Casebook of Eclectic Psychotherapy

Spontaneous Insight Associated with Behavior Therapy:

The Case of Rex

Douglas H. Powell

Commentaries by
Kalman Glantz & George J. Steinfeld

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Spontaneous Insight Associated with Behavior Therapy: The Case of Rex

Douglas H. Powell

A widely recognized—but little discussed—phenomenon among clinicians using behavior therapy is the client's spontaneous recognition of psychodynamic factors associated with symptom formation. These insights frequently are accompanied by powerful new affects and thoughts. Often, these events are difficult to anticipate during the diagnostic phase of the treatment process.

Lazarus (1981) writes of this occurring in the case of a 32-year-old male with multiple problems, including anxiety attacks, hypochondriasis, and chronic dependence on his mother. While proceeding with the desensitization process, the man was asked to imagine coping with anxiety by becoming ill while alone in a strange city. Lazarus describes a powerful moment when the client recollected an unconscious memory.

> At this point the client started hyperventilating, sobbing, retching, heaving,

> and panicking . . . a "forgotten memory" . . . evoked a full-blown abreaction. When he finally calmed down, he recounted vivid memories of an event that took place when he was seven years of age. He was in a hospital after a tonsillectomy and was coming out of the anesthetic, when he could barely make out some people hovering around his bed. His mother was talking to someone about his frail and sickly make-up. "I hope he lives to see 21," she declared, (pp. 24-25)

As therapy progressed, the client recognized that he internalized this statement and became the fragile person his mother assumed that he was.

Kuhlman (1982) tells of behaviorally treating a married, 23-year-old, male business student who failed four examinations in a row. During the assessment interview the client—an unusually rigid and non-introspective individual—was unwilling to discuss his personal life, could recall almost nothing about his early years, and wondered why this was relevant anyway. Not surprisingly, little important information was uncovered as to what intrapsychic conflicts might be fueling his problems. Following several muscle relaxation exercises, Kuhlman and the client constructed a fear hierarchy relevant to the test anxiety problems. At a point midway through the construction of the hierarchy, Kuhlman encouraged the client to visualize a scene with his wife before an examination. Eventually, the scene was written this way:

> I'm downstairs at breakfast. My wife asked what I'm doing today and I tell her I have a math exam. "Well," she says sarcastically, "you'd better do well on this test or else." Now I feel anxious with some angry feelings as well, but I don't let on. Still her sarcastic threat has triggered a loss of self-

confidence, (p. 90)

When the client was asked what "or else" meant, he denied it had any significance or that his marriage was in any way related to his text anxiety.

In the next meeting the client said he had been thinking about his marriage and had begun to consider that it might be part of the problem. He went on to talk about his in-laws—with whom he and his wife were living—their control of him, and his feelings he could not compete successfully with both his wife and father-in-law. When the implications of this were pointed out to the client, he acknowledged them but didn't wish to pursue them further.

A week later the client reported that he had taken the examination and obtained a "B." He also began a discussion with his wife about separating, but showed little interest in exploring his marital problems.

Other evidence accumulating from both the laboratory and clinical practice suggests that a significant minority of individuals treated with behavior therapy experience unanticipated, upsetting feelings, thoughts, and other discomfort. Heide and Borkovec (1983) documented evidence of anxiety reactions in 5 of 14 men and women practicing relaxation training in their psychological laboratory. In addition, 31 % of their subjects who received progressive muscle relaxation, and 54% of those who were given

relaxation, reported increased tension. These findings are consistent with the second author's previous reports of the unintended effects of behavioral treatment (Borkovec & Grayson, 1980; Borkovec & Sides, 1979; Borkovec & Hennings, 1978.)

Clinicians Jacobsen and Edinger (1982) reported that two of their patients developed severe anxiety or muscle cramps as side effects of muscle relaxation. In addition to increases in anxiety, scattered reports have appeared noting other effects of behavioral treatment with relaxation or systematic desensitization. These include depression, depersonalization, obsessive thinking, and impulsive fantasies (Fitzpatrick, 1983; Rickles, Onoda, & Doyle, 1982; Marks, 1971; Lazarus, 1963).

What is so intriguing about these scattered case and laboratory findings is that the behavioral treatment was applied to achieve another result. The affective changes, symptom alteration, or insights into the psychic origins of the presenting symptoms emerged unbidden, without prompting from the therapist. Furthermore, the potential for these unexpected developments was anticipated neither by the initial assessment of these clients and laboratory subjects nor in previous psychotherapy.

These reports are consistent with my clinical experience using behavior therapy to alleviate target symptoms. A substantial minority of clients react

with unexpected changes in affect, cognition, or action. The paradoxical effects, noted by Heide and Borkovec, occur: One woman experiences bouts of anxiety while trying to relax and another is overcome by sadness; a junior faculty member becomes terrified by dreams following the process of relieving headaches by self-hypnosis and imagery and finds himself becoming furious. Then we observe acute distress leading to sudden insight as Lazarus' case suggests: During autogenic training to relieve cold hands, a graduate student starts sobbing quietly as she recollects a painful memory about a sister favored by her parents; a senior staff assistant, treated with EMG and imagery for a long-standing inability to use the right hand for writing because of a psychogenic tremor, recalls with considerable emotional upheaval the moment she lost the use of that hand at age 13 after she punched her mother.

Not all insight is attended by psychic discomfort: A 36-year-old scientific researcher receiving progressive muscle relaxation for back spasms begins to note that he tenses up in particular situations—going to the laboratory and coming home to the woman he lives with; a law student given a range of behavioral treatment for compulsive picking and hair pulling, recognizes how unhappy she is at the thought of being a lawyer.

Finally, behavioral changes occur which are striking to those close to the clients: The colleagues of an admissions officer treated with hypnosis, relaxation, and imagery for bruxism wonder whether he has taken a course in

assertiveness training; a friend, who has not seen a nurse for a year given biofeedback and relaxation for stomach pains, comments that she seems different, more businesslike, and tougher.

All of these patients, and many like them, were given psychotherapy along with behavior therapy to help them understand the reasons for their distress. This is not such a radical notion. Behavior therapists point out that they are indeed responsive to unintended distress or spontaneous insights generated during the course of relieving target symptoms. In the process, they may use a range of psychotherapeutic techniques to assist the client in consolidating new awareness's (Walker, Hedberg, Clement, & Wright, 1981).

My experience suggests that behavior therapy can promote sudden awareness into factors connected to the presenting symptom. Or treatment can lead to a recognition of upsetting affects associated with the disorder. I believe the therapists employing behavioral treatment may have a unique opportunity to assist their clients by responding to these new, unanticipated developments by integrating psychotherapy into the overall therapeutic program. This can help them in understanding these spontaneous cognitions and emotions as well as consolidating the material to produce better mental and physical health.

THE CASE OF REX

The case of Rex illustrates the emergence of spontaneous insight into several of the dynamic factors associated with his presenting symptom—performance anxiety—during a short period of successfully treating this problem behaviorally. At his initiative there followed nine meetings for psychotherapy in which an effort was made to help him understand some of the intrapsychic forces contributing to the onset and maintenance of his performance anxiety. Follow-up meetings several months later helped him consolidate these gains.

Rex was selected as someone to illustrate this particular theoretical perspective for three reasons: (1) his treatment was coincident with the need for me to have a case to present in this *Casebook*; (2) the course of integrated therapy was representative and neither particularly unusual nor dramatic; and (3) after reading all the materials describing the book, he was willing to participate.

Rex came to the mental health clinic because he had severe inhibitions about public speaking. He felt this to be a massive handicap because he was a first-year doctoral student at the Kennedy School of Government and had aspirations for a political career. In addition, he worked part time for a nonprofit, lobbying organization. This required him to speak 20 to 30 times a year.

At our first meeting he had been taking propranolol regularly for more than two years to control his anxiety. Previously, he used Valium for a decade. Even with medication, his symptoms when he spoke or thought about it were heavy perspiration, pounding heart, and muscle tension. In class, his powerful dread of talking in class caused him to remain silent. This upset Rex for two reasons: (1) he wanted to engage in classroom discussion to impress his professors as well as other students; and (2) because his classes use the case method, which invites discussion, his grades were dependent on how much and how well he spoke in class.

Rex said that he was bothered enormously by this symptom because he felt such a disparity between the way he would like to present himself and the way he currently observed himself. Also, he experienced this as his body out of control, perversely betraying him, frustrating his wishes.

He reported that he had had considerable previous treatment. Further details of Rex's biography and personal style are stated below, excerpted from a larger autobiography written by him at the termination of therapy in May 1985.

> The oldest of three sons, I was born in a suburb of St. Louis, Missouri, in 1947. My mother did not attend college and my father completed only a two-year business program, but both were well-read, culturally and politically aware people. My father formed his own travel agency company and was moderately successful. By the time of my college graduation, however, my father manifested signs of acute and chronic alcoholism. My

mother's health deteriorated sharply during my mid-teens, when she became afflicted with muscular dystrophy. She died in 1984.

I remember my early childhood as a happy and secure period. I was intensely competitive at an early age, eager for adult approval, and shattered by occasional teacher criticism. Until 16, I sustained an almost unbroken record of high achievement, became recognized as a popular student leader, and generally enjoyed life.

Complications ensued at about the time my mother's disease was diagnosed, a time when my father's alcoholism also may have begun to emerge. During my junior year in high school, I gradually neglected my schoolwork, experienced conflict with some teachers and administrators, and became more alienated, confused, and depressed.

My father arranged for me to see a psychologist for a few weeks, but I stopped shortly after starting. I remained an extremely erratic student for the remainder of high school. The emotional focus of my life became a girl, Karen, whom I met late in my sophomore year. When Karen finally "ended" the relationship one year or so after high school graduation, I took an overdose of over-the-counter sleeping pills to express my despair and helplessness. Other incidents of rage and self-inflicted damage to myself and my possessions took place during late adolescence.

I began to see another psychologist at this point, largely on my own initiative, but paid for by my parents. Issues were primarily related to my perfectionist tendencies. This work, sustained for more than one year, enabled me to return to night school to perform quite effectively and to eventually gain admission to Washington University in St. Louis, from which I later graduated Phi Beta Kappa and summa cum laude in 1971.

By the time I entered graduate school, however, I faced another period of crisis. The University of graduate program I entered was populated with equally accomplished people, and I could no longer rely on academic excellence as a source of personal distinctiveness and well-being. I felt very threatened by failure and almost immediately sought assistance at the university's counseling center. For approximately seven months I met

weekly with a female psychologist. We worked on approval-seeking behavior and the awareness and expression of feelings. With her help, I got through the academic year and completed the two-year program on schedule. Yet, life at was largely an unhappy and anxious time for me, and I left without feelings of accomplishment or pride.

After graduate school I was offered a job as a community worker on a church staff in , where I worked with imagination, effectiveness, and a greater sense of congruence than in any of my previous jobs. I strengthened my relationship with a woman who became my wife while working at the church. This relationship was and remains, a happy, fulfilling, and intimate match.

This period was not trouble-free, however. I also was using tranquilizers to get me through the more frequent public speaking required of me professionally. I began to see a psychiatrist and continued to work with him for about one year, after which I left _____ for a foundation job in _____.

In _____ I arranged to see a psychologist with whom I made really significant progress. In a sense, this therapy involved a recapitulation of every important issue previously raised. When we terminated after two years, I believed I had concluded formal treatment. I had become more confident, with a far greater sense of ease, expressiveness, and efficacy. While in _____, I achieved greater professional notice and made the leap forward to parenthood. Two daughters were born in 1980 and 1982.

I left in 1983 to accept a job in _____. My life here has been exceptionally happy and productive. Increasing this sense of growth and personal gratification was my admission to the Ph.D. program at Harvard.

The one down side of the Harvard experience has been dealing with the lingering public speaking issue. I have felt handicapped, almost victimized, with a disability I could not fully understand or control without medication. My frustration derives from my own basic sense of competence, from my conviction that I have something to say and can say it in an articulate, persuasive, even forceful manner when I am not inhibited with performance anxiety. This desire to better understand and

deal non-medically with this public-speaking anxiety prompted me to see Dr. Powell.

THE COURSE OF TREATMENT

Rex was seen by me at the Harvard University Health Services, a comprehensive health maintenance organization serving a population of about 40,000 individuals.

In all, I saw Rex 14 times from December 1984 through May 1985. We then met for eight follow-up sessions in the fall. The first meeting was devoted to diagnosis. During sessions 2, 3, and 4—scheduled approximately biweekly—a behavioral treatment plan was discussed, implemented, and modified as needed. Rex responded positively to this therapy. By the fifth contact, he was essentially symptom-free. Three weeks later, Rex came to my walk-in clinic to discuss his progress and exhibited interest in seeing me on a more regular basis. At this time I discussed with him the possibility of his being a case for this book. There followed nine further sessions until our termination in May 1985. "Pause" was a more correct term than "termination" as I saw him again in the fall of 1985 at his initiative.

The remainder of this section will be devoted to discussion of the four phases of the treatment process—diagnosis, behavior therapy for performance anxiety, the integration of psychotherapy, and follow-up

Excerpts from interviews 1, 6, 7, 8-12, and 14 are included to illuminate significant moments in our work together and the nature of the client-therapist working relationship.

Diagnostic Phase

Session 1

T: What brings you in to see me?

P: Well, basically it's a very specific sort of problem. Since coming here to work and starting school, I have been made re-aware of my difficulty in public speaking situations and felt the frustration and demoralization of feeling so ill at ease in these situations, which are now fairly common or frequent, that I felt that I needed some consultation on how to better understand what I'm experiencing and how to better manage those situations.

T: What kinds of problems have you been having, specifically?

P: Well, essentially it is a tremendous amount of anxiety in these public speaking situations. In any situation where I'm presenting myself orally, there is a high probability that I would feel such a lot of undue anxiety before the experience that it makes me uncomfortable and may interfere with the quality of the presentation, at least initially.

T: What kinds of symptoms?

P: Symptoms like perspiration, stage fright kind of things, the dry mouth or almost a kind of feeling shaky, or feeling, almost in its worst manifestation, a panic-like symptom of shortness of breath. The intensity of any given episode, it varies. Racing heart, the whole continuum. Again, these symptoms are not absolutely predictable and that's kind of a puzzling feature of this in some ways.

T: How does this affect you in a classroom situation?

P: Well, it may make me hesitant to speak at all in situations where class participation is a requirement. My own life experience over 38 years of being intelligent and extremely articulate in situations where I'm not inhibited in this way—and on many such situations—makes it particularly frustrating for me to perform, to present myself in a less than adequate way. I tried using tranquilizers to calm myself down. I ultimately rejected the dependency on the Valium, for example, to see me through those situations. I really felt unfree in a certain way, and dependent. I then discovered propranolol and found that a far more acceptable way of medicating the problem. However, it doesn't completely dampen down the symptoms of discomfort. So, I feel very, very vulnerable. It is a very extreme sort of vulnerability that I've worked on in conventional kinds of talk therapy. And despite all the concentration and effort, I've not been able to get a handle on the problem.

T: What would you like to happen if this therapy were successful?

P: Well, I would like to be able to feel some significantly greater sense of control and assurance about public-speaking situations, or situations where I'm presenting myself even to small groups. It's not that I want to eliminate tension altogether because I think that often it fuels good performance in whatever context. I want to know going into those situations, that some disaster is not going to befall me, that I'm not going to unravel in front of an audience, that I'm going to be able to present my ideas, my thoughts, or myself, uncontaminated by what I regard as an enormously excessive and completely unwarranted anxiety.

T: Have you had any experience of unraveling?

P: I have had one experience where I was speaking to a professional group of about 15 people in a small room and quite by surprise, with the suddenness of a panic attack, had this anxiety well up and had to interrupt my presentation. It was the worst nightmare one can imagine in a situation like this. That this could happen reinforces the sense of doubt that compounds the problems of going into the next situation.

T: Tell me a bit more about the impact of this anxiety, or whatever, in the classroom situation.

P: Well, uh . . .

T: Now, you're talking about a case method pretty much, are you not?

P: What typically will happen is that I'll formulate an idea, an opinion and feel inclined to voice and then go through a sort of rehearsal, on my own, about expressing that opinion, begin to be quite self-conscious about my role participation in the class. When I go into the mode of preparing to participate, it's as if I'm going on a stage, that I am the lead actor in a role.

T: An actor.

P: I know that there are 15, 75, or 100 out there in the class and no one is really performing in a lead role. Yet, I transformed that into a kind of dichotomous situation in which I'm the performer and everyone else is the audience and is a critical, scrutinizing audience to boot. So, by the time I'm called on, if I can sustain my desire to go through this and get recognized to speak, I've got a feeling that all eyes shift to me. My heart's pounding, and I feel very unnatural . . .

T: Almost an opening-night mentality.

P: Opening-night mentality. In a class, if I can get around to making the second comment, there's a good chance that I'll feel significantly more relaxed. But the opening-night mentality is exactly an excellent metaphor because that is precisely how I feel going into these situations. Though my interpretive comments about a case may be only 1 of 35 comments voiced in the course of an hour and a half, it feels much, much more momentous to me. The funny thing about it is that it's a somewhat variable experience. If I am able, for some reason, to feel at ease and feel that there is no critical dimension to this classroom situation, that things are basically alright for me regardless of what I say or whether I say anything or not, I can hold forth and feel fine.

T: If there were just you and the professor in the class, do you think you'd feel the

same amount of anxiety?

P: No, I wouldn't feel the same amount of anxiety. Although, if I endow even another individual with this critical, judgmental, powerful kind of critiquing role capacity, I can make myself uncomfortable and significantly less at ease.

Yet, what I do is even transform that situation, at least momentarily, into one in which I'm double clutching onto some sense of it.

T: You have to perform. Have you explored this problem in previous therapies?

P: Um huh. . . . During my last therapy I explored it with some concentration and, I would say, to some good effect. However, not with any sense of mastery. I felt better able to handle myself, but I also felt still uncertain. . . .

The balance of this first session, and part of the second, were consumed with history taking, covering much of the ground summarized in his autobiographical statement.

My impressions of Rex were that he was a charming, energetic, and troubled man. He exhibited an intense, extroverted, optimistic personality style with a number of histrionic traits evidenced in his autobiography. He brought considerable resources to the treatment process —motivation for relief, willingness to work, a flexible defensive structure, verbal facility, intelligence, and a history of positive experiences in psychotherapy. The down side seemed to me to be that his positive, outgoing style might cover significant underlying issues; that his active life might preclude his following the demands of this type of therapy; that psychotherapy of any sort might

occasion significant regression; and that his five experiences with previous treatment had little effect on his presenting symptom even though Rex believed that the therapy had been valuable.

From my perspective it seemed that previous insights had not led to a reduction in his symptoms, especially in new and challenging situations. I wondered whether successful treatment of his performance anxiety might result in his being able to achieve new insights into the psychological origins of the problem.

On the basis of this initial appraisal, it seemed appropriate to focus the initial phase therapy on the target symptom of performance anxiety with the recognition that it might be appropriate to integrate psychotherapy into the process, depending on his response to the behavioral treatment.

Behavior Therapy

Sessions 2 to 5

Sessions 2 and 3 were devoted to describing and practicing the treatment techniques we would use to relieve anxiety and increase the frequency of his classroom participation. The first was a modified, abbreviated version of systematic desensitization. After developing a capacity to put himself in a state of relaxation, Rex was asked to imagine an increasing

hierarchy of anxiety-producing classroom situations. As he felt the first twinge of tension, Rex was taught to evoke the relaxation state. He was instructed to practice this on a daily basis.

By the third meeting, Rex reported that he used the approach successfully prior to his speaking in public. He had yet to talk in class, but felt optimistic. At this point, Rex was taught a second technique aimed at the classroom inhibition. He was asked to observe opportunities to speak in class. When he saw such an occasion, he was encouraged to record it by making a small circle in the margin of his notes. After cautioning him to try to avoid feeling that he must speak in class, or say something significant, I asked him to draw a line through the circle if he found himself taking one of these opportunities to participate in discussion.

Three weeks later in our fourth meeting, Rex not only was able to observe opportunities to talk, but was beginning to participate more in class. This was helped, he thought, by the continuing systematic desensitization. His classroom participation during this period, excerpted from his notes, is shown in Table 1.

The data presented in Table 1 show a relatively modest improvement through March in both the recognition of opportunities to talk and the taking of these opportunities to participate in the class discussion. By April Rex felt

sufficiently confident about controlling his performance anxiety that he was able to end the recording process.

No effort was made to analyze these patterns since it is my feeling that if the technique is effective from the client's point of view, it remains better unexplored for the moment. It is interesting to note that Rex's subjective sense of improvement was far in excess of the objective merits of the data, especially in class B. This seemed in keeping with his subjective, impressionistic personality style. Also, it is true that the record may not reflect the quality of his remarks and the response of his professors and classmates.

Two negative developments were that he was beginning to be driven by the desire to improve his record of classroom participation each day and week. I suggested that he stop recording his classroom performance. He gave this up with no difficulty. Also, Rex had some trouble in meeting his own performance expectations when he had to speak spontaneously. He had been interviewed by a radio station with another student and found that he had initial difficulty responding to the questions because he was not prepared for them.

Though on the whole Rex felt his performance anxiety had diminished markedly, he still felt that somehow he was not meeting his own expectations.

He "knew" from his previous therapies that this was because he had internalized a powerful and demanding father, whom he could never satisfy. I noted, but did not respond to, this invitation. Instead, I suggested that we continue to focus on Rex's behavior and meet in six weeks to examine his progress.

Table 1

Rex's Notes on Opportunities to Talk in the Class

Date		Opportunities Taken
Class A		
February	8	000
	15	000 000 00
	22	00
	27	000 000
March	1	000 000
	6	000 000 000
	8	000 000
	13	000 000 000 000
	20	000 000 00
	22	000 000 000
April	3	No record
	5	No record
	10	

		000
	12	No record
	17	000 0
	19	00
	24	No record
Class B		
February	4	000 000 00
	6	000 000
	11	000 000 000
	13	0
	25	000
	27	000 0
March	4	000 000
	6	000
	13	000
	18	000
	20	000 000
April	1	No record
	8	000
	10	000
	15	No record
	17	0
	22	No record
	24	No record

Note: Circles indicate opportunities to talk. Lines through circles indicate speaking in response to the opportunity.

Three weeks later Rex came into my walk-in clinic. He said that he wanted to tell me that he had progressed from saying virtually nothing in class to being one of the leaders. However, he still had physiological signs of stress—especially high heart rate and heavy perspiration. We discussed what some of the reasons might be for these continuing stress reactions. We touched on his recognition of his own extremely high ambitions for himself and a tendency to cast any performance situation into heroic terms: the stakes were very high, a kind of academic super bowl in which he had to do well, to vanquish or be vanquished.

He had been noticing this tendency for the past month or so as he was recording opportunities to talk in class. He always thought it had to do with his powerful and demanding father, but now he was not so sure. It was at this moment we discussed meeting regularly. From March through May 1985, we scheduled almost weekly appointments.

Integration of Psychotherapy

Session 6

In this meeting we focused on the origins of his high ambition.

Previously, Rex had thought this stemmed from a desire to please his father, a man whom Rex remembered saying that it did not matter how well he did as long as Rex did his best. That put no ceiling on how hard he should try or how well he should do. But since doing the behavioral work, this was less clear. At this point, I shared with Rex a hunch that had been growing in my mind since the fourth meeting. This comment and related events seemed to have a significant impact on the direction of therapy—though not quite in the way I anticipated.

T: I have been thinking about your description of your father as a powerful and admirable man whom you felt that you could not satisfy. Yet, you have also described him as an alcoholic, unstable, and often indifferent. I wonder how much of your perception of him is real and how much is illusory. I wonder how strong he really was. What do you think?

P: I don't know. He was a singular figure for me. There was no one with whom to compare him except the other boys' fathers. He was clearly a lot smarter and more cultivated than the fathers of the boys I knew. So, he just loomed very large for me. I remember him being pretty affectionate in my early days and fun to be around. Later on, he was significantly less predictable and my expectations began to change. I wanted, in some ways, more from him as kind of a sponsor, or a parent, or a friend, or whatever, and it just wasn't there.

T: What was your actual relationship like with your father in the early days and as you grew through adolescence?

P: I think I have mentioned to you that my mother was a very passive person so that all of my focus as a child, or much of it, was on my father and was on him almost in a reverential way. Also, it was made known to me at an early time that he had had lung surgery relating to tuberculosis and that one and a third lungs had been removed. He'd spent a year and a half in a sanitarium.

And therefore, he was a frail individual. I can remember my mother stressing to me during certain play situations when I was about 6 or 7 years old, and there were other kids playing, that I had to keep an eye on my dad. That if we played too roughly with him, he could overextend himself and lose his breath and collapse.

T: Lose his breath.

P: Yeah. He just didn't have enough wind. He would become winded. And my understanding at the time was that the consequence of him becoming winded could be quite severe. Although she never said he would die, I felt that this great man, my father, could be overtaken by my play.

T: You had to be careful, otherwise . . .

P: I also had the impression, which was not entirely untrue at the time, that my father was a very principled and ethical man, that he was a very self-sacrificing person. He was a person of enormous patience. He, you know, he seemed to me, of course from the child's uncritical standpoint, to be an affectionate man. He sang to me, read stories to me, was probably more involved with me as a child than a typical father was at that time, and was a gentle man, in many ways. He would tell me, at certain points when I was entering school and competing or expressing myself in schoolwork or sports, that he couldn't do—he could never have done what I was doing, that I had already outperformed him by those early years. I had a sense that he was a, you know, titanic figure in terms of intelligence and moral stature. But frail, physically. . . .

T: Vulnerable?

P: Yeah, a certain degree of vulnerability. Also an intensity. I had an intensity early on about competing that would be a puzzle to any observer or any nonprofessional observer. As a nine-year-old in fourth grade, I contracted chicken pox and had to be taken home from school, and threw a tantrum when I got home. I felt quite bereft when I discovered that I could not make up the math and spelling tests that would be taken during two weeks that I was not there, and therefore, I could not sustain my role of stars on the

charts on the front wall of the classroom.

T: You had to have those gold stars.

P: Right across the line, and not miss one. And the same thing sort of translated into sports.

T: How does that connect with your father?

P: I think at some points he seemed to try to cure my intensity, which was baffling to me. I would study fairly hard and late into the evening because I had tests coming up and I could remember him coming in and telling me I had to go to bed. This ran counter to some of the messages that I had gotten before.

T: How so?

P: My dad prohibited me from playing Little League baseball, which he thought was excessively competitive and parent-dominated. He thought that parents became overly involved in watching their children play, and he didn't want me to be subjected to that kind of pressure. Later I had a chance to observe my father when he did permit one of my younger brothers to play Little League baseball. And my father, particularly, stood on the foul line shouting at my brother, who was a pitcher, and instructing him after every single pitch about how to adjust his form or follow through, or whatever. So, clearly, looking back on it, although he claimed to be uncontaminated by competitive instincts himself, his tendency to project onto his kids was so intense that his fear may have been that he couldn't have controlled himself, going to a Little League game where I was performing.

T: It would have been too difficult for him to hold back the intensity?

P: Yes. And I guess on one other point, one of the earliest experiences I had in observing him around competition. He was very involved in following the St. Louis Cardinals when they were the underdogs. And I remember sitting with him in a room watching the games on TV and seeing him hold his hands together, sort of lace his fingers together and sort of shuffle his thumbs and become red in the face and get terribly, terribly worked up as

these games went down to the final inning. And I can remember the Cardinals losing sometimes and going to bed crying myself, because I felt that there had been a significant setback or defeat for him. Somehow, he would never interpret that experience for me as a child the way I would for my children now. It was a colossal, almost a moral, confrontation between one team and the rest of the world. I felt that there were some very major issues at stake, and it is ridiculous, but that is how I observed him making meaning for me of an event.

T: So, the times you saw your father exhibit heightened emotions—anger, depression, whatever—were around sports. . . .

P: Well, no, politics too. If we watched a political convention together, I saw the revulsion with which he viewed a person like Richard Nixon and sensed again that in that political arena there was something very significant at stake. So the times that I saw my father exhibit heightened emotion in sports or around intellectual or political issues, there appeared to be something very significant at issue there, and again, those situations were never really interpreted to me as a child. I just observed the meaning my father made of them.

T: How does this influence you now?

P: My way of entering into, initially, situations in a classroom or speaking before certain kinds of audiences, has a lot to do with how I view what is at stake there. I really just feel I handicap myself enormously by bringing certain kinds of unclarified values, assumptions, or expectations or perceptions to bear in those contents.

T: Where is your father in this?

P: Well, he may be within me. He was there occasionally, in _____,when I was driving just after the birth of my second daughter, to address a fairly large audience of foundation executives and trustees. . . .

T: Yes.

P: On the way there, I realized that my father wouldn't have felt entitled to be in that room with those trustees and executives. He would have felt unworthy or incapable, or something like that. So, you know, in my little inner dialogue talking back to him, I tried to tell him that he was entirely worthy to be in that room. Then, it was very sad for me. In fact, I wept as I drove over there because I felt how sad it was for him not to feel that sense of worth.

T: How about the recognition of your sense of loss?

P: How about. . . meaning what?

T: To some degree, you might have been experiencing loss of the idealized father. The tears might have been for yourself. P: I think that is very possible, [weeping] Even talking about it now, it is a situation that I feel a lot of emotion about. I just felt, in some ways, sorry for him. I think driving to the speech was a situation where I felt sorry inside for him, but, as you say, maybe I am sad for myself.

T: Yes.

P: You know, it's been a shock to me to realize that he wasn't the sort of figure I had imagined.

Father's fragility, and the early awareness that Rex had to be careful not to overtax him, provided some support for the hypothesis of his vulnerability. So, too, did Rex's description of his excessive, emotional outbursts around Little League games, the St. Louis Cardinals, and politics convey a sense of an inadequate man living through others, investing them with heroic stature. Rex's recognition of his father's inadequacy was powerfully communicated when he broke down weeping while talking about the fact that he was now functioning in a world that his father could never be a part of.

Yet, this interview also shows another dimension to their relationship prior to adolescence—a warm, caring, highly supportive bond. As we shall see later, it was when this contact was eroded by his father's drinking and instability—as well as his mother's illness—that Rex's problems began in earnest.

In this sixth session we began to examine the reality of Rex's perception of his father and made some progress in recognizing his father's fragility. Then between these meetings, as sometimes happens, an unexpected event occurred, which furthered this recognition. Rex received a deposition from a family lawyer vigorously contesting his mother's will, which left her money and possessions to the children.

Session 7

P: I was struck by our conversation about this notion of the illusion of a strong father.

T: Let's talk about that.

P: That's a really critical thing, and, ironically, we had this session scheduled just a few days after I got a transcript of a deposition that my father had given relating to an estate settlement involving my mother, a contested estate settlement. I didn't bring it, but I may bring it simply to convey to you some sense of my father.

T: That would be very interesting, I think.

P: Although the transcript wasn't particularly interesting reading and was, some

places, very choppy and incoherent, it felt very devastating for me to have a written text, a sort of written record of my father's deception and lack of focus, lack of memory, lack of analytical ability, all packaged for me. It made me feel, initially, very sad, like a . . . you know, as if I'd been punched in the stomach. And there was nothing . . . I could have wept over it.

T: That was upsetting.

P: In any case, going back to this illusory, the issue of the illusory father . . . I was looking over my notes from my last therapist. I used the word "benevolent" to describe him. That's not quite the same as "idealized" or "illusory."

T: Not quite.

P: But somehow, I think . . . I think when it got to be a teenager, my father just wasn't there anymore.

T: Not like before.

P: It was just kind of a cold and remote situation. The main point is that although I felt that he was a basically good guy in most ways, he was less and less able as a father to an adolescent to meet my needs. So I began to look to a particular coach or a teacher, or I began to almost take on the identity of certain types of people I read about. I was particularly drawn to the scholar/athlete types. I would read these articles about them in sports magazines. Although I lacked any details by which to model myself after them, I tried to almost build my character around those people. My frames of reference began to be less and less those of my father who, I am almost certain, was less attentive to what I was experiencing than he used to be. Even my accomplishments were less noteworthy to him. I could not imagine going and telling him that I had any confusion about sex, that I thought about drinking a beer, and drank a beer at the football game, that I lost some money. I just kind of wrote him off. He was not a person I felt comfortable going to. Increasingly I would rely on the mentor, the English teacher, the track coach, my girlfriend, or her parents.

T: Did they get invested with the same?

P: They got invested with the idealized parent virtues. I felt comfortable going to them. They seemed compassionate and intelligent. They were genuine mentors or sponsors of mine. I would be looking for that relationship. With that I could work wonders. I remember getting an F in a history class because I was caught cheating on a term paper. The teacher, who was a young, attractive guy, told me that he would almost forget the first quarter's grade and see what I could do the second quarter. He was a very demanding teacher and I almost got a perfect score the second half of the quarter because I had a defined task. I felt he was rooting for me and I felt that there was a chance of scoring a noteworthy success. What I could not live in was this limbo state of uninvolvement and unrecognition, which really kind of characterized where I was with my father.

T: Uninvolved? Unrecognized? How so?

P: Well, I think it has taken me a few years as an adult to learn this stuff. If you had an independent conversation with my father today and asked him what he was proudest of in me, he would probably recall a race I won in high school. That to him is worth calling forth in conversations now. It is as if nothing happened between that time in 1963 and the present, despite the fact that my academic record in college was way more significant than that race. He is not aware of those things. He'll remember my winning. But I was living in a kind of emotional desert between the events of that time. We were close. When I was competing in high school and was racing about every week, I felt pretty close to him then. After the season ended, we were adrift again. Then, as time went on, I became increasingly aware of his alcoholism, his behavior. . . .

During this and the following five sessions, Rex began to perceive the association between his disintegrating relationships with his father and a sick mother, and a growing pattern of disorganization and impulsive behavior. Several excerpts from these meetings follow.

Sessions 8 to 12

P: While I was in high school, I had no clue that he had a problem with drinking whatsoever. I just knew that as a junior and senior, I had a lot of restless energy and anger, I was prone to playing pranks or being mischievous, I was running away from school and. . . .

T: I would like to hear a bit more about that.

P: When I was in junior high school, I followed all the rules. I was considered an exemplary person, not just an achiever. But when I got into high school, particularly as a junior, I began to feel that that was less satisfactory. I increasingly tested the limits. I would just stop doing school work and instead of getting A's, I began getting D's or F's and get progress reports sent home. Things of that sort. I began to miss more days of school, cut more classes, and then I got to a point where I think I was feeling very desperate about where I was going to be. A friend of mine, almost on the spur of the moment, decided to take his father's truck and we drove to New Orleans. It came at a time when I was class president. In reality, had anybody intervened for me, I probably could have pulled that semester out of the fire academically and gotten back on track but I was. . . .

T: No one was there?

P: I really had no emotional reference points. One expectation of mine subconsciously might have been that someone would come in and actively intervene for me or take my part, or whatever, and sort of shepherd me through a process and exhibit some affectionate love on a consistent basis. What in reality happened was that my father would either send me off to a psychologist, which he did once in high school, and I had a big burst of strong academic and athletic achievement while I felt connected to that. Or he would simply talk to me or question me in the most tedious and infuriating way, as if I had failed him and was infected by some kind of malaise that was my own making. He had a habit of stacking coins while we talked. He would just stack his coins, fumble with his keys, and kind of hold me captive in a way until he felt he had elicited all the information he wanted in one of these question- and-answer sessions. 1 just felt it was a form of persecution. I felt such rage sitting there listening to him question me under those circumstances.

T: Tell me some more about running away. How long were you away?

P: I was only away three or four days. Anyway, when I came back, I found I had really wiped out the semester. I had gone too far. I had lost the student office and so forth. At that time the school year was winding up and there was an assembly for our class. I dressed up in a suit and tie and wrote something out that I wanted to say to my classmates. When I got to the auditorium, the school advisor would not let me go on stage to make this presentation. So, off to the side in this auditorium I flung my notebook down the hall. I walked up to one of the main buildings and proceeded to punch my hand through the window in the school, and 1 have little patches on my wrist today that testify to that. I mention that because that marked, in some ways, the beginning of an intensification of this whole downward spiral. I had other episodes of breaking windows or breaking things that were of value to me. Just really turning up all that anger, just really continuing to sort of increase the volume of this anger. I would get into really just damaging myself.

T: How so?

P: I broke trophies that I had won. These were really hard-earned. I didn't have a whole library full of trophies, so the ones I had that I broke, I was breaking something very dear to me. I would just smash them. Like an Old Testament prophet, I was in a complete rage. I would be really kind of desperate.

T: Did you ever hurt yourself further?

P: It is embarrassing to mention it, but I can remember taking a knife and just poking it into skin, not creating anything requiring stitches but little gouge marks. Not repeatedly, it would just be one gesture of exasperation.

T: So you were really upset.

P: Oh, yeah. I just didn't know where to turn.

T: When you think back on those days, they sound extraordinarily painful because of where you were and all of that. You describe it as though it were a

gradual process. I am wondering if something might not have set you off for that run to New Orleans.

P: It's hard for me to recall. I know that the exact, specific precipitating event was that I had missed a whole day of school and felt that some of my teachers would call home. . . .

T: How were things at home at that point. Do you recall?

P: My mother's physical problems increasingly limited her. She was obviously the first person I saw when I got home. I can remember one day saying to her as she sat on the couch, "Why don't you ever ask me what has happened for me during the day?" I got really angry, and she burst into tears. So I would feel in a kind of rage and feel the guilt about making her cry and I would just go back into the bedroom. I really do not remember any substantial interaction with my dad around areas of importance to me in my life. I just remember it being a kind of wasteland, not a whole lot going on. Unless something extraordinary was happening, a race I was running, there wasn't a lot going on.

T: So unless you were performing in some way, winning, there was not much between you and your father. And it was different earlier?

P: Much different. Much better.

T: Because?

P: The main thing is that I felt myself, at least as a child, in a kind of symbolic relationship almost with him. It was as if he commissioned me to go out and do some of these things. By a fairly early age, I internalized this. So, whether he was literally saying one thing to me or not, I brought my own feelings to these experiences. A teacher might be the surrogate parent, or whomever I was relating to. All they had to do was push some button with me and I was there—I would perform for them. That is kind of how it was.

These excerpts reveal the change in Rex's relationship with his father

and mother. He moved from a rich, almost symbiotic, connection with his father to an emotional desert. This was complicated and exacerbated by his mother's deteriorating condition due to muscular dystrophy. In this context, Rex began to recognize the meaning of his own aberrant behavior during this period, as the following excerpt illustrates.

P: From 11 to 12 on I wasn't getting much guidance whatsoever. I was operating on some of these myths or assumptions that I had formed earlier about my father and about what a person ought to do in any given situation. I was really inventing these things or picking them out of literature or films or wherever I was getting them, church or. . . .

T: You weren't getting much from home.

P: Because I wasn't getting much emotional contact back, I shifted gradually to a more extreme failure mode, I think. Later on, I got into this in my junior year at high school. And that just brought out—I mean he would ask me questions and give me these long lectures and so forth, which would be absolutely tedious and infuriating for me. There was never a meeting of the minds and emotional connection at all, which particularly amazes me now because I have young children and I really have daily contact with them. I know pretty much how they feel every single day. I don't think he knew how I felt at all for long stretches of time.

T: There was no awareness. . . .

P: None. . . . He wasn't cruel or abusive or anything in a direct sense, but he just wasn't involved. I could go through a whole semester practically flunking out when things were going bad for me, and he wouldn't have a clue about this because he would never ask and never know what I was doing until the reports started to come back and then he would be kind of outraged. But he would never express the outrage in a way such as, "Goddamit, what the hell is going on?" or even something softer but equally direct. I just felt kept at arm's length. Essentially, I tried two modes. The one mode that worked

initially for me, which was the success mode, seemed to be what he wanted of me and that worked for a while, but then when that seemed to be the status quo, that's when I tried being bad. But that didn't work either. [Weeps silently]

Though we didn't discuss it further at this moment in treatment, it seemed obvious to both of us that Rex's tears were for the father he lost sometime around the beginning of adolescence. Achievement could not win him back and neither could being a bad boy. My thought was that he coped with this loss during the high school years in a number of ways: (1) finding a series of surrogates to please by being alternatively good and bad; (2) looking for contemporary role models to emulate; (3) acting out his anger toward his father and numerous self-destructive episodes; and (4) creating an illusion of his father as someone who cared about his success, someone he felt driven to satisfy. We touched on all of these issues to some degree. A dream that we discussed in session 11 opened the way to recognizing his angry feelings.

P: I had this dream the other day that seems important. I had gone to some event with a date. We are out late. We pull in the driveway. I am kind of beginning to present in my mind what my explanation for being late, and so forth, is to my father. He comes out. My dad approaches me, and as I am about to launch into my explanation, he begins to tell me that in the course of pulling into the driveway himself, in his own car, he had an accident. He holds up one of his hands, and the fingers of the hand are basically cut off at the first knuckle—a bloody stump. He is very calm trying to tell me that it was a minor accident of some kind, but his hand is mangled. I remember, in the dream, holding my head in my hands and saying, "Your hand has gotten so mangled over the years," and just feeling very demoralized about this last catastrophe. I think that is pretty much where the dream ends. I have not had a dream about my father for an awfully long time. I am sure our work is

kicking up some stuff, and the fact that it was almost a kind of amputation of a hand—it is something I can't fully understand—but it felt in some way significant.

T: In what sense?

P: In some ways, it is true to life. My father, as an alcoholic since I have moved out of the house, has had a number of bizarre accidents, I must say. He'll try to separate two dogs fighting near his house and end up getting all scratched or gouged up. He falls from time to time and ends up requiring stitches in an emergency room. It is somewhat in character that he would have an accident like this. It is somewhat in character that he would display the injury almost as a source of curiosity—almost detached fascination. There is almost a self-mutilating quality to these accidents. This was a mutilation, not another term I am trying to come up with. I think in a way I have felt that each of these revelations about his character has been a display of an inner mutilation that I have had to come to terms with over a period of time.

T: Which hand was it?

P: I was trying to remember this. I was tempted to say right hand because of the symbolic. I'm not really sure. It may have been the left hand because he was facing me and I think he held it up.

T: Left hand, right hand?

P: I'm right handed. The other thing that struck me about the dream, or the feeling I have from it, is this feeling of personal devastation. I feel shocked, but also it was almost the accumulative effect of this, which is referred to when I say, "Your hand has gotten so mangled over the years." It is a combination of anger and sadness. In the dream there was a similar feeling of incredulity mixed with anger. It seemed like a very, very critical wound for me. It didn't look like something that could be fixed. I didn't know what he was going to do with his hand, but it was a mess.

T: Anything else?

P: Right. One of my fantasies . . . I think that his business is virtually gone. I honestly don't know how he is going to live out his life economically. He does have a lover with whom he lives, who is a teacher. They have a house that's paid for, but it is a pretty sorry picture financially. I don't know how it is going to work out. Over the last several years, he has receded to become less alive—literally less alive and less alive for me. Although in a focused context like this, his existence moves up a little more vividly and the dream obviously reemerges. . . .

T: Damaged?

P: Right. Right.

T: Could you have had anything to do with it?

P: With his hand in this dream? Not the way the dream. . . .

T: I know about now. Pm wondering about that temporal period.

P: In my actual life, could I have had anything to do with his own destruction?

T: Or did you on some level?

P: Well, it's important for me to remember that early on my charge was that this guy's fate was in my hands. In a certain sense, that if I was playing with him and overtaxed him, he could collapse. I was responsible for him. He couldn't do it. My sense was that if left to his own devices, he would play too hard and he would kill himself, basically. So, I had to monitor how easily he was breathing because of his tuberculosis.

T: So, his life was in your hands?

P: Right. I felt that he was physically frail. I was told that it was worse for him to get a chest cold. You can't evaluate these things when you're a kid, but I felt that he was a noble spirit, a fine mind encased in a fragile body, and that he was vulnerable—he had vulnerability.

T: Did you ever feel angry at him and not be able to express it?

P: By the time I was about 15 or 16, when it was time to use the car. At that time, he was more inclined to speak more sharply, lay down the law a little bit more. I would react to that. I would feel angry. By the time I was a junior or senior, we had a couple of, at least one physical contact where he would shove me across the room. I remember when I was trying to make up ground in a class —this class I had gotten an F in—and I was trying to get the grade up as high as I could and I had an exam coming up the next day and I knew I was missing one set of notes. I was attempting to leave the house at about—it was late—9:00 or 9:30 P.M. to get some notes to review before the test, and he insisted that it was too late to go out and he shoved me back down into the chair. I am sure I burst into tears at that point. I was bereft, angry, humiliated, and so forth. My reaction was to feel just outraged. It was just a terribly snarled-up period of time in terms of how we would communicate. It was just miserable.

T: It sounds very tough. What do you do when you know you can hurt somebody?

P: It just lays you out, totally lays you out. When he got mad at me when I was a teen-ager, I was bereft, angry, humiliated. I was crying and feeling outraged. It was just miserable.

T: Yes.

P: I turned a lot of rage and anger on myself. No question about it. My previous therapy dealt with this.

I didn't feel particularly pleased about my response to the dream. Just why I became so obsessed with whether the injury occurred to his father's left or right hand remains a bit of a mystery to me. Otherwise, we seemed to be out of rhythm during this encounter, perhaps both working too hard to try to distill what we both believed to be important, symbolic material in the

dream. As frequently happens in the course of therapy, however, when we fumble with what seems to be an important issue, other chances present themselves. Here is an excerpt concerning the dream from the next meeting.

Session 12

P: When we stopped last time, one of the things we had talked about was this dream. I made a couple of notes after our session because you had said you might want to return to this dream and also you were wondering about the associations that might happen.

T: Let's return to that dream if you're comfortable with that.

P: Basically, this dream had to do with my father's hand being maimed, disfigured in some kind of bizarre way. After the session, I was thinking about my associations with the hand. The two or three associations I had are biting the hand that feeds you, give me a hand, the right hand of God. There were two or three quick reactions, and there may have been one or two others. I think there are a lot of obvious symbolic references to the hand, and those are three. The parent is the person who feeds you, or is supposed to, both physically and psychologically. This is set, not only against the context of our work, but against the point of this estate settlement in St. Louis in which I am, for the first time in my life, formally in an adversarial relationship with my father. He is on one side and I'm on the other. Unless there is a compromise settlement, one of us will win and the other will lose.

T: Where are you now?

P: I find myself taking almost an uncharacteristically hard line.

T: Do you have any further associations to the dream other than. . . .

P: Not really, as we talk about it now. I guess I'm struck by some feeling of guilt, almost irrational guilt, with the fact that my father has his hand injured. I

had nothing to do with causing it, but as I'm talking about the dream, I feel some guilt—some responsibility.

T: In the dream. What might that be?

P: Well, the thing that I felt uneasy about in the dream was that I got separated, that I separated myself from my father. I guess if I had thought it through, I might have imagined that had I stayed with him, he wouldn't have had this injury. That it happened because he went his own way and by the time I reconnected with him, something had already gone wrong. In fact, if I had linked that up to actual realities, obviously, very early on I did have a sense of some responsibility in certain situations for protecting my father's health while we were playing or having games. My mother gave me the very strong impression, as I said earlier, that if I overtaxed him he would collapse. So, there have been different points in which I have felt responsible for him and I think that's part of it in the dream situation too.

T: What else?

P: Well, I think guilt, and outright expressions of anger were very much frowned upon or discouraged. I think they were felt almost to be morally wrong. There was never any discussion of this, but it was as if really direct anger was almost a transgression, it was irrational.

T: As a youngster, what were your feelings about what might happen to someone if you got very angry?

P: I think that initially I probably, as a youngster, didn't have any terribly complicated feelings about that. I just directly expressed the anger. A lot of it, I remember, would be associated with competitive situations.

T: What about anger toward your parents?

P: I guess I am sure that there would be a physical punishment with some withdrawal or there would be very, very strong disapproval. I think that there was no feeling that that was at all appropriate or accepted. What would happen, even though I've never tested it too often, I suppose I may

have felt that my parents would be less friendly to me or less kindly disposed to me for a period of time, I don't know.

T: Did your anger have the power to hurt people?

P: Well, I don't know. I just can't be clear enough about it. I remember one incident in which my mother and father had one of their few arguments. My mother may have thrown something at my father and started crying. His response would be to be wounded or abused by the anger. Anger was not, after a certain age, a young age, was not part of my emotional repertoire by and large. I thought that I was a real nice guy, a person who never had conflicts with anybody. As a kid, I can remember one incident where another person was accusing me of something. My response was to be extremely angry, but what I did was bang myself on the head with a little toy gun.

T: How about now?

P: I am much more readily able to call forth anger correctly. I still . . . I guess I have some lingering feelings about the desirability of expressing anger. Some part of me would rather not. But, it doesn't take too long for me to be aware that I am feeling angry and to let that feeling, in some measure, come into play. It is not a buried feeling anymore.

In the last session, Rex and I talked about the course of treatment. Two issues that were on my mind were how this therapy compared with previous treatment in his thinking and the extent to which the positive effects would be durable.

Session 14

T: What are your feelings about this experience compared with previous therapies, if it is possible to summarize, or even compare them?

P: I think my therapies have been effective. I have had a bond with the person with whom I was working.

T: Certainly, by everything you've said, I'm led to believe that previous therapies were highly effective by the standards I know of.

P: Right. They were . . . I suppose a lot of it has to do with timing. This therapy has been a very, very focused and intense kind of process as far as I'm concerned.

T: Compared with. . . .?

P: Compared with experiences that were more open-ended. For example, I never imagined that I would be able to continue to work with you beyond a couple of months or so. I knew we had to get something done quickly, and I was assured that we would get something done. I also brought in a presenting problem that was very ripe for a solution. I had no ambiguity about wanting to deal with it compared with previous situations where I might have not even been sure initially what the issues were. By and large, I've been fortunate in identifying very strong people as therapists and working pretty much without reservation with them without some kinds of resistance or defensiveness or whatever.

T: What have your feelings been about our relationship and what we've been doing?

P: In terms of idealization, I think that as our work progressed, my sort of affection for you increased significantly. There was a sense, because I was on the firing line, testing out our methods of a real partner experience here. That meant a lot to me. No question about it. Early on, I wasn't sure whether you would ever really get to know me in a personal sense or whether I would be just another one of a number of clients or students rotating through this office. It made a significant degree of significance to me to feel personally linked to you in this work. There is no doubt that that attachment, that bond, is something that I still feel very strongly. Although it rises and falls, I am expecting more out of this than I might have originally. I am going deeper into it than talking about a particular behavior and a behavioral

strategy for dealing with it. I feel like I'm in it deeper emotionally.

T: Deeper than what?

P: We're looking at a whole range of issues instead of simply the phenomenon of public presentation. Because we've widened the focus, I feel much more exposed, more vulnerable, more wounded in a sense, having to recapitulate quite raw, unhappy past experiences. . . .

T: Well, we have about 10 minutes left. I guess I'd like to think back to the beginning of our work together and think about the question of the extent to which this work has met your expectations, what you see beyond this.

P: Well, I would have to say that this work has met or exceeded my expectations.

T: In what ways?

P: In the sense that we've been working with almost a perfect kind of laboratory—that being the classroom and the case and so forth. Results from our work almost had to be manifested or I would have suffered some consequence, either lowered grades or at least temporarily reduced self-esteem, or something like that. After years of disappointment in trying to address this problem in some systematic way, this has been the first time that I felt some substantial measure of control in the way I approached this public-presentation thing. I've charted my participation in class so that I have a complete record of the frequency of participation and opportunities for speaking. And I've gone from almost zero participation, or very episodic participation, to very regular participation in almost every class and sometimes multiple comments per class. In fact, my impression is that in one of the classes I have come to be regarded as one of the more thoughtful contributors to class discussion.

T: I wonder how durable you imagine the results of this work might be. I'm not fishing for compliments. I'm just curious.

P: I expect the results to be very durable. Obviously, I've had a problem that has afflicted me for 15 years or so. So, I've been aware that it has been most

acute in the last 10 years or so.

T: I think we noticed it in your junior year or one of those years from an earlier session.

P: Right. Right. And there have been some false starts and some disappointed hopes in attempting to deal with that problem, but I've never had such a dramatic turnaround before, as has taken place in the few months of our work. I'm also very drawn to certain kinds of exercises, methods, or techniques that have a kind of specificity. Those sorts of approaches appeal to me, and I like using them and incorporating them into my daily routine, and so I feel good about what we've done and what I've done individually and look forward to the gratification that comes from continuing to use it and benefit from it. So, I really feel . . . I never had the benefits of previous therapies erode or reverse when they've really taken hold, and the work that I concluded in 1982 is just as valid for me now and has not slipped away, and I don't expect this to slip away either.

T: What do you think next fall is going to be like?

P: Well, I really have confidence in the enduring effects of this method and I'm going to try to work with them. There are areas that I would like to continue to explore, and I've talked about the desire to enhance the technical approaches with some additional insight or understanding, and I may want to come back to you.

CLIENT IMPRESSIONS: MAY 1985

Following are Rex's written impressions of his treatment:

Treatment can be divided into two phases. First-phase sessions, scheduled at two- to three-week intervals, imparted, refined, and reported on desensitization/ behavioral modification approaches to the problem

presented. These sessions were cordial but brief (usually less than 45 minutes) and somewhat impersonal. Again, emphasis was placed on *techniques* of proven effectiveness rather than on developing an interpersonal context for the therapeutic relationship. I was struck by the economy of these early sessions, but was reassured by Dr. Powell's confidence in the methods I was to implement. On the negative side, I worried that student volume at the University Health Center dictated a certain assembly-line quality to care. I wondered whether Doug was really engaged in our work, whether he was relating to me as an individual.

As sessions progressed, a second treatment phase began. This phase featured three developments. First, Doug's techniques did *work* (although some setbacks were occasionally experienced), and I developed an increased sense of confidence in, and gratitude toward, him. Second, Doug began to reveal more of himself and divulged some similarities in our backgrounds, which created a much greater sense of intimacy and collaboration. Third, we began to augment behavioral strategies with discussion of what Doug called the "existential" issues. Sessions were scheduled more frequently, usually lasted the conventional 50 minutes or longer, and were much more wide-ranging in terms of topics covered. I began to cry during one of the phase II sessions, indicating the greater intensity and trust of the work at this point. I began to refer to treatment as a joint venture (our work) rather than as something I was pursuing alone. Also,

I began making post-session journal entries recapitulating important points. Although treatment began in January 1985, I did not make my first journal notation until March. During the second phase of treatment, such entries were common, again attesting to the more complex texture of these sessions.

I initiated the discussion of "existential" issues in the hope of enhancing behavioral techniques with insight. This effort has laid the groundwork for additional understanding, but has produced less dramatic or conclusive results than the behavioral work. This technique-oriented work was perfectly suited to my situation because it had a focused, almost surgical, quality that quickly produced relief. I remain confident, as we wind down our work, that the talk-oriented therapy will contribute significantly to my healing and growth process. It is important to me that this work culminate in some new understandings because the review of past personal history has re-inflamed some very painful psychic wounds.

THERAPIST IMPRESSIONS: MAY 1985

My overall sense of the treatment process with Rex is that it was both successful and incomplete. I believe that he shares some of these feelings. Perhaps that is not surprising considering we met only 14 times and the academic year has a way of bringing premature termination to clinical work.

At the time I did not know whether he would return in the fall.

With respect to the therapy itself, I enjoyed working with Rex. Like many students in settings such as these, he is bright and exhibited considerable verbal facility, which lubricated the therapy process. I was bothered occasionally by his extraordinary verbosity and psychological mindedness. The first made it hard to keep him on a track which seemed productive. His self-interpretations were sometimes at odds with mine. However, I did think he responded well to my directional comments.

On the plus side was his strong positive transference, especially toward the end of the behavior therapy phase of our work. But even in the beginning there were many times when Rex picked up words or concepts very quickly that I used. Also, he was used to feeling positively about previous therapists, and he was relatively faithful about carrying out behavioral exercises necessary for a successful outcome.

Also on the plus side were my sympathy for his problem and confidence that I could help him. Though I do not recall telling him this, I am a former stutterer who experienced great frustration around speaking in classes, had an alcoholic father, was an athlete, and had a high school career paralleling Rex's. He obviously sensed this shared experience in my remarks. As I had successfully treated a number of Harvard students with performance anxiety

with this and other behavioral techniques, his presenting problem did not cause me excessive concern. That confidence apparently transmitted itself to Rex.

As to the treatment itself, I am always struck by the economy of behavior therapy in alleviating symptoms. Within two months his performance anxiety was sharply reduced. We might have stopped there but for the fact that he began to recognize that his present anxiety was driven by several intrapsychic forces. Rex's first spontaneous insight was becoming aware of his tendency to cast every situation into heroic terms in which he had to perform well. As the therapy progressed, it became apparent that this tendency was rooted in the desire to attract his father's affection. This is why "doing well" in any performance situation never alleviated the anxiety the next time. No matter how well he performed, the emotional desert between them remained in his unconscious. The vain hope of reconnecting with his father through his achievements caused him to continue to keep expecting more and more of himself.

The second spontaneous insight, which emerged very quickly, was his becoming aware of his illusion of father's competence and ambitions for him. According to Rex, it was not until our work together that he realized that he himself had created the image of the powerful father who continually demanded that Rex excel. In fact, the father was increasingly indifferent from

early adolescence onward. Rex created this image in order to remain connected to his father.

Whether these insights would have surfaced during a course of psychotherapy, it is difficult to determine. My experience is that they were not likely to have come up so early and may not emerge at all. They surfaced initially in the context of the behavioral practice and our discussion of his reactions to it. Also, I had the feeling that psychotherapy with Rex would be a wide-ranging enterprise, covering an enormous territory. It was doubtful whether there would have been sufficient focus on any specific material for these insights to emerge as significant issues. They had not in the past.

POSTSCRIPT

Rex and I resumed contact in the fall. We met biweekly until terminating the week prior to Christmas.

By the end of the first month, Rex believed that his problems speaking in class—and elsewhere—were behind him. Now that he felt more comfortable about entering into discussions he could choose *not* to speak without becoming uncomfortable. This was a vastly different experience than believing he could not talk without embarrassing himself.

A relatively small event opened the way for further understanding of

the origins of Rex's tendency to transform the mildest competition into an Olympic struggle. The event was Rex's comment in passing that he had just finished a letter to his father and enclosed a newspaper report of an address he had given to a group of Boston executives.

As we discussed why he wanted to send the clipping to his father, Rex again went over his desire to obtain his father's love through his achievements. At this point I recalled his father's earlier comments that Rex recounted in the spring: by the time Rex was an early adolescent his father told him that Rex had already exceeded him. Remembering his mother's cautions about his father's frailty, I wondered whether Rex's continual bombarding of his father with his achievements might have been—and might continue to be—a sublimation of both normal competitive instincts as well as aggressive impulses deriving from years of frustration. This seemed to hit home.

The remainder of our sessions dealt with one form or another of his aggressive feelings. Numerous dreams occurred involving his father: in one his father was mangled; in another the family station wagon, usually driven by his father, went out of control and crashed on the freeway.

Toward the end of our work together, Rex had two dreams in the same week about expelling something noxious and ugly inside him. The first

involved trying to vomit something up but not being successful. In the second dream he was sitting on the toilet after defecating. When he tried to wipe himself, he spread the fecal material rather than being able to clean it away.

As he followed his associations to these dreams, Rex concluded he seemed to be trying to rid himself of his anger by expelling it in some way. But plainly this was not working. Shortly, Rex recognized that a key message in these dreams is that he did not want to totally purge himself of his aggression. He wanted to use this energy, integrating this force into his personality.

Indeed, in the previous week, Rex recalled making a presentation and being provoked by a prickly member of the audience. Rex handled the confrontation with humor, which diffused the badgerer. This was the first time he had ever been able to do this. This was the first time, Rex mused, that he didn't worry that his anger might have lethal consequences.

Rex's case illustrates a crucial point about integrated therapy—namely, the power of insight-oriented treatment to maintain the improvement achieved by behavior therapy. As Birk and Brinkley-Birk (1974) pointed out, psychotherapy aims at helping people make sense of things whereas behavioral procedures assist them in changing their actions to live more comfortably in their world.

Behavior therapy integrated with psychotherapy does create a

sharpened attention as well as an intensity which can arouse considerable emotions. Garfield (1980) may be correct in saying the therapies that have greater potency to change behavior also possess a higher probability of causing emotional upset than milder, but perhaps less effective, procedures.

Rex's case, and others like his, reinforce the notion that clinicians employing behavior therapy will do well to maintain an ongoing diagnostic vigilance and be prepared to modify the treatment accordingly. Although it's true that only a small percentage of patients treated with behavior therapy are likely to want to explore emotional issues that emerge, this does happen in a significant minority of cases.

In spite of a complete history and behavioral diagnosis, in spite of extensive anamneses and psychological testing, I have been unable to anticipate with many clients the quality or the force of unconscious material that is associated with presenting behavioral symptoms. These feelings, thoughts, and experiences were not accessible prior to the application of behavior therapy. I believe that clinicians using behavioral techniques—and perhaps those working in psychological laboratories as well—need to be especially alert to changes across the client's affective, ideational, and behavioral repertoires as well as attentive to new perceptions or distressing symptoms. These changes present an opportunity for insight-oriented therapy, which may not have been possible without the behavioral

intervention.

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Commentary: Some Combinations and Guidelines in Insight and Behavior Therapy

Kalman Glantz

Most of the various hybrid forms of therapy that combine behavioral interventions and insight-oriented exploration can be classified, I believe, under four headings:

1. *behavior therapy which is used to provoke insight, by creating a situation that forces a client to discover, and subsequently discuss, an old pattern;*

2. *behavioral interventions which are suggested by particular discoveries made by a client during an exploration process;*

3. *relaxation exercises which are used to facilitate recall and/or reduce the fear of self-exposure;*

4. *insight-seeking exploration which is used to consolidate or enhance insights that arise spontaneously following a set of behavioral interventions.*

For several reasons, the fourth combination may well be the best place to

start for behavior therapists who have not already integrated psychodynamic exploration into their work. Opportunities arise frequently; most people want to talk with an informed, sympathetic listener about what they have learned and/or accomplished. No detailed planning is necessary; therapists don't have to set out in advance to use insight during a particular case. Finally, special techniques for overcoming resistance can be dispensed with, since the client is already eager to talk.

The case presented by Douglas Powell is an excellent example of type 4. Dr. Powell designed several behavioral interventions. These interventions were not specifically designed to provoke insight, nor were they based on the client's insight into the roots of his problem. The interventions were successful, but the client expressed a need for something more. Dr. Powell, unfettered by ideology, was able to respond effectively.

INSIGHT THERAPY AND EMOTIONAL CONTACT

What Rex, the client, needed in this case was significant, for it points clearly to one of the major advantages of eclecticism over a strict behavioral approach. Rex explicitly states that during the behavioral phase of the therapy, he was concerned about Dr. Powell's degree of commitment to him as a person. He wanted a relationship with the therapist; he didn't want to be an anonymous "case." He wanted to feel that he was understood.

Rex's desire points to the emotional basis of insight-oriented therapy. Such therapy, however cognitive or analytical, involves the sharing of the client's story. This sharing creates what might be called kinship ties between client and therapist. These ties provide clients with inclusion and acceptance, which are critical factors in the recovery process.

The desire to have a relationship with the therapist is akin to the desire to be treated as an individual in the family, at school, at work, and elsewhere. It is a simple human desire, one that will be found in just about everyone who enters therapy. It should not be explained as a manifestation of childhood attitudes toward parents and other authority figures.

The value of "relationship" was neglected in behavior therapy during the years when energy was being invested in the overthrow of the dogmas of psychoanalysis. But that time is past. Contemporary ideas about development and the origins of psychopathology provide a perfectly adequate framework for behavioral interventions. There is, therefore, no further need for behavior therapists to shun psychodynamic exploration. By using an eclectic approach, they can meet each client's need for affiliation and recognition, no matter which techniques they rely on most heavily to bring about change.

THE NEED FOR MEANING

In addition to their need for contact, people have a need for meaning.

Powell cites various references in the literature to show that spontaneous insights occur frequently during the course of behavior therapy, but such references are hardly necessary. Can it be otherwise? Insights happen spontaneously all the time; they are bound to leak into even the most rigid behavioral setting.

Neuropsychology is making it increasingly clear that it is in the nature of the human brain to observe itself, draw conclusions, and form models of its surroundings (e.g., O'Keefe & Nadel, 1978). These models then affect the response of the organism to future stimuli. It follows that anything which affects the model may affect future behavior. Can one therefore really separate insight and behavior change? To arbitrarily exclude the intellectual dimension from therapy is to work with a truncated conception of the human mind.

SOME GUIDELINES FOR ECLECTIC THERAPY

Powell's handling of this case demonstrates several principles that are worth noting. He keeps interpretation to a minimum. He asks questions that elicit specific information. He often uses the (Rogerian) technique of simply feeding back statements that the client has made. He makes his most crucial interventions on the basis of contradictions in what the client actually says (e.g., father is powerful but tubercular, alcoholic, and weak), not on presumed characteristics of the patient's mind. In fact, it seems to me that he handled the

psychodynamic phase of the treatment more or less as an extension of the diagnostic phase of behavior therapy. All this should be reassuring to those behavior therapists who might feel that psychodynamic exploration is unfamiliar ground, or whose idea of it derives from one of the more arcane, esoteric traditions.

Powell's handling of Rex's dream is a good case in point. Most of the time, he simply asks for more information. The first time he introduces something new into the discussion of the dream, he does it with a practical question: "Could you have had anything to do with \your father's injury]?" In other words, avoiding complex, symbolic interpretations, he brings the client back to his own role in the situation. Again, this intervention was clearly based on something Rex had specifically stated, namely, that his mother had warned him about tiring his father out.

THE VALUE OF AN ECLECTIC APPROACH

This case makes it clear that any time one is combining techniques for behavior change with insight-oriented therapy, one acquires a good deal of freedom with respect to interpretation. In the eclectic approach, a change in behavior does not depend on any particular insight (since one can always use behavior therapy to bring about change). Therefore, therapists don't need to wait around for some particular insight to surface in order to move things along

(as, say, a psychoanalyst might wait for a patient to discover his oedipal desires). Eclectic therapists can just take whatever comes to the surface, help the client to understand the material in his or her own terms, and establish emotional rapport.

Powell's handling of this case demonstrates the value of having an eclectic approach to the various schools of insight-oriented therapy. So many interpretations of what caused Rex's performance anxiety seem to hover over this transcript! There is fear of failure (father will be critical), and fear of success (father will be outdone and thereby shamed). There is fear of being "like father" (weak), and fear of being "unlike father" (going beyond him). One could say that Rex's father might have been too dominant or too important in this child's life, but one might also think that he may have been too weak—unable to provide support during critical periods. Which of these factors, or which combination, is at fault! The answer isn't known and probably cannot be known. Dr. Powell's willingness to work without making any single interpretation of behavior the focus of all his interventions provides valuable insight into the factors that lead to success in eclectic psychotherapy.

SOME ADDITIONAL POSSIBILITIES

For the sake of illustration, it might be helpful to point out some opportunities this case presented for combining behavioral interventions and

exploration more directly, had there been a need to do so. I will briefly note two possibilities that occurred to me.

The relaxation technique that Rex learned could have been used during the exploration phase to help him re-experience aspects of his relationship with his father.

Rex himself didn't seem to have much trouble making emotional contact with the events that apparently shaped his life, perhaps because of his previous experience with psychotherapy. But with clients who aren't in such close touch with their past, relaxation is a valuable tool.

Guided fantasy could have been used to help Rex experience his fear of destroying the image of a strong father. (For example: "Imagine yourself as a high-school student telling your father that you had already outdistanced him intellectually.")

Here again, Rex himself was able to get in touch with his feelings by himself, but another client with similar problems might require a little push to really perceive the inhibition.

CONCLUSION

In my view, cases such as this make it clear that behavior therapy bears no

essential, theoretical connection to the principles of behaviorism. The techniques of behavior change developed over the years remain perfectly usable even if one believes, for example, that Rex's problems with his father stemmed from oedipal longings, or that Rex's performance anxiety was due to an innate, genetically determined need for a father who would be a source of strength and love. Hopefully, theory will soon catch up to the progress that clinicians have made in their day-to-day work.

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Commentary:
When Is Behavior Therapy Enough?

George J. Steinfeld

The case of Rex raises some interesting clinical and ethical dilemmas for those of us who practice within an eclectic or integrative framework. In Dr. Powell's opening remarks, he states that clients frequently become aware of psychodynamic factors associated with their symptoms while participating in behavior therapy. I, too, have witnessed this phenomenon. However, the issues in question refer to how we explain these occurrences theoretically and how to deal with them in an ethically responsible and clinically appropriate manner.

My theoretical explanation is simple and, of course, may be wrong. I explain these phenomena by referring to factors such as "perceived" similarity between current stimuli and past events. These past, emotionally charged events have been deposited in our nervous systems as memory traces. We remain unaware of these memories. The current stimuli, by virtue of their perceived similarity to the past stimuli, arouse the memory trace and bring it totally or partially into awareness, along with the associated thoughts, images, and feelings. This cognitive process is spelled out in the literature on perceptual

processes, along with the specific mechanism for the arousal of the trace, e.g., the Hoffdung function (Rock, 1962).

In developing a treatment plan with clients, it is important to establish goals and. spell out the means by which these goals will be reached. This fosters a more egalitarian relationship, demystifies the therapeutic process, and helps prevent subtle and more obvious power plays by the therapist. Mutual responsibilities should be spelled out, as well as potential side effects and/or consequences of successful treatment.

As noted by Powell, it frequently happens that relaxation training aimed at reducing stress, or used during the process of systematic desensitization, actually increases tension in the client. My first experience with this happened many years ago. I was treating a woman for agoraphobia and was trying to relax her using the standard procedure of the day. The more she practiced, the more anxious she became. She kept saying, "I'm freaking out," when she did her relaxation at home and in the office. Since that time I have come to believe that relaxation, or the feelings associated with a non-tension state, were anxiety arousing for a number of reasons.

With Sharon, relaxation stimulated feelings of vulnerability, associated with unresolved business in her family of origin. She also "misinterpreted" her relaxation response. This new "positive" feeling was perceived to be "ego alien,"

that is, not fitting Sharon's view of herself as an emerging "calm" person. She frequently stated, "I've been nervous all my life." She seemed to be "comfortably uncomfortable" with her tension-filled "freaky" nature, since this was part of her self-image.

In fact, Sharon's case stimulated my recall of a story by comedian Buddy Hackett. He had grown up with a constant heartburn as a result of his mother's cooking. When he entered the Army, his heartburn went away. On discovering this, he rushed to the infirmary, frightened that, since "the fire went out" of his chest, he would freeze to death. He had adapted to the pathology of his mother's cooking as all children adapt to the "craziness" of their families. The change to the ",normal" (healthy) condition made him uncomfortable, again pointing to the positive aspects of any symptom and the potential risks of removing it (the side effect of change).

A case presented by Arnold Lazarus also highlights the importance of establishing clear treatment goals and honoring the contract. Lazarus was presenting a case at the psycho-educational clinic at Yale, and I had come over from a nearby child guidance clinic because I had been interested in behavior therapy for a number of years and was familiar with Lazarus' work from the literature. The case presented was of a woman who sought treatment for a phobia because she, too, was familiar with Lazarus' contributions to behavior therapy and because traditional therapy was not helpful. A fairly

straightforward systematic desensitization procedure was outlined and accepted as the treatment of choice in the early 1970s. During one of the early interviews, however, Lazarus, being the broad-spectrum therapist that he was (and still is), pursued some clinical material related to her relationship with her husband that appeared relevant to her phobia. At the end of that session, Lazarus felt good about the many "insights" they had derived from the session. However, at the next session, the client was very upset, and I believe correctly so, and chastised Lazarus. She had sought him out for treatment of her phobia through a behavioral approach, and because she felt him to be the best person for the job. She saw no relevance between her problem and its relationship to her husband, and she was angry. Was she appropriate, defensive, resistant? They had not negotiated pursuing relationship issues. It violated her expectations, and she felt disappointed, ripped off, and disrespected.

As you can see, I never forgot this incident, and since that time, I have witnessed personally, and indirectly, the seductive nature of psychotherapy. It has led me to my position that we need to establish clear treatment goals and make known the relevance of procedures to those goals. I also realize, despite these concerns, how easy it is to get sidetracked and seduced by "interesting" clinical material, thereby lengthening therapy, and not giving clients what they are paying for. We have the ethical responsibility to discuss these possibilities with the client.

Although my personal experience testifies to the clinical findings that there are negative effects in the form of emotional discomfort as well as undesired (and undesirable) "insights" during behavior therapy, we have the ethical responsibility to discuss these possibilities with the client. These side effects can then be monitored by both therapist and client during the therapy process. "Strategically," this would increase the client's "perceived expertise" since the side effects were predicted as possible outcomes, but more important, it would tend to alleviate the anxiety if mild discomfort should arise. These feelings would then be open for discussion. If "insights" spontaneously occurred, the client and therapist could negotiate whether the client wanted to explore their "possible" relevance to the treatment goals.

A related issue has to do with the entire question of what it means to be "relevant" when we are talking about "insights" of the relationship between psychological events. Human beings have the capacity to relate or connect everything, the more metaphorical the better, in analytically oriented therapy, and some forms of indirect hypnosis of the Eriksonian variety. We therapists can create traps for ourselves and our clients by making interpretations and creating relationships that exist in our heads, and then trying to convince the client of them. In attempting to convince clients of the clinical relevance of the material, of our "insights," we have always reserved the right to call clients "resistant" if they fail to agree with us. If they agree "too" readily (whatever that means), we call them over compliant. They, of course, have to accept our

interpretive insights in just the right ways for us to think well of them and make ourselves feel good about our creativity and clinical intuitions. Man, can we create a lot of nonsense, and I feel, iatrogenically, create a lot of suffering.

A question that helps me out of this kind of trap is "so what!" Very often, there is no "necessary" relationship between our "insights" into the dynamics of the problem and the symptoms and goals in question. In these cases, and I believe this was the case with Rex, there was no relationship between historically related material and the effects of behavior therapy. Dr. Powell would, I firmly believe, have been equally successful without the added psychotherapy. He did an excellent job when he worked directly with the client and his phobic reaction. He and Rex collaborated well in helping the client desensitize the public-speaking anxiety. It was brief, to the point, both effective and efficient. This meets the criterion of a fair exchange in therapy. The client gets what he paid for, and, in this sense, it was ethically responsive to the needs of Rex.

As I see it, one problem here was not with the behavior therapy, although other approaches might have been taken. For example, my preference would have been cognitive-behavioral therapy, focusing on anti-catastrophizing and "awfulizing" cognitions associated with the anxiety, and on "decontaminating" Rex's unrealistic expectations (from his parent ego state), his fear of failure (child ego state), and his irrational equation of his behavior with himself as a

person. I might also have been less efficient than Powell, since I might have explored, with Rex's permission, other factors associated with his anxiety, e.g., nutritional, hormonal, and might have sent him for a physical examination. I might even have wondered, again with his permission and understanding, how the anxiety is beneficial.

Personally, I am not convinced of the necessity for psychotherapy in this case. It was not needed for the treatment of his phobic reaction to be effective. The case material was interesting, as it generally is when we deal with people's lives. And we can, in fact, perceive relationships between past events and symptoms. But because we perceive them does not mean they exist in a causal way to the symptoms, nor do we have to explore them to be effective with the problem in question. Because the focus was vague, we have no behavioral indicators of when therapy was to end, and this created the potential for "interminable psychotherapy." As Woody Allen has stated, "I've been in therapy for 20 years . . . I'm getting better . . . now I can eat without a bib."

Rex came for something, but he was unclear, and the therapist helped with the unclarity. Rex stated that he thought his public-speaking anxiety had something to do with his "powerful and demanding father, but now he was not sure. It was at that moment we discussed meeting regularly" (p. 334).

How would Rex know whether his anxiety was, in fact, related to his

relationship with his father? Did Rex merely want to "understand" his father, or the relationship between his father and the symptom; or did he want to change? It was not clear what he wanted beyond change in his anxiety reaction, and how he would know he had "understood" (developed "insight"). In other words, I believe it would be ethically acceptable if Rex was unsure of the relationship between his experiences with his father and the symptom and wanted to explore these connections. The mistake was not in doing this work, but in Powell and Rex not agreeing on how they would know if, and how, the historical events were related to his public-speaking anxiety, and in not establishing clear criteria for termination.

A related concern is that by doing analytical therapy, we may propagate the myth that insight leads to behavior change. I have no strong evidence that this happens; the reverse seems to be equally true, namely, that behavior change leads to insight. I am also aware that looking into history for "causes" for current behavior can, if we are not careful, foster the "blaming" position of the "victim," rather than helping the client accept the proactive position of self-responsibility. No matter what Rex's parent did, or didn't do, which impacted on him in a negative way, it's regrettable. It is Rex himself, as an adult, who continues to induce his own anxiety by holding onto "irrational" expectations and demands on himself and others. His anxiety also has consequences for himself and others, a payoff for him, but this was not discussed in the case presentation. What are the advantages of his symptom? This is a useful

question, whether we are doing behavior or dynamic psychotherapy.

Exploring personal history is interesting, but its relationship to the NOW is always problematic. As Ram Dass often says, "Wherever we look, we find what we are looking for." If the client is willing to buy his or our interpretation, and it helps alleviate suffering, so be it. I don't know what Rex was looking for, and how he would know when he found it. Maybe the best thing we can do for Rex is to help him stop looking. The summaries by both Rex and Powell indicate that they, too, question the usefulness of the psychotherapy. My own summary is that Powell did good work, particularly in the behavioral realm. I would have preferred that he and Rex be more clear about their treatment goals and that precautions and side effects be discussed more openly. "Be careful of what you ask, you just might get it" might be an opening statement we make to all of our clients.

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