THE WALLFLOWER

Arnold A. Lazarus
John D. Davis
Paul L. Wachtel

The Wallflower

Arnold A. Lazarus
John D. Davis
Paul L. Wachtel

e-Book 2016 International Psychotherapy Institute

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

Table of Contents

The Wallflower

Arnold A. Lazarus

John D. Davis

Paul L. Wachtel

Case Presentation

“Know what my father said to me at breakfast this morning?” Ellen begins. Her face is broad, she is moderately tall, and she carries her excess weight well. Her large brown eyes are moist. She sounds as though she is about to cry. “I was looking through the fashion section of the *Times,* and he asked me what would be in fashion next spring for wallflowers.”

“Oh,” I say. “What did you say to that?”

"I can never think of anything to say back. Later, I thought, ‘Same as last year.’ ”

In psychology class, the students who look over Ellen’s shoulder as she sketches are visibly impressed. Ellen previously asked me if I minded her sketching in class. She says she cannot stand sitting for an hour without

sketching, and she has always been too nervous to take notes. However, she jots down topics and references in the margins of her drawings.

Ellen has painfully low self-esteem. She lives at home but would like to find a husband nearly as much as her parents want her to. According to Ellen, her major symptom is binge eating. She can eat a whole chocolate cake in minutes, even if, especially if, the last five forkfuls taste revolting. Ellen admits she eats past enjoying it, wallowing in the knowledge that she is hurting herself with every mouthful.

"How would you feel about being at your most attractive weight?" I ask. [She knows what it is to the pound.]

"I've been there a couple of times," Ellen says. "I had a sexy bod. I attracted single men with a lot to offer. Nothing ever worked out. I couldn't go through it all again."

"How did you feel when you went out with men who had something to offer you?" I ask.

"I was nervous a lot of the time. I don't know why. Just being involved with someone who was . . . sure of himself made me jittery."

"And you would feel that way today if you met someone who was

available, had something to offer, and was sure of himself?"

"Mr. Right," Ellen says, "yes, I would be nervous. I have this feeling; I don't deserve a good man all to myself."

"Tell me about your mother," I say. I have spoken to Ellen's mother on the phone. Her voice was concerned, but sugary and manipulative. She described her daughter as "a confused young person."

"What's there to say?" Ellen asks, but her eyes react. "What did you think of just now?"

"Nothing. Oh, all right. I thought, 'Mother—that's where I'm heading.' "

"That's depressing, isn't it?"

"Only I had an even more depressing thought: 'There I go alone.' "

"You're thirty, right? I understand you feel that way, but you're too young to decide that. You're basically an attractive woman."

"But overweight and with no personality," Ellen says. "One reason I feel so down is that everyone puts everything in terms of looks, even you. You sound like my mother, always saying, 'Keep going, you're pretty, you'll get someone!' "

"Let's go back to your mother, Ellen," I say. "What's it like living with her?"

"She's supportive so far as she understands what I'm doing, pained a lot, anxious all the time. She makes guilt a way of life. She thinks it's all right to get you to do what she wants by making you feel guilty. You can't imagine how bad it gets."

"Then, may I ask, why are you living at home?" "Everyone asks. Why not you? I gave up my apartment and moved in with my boyfriend. Once he got his law degree, he didn't want me around anymore. Since then, I've lived at home and specialized in married men. I can't take the bar scene, one-night stands and all. I know my pattern of seeing married men is hopeless, but at least I can tell myself someone wants me. I've had four lovers in three years, all married. Also, I was seeing a psychiatrist who said I was suicidal and shouldn't live alone."

"Did you attempt suicide?" I ask.

"No," she says, "just that I think about it."

"Are you taking antidepressants? Did the psychiatrist. . ." "Yes, he gave me something that worked for a while. I felt OK, like everything was the same, but it was just the way it was. Then, the pills didn't work so well, and I started

feeling crummy. He increased the dosage, but there were awful side effects. My mouth completely dried out. I stopped taking the pills, and I actually felt better. I don't want to go back to him because nothing changed for me. I'm just as overweight as when I went to him, and I'm two years older."

"When did your thoughts of suicide begin?" I ask. "When the law student dumped you? Or have you had them all along?"

"After him," Ellen says. "The lowest I got was a couple of months later, over a complete stranger. I was in the Modern looking at Rousseau's *Sleeping Gypsy.* A couple walked by, and the man said something, actually wise-guy humor—what the lion is saying to the gypsy, as though the painting is a big cartoon—and they kept walking. I thought, 'Why can't I ever say things like that?' Then, two minutes later, a great-looking man came by, about six foot three, and the best thing is, paint on his jeans. He was a painter, too. He stood next to me for a while, looking at the Rousseau. Then I came out with the quip."

"The one you had just heard."

"Yes. I wanted for once in my life to be spontaneous and witty. Well, he glared at me for two seconds and moved on. I drifted around the museum for an hour feeling sicker and sicker. I was hoping I would run into him so I could

say, ‘That wasn’t me.’ Then I went back to my apartment and stayed there. I called in sick to the private school where I was teaching art. I felt horrible, as though the children would pick up something contagious from me. I spent a couple of days and nights in the same clothes. All the dishes were dirty and I ate standing up in front of the refrigerator until all the food was gone. That’s where my mother found me.”

She continues, “I remember now, the worst part was feeling I had done myself in with that remark. People were always putting me down, but I could fight back. But I couldn’t fight back this time because I did it to myself.”

“How did you fight back when people put you down, Ellen?”

“I would say to myself they were ignoramuses, they weren’t able to appreciate me, and so on.”

“I’m not sure you ever fought back, Ellen,” I say. “You took refuge in your own mind, in your feelings and attitudes about art. Then, when you embarrassed yourself, there was nowhere to hide. Did you ever consider there might be something in you worth fighting for entirely apart from your art, or even your knowing the difference between a fresco and a pizza?”

“I don’t believe that,” she says.

Ellen was an only child. Her mother encouraged her in her schoolwork and art. She recalls her father adoring her as a child, but "he was fussy and inhibited, always worried about me seeing him undressed or something." She felt her mother stood between them and didn't like her father to be too affectionate to her. Her mother was dominant in the home. Ellen remembers neither her mother hugging her nor wanting her mother to hug her.

Ellen's father withdrew into his paperwork and his newspapers. Ellen says that her mother made her father "beg for sex like a dog," but she doesn't recall any actual exchange that this impression might have been based on and admits it is unlikely they would have negotiated sex in front of her. It occurs to her that she may have derived the notion from her father's sarcastic morning-after remarks to her mother.

In recent years, Ellen has been hurt by her girlfriends, who, she says, dropped her when they got married. She has no close friends now, and perhaps as a consequence, she confides in her mother. Ellen seems much too involved with her mother, even as she rejects her ways and values.

She has not asked for her job back, since she never earned enough teaching art to support herself. She says she is "marking time," taking one course at a time toward her B.A. Her academic record is marred by many courses that she dropped or failed to complete. Ellen states that she does not

want to work as a secretary or commercial artist; it is likely she thinks she would fail in an office environment. She does not want to go on living at her parents' home, but she has not been able to formulate a plan for entering the working world.

Formulations and Treatments

Arnold A. Lazarus (Multimodal-Eclectic)

The details supplied about the initial interview with Ellen give rise to the following modality profile:

Behavior: Binge eating; unassertive; not working gainfully; poor study habits; tends to withdraw and isolate herself; defensive

Affect: Anxious (especially in company of eligible males); fears rejection and criticism; guilt; depression; underlying anger; periodic feelings of hopelessness

Sensation: Restless; nervous; jittery

Imagery: Poor self-image; picturing herself alone

Cognition: Suicidal ideation; "I don't deserve a good man all to myself";

"There's no point in losing weight"; self- put-down ("I have no personality."); categorical thinking; buys into cultural nonfeminist roles

Interpersonal Relationships: No close friends; lives with parents; eager to find a husband; poor social skills; seeing only married men; problematic parent-child relationships; especially nervous around competent men

Drugs/Biology: Overweight; received antidepressants ("worked for a while")

Here are my answers to the questions posed to me. What else would I need to know about Ellen, and how would I find out? In treating adult outpatients, I use the Multimodal Life History Questionnaire (LHQ) (Lazarus, 1989b) extensively (obtainable from Research Press, Box 3177, Champaign, IL 61821). I would ask Ellen to fill out this twelve-page printed booklet and to mail it before, or bring it to, her second session. (For present purposes, let us bypass discussing those clients who "forget" or refuse to complete the LHQ.) The questionnaire would supply many details pertaining to her background and development—details that had not emerged during the initial interview. Since the LHQ also focuses on excesses and deficits in behavior, affect, sensation, imagery, cognition, interpersonal relationships, and drugs/biology (BASIC ID), items could readily be added to the preliminary modality profile to ensure a more comprehensive treatment trajectory. Ellen's specific

treatment objectives and expectations would also be tapped by the questionnaire.

During the second interview, in addition to deepening our rapport and establishing a working alliance, I would dwell mainly on her sensory, image-forming, and cognitive modalities, since these three areas elicited the least amount of information during the initial interview. Inquiries into her sensual pleasures and pains; her main images, fantasies, dreams, and wishes; and her basic values, attitudes, and beliefs would enable me to comprehend more of Ellen's psychic and interpersonal functioning. All this information would round out the modality profile into a more complete blueprint for therapy meeting her specific requirements (see Lazarus, 1986a, 1986b, 1989a, 1989b).

Some questions that need to be answered early in the therapy are the following: What keeps her tied to her parents? What is she asking for? Do we have a fairly healthy person who is depressed? Does Ellen have a character problem? What gives her pleasure? What is the full extent of Ellen's drug and alcohol use?

With respect to the therapeutic relationship I would try for, I would ask Ellen whether she would be more at ease with a woman therapist. I would also consider (1) the value of a female therapist as a role model for her and

(2) the relative advantages for Ellen in forming a healthy same-sex or opposite-sex relationship with a female or male therapist.

In keeping with the model proposed by Howard, Nance, and Myers (1986) on adaptive counseling and therapy, multimodal therapists endeavor to match the relationship style to the client's needs and expectancies. In essence, one tries to determine when the client is likely to respond best to a supportive relationship instead of one that is more directive and to determine when teaching and instructing rather than listening and interpreting are called for. The application of the wrong treatment plan and therapist style often results in premature, unsuccessful termination of therapy.

My clinical experience indicates that people who lack assertiveness and social skills usually derive the most benefit from a therapeutic style that offers high direction/high support. In this relationship style, treatment decisions are made in tandem with input and suggestions from the client, but the therapist makes the final decision. I would offer Ellen a good deal of encouragement and support.

When disputing Ellen's dysfunctional beliefs, however, the desired relationship style would probably be one of high direction/low support. In this situation, she would learn that people largely create their own emotional problems by the ways they interpret their environments. Ellen's excessive

approval seeking, misplaced attributions, and catastrophic non sequiturs would be underscored. As is common—depending on the client's needs and progress—I might move from a position of considerable control to one of little control.

Turning to therapeutic interventions with which I would proceed, for clients with clear-cut problems of lack of entitlement ("I don't deserve a good man all to myself") and poor self-esteem, I usually target these areas for initial attention and administer the rational disputations of Albert Ellis (1989). Would we simultaneously address the binge-eating and excess weight problems and the particular steps Ellen might take to move out of her parent's home? Or would we examine her male-female relationships and treat her general lack of social skills? Howard et al. (1986, p. 414) stress the importance of task readiness: "What is the client's level of readiness with respect to the tasks that it is necessary for him or her to perform?" Perhaps Ellen's general anxieties, nervousness, and restlessness might take precedence and call for methods of deep muscle relaxation, meditation, restful imagery, and biofeedback as the initial treatments. The need for flexibility and a broad range of therapeutic skills and techniques cannot be overstated; it is the essence of the multimodal orientation.

Treatment for Ellen's problems in separation and individuation would include asking her to practice images several times a day—vivid images of

informing her parents of her wish to move into her own abode, of countering their (presumed) objections, and of coping with the day-to-day activities in her new home. I would use role-playing to bolster her confidence.

While working on Ellen's poor self-esteem and deficient sense of entitlement, I would present the options of also addressing other problems. Clues from the first two or three sessions and the LHQ would alert me to contraindications—for example, that weight loss and the attenuation of binge eating might not ensue before Ellen developed more self-confidence.

By joining a self-help group in addition to her individual therapy, Ellen might be able to make up for some of the deficiencies of her social network, thus rendering herself less vulnerable.

I would be wary of Ellen's unexpressed anger. In the initial interview, when the therapist made supportive statements or offered encouragement, Ellen tended to become more negative and to attack: "Everyone puts everything in terms of looks, even you. You sound like my mother." The therapist as cheerleader—"Come on, you're attractive!"—would seem contraindicated in this case. I would be wary that Ellen's tendency to criticize herself could readily be transferred to the therapist, especially if she became afraid that she was not a "good enough patient" and that she might be rejected. Many clients derive benefit from learning to acknowledge and

express their anger before acquiring more adaptive benefits of assertive (nonaggressive) responses.

John D. Davis (Integrative)

I should like to share my thoughts as they unfolded in reading the account of Ellen's initial consultation.

The beginning generally offers clues about the heart of the patient's distress. The psychotherapist who conducted the initial consultation notices Ellen's hurt at her father's comment implying that he wants her off his hands and that she is a failure and a disappointment to him. The therapist seeks information about her behavior—"What did you say to that?" I do not see this as the way to begin building a therapeutic alliance nor to approach what for me is a central therapeutic objective: enabling the client to open herself increasingly to her own affective experience. I might have commented that I had the feeling she could easily cry at the hurt she felt thinking of his remarks.

The helplessness in Ellen's reply suggests that she cannot accept the anger that must go with the hurt, a sure predictor that she will join in the attack on herself. We can anticipate her "painfully low self-esteem" and self-destructive behavior; in due course, we hear of the self-punitive aspects of her binge eating and of her suicidal thoughts.

Meanwhile we learn of her artistic talents, but also of her anxious agitation in class. It is not clear what this is about, and the psychotherapist seems not to have pursued it. Coincidentally, it is implied that she is the therapist's student as well as client, a dual role that I would find unsatisfactory as therapist.

Ellen is living at home and shares her parents' wish that she get married. Although I do not yet know her age, I am alerted to what may be a failure to separate and individuate. I begin to wonder if she is developmentally ready for marriage and whether the wish for marriage may represent both an internalization of her parents' demands and a desire to "pass" as a normal, mature adult doing the conventional thing. I also begin to question from a systemic viewpoint whether her parents may subtly undermine her efforts to separate—as in her father's "old maid" comment.

Learning of the binge eating, I am reminded of a bulimic client who binges whenever her suppressed rage begins to rise; the food seems to force the rage back down. I would be interested in the affective contexts in which her binges occur, but the therapist follows a different line of thought—that she is avoiding looking attractive. This proves productive in that we learn that her relationships with eligible men have never worked out. I should have liked to know more about these failed relationships, but the therapist goes off on another tack. I am becoming increasingly irritated at the way the therapist

moves from where the client is instead of staying with her. He or she totally ignores the client's statement that she could not risk trying such relationships again. Nonetheless, the questions elicit interesting material. Ellen is not deserving of a good man "all to herself." The overtones of female rivalry alert me to oedipal issues in the nuclear triad. The psychotherapist's directive to talk about mother seems to be an intuitive response to this implication, although I find its dictatorial flavor uncongenial. I wonder why the therapist has spoken to mother on the phone, and issues of confidentiality and ethics come to mind. At the same time, I am concerned at the affective tone of the therapist's description; it will not aid the client to separate and individuate if the therapist carries her anger for her. Mother's description of her daughter ("a confused young person") supports my hunch that both parents may be undermining Ellen's efforts to move away.

I like the psychotherapist's attempt to pick up on Ellen's here-and-now experience and the disjunction between her words and looks, though I might simply have shared my experience of her ("Your eyes seem to be telling me there is something to say"). I would like to know of the aspects of mother that she sees in herself, which depress her.

I now learn that Ellen is thirty. I had imagined her to be younger (a college kid), and I immediately see her problems as more severe and intractable. The therapist attempts to tell her she is not on the shelf. I feel this

to be a mistake, both because it comes too close to the parental injunction to get married and because it suggests that the therapist cannot tolerate her despairing loneliness. Ellen confronts the therapist on donning her mother's mantle, and my prognostic meter immediately rises again; there is a real strength in the confrontation. The risk taken in sharing unvoiced thoughts about mother also betokens a strength in her. She may be sensing here a duplicity like her mother's in the therapist's comment: what does "basically" attractive mean? Is Ellen attractive or not? I wonder whether the therapist is a man or a woman.

I find the therapist's avoidance of the confrontation very worrying. There is no acknowledgment of Ellen's achievement in this direct act of assertion, and worse, the avoidance may suggest to her that such behavior is unwelcome to the therapist. As it is, we get a graphic account of Ellen's ambivalent experience of mother. Ellen, on the one hand, attributes supportive intentions to her, but, on the other hand, seems to experience herself guiltily as the cause of mother's pain and anxiety. Ellen is healthy enough to see mother as persecuting her with her martyrdom, but this does not stop the guilt.

Now the prognosis improves again. We learn that Ellen had lived away from home and that following her failed relationship with her boyfriend, she has played safe by having affairs with married men. The question of why she

returned home is not answered. Could she really have been complying with her psychiatrist's recommendation? Why did she not then or later move in with a girlfriend? My hunch here would be that having taken her courage in both hands by moving out, she has run for cover after her bad experience in the big, wide world. I would like to know more about the transactions with mother and father during her period away from home with a view to assessing the systemic forces drawing her back into the fold.

The word *suicide* sounds a red alert for the therapist, who suddenly becomes preoccupied with assessing suicidal risk. However, the inquiry uncovers Ellen's self-disgust and self- hatred in more depth, along with the self-punitive quality of her eating binges. The part of herself she wants to destroy is the clinging Ellen who prostitutes herself and sacrifices the chance to be a separate, autonomous person. Missing the point of her comment that the crisis came when she could no longer avoid confronting this aspect of herself, the therapist suggests a more positive construction. This at least implies the therapist's belief in her, but Ellen simply rejects it as unfounded, again showing her strength. It might have been helpful to point to her confronting the therapist as evidence of her separate autonomous self.

There is no further information about the interview, just additional content. The oedipal theme is supported through Ellen's sense of her cold, powerful mother having kept her at a distance from father, whose adoration

was tinged with sexual overtones. It seems that Ellen's sense of unworthiness may have its roots in her role of hated rival, which is reenacted as her girlfriends keep her away from the men they marry and as she engages in a succession of affairs with married men. I would imagine that she feels responsible for the marital friction between her parents and deserving of her rejections by women. I would also guess that she is denying a powerful wish for her mother's love and affection. The therapist's hunch that Ellen's binge eating is designed to make her sexually unattractive takes on greater meaning now: that effect may be understood as a way of avoiding appearing to be a sexual rival, thereby opening an avenue to maternal love and female friendship.

The final information on Ellen's "marking time" conveys her ambivalence about separating. She expresses a wish to move away, but her actions do not seem consistent with that goal. I come back at this point to wanting to understand the consequences for the family system if Ellen takes her leave.

With problems of separation-individuation, and there are several indications that we are dealing with such a problem here, I attach great importance to alliance with the growth- seeking part of the client. This alliance means acting to validate the client's autonomy and contraindicates any directiveness in my interventions. I would not impose expectations of

what Ellen should achieve, nor would I pressure her toward goals; paradoxically, it is by challenging her assumptions that she has to lose weight, has to leave home, has to marry, and has to formulate a career plan that she will become freer to establish these or other goals for herself.

By providing a safe environment in which Ellen can explore herself, I would enable her to get in touch with aspects of her experience that she cannot currently acknowledge and that give rise to her symptomatic behaviors. (I would not be optimistic about a direct behavioral approach to her binge eating, except as an alternative route to the feelings the binges serve to avoid.) My approach would be basically client centered, and my ability to accept these unacknowledged aspects would play a critical role in enhancing her self-acceptance, sense of identity, and autonomy.

At the same time, I would be quite prepared to accelerate the process by holding doors open and inviting her to step through if she wishes. In this role, drawing on my understanding of what is involved in the issues Ellen avoids, I might at times be more interpretative, and I might make use of techniques borrowed from Gestalt and other therapies to facilitate the experiencing and expression of emergent feelings. I would anticipate the oedipal theme and her warded- off anger, hate, and denied wish for her mother's love coming into focus for her. I would hope that in this process, Ellen would grasp the systemic meanings of her ongoing transactions outside the family. Often, the

initial pain and anxiety of separation is made bearable by the sense that becoming independent of the parents will please the therapist and cement the therapeutic attachment—in my experience, an appropriate step on the way to autonomy.

One of my main concerns in this approach to intervention is the effect on the family system. I have a strong preference for working with the enmeshed client individually—to symbolize the client's separateness and autonomy. (Very often, too, the client is simply unwilling for the family to be involved.) In rigid systems, however, it is possible for each therapeutic movement to produce a matching countermovement within the system. The client is then stymied in a tug- of-war between therapist and family. Were such a situation to develop in my work with Ellen, I should be inclined to explore the possibility of meeting with the family. In family sessions, I would seek to give a positive connotation, in terms of the family dynamic, to what the family (including Ellen) views negatively as symptoms or life failures—for example, by reconstruing her behavior as self-sacrificing efforts to protect her parents from what she sees as their inability to function harmoniously without her. Such intervention might help to free her individual work by removing her from the hot seat of "identified patient" in the family and shifting the family's attention to her parents' difficulties. A useful outcome of such intervention might be a referral of the parents for couple therapy.

Paul L. Wachtel (Cyclical Psychodynamics-Integrative)

Ellen appears to be a woman for whom conflict over anger is a central feature of the difficulties. Notwithstanding the cogent critiques regarding the general formulation that depression is anger turned against the self, in this particular case, such a view seems to make a good deal of sense. Ellen's behavior and attitude toward herself is such that one would have no difficulty describing it as hostile were it directed toward anyone else. Indeed, she can be downright sadistic toward herself, as when she wallows in the knowledge that she is hurting herself with every mouthful of the cake, and revels even more as the bites become more revolting to her. This brief description has enough self-loathing to satisfy the most discerning moral masochist.

There is also ample indication of anger toward others and of difficulty in knowing how to handle that anger or in accepting it without feeling considerable guilt. Ellen's experiential world is populated almost exclusively with people who let her down or hurt or disappoint her. Her view of others is terribly jaundiced, either explicitly (as in her tendency to view other people as "ignoramuses") or implicitly (as in her view of the men who use and mistreat her, of her psychiatrist, and of her girlfriends). She is capable to some degree of telling herself angry things about others. (That's how she fights back, though the wounds are always more apparent on her than on the other guy.) But she seems to have great difficulty expressing anger to others

in a way that is even moderately effective or assertive. “I can never think of anything to say back,” she says.

Putting the two sides of her conflict over anger together, we see a picture of a woman who is caught in a painful vicious circle of neurosis. Her way of life is extremely frustrating, self-depriving, and unsatisfying. Yet she feels she does not deserve anything better. The anger she feels toward others makes her feel guilty, bad, and disgusting. As her anger builds, she is frightened by it and therefore inhibited in expressing it. Instead, she is speechless and frozen and feels that she has “no personality.” It is likely that her disparaging, basically hostile view of others is also a prime cause of her feeling undeserving; and since she is undeserving, she dare not assert herself, either to defend against attacks or to get her fair share.

Her penitence, however, is to no avail; its effect, ironically, is to keep her in the very state for which she is atoning. Her self-depriving, self-abnegating way of life means that she is frequently frustrated and is likely to lead others to ignore her needs. This, at some level of awareness, would tend to stimulate further feelings that other people are no good and that she is no good for feeling that way. Then, in turn, she will atone once more by being self-depriving and self-punitive, starting the same cycle one more time.

Therapy must center on helping Ellen to extricate herself from this

vicious circle. A focus of my work with her would be helping her to see the dilemma in which she is caught and to find ways out of it. So long as she feels (albeit mostly unconsciously) that she is hiding how bad and angry she is, she is likely to feel that another person's compassionate or encouraging attitude toward her is based on the other not knowing the terrible truth. Thus, it seems to me important to communicate my understanding of just how angry she is (indeed, that she is considerably angrier than she herself consciously realizes). But it is also important to communicate this not in the manner of all too many psychoanalytic interpretations—with a tone of so-called unmasking and of forcing the patient to face "bad" things about herself (see Wachtel, 1987)—but rather with a sense of shared exploration: "Let's look at this together and understand what you're really feeling and where those feelings come from." In this vein, examining the vicious circle would be very useful, for it would enable Ellen to understand just how angry she is without having to be so self-blaming about it. She could see how her anger is an understandable response to the frustrations of her life and how it is ironically fueled by the efforts she makes to keep her "badness" in check.

Deriving from this circular conception of Ellen's difficulties, the therapeutic strategy would point beyond mere understanding of the bind she is in and of the feelings she has been unable to accept; it would point toward things she can do about her situation (cf. Wachtel, 1977; Wachtel & Wachtel,

1986). Assertiveness training seems a likely important feature of the therapeutic work. As in all applications of assertiveness training, it would be critical to assess just which situations Ellen is capable of handling effectively at any point and to help her choose where she will begin to expand the range of her options—in particular, to focus with her on where she felt justified in being more assertive and on how she can do so strongly and effectively, without inadvertently expressing her "bad self" image.

Finding situations in which the other person would also benefit from Ellen's being more direct and less self-abnegating would be especially useful. People like Ellen see life as a zero- sum game and fear that for them to get more, others must get less. Although this is certainly true in some instances, it is not nearly so prevalent as it may seem through the lens of her guilt and resentment.

I would expect that in the course of the work, some attention would have to be addressed to what psychoanalysts call *oedipal* issues. Ellen's description of her father as always worried about her seeing him undressed suggests that there was more than the usual amount of seductiveness to their interaction. Oedipal concerns are suggested as well by Ellen's thoughts regarding her parents' attitudes toward sex with each other—thoughts for which the basis is unclear even to her. Ellen's feelings that mother did not like her father's affection toward her (Ellen) and that her mother tried to get

between them is also consistent with this theme. It is likely that Ellen's difficulties with men are at least partly related to conflicts in this realm. She is aware that a major determinant of her binge eating may be the avoidance of being too sexy and all that might mean.

Karen Horney's (1945) description of the "Moving Toward" orientation to life seems to me to fit the given material. Ellen seeks security by presenting herself as helpless and in need of others' attention. But because her efforts to attain security are exaggerated and driven by anxiety rather than expressions of a natural and spontaneous wish for a mutually caring relationship, they never lead to real satisfaction; and they are constantly threatened by the evocation of feelings and inclinations incompatible with her brittle defensive stance. Unlike Homey and many of her followers, however, I am skeptical that insight alone is likely to be enough in most cases like this. For that reason, I see the job of Ellen's therapist not only as fostering a better understanding of her feelings and of the dilemma in which she finds herself, but also as actively aiding the patient in taking on new patterns of interaction with others—interaction that can initiate a benign circle of change in the place of the destructive cycle in which she is now trapped. Further details of how I would work with Ellen are difficult to provide without the experience of interacting with her and her interpersonal force field. However, I would expect that at least in general outline, my approach would be consistent with what I have

depicted here.

Points of Contention and Convergence[1]

Arnold A. Lazarus

Davis asserts that the therapist erred by inquiring how the client had responded to her father's critical remark vis-a-vis her marital status and that it would have been better had he or she commented that Ellen could easily cry at the perceived hurt. This is debatable. By focusing on the subjective pain rather than on overt action, one may reinforce an introspective penchant to wallow in unproductive feelings rather than to deal with them. I won't argue strongly for this position, but I do feel that it merits some consideration.

I would not share Davis's discomfort about playing a dual role as Ellen's teacher and therapist. A major drawback is that therapists typically see their clients within the confines of their offices and seldom gain firsthand information about their behaviors in other settings. It depends on the patient, of course, but I have frequently found it clinically expedient to play dual roles in my clients' lives. On occasion, I have obtained cogent information on a tennis court, or at a dinner party, that would probably never have come to light in my consulting room.

I do not follow why the father's "wallflower" comment "may subtly undermine her efforts to separate." It did not strike me as a sabotaging maneuver, and I am curious to know what Davis read into it. Similarly, the mother's description of Ellen as "a confused young person" seems to be succinct and accurate rather than further evidence "that both parents may be undermining Ellen's efforts to move away." I also saw insufficient data to justify the "oedipal theme" or the notion that Ellen's greater physical attractiveness would undermine her mother's love, which seems wildly speculative to me.

I do not feel that directiveness is an all-or-none entity. To avoid all directiveness, as Davis proposes, would fail to offer Ellen the very guidance and encouragement that she seems to require in certain areas. As I stated in my own treatment outline, the important consideration is not whether to be directive or nondirective, but when to occupy one stance or the other.

It seemed to me that .the therapist who interviewed Ellen was trying to obtain a general overview of her main problems. Had he or she not irritated Davis by following several leads and taking several different tacks, we would have gleaned far too little overall information to warrant a clinical exchange. Even so, it is rather fatuous to speculate how one would employ the scanty information provided to go about treating a person whom we have never met. Nevertheless, one can but hope that the reader will derive some stimulating

and possibly some helpful notions from these expositions and interchanges.

The other contributor, Wachtel, makes a compelling case for viewing anger as the central feature of Ellen's difficulties. He argues that her other affective states, such as depression, fear, guilt, and anxiety, are derived from, or are secondary to, her major conflicts about feeling and expressing her anger. I remain skeptical about unifying themes in people's lives, especially when they hang together very neatly and allow us to make cogent arguments that bolster our positions. Clinically, whenever I unearth a so-called basic dynamic or discover some particular element or theme that seems to tie almost everything together, I invariably discover so many exceptions and contradictions over time that I have long ago abandoned the search for a master key, and I look instead for many different keys that fit specific locks (hence, my multimodal outlook). I feel that one could argue equally well that Ellen's problems emanate from an underlying anxiety, a pervasive sense of under-entitlement, or various other "central features."

Whereas Davis and I both called for extensive additional information (albeit different types of information to be used for different purposes) before confidently proceeding along a particular clinical path, Wachtel zeroed in on the client's basic anger and formulated an entire treatment regimen based on this single diagnosis (hypothesis).

I gathered from the initial description of Ellen's case that her father was a rather inhibited individual, reluctant to be seen by her in a state of undress. On what pragmatic grounds does Wachtel assume that the father's reticence "suggests that there was more than the usual amount of seductiveness to their interaction"? It seems to be a catch-22. Had Ellen complained that her father sat around in his underwear, analysts would undoubtedly conclude that seductive overtones were present. If the father vigilantly avoids such behaviors, the same criticism applies.

Although Wachtel's final treatment trajectory overlaps in several respects with my own, I sense that he would not directly address certain cognitive, imagery, and sensory elements that I would consider essential for a comprehensive and durable treatment outcome.

John D. Davis

In considering the views put forward by my fellow commentators, I am going to say much more about Lazarus than about Wachtel. This is because I am comfortable with Wachtel's views and therapeutic plans, which occupy familiar territory for me, whereas with Lazarus, I am traveling in a foreign land and struggle with the strangeness of the culture.

I sense a basic difference between Lazarus's approach and my own,

which is probably conceptual, ideological, and personal and has little to do with Ellen. For me, psychotherapy is at root an encounter between two people in a helping relationship. For Lazarus, I suspect, psychotherapy is at root a technical enterprise. My experience in reading his account is one of Ellen disappearing, partitioned into segments by the BASIC ID, viewed as a useful source of information for the planning of operations, and having the impaired segments repaired with careful surgery. Nowhere do I have a sense of Ellen, the person, of how her segments fit together, or of what sort of functioning whole they constitute. Where Lazarus touches on the issue of his possible involvement in a relationship with her, it is to tell us of his wariness of her unexpressed anger, especially that her self-critical tendencies could "readily be transferred to [criticize] the therapist." In line with the technical enterprise, it is Lazarus, not Ellen, who decides what to dwell on in the second interview, though to me, it seems he can scarcely know her; the purpose is to enable him, not Ellen, to comprehend. He tells us that following this initial prescriptive approach, he will decide on the basis of Ellen's needs whether to teach and instruct or to listen and interpret; yet, we know from the Sheffield Psychotherapy Project (Shapiro & Firth, 1987) that whereas clients found an exploratory-prescriptive therapy sequence quite comfortable, a prescriptive-exploratory sequence felt all wrong.

This caricature of Lazarus serves to express my discomfort with his

basic approach, but it does not address the question of whether he will be able to help Ellen. How will she experience him? What emerges strongly for me is his confidence. He conveys that her problems are not insuperable, that they can be detailed and specified on a quite short list, and that he and Ellen are going to find ways to solve each one of them; he really does have answers. He also conveys a willingness to consult her about treatment decisions; he indicates that her views are worthy of attention, so Ellen will feel respected. Because he has clinical acumen and picks up her difficulties in separating and individuating, her underlying anger, and her lack of entitlement, she is likely to feel understood. These factors are likely, I think, to contribute to the initial establishment of a good therapeutic alliance and would perhaps see therapy off to a honeymoon start.

Though I would not go quite so far as Bordin (1979) in viewing the establishment and maintenance of a good alliance as the total work of therapy, I would certainly see these as necessary to a good outcome. With clients whose relationship capacities are severely impaired, Bordin's view becomes more accurate, and the therapist's skill in addressing alliance (relationship) issues becomes critical. With less impaired clients, the alliance is less fragile, and therapy can be approached more successfully as a technical enterprise. This is the point at which I become more skeptical about Lazarus's prospects with Ellen. For example, he suggests targeting her lack of

entitlement and poor self-esteem for initial attention by rational disputation. But I would share Wachtel's view that this will merely confirm for her that Lazarus cannot know how bad she really is, and I doubt she is able to tell him at this early point in therapy wherein her badness really lies. Where interventions with positive therapeutic realizations can serve to strengthen the therapeutic bond (Orlinsky & Howard, 1986), interventions that misfire can only weaken the alliance. More generally, I fear that Lazarus's wariness of her anger, lest it be directed at him, will only confirm for her how bad she is and how she must protect others from the damage she will inflict. I doubt the honeymoon will last, and Lazarus has not convinced me that his conceptual frame would assist him in effecting repairs. Ultimately, I think Ellen's prospects with Lazarus will depend on the degree of her impairment. Borderline features are apparent in her presentation, but so-called borderline pathology covers a wide spectrum of functioning (e.g., Abend, Porder, & Willick, 1983), and I would not place Ellen at the severe end. Nonetheless, I would rather refer her to Wachtel.

I am generally very sympathetic to Wachtel's formulation of Ellen's problems and his proposals regarding treatment. I particularly like his portrayal of the cyclic interplay between her informal experience and her external transactions, which serves to maintain her stuck position, and I like his emphasis on helping her to understand the dilemma she is struggling

with. I am reminded of Ryle's (1982) cognitive-analytic therapy, in which clients are presented with a written formulation along similar lines. I would also support his caveat about unmasking interpretations, which calls to mind the "persecutory therapist" described by Meares and Hobson (1977). Our research on therapist difficulties (Davis et al., 1989) suggests that therapists are more likely to use such technical interventions as coping strategies when feeling threatened than they are in other situations of difficulty, and I wonder again how Lazarus will deal with his wariness of Ellen's anger.

My only quibbles with Wachtel are minor ones. The first concerns his treatment of Ellen's difficulties with anger, the oedipal issues, and her anxious attachment as if they were separate issues; I would see them as closely interlinked. The second quibble concerns the process of actively aiding her in taking on new patterns of interaction. I fully agree that insight does not in itself necessarily produce behavioral change, and I do myself actively aid clients to varying degrees. However, I find that many clients are very proficient at identifying changes they want to make and at proceeding to make them, sometimes with minimal assistance and sometimes without any. In my experience, there is wide variation in the degree of active aid required. In Ellen's case, I am by no means convinced that she will require a formal program of assertiveness training, for example.

There is also an issue for me about choice. Clients are frequently quite

frightened by what change will entail and by the costs they will incur through change. Ultimately, I see it as my responsibility to help clients become as clear as possible about the costs and benefits of change, and I would respect absolutely a client's decision to preserve the status quo. This is quite different from supporting clients in facing their fears about change or in assisting them actively in making changes if they wish to take that risk. Although it sounds unlikely in Ellen's case, some clients with problems of separation and individuation may only succeed in establishing their own autonomy, for example, if they are willing to sever all links with their parents, but it is not for the therapist to dictate clients' choices.

Notes

1 Paul Wachtel was unable to contribute to this section due to pressing time commitments.

Authors

Arnold A. Lazarus, Ph.D., holds the rank of distinguished professor in the Graduate School of Applied and Professional Psychology, Rutgers University. He has a private practice in Princeton, New Jersey, and serves on the editorial boards of seven scientific journals. He has authored many articles and books, of which The practice of multimodal therapy: Systematic, comprehensive and effective psychotherapy (1989) is his most recent.

John D. Davis, Ph.D., is senior lecturer in psychology at the University of Warwick, where he directs the university's psychotherapy training program. He practices psychotherapy within the National Health Service. He also chairs the British Psychological Society's advisory committee on psychotherapy and represents the society on the council of the United Kingdom Standing Conference for Psychotherapy. He is author of The interview as arena: Strategies in standardized interviews and psychotherapy (1971).

Paul L. Wachtel, Ph.D., is distinguished professor of psychology at City College of New York and the Graduate Center of the City University of New York. He is author of Psychoanalysis and behavior therapy (1977), The poverty of affluence, and Action and insight (1987); coauthor of Family

dynamics in individual psychotherapy (1986, with E. Wachtel); and editor of Resistance: Psychodynamic and behavioral approaches.