

SILENT CLIENTS

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A question that always arises in discussions of therapist listening and responding is what to do with a silent or inarticulate client. Can one listen to or respond to silence? To some extent one can. Sensitive therapists can sometimes feel or intuit what a client is thinking or can sometimes hazard a guess. They can then respond, perhaps in a tentative way. The client may display or communicate discomfort, uncertainty, hesitation, or confusion. The counselor may respond with "You don't know where to start" or "You find it hard to decide what to say first" or "You find it hard to talk" or "You don't know what you are supposed to do?" If clients are completely inarticulate, or say they are, the counselor is in a dilemma. Presumably the counselor wants the client to take responsibility for therapy and wants to avoid a relationship in which the client is responding. Even though clients are dependent at the beginning, the counselor presumably wants them to move toward independence and does not want to reinforce dependent behavior.

There is a possible way out of this dilemma. If it is necessary for counselors to initiate interaction, they can do so in a way that will ensure that *at least 50 percent of the time they will be responding to the client*. They can do this by simply responding to every response they elicit from the client, before going on, if necessary, with another initiating action. Fifty percent reinforcement is perhaps not too effective, but with most clients it will be greater than this, and the client is taught that the counselor responds to him or her. If counselors assume and continue the initiative, they are reinforcing the client in responding and make it difficult if not impossible for a therapy relationship to develop.

Silence on the part of the therapist has varying effects, depending upon how it is perceived by the client. To vocal clients, silence on the part of the therapist may be welcome--as long as they know the counselor is listening. But silence can be ambiguous. Silence on the part of the psychoanalyst is probably one of the bases for transference, encouraging the client to project onto the therapist. Therapists are sometimes warned about the dangers of catharsis in the beginning of therapy. While I have never observed the dire results that are sometimes predicted, it is possible that clients who do not return after a first interview in which they have disclosed themselves with little if any response from the therapist may fail to return because of uncertainty about whether the therapist really was listening, was interested, or understood them. Fear that the therapist did not understand or accept them, because of their exposure of undesirable thoughts or behavior, may lead them not to return. Therefore, it is desirable that the therapist respond to let clients know they are heard, understood, and accepted, even if this means breaking in occasionally.

When clients pause in their talk, they usually (though not always) expect and desire a response from the therapist. Not to receive a response may be perceived by clients as rejection. Or, it may be seen as an indication that they were not talking about what they should be talking about. Silence on the part of the counselor, it will be recalled, is a method of extinguishing irrelevant talk. But it can also extinguish talking in general by the client. Responsiveness on the part of the therapist facilitates deeper exploration on the part of the client, avoiding a one-way recital.

Thus therapist silence has different effects, and the therapist must be aware of the possible effects and allow or break silence depending on his sensitivity to how the client perceives the silence. Therapy can occur during long silences. But long silences in the first interview should usually be avoided.