know, I’m pretty sure he’s not a psychopath — but I’m afraid he is a Romanian.” There was a pause while she looked at me as though she couldn’t quite believe what she’d heard — she knew my colleague’s Eastern European provenance — then she reluctantly smiled, much as Ms. M. had, and the tenor of our conversation suddenly switched from adversarial to cautiously playful.

Had I convinced her that my colleague was legitimate? Of course not — but that wasn’t the point. I was trying to convey something along the lines of “I know from our meetings that you have a sense of humor, that you suspect I am not a psychopath, and that you trust me at least a little, so I can kid you without making you feel diminished. I wouldn’t entrust your care to someone who would hurt you.” Her distrust required that I convey this message indirectly; and I hoped that at some level she would recognize that if I were a psychopath, I would probably be focused on harassing my victim rather than on making her smile. Furthermore, it helped to reinforce the idea that we could even collaborate on disagreeing, an ongoing theme of our so-far-successful work together: while she insisted there was nothing wrong with her and therefore saw no reason to take “my” medication, she nonetheless did so. I eventually realized that the comments that tended to catalyze such perspective shifts often amused patients — oddly in keeping with an obsolete definition of amusement I found in the Oxford English Dictionary, one that sounds more like bemusement: “to cause to ‘muse’ or stare; to confound, distract, bewilder, puzzle.” Indeed, my attempts to catch a patient off guard aim exactly for such effects: I want to make the patient look at me harder and differently, to distract him or her from a nonproductive mind-set, and through momentary bewilderment or puzzlement to reboot the therapeutic encounter in a more collaborative mode. Such efforts don’t always succeed. Sometimes I’ll misjudge a situation, the patient is not amused, and the intervention falls flat. But I hope that even when I fail, patients give me credit for at least trying to reach them.

The psychocatalytic benefits of the unexpected utterance are not reserved for resistant or delusional patients. I once interviewed a mother, for example, whose own life had been a succession of self-inflicted misfortunes but who had somehow managed to raise a thriving child. “Looks like his mother must have done something right,” I said in my most matter-of-fact, professional tone. She started nodding reflexively, just being agreeable. Then she paused and looked at me quizically, getting ready to ask me to repeat the comment. But then came the aha moment and a smile of recognition and gratitude conveying that she felt affirmed. Such an affirmation is typically more convincing than direct praise, which can be hard to accept for people who are mostly convinced of their own inadequacy. In this case, the woman’s double-take triggered a shift in her perspective on herself, rather than on me, but the mechanism was similar.

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Does saying surprising, nonstandard things to patients put the doctor at risk for seeming overly familiar or unprofessional? Quite the contrary, I believe. Patients crave an honest connection
to their doctors — as attested to by the old cinematic plea to “just give it to me straight, Doc.” The problem is that sometimes patients aren’t quite ready for that much directness; in order to give it to them straight, we have to look first for a back door, which can often be entered through the unexpected. And what’s more professional than helping patients see what they need to see — even if we have to startle them a bit to do so?

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