THE DON JUAN

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e-Book 2016 International Psychotherapy Institute

From *Therapy Wars: Contention and Convergence in Differing Clinical Approaches*
edited by Nolan Saltzman and John C. Norcross

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Case Presentation

Hal is forty-four, a successful entrepreneurial chemist. In his initial consultation, he doubts he can benefit from psychotherapy. His sole complaint at first is a dread of dying that comes over him several times a day. He wakes from sleep "chilled to the bone, paralyzed, heart pounding," thinking that nothing matters, for his life—in five years, ten, or twenty—will be over. He demands that his therapist, a male of almost the same age, tell him honestly whether he does not feel the same thing when he thinks of himself dead. The therapist acknowledges he shares the same existential concern but asserts a difference in frequency and degree. Within a few weeks, Hal is ready to talk about other problems, such as his choices in love relations.

Hal is short and aggressive. He has a bullet head, thick sinewy neck, and

barrel chest. His suit looks custom-made. He says, in a blunt monotone, “My company grows, I am proud of that. I make money and I spend it, yet I don’t enjoy myself much when I’m not working. Women like me, but it doesn’t do me any good. Do you know what I mean?”

Hal is used to being in control. He admits feeling he has to be “the number-one man . . . to know everything, speak all languages, make all the beautiful women.”

He says that he gets along well with his fifteen-year-old son, who lives with his ex-wife. One day he begins his session by saying, “I just learned from Sybil before I came here that my son Steve is smoking marijuana. I almost didn’t come today.”

“How do you feel about Steve smoking pot?” the therapist asks.

“How do I feel? I feel afraid! I’m afraid he’s going to fail in school, or just get by and be a nobody!” Hall sounds exasperated, and he thrusts forward in his seat as he speaks. His eyes flash and his teeth are literally on edge. His face is crimson.

“You’re not afraid, you’re . . . what?” asks the therapist. When Hal looks blank, the therapist suggests he is angry.

"I'm angry? I'm angry?" Hal cries and shrinks back in his chair.

"No, now you're scared," the therapist says. "You're scared of how angry you are at Steve."

"What am I?" Hall asks in a tense, thin voice, looking around, wide-eyed.

"When you were angry at your son's pot smoking, you thought you were scared," the therapist says. "As soon as you became aware of how angry you are at Steve, you actually became afraid."

"Steve always says I am out of touch with my emotions," Hal says. "I don't know what that means, or if it means anything."

Hal describes his ex-wife as "neurotic as hell, a manipulating bitch." When the therapist asks him about his present love life, he responds, "Let's just say I like gorgeous women, and they often turn out to have emotional problems."

"You'll put up with these emotional problems if the women are gorgeous enough?" asks the therapist.

"As long as I don't have to get married again, yes, I'll put up with anything from a beautiful woman for a while," Hal says. "Then I say, what am I

doing with this person? And I break up."

"It's always you who breaks it off?" the therapist asks.

"It looks as though they leave me," Hal says. "I give them enough hints so they can depart with dignity. These ladies are very much in demand. Every once in a while, there's one I think I'm going to have to call the sheriff to get out of my apartment."

"They fall in love with you."

"Some of these ladies are awfully ready to fall in love."

"But they fall in love with *you.* How do you feel about that?"

"Great," he says, but he looks somewhat pained.

The therapist points out that while he says, "Great," his mouth is turned down and his forehead lined.

Hal thinks that over. Then, he says, "I can't really enjoy that they love me."

The therapist asks Hal about his parents and his early life. "My mother is a career woman who never had time for us," Hal says. "My kid brother and I

were both unwelcome surprises. I understand she tried to abort me, which was no light thing in her time."

"How do you know she tried to abort you?"

"She told me."

"How do you feel about that?"

"It wasn't directed at me. She just didn't want to be tied down."

"Yes. And how do you feel about that, and about her telling you about it?"

"It's too bad my mother is such a cold person," Hal says. "Did she ever hold you?"

"I don't remember it if she did. I don't think I would have wanted her to."

"How about your father? Is he living?"

"No. My father died at fifty-one, which I used to think was a full life, but it seems awfully young now. He was a physicist and a professor, in the lab at six every morning to get something done before his students came for the

eight-thirty class. He worked late every night, and I never saw him except at dinner. Saturday was a workday. Sunday was his day; he went off by himself. Walked in the woods, climbed mountains." "He never took you?"

"No. Anyway, they sent us to boarding school."

"How do you feel toward your father now?" I ask.

"OK. I respect him. Or isn't respect a feeling?"

"It's a form of fear, associated with attitudes, values, and whatnot. But I'm having trouble getting an idea of how he treated you. What did he expect from you?"

"To think straight, work hard, get top grades. He used to quiz us every night at dinner."

"He wasn't physically affectionate, was he?"

"Not at all. We understood he cared about us, though teaching was the only way he could show it. He gave me a book on calculus for my twelfth birthday. I remember him saying that if he woke me in the middle of the night, I should be able to integrate the sine cubed of theta in my head."

After three months of therapy, Hal tells of a dream about his therapist: "I

had a dream where we were going to bed. It was hazy and I'm not sure if you were supposed to be a woman or I was, or who was going to do what to whom."

The therapist says, "How does the thought of actually doing that appeal to you?"

"It's repulsive. What do you think it means that I dreamed it?"

Formulations and Treatments

Leslie S. Greenberg (Gestalt-Experiential)

My first general concern would be to establish a good initial working alliance with Hal. In the early sessions, I would want Hal to experience me as a safe, accepting person who is able to be genuine and make contact with him and his inner experience. This approach would reduce his anxiety and help promote inner exploration. Hal's initial goal, which I would accept, would be to explore his dread of dying. We would discuss what was going on in his life that led to this anxiety, and I would meet his directness with directness. Early

in our work, I would enable Hal to feel more deeply his emotions in different situations. I would encourage him to focus on the pain and sense of inner emptiness that drive him, and I would attempt to get at the feelings and perceptions underlying his anger.

In my first meeting with Hal, feelings would arise in him, if only in a fleeting manner, and I would encourage him to stay with these feelings to develop them more fully. The process would then unfold, with perceptions, feelings, and thoughts leading one to another. I would continually help him to bring out his experience as it emerged. I would not like to have read a clinical description of Hal (such as the given one) even if it were available, since I would not want to have preconceptions that would prevent me from focusing on what was most alive for him in the moment. I would focus first and foremost on the ongoing experiential process.

Hal appears to be an ideal client for an awareness-oriented approach. After establishing a warm and accepting bond and enlisting his agreement in undertaking inner exploration, I would direct his attention as often as possible to his inner experience as he talks to me. I would guide Hal in re-experiencing feelings and perceptions that he does not usually process fully in his life, and I would use a variety of experiential techniques: Gestalt dialogues (Perls, 1969), focusing (Gendlin, 1981), and evocative unfolding, among others (Rice & Greenberg, 1984). Deeper access to his emotional experience

would bring about discoveries and acknowledgments and would stimulate a host of complex meanings and beliefs. We would reinspect these "hot cognitions" (Greenberg & Safran, 1987) in the safety of the therapeutic situation. This reinspection would lead to emotional restructuring (Greenberg & Safran, 1989) and preparation to risk new ways of being and behaving in the world.

Hal's fears of his feelings and of intimacy would become the focus of treatment. I would set up a number of two-chair dialogue experiments (Greenberg, 1979) in which Hal would become aware first of how he controls his feelings and then of *what* it is he is controlling. In one chair, he would be his controlled feelings; in the other, he would experiment with how he interrupts or prevents his feelings. He would become aware of the cognitive aspects of control (Greenberg, Safran, & Rice, 1989) such as injunctions not to feel ("or else you'll get hurt, be criticized or not responded to"), beliefs ("weakness is unacceptable"), and muscular control (tightening the muscles of his jaw, neck, throat, chest, and stomach). If he got angry, I would ask him to intensify the bodily aspect of his experience to help him bring these processes and the controls into awareness. As Hal gained control of his controller, he would eventually become more able to relax at his discretion.

The combination of therapeutic safety, empathic understanding (Rogers, 1961), and awareness would be sufficient to allow him to begin to

contact his inner experience of emptiness, his need for affection and comfort, and his anger. It appears that he would also benefit by dealing with unresolved feelings of loss and anger in relation to his mother, his father, and his ex-wife; we could employ empty-chair dialogues for resolving this unfinished business (Daldrup, Beutler, Greenberg, & Engle, 1988; Perls, Hefferline, & Goodman, 1951). Hal needs love and acceptance in his life as well as success, and I would stress the theme of need for balance in his life.

Therapy for Hal would involve a combination of awareness training, gestalt experiment, and empathically aided self-exploration to stimulate awareness and discovery of feeling and creation of new meaning. I would ask Hal to attend to his current momentary bodily sensations and experiences and to build from these to more complex meanings and experiences. I would encourage him to re-experience fully and concretely situations in which he reacted in ways that troubled him or in which he experienced his dread of dying or his lack of enjoyment of his women or anything other than work. Thus, we would evoke the idiosyncratic, automatic perceptions and meanings he attributes to people and events and the inner feelings and reactions he experiences. Certain core organizing beliefs such as “I can never trust anyone to be there for me” or “I’m unworthy or unlovable unless I excel” would be revealed through this process; needs and wants such as “I do need people” or “I want to love and I see it is possible” would also be revealed. Beliefs and

needs both emerge from a fuller experience of his feelings and deeper emotions.

I would ask Hal to engage one of his beautiful women in a two-chair dialogue and to identify alternately with each side. This dialogue might help him access some of his own feelings of worthlessness and rejection as he identifies with the woman and as he experiences his scorn and imperviousness as himself. The role play of the other often leads to a "re-owning" of the attributed feelings and might eventually expose Hal to hitherto avoided sadness and anger associated with being unloved or unvalued. The complex array of felt meanings would then be explored, and new meanings incorporating a new sense of self-esteem would emerge.

Contacting feelings leads to change both by a process of accepting previously avoided experience and by creating new meanings. What is needed in Hal's work is emotional restructuring whereby the complex emotional-cognitive structures governing his experience are activated in therapy and made accessible to new information from other elements of his experience (Greenberg & Safran, 1987, 1989). Thus, his tough, unfeeling aspects will be integrated with his needs for tenderness and caring.

Throughout the therapy, Hal's dreams would be welcomed. In response to the dream involving the therapist, I would invite Hal to play the different

parts in the dream, owning the feelings that would be brought up and discovering for himself the meaning of the dream. Depending on what he experienced in this dreamwork, I would engage him in an I- Thou dialogue wherein we would talk genuinely about our feelings toward each other.

It would be helpful if Hal agreed to work with at least one of his relationships in therapy, preferably his relationship with his son. A moment of live contact and intimacy with his son would be worth hundreds of hours of therapeutic talk about his needs for contact or hours of reworking old scenes with his mother or father. I would attempt to promote an interaction between father and son that would direct Hal away from criticism or preaching and toward an expression of his underlying anxiety about life itself—and through this expression, to a demonstration of his concern for his son. The goal would be to have Hal express softer feelings to his son and to have the son see his father as vulnerable, thereby creating or reestablishing a bond between them (Greenberg & Johnson, 1988). From this bond would come better communication and interaction. Work on this relationship might then open up a discussion of how Hal and his ex-wife deal with Steve. More information about the family structure and interaction patterns would be required to guide this type of intervention. Clearly, any changes in Hal's relationship with Steve would affect the relationship between Steve and his mother, and this would have to be attended to in some manner.

Janet L. Bachant (Psychoanalytic)

Hal's presenting symptom, a dread of dying that comes over him several times a day, "chilling him to the bone," suggests that he may be struggling against a deadness both within himself and in forms he projects onto the world—as in his doubt that treatment can help him. On some level, he may experience his life now as over. The sense of urgency and near-panic accompanying this experience lead me to suspect that it is a childhood anxiety against which his defense is now breaking down. He looks for comfort from his therapist via a regression, a return to merging, demanding that the therapist acknowledge having the very fears he is struggling with.

If I were Hal's therapist, I would address these issues from the beginning of the treatment, but my immediate priority would be to engage Hal in establishing the basic psychoanalytic situation (Stone, 1961)—one that would foster my neutrality and his capacity for free association. Therefore, I would avoid over-activity and would try not to join the patient in a dialogue, aiming instead to allow more of the unconscious process to emerge. This approach seems especially important with Hal since he uses conscious control as a defense against his feelings (particularly his deadness).

Although Hal's desire for contact and comfort from merging can put his therapist under considerable pressure, I would use this demand to engage

him in the development of the working alliance by empathically acknowledging his concern with feeling normal and his distress over the dead feeling inside him. I would add, however, that in the course of our work together, he would probably have a lot of questions about me and what I experience. I would explain that, in general, I would not be answering them so that we would be able to allow his feelings, fantasies, and associations to emerge more freely. At this point, I would ask him to tell me everything that came into his mind, even if it distressed or embarrassed him or seemed unimportant.

I would expect that my standing outside his attempt to engage me via his maladaptive solutions (desire for merging, control of the other) would facilitate the emergence of the transference, especially of feelings of being disconnected, abandoned, or vulnerable in relation to me. Although I would have to do this carefully with an eye to maintaining and developing a positive therapeutic alliance, it would enable us to work directly on feelings and mechanisms that, although rooted in his early childhood, are operative (largely unconsciously) in the current dynamics of our relationship.

I would try to structure the therapeutic situation to facilitate the emergence of specific unconscious detail and to develop contact with him through an alliance with his observing ego rather than his desire to merge. I would want to know more about the less conscious material deduced from his

fantasies, the train of his associations, and the nature of his interaction with me. I would be particularly interested in the type of object relation Hal would attempt to construct with me, and I would alternate, therefore, between empathic involvement with him and observation of my own response to him. I would not try to develop any particular therapeutic relationship but would note the roles he was implicitly and explicitly asking me to play.

I would imagine that following the structuring of the analytic situation, work on Hal's narcissistic defenses would be a primary focus of the treatment. What is Hal looking for in his perpetual quest for gorgeous but neurotic women? One possibility that occurs to me is that he wants to incorporate the feeling of being desirable by possessing and merging with "ladies who are very much in demand." I wonder if in this way he is trying to compensate for feeling dead and undesirable inside (killed off by his mother's wish to abort him, by her insensitivity in telling him of her wish, by his father's absence and lack of affection?). His choice of women who are beautiful and neurotic suggests that the combination of the two is important in ways we do not yet understand.

My efforts in the beginning phase of treatment would be to explore this behavior in detail by trying to uncover what he is getting from this repetitive, apparently unsatisfying pattern of relating. The work during this phase would center on the establishment of a more secure sense of self and would focus on

issues of the safety and preservation of the self. Hal's fear of dying, his sense that nothing matters, is a metaphor for a fragile and crumbling sense of self. Addressing his defensive need to use beautiful women as a way of protecting the vulnerability of the self might involve offering the following interpretation: "If you can possess and discard beautiful women, you can make yourself feel powerful, and then you don't have to look at how dead and lifeless you feel inside." The aim here is to help Hal express his anxiety, not by acting out in the world, but in the analytic situation, where he can re-experience it and work it through in the therapeutic relationship.

Concomitant with the analysis of his narcissistic defenses and the development of a firmer foundation for his self, Hal's ambivalence toward women ("Women like me, but it doesn't do me any good") would become manifest in the transference—in his feelings and fantasies about me. As our relationship developed, I would listen for a similar response to me— how, although I might like him, I wasn't doing him any good, either. As with the gorgeous women he gets involved with and wants something from (only to find that he is inevitably disappointed), I expect he would fantasize that I have something that could fill him up and make him feel good, only to be disappointed in me or in the treatment or both. I would use this experience as an opportunity to explore and elaborate the specifics of his particular fantasies about me and women in his life. If I picked up signs that he was

"putting up with anything" in relation to me—expressed, for example, in irritation about my fee or my ending of an hour—I would try to bring this pattern into the transference with an interpretation along this line: "So, I too disappoint you, maybe even to the point of wondering if you want to break off with me." He could then experience, explore, and work through directly with me his defense of breaking off relationships to maintain control and to keep himself safe from intimate involvement.

In the course of the therapy, we would reconstruct a narrative of Hal's development that makes sense of his particular choices, and we would work through his specific feelings and fantasies in the transference.

Marvin R. Goldfried (Cognitive-Behavioral)

Following the first consultation, I provide clients with a questionnaire to obtain basic demographic and historic information. I would want to learn more about Hal's educational background, religion, family composition, the nature of his relationship with his parents, work history, past therapy experiences, and some indication as to why he sought therapy at this point in his life.

I would be particularly interested in learning more about the onset of his symptoms. Did it at all coincide with the death of a friend, colleague, or

relative? Given his concerns regarding death and his anxiety and depression, I would look into the possibility of a delayed grief reaction. What did his father die of? Did he mourn his father's death? Is he concerned that he will die similarly at an early age? Since Hal is hard driving and aggressive, he may well be at risk of a heart attack.

Hal shows many characteristics of the stereotypical male role, emphasizing achievement, power, competition, and sexual prowess. A consideration of the possibility that his son Steve may depart from this role is extremely threatening to him. Some of Hal's difficulties may be manifestations of a mid-life crisis. He has made it financially, he appears to be successful in his sexual conquests, and the question for him may be, What now?

Finally, I would want to know more about Hal's current social system, an increasingly important area of focus among many therapists (Goldfried, Greenberg, & Marmar, 1990). Who are the significant others in his life, if any? What is the nature of his current relationships? To what extent do they encourage a symptomatic behavior pattern?

Bordin (1979) describes the therapeutic alliance as comprising three separate factors: (1) a positive therapeutic bond, the so-called chemistry in the therapeutic relationship, (2) client- therapist agreement on goals, and (5) agreement on therapeutic interventions that will be used to reach these goals.

A positive therapeutic alliance has been found to predict successful outcome, regardless of therapeutic orientation. But establishing and maintaining a positive therapeutic alliance with Hal may be difficult. Would he be willing to be influenced? He is a self-made man, accustomed to being in control, who begins by expressing doubts that therapy can benefit him. I would be mindful in working with Hal not to undermine his sense of being in control. As suggested by Brehm (1966), individuals who believe their sense of control is being threatened are likely to respond with "psychological reactance." One can anticipate that Hal would react to such a threat with resistance and noncompliance. Following strategies described elsewhere (Beutler, 1983; Goldfried & Davison, 1976), I would avoid being too directive in any suggestions I offered to him. As I have done in similar cases, I would explain to Hal the dilemma confronting me: that if I were too directive, he might dig in his heels and fight back, and if I were too passive and nondirective, I might not be helping him. I would then ask for his suggestions as to how I might best proceed. Thus, within the context of a caring and concerned relationship, I would attempt to have Hal give me permission to influence his life. It is likely that we would need to return to this issue at various points in the therapy.

The precise therapeutic intervention would greatly depend upon the case formulation that would follow from the additional information. From the information provided in the original description, however, certain issues are

evident.

Hal's mode of functioning is task oriented at the expense of awareness of his own emotional state. Toward the goal of assisting Hal to become better able to identify his emotions, I would, as did the therapist in the case description, provide him with feedback on discrepancies between what he was saying and how he was saying it. I would encourage Hal to identify the bodily cues associated with the various emotional reactions, perhaps using written descriptions of emotional states as an aid. I would also guide Hal in differentiating between positive and negative emotional reactions in various situations and then in making finer distinctions within these categories.

Hal finds himself attracted to beautiful women, only to discover that they "have emotional problems." These relationships are clearly pursued within the context of his achievement-oriented style. By instigating, the termination of these relationships with women who are "very much in demand," Hal is able to leave uncomfortable situations and continue to feel that he has successfully achieved something. In discussing specific past relationships, I would explore the possibility with Hal that he may have inaccurately attributed the causes of the women's behavior to *their* emotional problems. In the spirit of Pogo's conclusion, "We have met the enemy and it is us," I would encourage Hal to entertain the possibility that the behavior of the women he found unpleasant might have been the consequence of something

he was doing—or not doing.

In an attempt to motivate Hal to acknowledge and work on changing how he relates to others, I would discuss with him the impact of his early childhood experiences. I would try to have him become aware of the extent to which his current interpersonal relations were modeled on his father's and mother's behavior toward each other and toward him. What he learned from them, in essence, was to work but not to love. His father was a model of a striving, achievement- oriented male who invested more in his career than in his family. The primary contacts with him that Hal recalls were on task-related issues (quizzing him every night). His mother was similarly achievement oriented and probably aggressive (as manifested in her telling Hal that she had wanted to abort him). I would also draw a parallel between the way Hal was treated as a child and how he relates currently to Steve.

Hal is clearly unable to deal with others on an intimate level and is probably fearful and inept in doing so. My general intervention strategy would be cognitive-behavioral, with the goals of removing the inhibitions caused by anticipated, feared consequences and helping him learn interpersonal communication skills. His relationship with his son would probably be a good place to start, particularly since Hal is concerned about Steve's future. Consistent with an anxiety-reduction and skills training model, we would focus on graduated risk taking, perhaps using simulations within

the consultation.

Before closing, I would like to acknowledge the utility of an exercise such as this, in which several clinicians are asked to specify how they would handle the same case. However, the limitations of such an approach must also be noted. Just as our clients and patients may not always be accurate in predicting their behavior, so may we be limited in outlining how we will handle a given case. In the final analysis, a comparative analysis across therapists must be based on what we do, not what we say we do (Wolfe fc Goldfried, 1988).

Gertrud B. Ujhely (Psychoanalytic)

What else would I need to know about Hal, and how would I find out? I don't know that I need to know anything; if the patient wants to focus only on his own priorities, I could go along with what is given. I would prefer, though, having knowledge about Hal's ethnic background, where father, mother, and grandparents came from, their occupations, the sibling order of the patient (how many, oldest, youngest, and so on), and his chronological account of important events in his life as he sees it. I would ask Hal whether he would be willing to write his autobiography, of whatever length he wished, in installments if necessary. As I received these installments, I would read them between sessions and ask questions or comment on them. If Hal were

unwilling to write his history down, I would ask whether he would be willing to recount it to me orally.

I would also want to know about recurrent dreams in Hal's childhood and later on, who his heroes in fiction were, and so forth.

Since Hal questions that psychotherapy can be of benefit to him, I might want to know what got him to come despite his doubts and whether he had ever been in psychotherapy before, and (if so) when, for how long, what it was like for him, what the difficulties were, and possibly, with whom.

Finally, I would not only want but also need to find out when he began to be plagued by his fear of dying, what the circumstances were then, and what precipitates these fears from day to day.

I would tentatively diagnose Hal's condition as a panic disorder on Axis I of the *DSM-III* and narcissistic personality disorder on Axis II.

In his mid-forties, Hal is undergoing a necessary mid-life crisis. In Jungian terms, he has been leading a one-sided life of extraverted adjustment, using mostly extraverted thinking, sensation, and intuition. His introverted feeling life is making claims on him, while the extraverted functions are getting tired, so to speak. His old way of life is "dying," and something in him is becoming aware that life does not go on forever. One might say that his

symptoms have the function of calling him toward the hitherto neglected development of unconscious parts of his personality.

In terms of the therapeutic relationship, I would make sure Hal never felt that I was controlling our relationship. When I would suggest a course of action, I would elicit his feedback and agreement with it.

I would suggest that in the beginning we meet six times, once a week, and then reevaluate. I would not use "couch" therapy, but a face-to-face encounter. After a few weeks, his overall attitude might change. He might begin to become interested in his own psychological process. We could embark on a long-term analytic approach, then, meeting once or twice a week, still in face-to-face dialogue rather than on a regressive basis.

I would not talk about feelings per se, since these are his inferior function, not related sufficiently to his conscious ego. Going directly after something that is not conscious would only increase Hal's already present anxiety. Instead, I would use broader phrases, such as "Tell me about it" or "What was that like?" or "Would you enlarge on that?" I might also ask, "Where do you experience this in your body?" and "Are there thoughts associated with these images?"

I might also ask, "What about dying?" "What all comes to mind?" "Have

you ever experienced the death of loved ones, or others?"

I would ask for clarification and enlargement of Hal's statements, but I would not make interpretations that are specific to him. If Hal seemed receptive to it, and when appropriate, I would talk in general about mid-life psychology and the overall process of coming to terms with as yet unused functions. I might also talk about the symbolic meaning of dying in contradistinction to the literal one. I might also ask him what provisions he has made for his actual death.

Given Hal's personality structure, I would be wary that he might suddenly terminate the therapy or set me up to terminate it. Therefore, I would keep tabs on his negative reactions and transference. I would encourage him to voice any dissatisfactions, and I would attempt to resolve them. And I would encourage Hal to state his reactions to the previous session at the beginning of each meeting with me.

As stated above, I would not at first go after feelings, but rather after thoughts. Deflecting Hal from the literal meaning of the dream, I would explain that sexual union in dreams can be taken symbolically to mean a coming close or connecting. I might ask myself, though, whether the erotic merging anticipated in the dream might not be Hal's compensation for an actual lack of contact with me as therapist. And I would explore with the

patient how things are going between us (again, eliciting negative responses if they are there and making covert ones overt).

Hal has been very much deprived of human contact and mirroring in his childhood. Underneath his gruff, omnipotent exterior is a lost little boy. Gradually, as the data come up, I would ask him to describe what it was like. I would speak of the little boy in the third person and, perhaps, express my feelings for the little boy and later elicit his feelings for the boy. I would not identify him with the boy, though, since I believe this would be too threatening to his defended ego, and he would have to flee.

Points of Contention and Convergence

Leslie S. Greenberg

Convergence was evident around the importance of establishing an alliance and focusing on inner feelings of emptiness. I think we all regarded as important the establishment of a secure sense of self (Bachant), issues with love and intimacy (Goldfried), and the importance of the lost little boy (Ujhely). I was struck, too, by the agreement among Goldfried, Ujhely, and me on the goal of increasing the client's access to his feelings.

I differ with Ujhely's concern that the client would find it too

threatening for a long time to contact his lost little boy and the feeling associated with this. However, I do agree that initially contacting the little boy through thinking would be necessary and that broader phrases such as “What was that like?” rather than “What do you feel?” would be good. It is true in general that one accesses feeling states better through the broader associative description evoked by “What’s it like?” than through conscious intentional labeling evoked by “What do you feel?” I also would not actively pursue discrepancies between what the client was saying and how he was saying it (as Goldfried suggests) because I feel this creates anxiety in the client. Discrepancy feedback sets up a role relationship pattern with me as an expert observer and does not convey the kind of acceptance and safety I wish to provide. When an alliance is very strong, I might occasionally use discrepancy feedback to promote awareness, but only if I think it will be experienced as nonjudgmental.

I agree with Goldfried’s and others’ concern about a control issue with Hal, and I would be sensitive to sharing control in ways similar to Goldfried’s and Ujhely’s suggestions. My client’s need for control may eventually become a focus of therapy, although I prefer to deal with this issue in his life rather than with his relationship to me. In this regard, I differ most strongly in my practice of short-term therapy from Bachant’s intentional use of the relationship to look “with the therapist” for signs of therapist-formulated

client problems. I would not actively look for signs of Hal "putting up with me" nor would I interpret that "I too disappoint you." I find these interventions place the therapist in the superior role of expert giving "news" to clients about themselves in a manner that does not enhance the process of deeper experiencing and self-discovery I am attempting to promote. In much longer-term therapies of mine (over two years), I find transference and interpersonal interpretations more acceptable as another aspect or way of dealing with a clearly established theme in the person's life—but only when it is already very clear to the client that the pattern is occurring between us, so when I comment on it, I am not giving my client news of something he or she does not know.

While focusing on my differences with Bachant, I might point out that I also would not interpret Hal's possessing of beautiful women as making him feel powerful in order to avoid his dead and lifeless feelings. The client may indeed discover this, but I do not know, and I am not sure I ever could know, that this is his true motivation. It is not that I believe certain things about my client to be true and then withhold them from my client. I do not, in general, think these things and, if I do, I do not take them too seriously, because I view them as speculative and as not having much validity unless the client begins to tell me that this is his or her experience. My criterion of truth lies ultimately in the client, and I do not put too much weight on my formulations.

My role, in contrast to that of interpreter, is process facilitator and co-constructor of a reality, one that fits the client's experience. I do not want to offer my clients interpretations of the meanings of their experiences in order to give them insight. I want to help them construct new views of themselves by helping them focus on hitherto neglected aspects of their experiences. I am directive in process, but I do not like to be directive in relation to content to define the meaning of a client's experience. I especially do not want to interpret what is occurring in our relationship, for those views are most susceptible to influence by power imbalances in the relationship—or to being perceived that way.

My primary goal is to provide a confirming relational experience rather than to provide an insight to my client about a specific aspect of content. My second goal is to promote awareness in my clients about the processes in which they are engaged—processes that produce their internal experiences. I direct clients to help them experiment and discover how they function, not why they do. I see this process orientation as central to my approach, and it presupposes that people are fundamentally processes and that awareness of how they create their realities and experiences will empower them.

Janet L. Bachant

Common to all contributors in the case of Don Juan is the need to

establish a therapeutic alliance that will be able to bear the weight of more intense exploration. This need is fundamental, a point of convergence for each theoretical perspective. The importance of the relationship to the therapist, of which the therapeutic alliance is one component, was first recognized by Freud (1895) and has received increasing recognition across a broad range of therapeutic modalities. Currently, in psychoanalytic thinking, relationship factors in the analytic work are now seen by some as rivaling interpretation as the primary vehicle of change (Greenberg & Mitchell, 1983; Pine, 1985). Development and maintenance of a good therapeutic alliance are especially important in working with Hal in that feeling positively connected to others is so conflicted for him.

A striking point of divergence between the psychoanalytic orientation and the other theoretical perspectives is a focus on the development and emergence of unconscious material in the psychoanalytic approach. The psychoanalytic approach addresses itself to helping patients better understand themselves by uncovering those unconscious wishes, conflicts, and fantasies that interfere with their conscious needs and goals. The analyst takes care to follow the patients' associations rather than to direct them along a given path, whether it be a questionnaire, a dialogue experiment, or a question about what provisions they have made for their own deaths. While skill building and educative approaches may be helpful and supportive in

some ways, they do not address the patients' unconscious dynamics on which their own skill building and educational approaches have already foundered. Although attempts are made in the other treatment modalities to deal with this issue, the structure of the therapeutic situation is not organized in a way that assures the emergence of unconscious material; nor does the structure assure that material can be brought into the transference to be worked through in the therapeutic relationship.

This brings me to a second point of divergence. A central difference between the psychoanalytic approach and the other therapeutic perspectives is paradoxical in that the psychoanalytic situation is structured to facilitate the emergence of unconscious dynamics by asking the analyst to sit back in some respects, but it alone is characterized by an intense, intimate involvement in the analysis of the transference. While the other therapists speak of developing a sound therapeutic alliance, the absence in their reports of how they would develop and deal with their relationships to the patients is significant. There is much discussion of getting Hal to talk about his feelings, his thoughts, and about his relationships with women, with his son, and with his inner little boy. However, the most powerful and immediate vehicle of change— the here-and-now relationship to the therapist as a container of the transference—is given priority only in the psychoanalytic approach. This lack of focus on the analysis of the transference, especially of the negative

transference, puts the most powerful tool of the therapist out of reach. For example, Hal's need to control is dealt with largely by avoiding it rather than by using his fears, fantasies, and wishes to control the therapist as a means of analyzing and working through this issue.

> Transference analysis gives the psychoanalyst a second chance to understand the analysand. The need to repeat in transference the vulnerable points of fixation draws attention to these difficulties and highlights them in a way that could not be understood in the mere telling of the biography. In transference, the earlier battles that were fought and lost by the ego are now refought with the help of the psychoanalyst, with a better chance of favorable results [Bergmann, 1987, p. 162].

Being able to explore, develop, and work through the negative feelings toward intimate involvement with others in the context of a positive working alliance is essential in every treatment. But it is especially important in a case such as this, in which considerable hurt, anger, and frustrated longing have organized Hal's patterns of relating since early childhood. If these feelings me not addressed (and the psychoanalytic point of view contends that they are most effectively addressed in the transference where they can be directly experienced and dealt with in relation to the analyst), then the heart of the problem is missed, and the therapy itself risks recapitulating, on a deeper level, the earlier lack of parental involvement.

Marvin R. Goldfried

Bachant's emphasis on the importance of establishing an alliance with the patient's observing ego represents a very important guideline in my own clinical work. In many respects, this concept is quite consistent with a cognitive- behavioral approach to therapy, which focuses on assisting patients in learning to cope more effectively with their lives. It is precisely that more adult-like aspect of patient functioning that cognitive-behavior therapists attempt to strengthen—particularly as a way of reevaluating misconceptions, behavior patterns, and emotional reactions that may create problems for patients. We differ, however, in that I would not attempt to assume an analytic stance, but would feel free to self-disclose whenever appropriate—to serve as a model to help Hal normalize his thoughts, emotions, or behaviors that he may have difficulty in accepting or to point to ways in which he may more effectively handle these.

I would also find it important, as Ujhely would, to learn more about Hal's past therapeutic experiences and his reservations regarding therapy. This information would help uncover his implicit expectations as he approaches the treatment process and would be relevant in forming the therapeutic alliance. The importance of such a working alliance was underscored in my own comments, as well as in those by Greenberg. To the extent that a patient's problem is interpersonal in nature, a therapeutic alliance can provide corrective experiences in its own right. In other

instances, it can serve to set an optimal therapeutic context within which other change can occur. In many respects, I view this alliance as the "anesthesia" necessary for an intervention to take place. Thus, whenever there is a disruption of an adequate working alliance, attention must be paid to repairing it before any other active intervention can take place.

Both Greenberg and I agree that it would be essential to focus on helping Hal become more aware of his emotional experiences. This would hold true not only in his relationship with me but also in attempts he would make to develop his relationship with his son, particularly when he would disclose feelings. Unlike Greenberg, I would be very reluctant to focus on Hal's emotional awareness during the first session. Instead, I would wait until a good working alliance had been established—a view shared by Ujhely.

Ujhely and I also agree on the importance of obtaining some information that was not provided in the initial case description, such as relevant historical information. We also agree on the probable role of mid-life issues operating with Hal, and we share a concern regarding control issues as they may emerge within the therapeutic relationship.

I very much concur with Greenberg's suggestion that the focus of the therapy be placed on core organizing beliefs. This thematic emphasis would highlight cognitive-affective- behavioral components of Hal's idiosyncratic

interpersonal scripts and the problems they create in his life. Although I typically make use of associative methods in trying to uncover significant aspects of these interpersonal scripts, I find the nonspecific use of free association methods advocated by Bachant to be too open-ended. Instead, I would have Hal's association focus more on specific interpersonal issues to obtain a better understanding of the implicit personal meanings he brings to such situations.

Gertrud, B. Ujhely

Regarding points of contention, as I have pointed out in my comments about the case, I would not explore Hal's feelings early in the therapeutic process, since it seems to me that he is not sufficiently conscious of them. Focusing on unconscious material in someone who is already close to panic would only aggravate the situation, perhaps to a dangerous point. I would rather build a bridge to his feelings via modes of experience that are close to his consciousness—thoughts, sensations, images.

I do not think he is ready for a two-chair dialogue; he barely knows his own experience. At the level of consciousness on which he operates in relation to his subjective experience, allowing for the experience of the other person visualized in the opposite chair would mean he would have to repress his own, and he does enough of that already.

Nor would I assume the psychoanalytic stance, given Hal's lack of connectedness with his experience. Again, I believe, such an approach would only escalate his anxiety. I would rather address his ego and help his ego to become aware of his subjective reactions. Similarly, I would not use interpretations; rather, I would stay with what he brings up, not in terms of causality, but in terms of similarities to past experiences.

As for points of convergence, I agree with Greenberg and Bachant in wanting to establish a working alliance and wanting to focus on Hal's present experience and awareness. I also agree with working on his relationship to his son's mother via working on his relationship with his son. All these approaches would be nonthreatening to and strengthening for Hal's ego. I also agree with Bachant's exploration of the negative transference, for the reasons I pointed up in my comments on the case.

I agree very much with Goldfried's careful history taking, his points about mid-life crisis, his view of Hal's need for control, and his focusing the patient on bodily sensations. I believe I made rather similar points. I also liked Goldfried's emphasis on teaching Hal skills in relating. The patient has a learning deficit in the area of relationships—a deficit for which he needs to learn ego skills and which, I believe, cannot be rectified by exploration of his past and the unconscious.

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