

CASEBOOK OF ECLECTIC PSYCHOTHERAPY

SYSTEMATIC ECLECTIC PSYCHOTHERAPY:

Growing into Separation

Larry Beutler

Commentaries by
Windy Dryden & Stephen C. Paul,
Addie Fuhriman, and Gary M. Burlingame

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P: Oh yeah, I was surprised.

T: You're pleased with yourself?

P: Really. Yeah, it really, made me feel pretty good. If I go back again, I feel like I can pick up from where I left now, not where I left off last year when everyone was mad.

As in most therapy experiences, periodic crises arose for this patient, which reinstated central conflicts that seemed to be resolving. These reverberations during later therapy stages are usually short lived but provide important arenas for reviewing and practicing newly acquired coping skills. For example, session 23 began with the patient reporting that her father had sounded drunk during a recent telephone conversation. This event was clearly upsetting and reinstigated many of her rescue fantasies and anger, which characterized her core theme of interpersonal ambivalence. The following segment illustrates her effort to disengage from the competing desires to protect her father, on one hand, and reject him, on the other.

Session 23 (3/28)

P: My dad didn't call Sunday. He calls every Sunday night and in a

letter I wrote, I said, "I'll call you back Saturday morning or you can call me Sunday morning." But he never called. I didn't think much about it because he's done that before, but he usually will *definitely* call back Monday. By Tuesday he hadn't called, and when I came home Wednesday, my mom said, "You better call your father because something could be wrong that he hasn't called you." So I said, "Wow! Are you sure?" And she said, "Yeah, just call and make sure he's all right." Well I called him and he definitely was drunk on the phone. I could tell it and he was really, really just. . .

T: What was your reaction?

P: Well I don't know what I thought. He was in really bad shape. When the girl answered the phone, I was talking to her, and I could hear him whistling in the background, you know? So when he got on the phone I told him, "You were whistling," and he goes, "No." He always lies when he's drunk; I mean always. I tried to talk to him and he didn't say anything. It was just silence, and I said, "Well, call me next Sunday." He didn't answer; he goes, "huh?" He was really . . . I mean it's just the tone of his voice. I can tell when he's drunk.

T: Does it offend you?

P: Well, it was weird because I got off the phone and I didn't feel much about it. I thought that it was too bad but I didn't feel anything. Then, later on in the evening, something else happened, a little small thing with one of my roommates. It was something she did that kind of ticked me off. She went

back on her word or something that wouldn't normally bother me, but all of a sudden I almost wanted to cry. I was thinking, "Now wait! It's not because of this little thing." And then I realized that it was because of my dad.

T: It bothered you more than you realized?

P: Yeah! I mean it just hit me like, "Oh, isn't this something?" I felt really badly. And then I talked to a few people about it and I've been thinking about things since. It's been weighing me down a little bit.

T: Tell me what your thoughts tell you.

P: Well, how do you mean?

T: What kind of worries do you have?

P: About him? Well, it's not related, but I worry about why he's 'drunk. Something really had happened to him at work, which was really unfortunate. He had formed a little partnership within his company with two other guys. One of them was his boss and they were going to try to earn . . . I mean, they could earn lots of money over several years. About a month ago the company asked for a good amount of money to be given to them and my dad had talked to the partners about what they were going to ask for and what it was going to be used for. But my dad found about two, three weeks ago that they lied to him. Not only did they lie, they got in trouble with the company and they blamed it on my father, which was really rotten because one of them is his

boss and he can't get back at him. So anyway, it's been really unfortunate and now people are giving him really bad looks in the office. It's been so unfair because he's innocent. He didn't do anything wrong.

T: They did something they weren't supposed to do?

P: Yeah. And then they lied to him and blamed him for doing something he didn't do. And it was unfortunate because he had done all the work for them. So much work that in terms of his own health it was bad for him.

T: You're worried about his health and about how he's doing at work and whether his drinking means things are getting to him and he's depressed?

P: Yeah. It just bothers me that he fails at everything he does. It's just like nothing works out. And in this kind of situation you almost think, "Why didn't this thing work out?" And it just didn't.

T: You have worries about his depression?

P: I don't know. I mean, it makes me upset.

I just worry that M. will divorce him and he won't have anybody. I just worry that he's gonna be a drain on her, and I worry that M. will get a divorce and he won't have anybody. I will feel obliged to go help him.

T: So the worry is that you might have to step in and take care of

him?

P: Well, I guess I don't have to, but I would choose to. That would make him feel better. It just bothers me because he's so talented and it's all going to waste; I mean, he's incredibly smart.

T: There seem to be two sides to your worry about his drinking. One is that it's a waste for him and the other is that it threatens you.

P: Well, I think they're the same in a way. I mean worrying about him and being scared for me.

T: Worry is like being threatened?

P: Yeah, I guess so. So I don't know how to feel. I mean, I can't help but feel, like, sorry about it.

T: Yeah, I can understand that. Is there some belief that he's not going to be able to get where you would like him to be without you?

P: Well, I just pretty much think of it as "he seems to be happy but he's not." And I don't know how he can feel better because he doesn't go for help. He goes through phases, you know. On the phone the week before, he was real happy and he seemed okay.

T: In the past, how depressed has he gotten?

P: Nothing good. I mean everyone gets down but. . .

T: Does he come back up?

P: I would say that during the year there is about 20 days that he's happy. So if he comes out of his depression it's, like, a month later and then he's down again and it goes on and on and on.

T: So I wonder if it really makes any difference whether he's drinking or not or whether things are bad at work. He's kind of unhappy anyway.

P: If this hadn't fallen through, he wouldn't be so upset.

T: What role do you think he played in all this?

P: In what?

T: In making himself depressed or drinking.

P: Well, I think that when he joined the company, he was anxious about the job and he had a feeling that people were a little dishonest. He needed the money and the income at the time. He knew the deal would fall through, but he just didn't know when. He knew that there would be something going wrong. And it was a little bit risky to do this partnership.

T: He knew it was risky?

P: Yeah, but I don't think that he deserved it, you know, but he *did* know. So his whole world is really going to collapse and then

there's really no place to go.

T: Are you worried about him committing suicide?

P: Yes . . . no, he'll drain other people before he does.

T: In a way, he is a survivor. He survives through a lot of ups and downs.

P: Well, it seems like his whole life has been that.

T: So any guess that he'll survive through this?

P: Yes, if you mean physically breathing, yeah. I mean it; he has incredibly bad luck all the time.

T: I wonder. Maybe if his luck is that bad so much of the time, it may not be luck.

P: What do you mean? The bad luck is intentional . . .

T: The bad luck he kind of . . .

P: Created? Well yeah! I mean, I think. But, of course, in this situation it's hard to say. It's bad luck but, yes, he needed to take the job and he was taking the risk, but I can say that I didn't feel the way that I perceive him to feel. It's okay to think that he made it happen, but I'm not him. I don't know.

T: What part do you think he plays in his unhappiness?

P: It's his fault that he doesn't go to a psychiatrist or talk to somebody because . . . I mean, I was pretty messed up before I came to talk to you. I think I've gotten a little better and it's just . . . It's a macho thing with him, you know? He's not going to be talking to anybody; he's not going to take any medicine for it.

T: He doesn't take care of himself. He contributes to his own downfall? So, how realistic is it to be upset. . . *responsible* for him being depressed?

P: Well, I mean, it's just sad that that's the way he is.

T: I hear two things. One is, of course, it's sad, just like it's sad anytime somebody destroys himself. It's especially sad and hurtful if it's somebody you care about in the way that you care about him. So you're sad and it's kind of a reminder that you *do* care. So there's a nice side of it.

P: Well, yeah.

T: But there's another side. The other side of it is that it kind of scares you that it would then seem like you had to take care of him.

P: I don't know. It depends on how I take it. I mean, I don't know that it's unrealistic that my stepmother might divorce him.

T: That may be. What would that mean for you?

P: Then, he'd be alone. I don't know. I don't know. I'd just have to

treat it like he was alone. What if he drank? He could fall and hurt himself and there wouldn't be anyone there because he has no one then but me.

T: There's some kind of belief in there that you should be there if nobody else is?

P: Yeah. I don't know.

T: Because he's taken such good care of you?

P: No! No, I don't know why.

T: Because you're his *daughter* and that makes it a requirement, so you just have to be there.

P: Yeah, I guess that's it.

T: Do you have a belief in labels . . . "daughter," "father"?

P: Yes. That's so weird.

T: It's understandable. My guess, though, is that it's not very realistic to think you "have to." If he goes under, you could decide whether or not you go and take care of him. It's not that you would "have to." It's the "have to" that may catch you. Somehow there's an obligation you feel because he's your *father*. Maybe one way to think about it is to step back a moment and think of how your relationship would be if he was "L. J.," not "Dad."

P: Well, I wouldn't have anything to do with him.

T: Yeah. So, why should you if you call him "Dad"?

P: Well because he's not L. J.

T: He is to everybody else in the world.

P: Except me because I'm his daughter.

T: What role did you play in that?

P: I don't know.

T: Is that something you believe you chose?

P: No.

T: It's something you had control over?

P: No. But it's the same way that a parent might protect a child if their child got into trouble.

T: But, parents have had control over whether or not they have a child.

P: So they're responsible for it!

T: They decided to have a child. The child didn't decide to have a parent. All of a sudden you reverse roles. You act like because you have the label "daughter," something you didn't

choose to have; you didn't pick your parent; because you happen to have a parent who is alcoholic and has other difficulties, somehow you should always be responsible for him and take care of him when he can take care of himself. I think that's really very noble of you, but I question whether you "have to."

P: I don't know if I would *have to*.

T: Do you know where that sense of obligation comes from?

P: Maybe it's not realistic. I guess that if I couldn't go see him, I would feel badly about it. I feel badly about the reality of the situation.

T: You're a caring person and you'd feel badly about anybody in that spot. But, being a caring person is one thing; being obligated because he carries a label around and you are the only one in the world to use it, as his daughter, that obligates you for life?

P: I don't know. I mean, I guess it's not realistic when you think of it that way.

T: What would you think about him as L. J.?

P: I would be irritated with him, for not getting himself calm again.

T: Why should it be any different when he wears the label "Dad"?
The behavior is the same.

P: Well, because as L. J. I wouldn't have any feelings for him and I could make that judgment on him without feeling anything about it. My major feeling would be one of anger or disgust for him.

T: That sounds like you love the label; you don't like the guy. What would your reaction be to the person, L. J., not filtered through a label?

P: Probably irritated. I get miffed because he had nice things going . . . I mean, it's irritating.

T: What would you want to say to him?

P: "Go see a psychiatrist!"

T: If you look at him as L. J. what you want to do is tell him to go get himself taken care of and to take care of himself. If you look at him as "daddy" or "dad," part of you wants to take care of him, whether he gets help himself or not?

P: Yeah.

T: If he is just L. J., where do your responsibilities end? How much do you owe him?

P: I feel sorry for him, but not that sorry. I mean, I can't.

T: Well, if he says, "I'm not going to go get help. I don't need help," and he's just L. J.?

P: Yeah. Well see I can't forget him, because I talk to him every Sunday.

T: I know you can't forget him, but how would you deal with it if it was just L. J. that calls?

P: Well, it depends on how much he says to me.

T: What do you think your debt is to him?

P: On a scale of 1 to 10, right?

T: Okay, on a scale of 1 to 10, how big a debt do you have?

P: Three or up.

T: Is that a big debt?

P: No.

T: What is your debt to him if you call him "Father?"

P: You know it's going to change [laughs]. Um, well, actually as I think now, it's only about a three or a four. It's about the same I guess.

T: So, do you need to take care of him?

P: No. I'm starting to see. Yeah, I understand. He's got to take care of himself.

T: Maybe the best thing you can do for him is to not take care of him.

P: Yeah. I guess he's just by himself or something cause he's always so mean to people who try to help. It's like the meaner you are to him sometimes, the more he's nice to you. It's really weird, people like that.

T: And the opposite works too? The nicer you are to him, the meaner he is to you?

P: Yeah, usually.

T: If you were to go back and take care of him, then, how would you expect him to be?

P: Mean. Like, he'd make fun of me for it.

T: Is that what you want?

P: No.

T: Maybe you could explore what you really owe, versus what you *want* to give. Maybe the "want to" is closer to realistic than the "need to."

P: Yeah, I see.

[Later.]

T: We've seen how you filter your feelings through the label of

"father." Do you do it with your mother too?

P: No, not at all. She hardly has any motherly ways.

T: Do you miss "mother?"

P: Yeah, I guess. Well, I think of her as a "real good friend.",

T: Yeah, as you talk about it it sounds like you're friends.

P: She's really nice, but it's just that. . . I don't know. It's just, my friends have a different relationship with their mothers. There's always a little bit of a gap between them. It's not bad, but it's just the way it is; there's not a little gap between us. You know?

T: It's like you're the same age?

P: Yes.

T: But you're not her age, she's your age?

P: Right. Only sometimes when I'm depressed, I feel like I'm her age.

T: When you're down you're the same age, but you're her age. When you're up you're the same age, but she's your age?

P: She seems older, though. She does seem older than I am, but not a whole lot. She just never does mother-daughter things. She never could, you know. There's not any labels on this. She

never did act like a mother.

T: It sounds like neither one of your parents acts like your idea of what parents should be but, if I understand right, the idea of "father" has a whole lot clearer meaning to you than the idea of "mother" does.

P: I think it's because my parents are divorced and I lived with my mom and I missed him really, really, really badly when I was little. I mean, I really wanted a father. And he was always very, very nice when I visited him.

T: He seemed bigger than real?

P: Oh yeah. He was everything. And then I went back and he just crumbled my image. And my mom was out here, but of course I was visiting. On the last visit she started to become more protective.

T: He was a real nice thing to think about when he was gone. It sounds like he disappointed you. You're not so disappointed that she doesn't act like a mother?

P: She never was a mother to me because she could be really mean to me. She'd yell and yell at me for not doing things.

T: So. She didn't use to be even like a friend?

P: No.

T: So she's gotten better by being like a friend?

P: Yeah.

T: Your father's gotten worse by being less like a father. What is your sense of that?

P: Of having a "mother?" I don't know. I don't know how to explain it. I love ray mother, but I don't have any respect for her.

T: What would give you respect for someone?

P: I don't know what it is that makes respect.

T: Do you find it in anybody? In your friend's mothers?

P: Yeah, I guess it's a person that actually puts some limits on me that I can't go past. They take a little bit of my life into their hands and a little bit of. . .

T: A little control?

P: Yeah, just a little. Just to help me. I don't know. It's just a sign of protection.

T: A good mother in your mind is protection; she gives structure and she puts limits on you.

P: Yeah, I guess that's what I needed because sometimes I wish I had someone to say, "No.'

T: Because not saying that lets you feel like you weren't being protected? That it didn't matter?

P: I never really thought of how they thought of it. I just thought my reaction to it was . . . I mean, it's like I wanted someone to put a limit there so I could kind of go, "Oh, what a pain," but on the other hand, I'd feel protected.

T: It sounds like a limit is like an arm around the shoulder. Somebody saying, "Here I'll take care of you."

P: It's fun, sometimes, having someone take care of me. But, it's something that I miss; that I didn't have. It probably isn't appropriate now that I'm in college, but it's something that is missing. T: What's the closest you ever had to that? P: Probably my Aunt A. Definitely. She would be my ideal mother. My mom just hates things that mothers do. I mean, she hates cooking; she hates station wagons; she hates families.

T: All of the things that mothers do?

P: Yeah. She hates house cleaning and all the kids and the groceries, and she's always complaining about those things. Every time she has to do mother things, she gets irritated.

T: It would be nice if father could be a little less "father" and a little more "L. J." And it would be nice if your mother could be a little less "C." and a little more "mother."

P: Yeah.

Termination

Through the final sessions of therapy, the patient continued to struggle with her unmet need to feel close to other people. She focused most of her frustration on her mother's unwillingness to stay in a maternal role, but also expressed awareness of her own developmental need for separation. In the final stages of therapy she began experiencing more comfort with the idea of independence and seemed to give up her struggle to create a mother-daughter relationship.

After the twenty-fifth session, therapy tapered off to less frequent visits, and we did not have another session for four weeks. At that time, she reiterated her continuing progress, particularly referencing a trip that she had taken home during spring break. She had a successful encounter with her father and stepmother and was able to "let go" of the criticism they offered of her. At the end of this session we decided to meet again approximately a month later. She canceled that appointment and rescheduled for three weeks later. By mutual agreement, this session was the last regularly scheduled appointment. At this time, her progress was reviewed and plans were made for the future.

Session 27 (7/16)

P: That's funny. It's funny looking back at both my parents, how I felt removed from both of them. I mean I have a lot of love for my mother, but I still don't think I have for my dad. But, I feel a lot more like my own person; a lot more relaxed. You know?

T: This is a good time for you.

P: Yes! In school, too. I don't know what I got on the final, but I was kind of excited about how I was going to do in math, and it was a brand new subject. At first I got an 83 so I was pleased, but on the second test I got a 98; it just blew me away. I haven't had a grade like that since Latin and it just made me so happy because I had so much trouble with math before. I failed so long at it. I think I may get an A in the course. I would be very happy. So, that's something that really made me happy, you know, that math ability coming back, and being with my mom a little bit and then getting a job. It's real interesting.

T: What about your relationship with guys? Has that changed?

P: Well, I feel like I flirt a lot more; I talk or laugh and joke. I enjoy their company an awful lot and I think I used to be kind of scared of them. Now, I actually enjoy being with them; it's a lot of fun. I'm a lot. . . I'm very relaxed around them ever since I got rid of the idea that the guy does not have to look this certain way. Then, you know, I'm attracted to a lot of

guys; it's probably my age, too, but it's nice. It's nice to have that freedom.

T: And the freedom is, getting rid of that idea that there's only one kind of guy that counts?

P: Yeah, yeah. It's nice, especially being able to talk to my friend B. Though I think she's a little too forward . . . she goes out all the time; she's really, really crazy [laughs],

T: You're dating?

P: No, not yet, but I think I probably will next year. At least right now, I don't think I have to go out. I just enjoy being with guys; you know, talking to them and joking. They'll come into the store and they're nice, you know?

T: That's nicer than going out and being worried about how you're coming across; you're more relaxed.

P: Things are getting better and, just different. I think it's changing. I'm also thinking of getting a computer degree. There's this thing called a "computer auditor" and I think it's something I can . . . want to do. I'd like to see about that. And also, my mom found out about this program where you can go work for an accountant for a semester and move to another city. I think that it would be really neat to go for a semester and be away from mom and dad . . . on my own and working and doing what I'm gonna be doing after I get out of school. So, I'm really very interested in that.

T: I hear a little excitement.

P: Yeah, yeah. I'm excited about it.

T: How can I help you in all of that? Where are we?

P: Uh, I don't know; it's hard to say. I feel happy; I feel very confident about my life at this time. I don't feel that there are any snags coming up that I can't get over. I'm able to get over the things that arise in life right now.

T: You've not come in for some time and that says to me either that you're unhappy at what went on here or that you don't need what's going on here, at least not with the frequency that you did earlier.

P: I enjoy talking to you a lot, but I don't need it. You know, I feel straightened away. I feel that way! It could change and I might come back some day, too. I don't know.

T: Well the door doesn't close. The door stays open. I'd like to hear from you, though, and it sounds like you want to kind of let this go and if you need it, to call back.

P: Yeah. That would be neat. I feel good right now.

Patient Reaction

Approximately one month after the patient's terminating session,

she was seen in the Sleep Disorders Center for evaluation of her narcolepsy and seizure disorder. By that time she had been completely withdrawn from all medications for two months and reported functioning well.

Two nights of polysomnographic monitoring and a series of multiple sleep latency tests confirmed the presence of a seizure disorder. During the course of the sleep studies, the patient experienced two seizures, one of which occurred during a period of wakefulness. A definitive diagnosis of narcolepsy could not be rendered, however. These findings are interesting in two respects. First, the patient's initial assertion early in the therapy process was that she would never be able to go off her medications because she experienced such great fear any time seizures seemed to be imminent. Hence, the fact that she voluntarily withdrew from all medication and desired to stay medication-free in spite of continuing seizures directly attests to her lowered fear levels. Second, seizures had been initially linked to her fear of death and, more dynamically, to her fear of loss. Just prior to the sleep studies, the patient was reporting no more than one seizure aura per week, which contrasted to several of these per day at the time she was initially placed on the medication at the

beginning of treatment. The observation that seizure frequency had reduced substantially even when she was no longer medicated is testament to resolving conflict patterns.

One month after the last psychotherapy appointment, R. T. was contacted and asked to respond to three questions. First, she was asked to describe the aspect of the therapy process and activity that was most helpful to her. In response to this question she provided the following:

I feel the most helpful part of my therapy was the honesty expressed by Dr. Beutler. I believe that a lot of my problems were a result of poor communication—i.e., people not showing me their real feelings, which caused me to misjudge the relationship. Because Dr. Beutler said what he felt about me, I was able to come out of my shell and express, at times, how I felt about him. Being able to confront a person who I believe to be honest, rid me of the fear I had of doing that with others. And it seemed, that once I was able to conquer my fear on that front, fear of other things in my life disappeared. I was able to confront them too.

Second, the patient was asked to describe those things about the psychotherapy relationship which she did not find to be particularly

helpful. Her response was as follows:

It is hard for me to say what, if anything, got in the way of my therapy. I feel that every session really helped and I felt that each session cleared up some confusion in my mind. Maybe because I put a lot of effort into learning from Dr. Beutler, I am prejudiced and unable to find fault with his teaching, or my learning.

Finally, the patient was asked to assess her progress, to which she responded:

I feel that the program was very helpful because I am able to understand how far I've come. Though I realize that it worked because I put forth effort, I know that the program would not have been complete without Dr. Beutler's help. He is a sincere person who, I sense, has a lot of faith in himself and in others. It is this drive to succeed that I would truly like to thank him for teaching me.

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Commentary: Growing into Separation

Windy Dryden

Commenting on a colleague's work with a patient in the format of this Casebook is a risky enterprise. Even though Dr. Beutler has provided extensive verbatim transcripts of his therapy sessions, my task is akin to giving an adequate critique of the Mona Lisa when one is color blind and can only see the painting through a grille, under conditions where one's line of vision is obscured by the heads of other art aficionados. However, let me state that Beutler has amply demonstrated in action some of the major ingredients of his systematic eclectic psychotherapy. He has shown how his therapeutic stance changed over time, what factors influenced some of his therapeutic decisions, and that he is a caring individual whose honesty and competence were appreciated by his patient. His clarifying style of practicing therapy in this case comes over clearly, and he presents a convincing rationale for this style of therapeutic participation.

Let me, however, make a few points that struck me on reading

Beutler's chapter.

1. Beutler's opening succinct account of his approach is a masterful exposition of his brand of eclecticism, possibly the best I have read on his model. However, the complexity of his ideas is not matched by his chosen case. For example, the sophistication of his idea of formulating complex therapeutic menus does not come across in his work with this patient. This may, of course, be a function of the case he has selected to present.

2. I am not exactly clear how Beutler conceptualizes his client's psychological problems. Specifically, he does not present a clear model of emotional disturbance. He relies too much, in my opinion, on the concepts of "core theme" and "conflicts"—terms that do not seem to adequately account for the diversity of emotional reactions that may accompany such themes and conflicts.

3. In several instances, his cognitive interventions are not clearly designed. Thus, in the examples he provides he fails to give a credible account of the ABC theory of disturbance, fails to show his client clearly how "wants" differ from "have to's" and how these different philosophies may have far-reaching differential effects on her emotional responses.

He attributes his client's failure to successfully execute a self-monitoring procedure designed to help her see the impact of her thoughts on her feelings to her high level of reactance, whereas other explanations may be more parsimonious. Thus, clients often have initial difficulty with such assignments because they do not clearly understand the ABC model (there is a case for arguing that this is so for Beutler's patient). Also, many clients have secondary problems of anxiety that accompany such tasks, which do interfere with the successful initial execution of these tasks. In my opinion, Beutler is too quick to confirm his own reactance hypothesis in this case. All this raises the interesting issue concerning how skillful eclectic therapists must be in executing various interventions in order to practice effective eclectic therapy.

4. My own thoughts about the patient are that her major anxiety centers on being abandoned. Gilbert (1984) has argued that such anxieties often underlie many depressive episodes, and the response of Beutler's patient when he hypothesizes its importance in her problems is marked. P: 'Yeah, yeah, yeah. But, yeah! That's it. That is it. That's exactly it.' " And yet Beutler does not seem to keep it as a central focus. Taking this further, Beutler's work occasionally seems unfocused to me, as if he is more ready to follow his client's lead than to keep the work focused on

core themes that he himself hypothesizes to be central.

5. It is unclear what accounted for the client's improvement. Has she overcome her anxiety of being abandoned? In this respect, does she view abandonment as less likely to occur than formerly or can she cope with it better if and when it occurs? I would like to have seen Beutler help his client (and himself) to understand better the reasons for her improvement.

6. Finally, I was disappointed with the client's own comments about her therapy. They tell us relatively little. Has she idealized Beutler in a similar way as she idealized her former psychiatrist? If so, what are the implications of this for her sustained improvement?

These, then, are some of the points that occurred to me on reading Beutler's chapter. They need, of course, to be put in the context discussed at the beginning of this commentary. As I have argued elsewhere (Dryden, 1986), I like and admire Beutler's work. Most important his conceptual schema does succeed in explicating criteria that help therapists to make important clinical decisions. It is difficult to demonstrate one's approach to eclectic therapy through disembodied

case material, and I am quite prepared to attribute some of my criticisms to the present format rather than to flaws in Beutler's actual clinical work with this patient.

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Commentary: An Explicit, Selective, and Consistent Eclecticism

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Beutler's systematic eclectic psychotherapy definitely warrants the name. His chapter presents a substantially abbreviated and yet tightly comprehensible explanation and example of his thoroughly thought-out model of eclectic therapy. The years of consideration, research, and applied validation that undergird the approach are clearly visible. Beutler's claim that he has designed a systematized approach to the integration of intervention techniques is backed with an uncanny consistency of concept development, operationalization, and actual application which defied our search for discrepancies.

The clear strength of Beutler's model lies in the extraordinary extent to which relevant issues are identified in ways that lead to the selection of specific, suited interventions. As Beutler noted, this is an approach to an integration of techniques from any number of theoretical perspectives which attempts to planfully match the techniques employed to patient need. As such, especially if one adopts his conceptual terms,

the model offers the eclectic therapist at least one clear road map for practice.

The five questions Beutler asked at the beginning of therapy with the prospective client seemed remarkably straightforward and simplistic, given the otherwise tangled web of psychotherapy literature. Those five simple questions veiled a well-conceived complexity, removing much of the impressionistic or nonspecific from the art of psychotherapy. They addressed head on client suitability and client/therapist relationship factors that have been recognized as critical to successful treatment (cf., Bergin & Lambert, 1978; Parloff, Waskow, & Wolfe, 1978). In addition, they directly attended to Gordon Paul's well-worn question (1967, p. Ill), "What treatment, by whom, is most effective for this individual with that specific problem, and under which set of circumstances?" The resulting complex of information about the client's symptom complexity defenses and reactance formed almost an equation that could be computed to guide technique selection.

The illustration of the therapeutic proceedings in the case material shows the consistency promised by the model. Clearly, the assessment gleaned in the pretreatment phase largely determined the course of

therapy that followed. Once the attachment-individuation theme of the symptom picture was drawn from the client's history, that theme was pursued tenaciously throughout subsequent sessions. An appraisal of client history suggested a tendency toward reactance that was tested later in therapy and confirmed. Likewise, the conclusion that the client presented an emotionally under-controlled and behaviorally controlled defense system was arrived at very early from testing data. These combined conditions suggested a minimally directive cognitive approach in light of Beutler's previous analysis of the available intervention approaches. He began with and stuck with cognitive approaches including reflections, questions, interpretations, and reframing throughout the sessions. Later in therapy, he expanded into what he considers mildly directive techniques (fantasy, role play, alternate thinking) just as he had forecasted he might when he deemed the client receptive. He said what he would do and then proceeded to do just what he had said.

The deliberateness of the systematic eclectic psychotherapy model seems to be a two-edged sword. On the one hand, its explicitness and precision can be thought to provide well-reasoned direction for the practitioner. If we are amenable to his specific formulation (e.g.,

reactance, dependence), Beutler has almost done our thinking for us. It is imaginable that the whole system could be converted into an extended decision tree like those presented in the third edition of the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 1980). Such a tool, even in its current form, is a real boon for those therapists, particularly therapists-in-training, looking for a source of order in the midst of chaos. This is particularly attractive for the eclectic practitioner, who has had few clear theoretical guidelines for practice.

On the other hand, if the practitioner had difficulty with the overall structure or any of the basic concepts that Beutler has adopted in formulating his model, its simple straightforwardness of the model could be jeopardized. Basic assumptions that underline the five critical questions in the model may not match the assumptions held by many eclectic therapists. The very existence of a distinction between simple and complex (neurotoform) problems accepted by Beutler has been debated in the literature for years (cf., Ullman & Krasner, 1969). Interpersonal reactance, one of the core dimensions, may or may not be conceptually congruent with a therapist's formulation of critical elements in the patient-therapist relationship. Likewise, the analysis that

each individual therapist would make, if other therapists were energetic enough to do so, of the array of available treatment techniques may differ considerably from what Beutler arrived at due to differences in theoretical interpretations. Beutler acknowledges the possibility and value of other therapists substituting their own concepts and techniques, yet the very process of doing so requires the therapist to construct a parallel formulation with corresponding alternative concepts, questions, and procedures. In a sense, he or she would have to recreate an equally detailed and complex system that would require its own period of conceptualization, research, and application. Despite Beutler's openness to the mixing of new ingredients into his general recipe, what would seem to necessarily result would be an entirely new meal.

A second extension of this idea concerns therapist match with the model. We often talk of matching client and treatment model, but talk much less of matching therapist and model of treatment. Even though Beutler's model is eclectic in nature, it still has certain characteristics that would be present even if internal elements were modified. The strength found in the structured, objectified nature of the model mentioned earlier suits it particularly well to the structured, deliberate therapist or new therapist in search of structure. However, many

therapists, eclectic therapists in particular, tend to be somewhat pragmatic or even iconoclastic (Garfield & Kurtz, 1977). Whether you choose to classify these therapists as nonsystematic, intuitive, or by some other term, they represent a large segment of practitioners. Although many of them simply may be looking for the right structure to integrate the elements of their practice, others actually may prefer to operate in less linear ways. In fact, they might take pride in their unstructured approach to therapy. Such practitioners would no doubt find the Beutler model to be too structured and restrictive. Modifications of elements inside the systematic model would not change the fact that the systematic nature of the model is inherently unacceptable.

To give him due credit, Beutler notes at the beginning of his chapter that his model is meant to be applied to suitable clients within "a stable and collaborative therapeutic relationship." He spells out the importance of examining the compatibility between client and therapist belief systems and backgrounds to ensure that the discrepancy is not too great, but adequate to promote optimal change. He further pays particular attention to the role of client reactance in the therapy process and includes this element in his decisions about appropriate technique selection. Nevertheless, his major emphasis seems to remain with the

particular technique selection which then constitutes therapy.

Unfortunately, Beutler provided few of his own observations or reflections throughout or at the end of the transcript material. It would have been interesting to compare his comments with those reportedly made by the client at the close of therapy. The client indicated that she felt the most helpful part of her therapy was Dr. Beutler's honesty because he said what he felt about her, allowing her to interact with such an honest person instead of the types she had dealt with in the past. She further commented that her own effort and Dr. Beutler's sincerity and faith in himself and others were important factors. Although she made no reference to specific techniques or procedures, she did mention that she was grateful for Dr. Beutler's teaching, which facilitated her learning. This global assessment was strikingly similar to the results of outcome research findings that suggest the far greater importance of client characteristics, therapist, and client/therapist relationship relative to technique application in therapy (Lambert, 1983; Prochaska & Norcross, 1982; Smith, Glass, & Miller, 1980).

Would Dr. Beutler have interpreted the positive results of the sessions in the same fashion given the nature of his technique-centered

work? It appears that he would have to experience some cognitive dissonance if his own conclusions corresponded with those of his client. Would he ignore the role and importance of the specifically selected techniques and the skillful unfolding of their delivery as she did in his discussion?

There have been those over the years (e.g., Frank, 1982; Wachtel, 1977) who have argued that it is the common elements of therapies that account for their effects and that the specifics of therapy tend to be less significant. Beutler may even agree with that reasoning to some extent. However, content is part of each session, even if that content is simply the background for the actual, less explicit curative process. Beutler has provided a systematic approach to eclectic therapy that acknowledges and incorporates many of the important common components of therapy as well as addressing the issue of technique selection and utilization. His model represents a remarkable and useful piece of work.

It was a very pleasant experience to watch the model unfold in an actual case. At the same time, we got a glimpse of Dr. Beutler's skill and persona as a therapist. We thank him for the generosity that offered both his extraordinary model and the vivid sample of its application. The

Casebook forum displays theory, practice, and reactions, thus providing an unfolding of the complex, creative therapy process. Hopefully, the Casebook will stimulate additional glimpses at the way clinical theory is translated into practice. The synthesis of case study and normative approaches to therapy research provides a much richer depiction of the therapy process which will allow a closer, more adequate scrutiny and, at the same time, stimulate it to flourish.

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