

## Casual Encounters for Off-the-Cuff Advice: Managing a Professional Problem

Moshe HaLevi Spero

*The University of Michigan, Social Work and Social Sciences, Ann Arbor, Michigan*

*Trusting the psychological sciences has come hard for a [Orthodox] community which had for so long trusted only their local charismatic religious leader.*

Many have shared the experience of being rather suddenly cornered by an anxious (or reactively calm) acquaintance who claims *en passant* to be interested in some off-the-cuff, psychological advice or opinion. The consumer, for want of a better word, has of course contemplated this move for hours, if not days; carefully playing with the right phraseology for the introductory exposition. This situation is often irritating even for the professional who has experienced it before, and it is a potentially destructive encounter when incautious involvement by the professional results in his or her entrapment.

It could be said that the consumer employing this inappropriate form of therapeutic encounter is engaged in a defense maneuver—for his behavior is motivated by resistance to certain awarenesses and is designed to distort a realistic perception of reality. I shall illustrate some examples of this below. Yet, the professional is also motivated by certain neurotic tendencies which, if unchecked, may dispose him to entrapment, and provide a disservice to the consumer. I suggest that there can be additional unrealistic motivations for entrapment in the Jewish professional, such as in the case of the religiously observant professional practicing in a religious community. Since analytical or self-critical studies of the religiously observant psychotherapist or mental health worker are fewer even than the small number of such professionals, examinations which focus specifically on the professional uniqueness of this group are necessary—even if such uniquenesses are found to be minor or subtle.

Consider some of the more well-known maneuvers:

“Say! Gotta minute? You know, my son has this *one*, funny habit . . .” (*meaning*: this problem isn’t severe; it’ll *only take a minute* to discuss and we’ll be through. After all, there is *only one* thing wrong . . .)

“Gee, *I know this isn’t the time or place*, but, see, my wife and I have been struggling with our five-and-a-half year-old, and . . .” (*meaning*: this isn’t the time or place for *you*, but it’s convenient for me to hit-and-run, and to later claim—should you give me a grave diagnosis—that we really didn’t have the opportunity to discuss *all* the details . . .)

“Lemme ask you a question, you being the big Shrink and all . . .” (*meaning*: I’m too scared of you to even hope that you haven’t already, somehow, figured out all of my children’s problems and mine, too, but if I can get you off guard with a bit of “old buddy” flattery, maybe you’ll seem more fallible in *my* eyes . . .)

“My husband says our son is just a normal kid—and I *know* he’s right—but I was just wondering: my *friend* has this troubled child, and . . .” (*meaning*: I *hope* he’s normal, but I doubt it. Maybe if I give you the diagnosis, you’ll stick to the script. If only this *were* my friend’s problem and not mine . . .)

“Eh, ‘Doctor Freud!’ Didja ever hear of a kid who . . .” (*meaning*: you hopefully heard that it’s normal; and if not, it wasn’t *my* kid anyhow . . .)

Juxtaposing my interpretations (“meanings”) to these introductory phrases illustrates the various mechanisms evident in this largely defensive process of smothering the anxiety which threatens to surface as the consumer confronts a potential source of insight and unmasking. In order of increasing complexity,

these maneuvers utilize denial ("no problem really . . ."), mocking, magical thinking. This is to say nothing about the overall personality of the consumer, whose characterological patterns are not necessarily revealed by a single defensive behavior. Nevertheless, if such statements are to be taken as communications, then we must understand that they communicate the consumer's anxiety, suggest his conflicts or most feared fantasies and apprehensions in the given context, and indicate a momentary unwillingness or inability to perceive things as they might really be.

Thus, the professional who assumes that "a question deserves an answer" errs if he applies this principle to the present problem. Equally, the professional who stands on ceremony and can only respond with thinly disguised anger in the form of a snappy comeback—"I'll listen, but you get what you pay for!"—misses the true character of such casual encounters. Such requests for off-the-cuff professional advice must be dealt with as one would deal with such products if they occurred during an actual therapeutic session. I will return to the problem of management shortly.

In certain religiously observant Jewish communities, such behavior toward a religiously observant mental health practitioner reflects a social as well as individual neurosis. Trusting the psychological sciences has come hard for a community which had for so long implicitly trusted only their local charismatic religious leader. The techniques of, as well as the education behind, a professional psychotherapist have occasionally been challenged by such communities on *halakhic* grounds. Indeed, the respect that has for centuries been afforded the medical professions has not been extended to the mental health profession, whose practice smacks to many of sorcery, heresy, or of "just words" (*ah redeneshet doktor*, yet another defense tactic). And, as was the case with some of the Jewish community's earlier reaction to philosophy, the negative reaction to psychology reflected a keen awareness of its truths and a perhaps exaggerated fear of its potentialities (and

specifically, of psychoanalysis' proclivity to point out causal relationships between abnormal behavior and certain familial antecedents, rather than dybbuks, fallen angels, or even divine punishment!).

In such circles, especially the yeshivah and hasidic circles, recognizing and then admitting the existence of psychological conflict and maladjustment comes with difficulty. Consider:

"I hear you are *bakant* [versed] in these [weak laugh] *apikorsediker inyonim* [heretical matters], so what do you think about . . ." (*meaning*: One takes dirt to the garbage can, so here's a problem for *you*; whose probable fault it is that these problems exist in the first place . . .)

"The *Rosh Yeshivah* (dean of the rabbinical seminary) said that you could solve this problem for me, and that after I talk to you *now*, you should tell *him* what I should do . . ." (*meaning*: with such a recommendation how could you dare to cause me any pain. But just in case, all comments will be screened by the one I really trust . . .)

"I once heard that *yidden* (Jews) rarely become psychotic . . ." (*meaning*: so what I now describe better fit the statistics . . .)

The individuals who formulate these introductions are not devious persons; neither do they consciously intend to insult the professional. They are conflicted, hurt, perhaps anxious, scared; driven by some latent self-preservative instinct to grapple with a problem they cannot understand through a technique they have refused to understand. "If I must come on my hands and knees," perhaps the feeling runs "then why shouldn't you feel a little guilty?" Thus, such communications serve as a testing tool, as a means by which to control the distance between the professional and the patient, between questionable ideology and personal integrity.

The religious mental health professional may experience resentment and anger if he, too, perceives in such communications the attitudes illustrated above. Yet, he will accept

such resentment as his own reaction to hurt pride and as inappropriate for a professional whose commitments are to people's latent hurts and conflicts rather than their symptomatic and defensive disguises for same. Equally inappropriate is being flattered by the manifest communications of some consumers ("The *Rosh Yeshiva* sent me . . ."). The temptation to play resident "shrink" for the Jewish community or for the local yeshivah may be intense in the case of the yeshivah student who subsequently achieves professional status but does not resolve his own insecurities with regard to his footing in both the secular and religious communities. The tendency to succumb to such entrapments is to assert one's professionalism as soon as a common ethno-religious tie has been vouchsafed, taking a request for assistance by a fellow religious Jew as a confirmation of one's religious integrity.

Entrapment occurs when the professional attempts immediately to engage the consumer in a therapeutic process; i.e., history taking, diagnosis, prognosis, treatment. The consumer will luringly hesitate after but a moment's recital of generally disorganized and depathologized facts, awaiting his fate. Once the professional begins the process by eliciting more details or, worse, suggesting an off-the-cuff panacea, he opens himself for even further entrapments. The game of "Yes, but . . ." may ensue, or that of "My cousin suggested that but it didn't work at all," and so forth. *By prior design on the consumer's part*, there is rarely sufficient time adequately to acquire the facts necessary to formulate any sort of valid professional judgement.

In such circumstances, it is most appropriate—and sufficiently therapeutic—to state, "It seems that you have some concerns that you'd like to discuss, and I can best help you with them if you'll please contact me at my office as soon as convenient. Then we can set

up an appointment to talk more fully." The resistant types may still attempt to break through—"You know, I'd call, but it's such a *small problem*; you see . . ." or "It's not *that* type of problem; just a case of pressure at school, *right?*" In these instances, the professional's request that the consumer contact him for an appointment has evoked more anxiety than the consumer anticipated. This new apprehension is best managed with something to the effect of, "I suspect that you are concerned to deal with this problem as best you can. Big or small, I cannot judge these matters without fuller discussion in different surroundings. Why don't you give me a call tomorrow and we can discuss the matter at that time?" The professional's physical movements as he prepares to leave the scene, or an attempt to change the topic of conversation, will usually secure a termination of the casual encounter. On the assumption that the consumer wants a satisfactory resolution to his problems and conflicts, rather than a bolstering of his temporary defenses, the professional has managed this problem appropriately by offering the consumer an opportunity to explore these matters at another occasion. He has communicated by his response to the consumer that his profession demands as much attention to clinical problems as do other sciences and technologies; that he is not made anxious and unsure by the consumer's anxiety; that he cannot be reflected from the depth of matters by flattery or insensitivity.

I have briefly examined the resistances which motivate certain defensive ways of communicating with the mental health professional, and the unrealistic motivations for a professional's entrapment by such maneuvers. Such an encounter is always a learning experience for the professional. If appropriately managed, it can present the consumer with an opportunity for learning as well.