CASEBOOK OF ECLECTIC PSYCHOTHERAPY

# THEORETICALLY CONSISTENT ECLECTICISM:

## Humanizing a Computer "Addict"

Windy Dryden

Commentaries by
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# Theoretically Consistent Eclecticism: Humanizing a Computer "Addict”

**Windy Dryden**

## MY UNIQUE BRAND OF THEORETICALLY CONSISTENT ECLECTICISM

Theoretically consistent eclectics are therapists who have a particular theoretical perspective on human psychological disturbance but are prepared to use particular techniques developed by other therapeutic schools (Dryden, 1984a). In doing so they do not subscribe to the schools' theoretical postulates, but use techniques spawned by these schools for therapeutic purposes consistent with their own orientation. Although I consider myself a rational-emotive therapist (RET) in that I am in basic agreement with the theoretical tenets of RET, I also consider myself "eclectic" in that, in the *practice* of psychotherapy, I select what appears to be best from diverse therapeutic sources, systems, and styles to help my clients. The therapeutic practice of theoretically consistent eclectics is likely to be quite individualistic in that these therapists will draw from the aforementioned sources, systems, and styles what *they,* individually, consider to be best. What guides them in their choices is as yet unknown, and this area would be a fruitful one for

research.

Before describing the case I have selected here, I wish to outline the major elements that constitute my own brand of theoretically consistent eclecticism.

## 1. Rational-Emotive Therapy: My Theoretical Base

I am in basic agreement with the ideas of Albert Ellis (1984) concerning the foundations of psychological disturbance. RET posits that although emotions, cognitions, and behaviors are interdependent processes, much human disturbance seems to stem from absolutistic, evaluative cognitions that profoundly affect how humans feel and act. These cognitions, which are often couched in the form of "musts," "shoulds," "oughts," "have to's," etc., are termed "irrational" by RET theory in that they frequently impede people from reaching their basic goals and purposes. One of the major tasks of RET therapists is to help clients change their absolutistic evaluative cognitions to those which are non-absolutistic in nature. These latter cognitions are frequently couched in the form of "wants," "wishes," "desires," "preferences," etc., and basically help people achieve their basic goals and purposes and adapt constructively when these cannot be met.

RET therapists have invented a whole range of cognitive, emotive, and behavioral techniques that they routinely employ in therapy, but RET-

oriented theoretically consistent eclectics, as mentioned above, go further and employ a number of techniques derived from other therapeutic schools to help clients effect a profound philosophical change, i.e., from devout absolute beliefs to non-devout relative beliefs. In my case, I often use methods and techniques derived from Gestalt therapy, transactional analysis, personal construct therapy, behavior therapy, person-centered therapy, and Adlerian therapy, to name but a few. However, and this should be emphasized, I use RET as a guiding framework for the selection of appropriate techniques. In addition, RET helps me decide which techniques *not* to choose (Dryden, 1984b). In the case that follows I attempt to show how I use RET as part of my therapeutic decision making in this regard.

## 2. Therapeutic Alliance Theory

The second major element in my brand of theoretically consistent eclecticism concerns the application of what has come to be known as "therapeutic alliance theory." Although the term "therapeutic alliance" has been in use in the literature for over 50 years, the concept has recently been reformulated by Ed Bordin (1979). Bordin has argued that there are three major components of the alliance between therapist and client: *bonds, goals,* and *tasks.*

Alliance theory proposes that effective therapy occurs when the bonds

between therapist and client are strong enough for the work of therapy to be executed. My overriding concern here is to develop a type of bond with a particular client that will enable me to help that person without unwittingly perpetuating his or her problems. There are two important elements here. First, most clients (if not all) come into therapy with implicit (or explicit) preferences for a particular type of relationship with their therapist. Some, for example, seek a formal type of relationship, whereas others prefer one that is more personal and intimate. I seek to meet a client's preferences to the extent that they do not perpetuate his or her problem. As will be shown in the case to be described, the client sought a formal type of relationship with me, which, if offered, would have rendered me a less potent change agent. The second element, the relationship between the client's interpersonal style and his problems, is to be found in the writings of interpersonal psychotherapists (e.g., Anchin & Kiesler, 1982). These theorists argue that clients bring a preferred interpersonal style to therapy and "pull" a complementary response style from their (unsuspecting) therapists, which, in turn, reinforces both their own self-defeating style and their psychological problems. Thus, a client who presents herself as "helpless" in therapy may well "pull" an overly active-directive stance from her therapist, which renders her more "helpless." Thus, I ask myself: "What interpersonal style will enable me to keep this client in therapy I clients' discontinued expectations here may lead to premature termination] while at the same time helping him (or her) to escape his (or

her) self-imposed vicious cycles?"

Second, the *goals* of the enterprise must be considered. Effective therapy is deemed to occur when therapist and client agree on the latter's goals. Agreement on goals can occur at three levels. First, client and therapist can set *outcome goals,* which represent what the client wishes to achieve at the end of therapy. Second, *mediating goals* can be set. These are the goals that the client needs to achieve before outcome goals can be reached. For example, a client may have to become proficient in a number of social skills before realistically being able to achieve the outcome goals of finding a partner. Finally, client and therapist can set goals for a particular session (i.e., *session goals*). Alliance theory predicts that effective therapy is facilitated by the participants' agreements on each of these goals (where appropriate) and when they both can see the progressive link between the three levels (i.e., session goals [mediating goals] outcome goals).

Third, therapeutic *tasks* must be considered. Both therapist and client have tasks to carry out in therapy. Alliance theory predicts that effective therapy is facilitated when each person: (a) understands what tasks he or she has to execute; (b) can see the relevance of the other person's tasks; (c) is able to execute his or her respective tasks; and (d) acknowledges that the execution of these promotes the attainment of the client's goals. In addition, the tasks must have sufficient therapeutic potency to facilitate goal

achievement. Thus, as a theoretically consistent eclectic, I need to know that the techniques I select from other therapeutic schools are sufficiently powerful vehicles to promote therapeutic change. For example, exposure methods may well help clients overcome phobic reactions, but Gendlin's (1978) focusing techniques probably will not.

Finally, a channel of communication needs to be established between therapist and client so that alliance issues can be discussed and problems in the alliance resolved.

### 3. Challenging but Not Overwhelming

The third major feature of my eclectic approach is one that I have developed myself (Dryden, 1985). It is a principle that I have come to call "challenging but not overwhelming." I believe that people learn best in an atmosphere of creative challenge, and I try to develop such an environment for my clients in therapy (Hoehn-Saric, 1978). Conversely, people will not learn as much in a situation that either challenges them insufficiently or overwhelms them. In this respect, Hoehn-Saric (1978) has shown that a productive level of emotional arousal facilitates therapeutic learning. For example, some clients are emotionally overstimulated, and hence the therapeutic task is to create a learning environment that decreases their emotional tension to a level where they can adequately reflect on their

experiences. With these clients, I make use of a lot of cognitive techniques and adopt an interpersonal style that aims to decrease affect. This style may be either formal or informal in character. These strategies are particularly appropriate with clients who have a "hysterical" style of functioning. On the other hand, other clients require a more emotionally charged learning atmosphere. Such clients often use "intellectualization" as a major defense and are used to denying feelings (see the case to be described). With such clients I attempt to inject a productive level of affect into the therapeutic session and employ emotive techniques, self-disclosure, and a good deal of humor. These "challenging" strategies are best introduced gradually so as not to overwhelm clients with an environment they are not accustomed to utilizing. However, before deciding on which interpersonal style to emphasize with clients, I routinely gain information from them concerning how they best learn. Some clients learn best directly through experience whereas for others vicarious experiences seem to be more productive. I try to develop a learning profile for each of my clients and use this information to help me plan my therapeutic strategies and choose techniques designed to implement these strategies. Care needs to be taken, however, that the therapist does not use a mode of learning that may perpetuate the client's problems.

I also developed the "challenging but not overwhelming" principle in response to Ellis' (1979, 1980) writings on "discomfort anxiety." Ellis has argued that many clients perpetuate their problems and deprive themselves

of learning experiences because they believe that they *must* be comfortable. Thus, a major therapeutic task here is to help such clients challenge this belief and carry out assignments, while tolerating their uncomfortable feelings. Although this is a sound theoretical principle, I have found that it needs to be modified for pragmatic purposes. It may be desirable for a client who is anxious about eating in public to go to an expensive restaurant and challenge her anxiety-creating cognitions in a situation where her worst fears may be realized, but many clients will not do this. When I provide a rationale for homework assignments, I do so in a way that incorporates the "challenging but not overwhelming" principle and contrasts it with gradual desensitization and implosion methods:

There are three ways you can overcome your fears. The first is like jumping in at the deep end; you expose yourself straightaway to the situation you are most afraid of. The advantage here is that if you can learn that nothing terrible will happen, then you will overcome your problems quite quickly. However, the disadvantage is that some people just can't bring themselves to do this and get quite discouraged as a result. The second way is to go very gradually. Here, on the one hand, you only do something that you feel comfortable doing, while, on the other, you don't really get an opportunity to face putting up with discomfort, which in my opinion is a major feature of your problem. Also, treatment will take much longer this way. The third way is what I call "challenging but not overwhelming." Here

you choose an assignment which is sufficiently challenging for you to make progress but not one which you feel would be overwhelming for you at any given stage. Here you are likely to make progress more quickly than with the gradual approach but more slowly than with the deep-end approach.

I find that when clients are given an opportunity to choose their own rate of progress, the therapeutic alliance is strengthened. Most clients choose the "challenging but not overwhelming" approach, and only very rarely do they opt for gradual desensitization therapy. When they do so, I try to dissuade them and frequently succeed. In the final analysis, however, I have not found it productive to insist that clients choose a particular way of tackling problems that is against their preferences.

Having outlined the major elements of my eclectic approach, I shall now describe the case I have selected to demonstrate my approach in action.

## THE CLIENT

The client, whom I shall call Eric, was a 31-year-old, white, unmarried man. He was born in the South of England, an only child of Peter and Margaret. His father was a ranking officer in the British Army and his mother did not work outside the home. At the time of treatment, Eric lived alone in a flat in Birmingham and worked as a computer programmer in a middle-sized business institution that manufactures electronic equipment. He was

educated at a leading British university and has a master's degree in computer studies.

Eric sought therapeutic help because he had increasingly come to feel that his life lacked direction and he had recently become concerned about his level of alcohol intake. This was the first time that he had sought help and there was no evidence of any psychiatric history. He enjoyed good physical health.

He initially reported his childhood to be uneventful; he saw his father infrequently because of the latter's Army commitments and described his relationship with his mother as "cordial but rather distant." He was sent to boarding school at the age of 10 where he remained until age 18, when he went to university. He said that he had many acquaintances at boarding school and university, but no real friends. He dated infrequently and reported no intimate relationships with women. He was sexually inexperienced and recently lost his virginity after having sex with a local prostitute. Describing this experience, he said, "It was time, I thought, that I had sex with a woman; I felt a bit stupid being a 30-year-old virgin. I didn't enjoy it and wondered what all the fuss was about." His main interest was in computers. He was fascinated by them and often worked late into the night trying to solve a problem posed by the latest program he was working on. Of late, however, he said, "I can't seem to dredge up the enthusiasm anymore."

He was recommended to see me by his local G.P., who gave him the name of a number of therapists in the area. Explaining his choice of therapist, Eric said: "I chose to come and see you because I was attracted by the name rational-emotive therapy. I see myself as basically rational, but there seems to be a breakdown in my logic at the moment. I'm hoping you can isolate the bugs in the system." Perhaps not surprisingly, Eric's language reflected his interest in computers. My immediate impression of this tall, well-groomed man was that he had almost become an extension of the computer he had recently lost interest in. His speech was very precise and his language lacked emotionally toned words. He was almost devoid of affect apart from allowing himself a little laugh when he drew attention to the fact that his surname was the same as a leading computer company.

His expectations for therapy were as follows. He anticipated that we would have an orderly discussion of his life's goals and why he had become "stuck." He further hoped we would find out why he had started drinking more heavily than was his custom. He was pleased that I was not going to ask him to lie on the couch: "I like to see who I am talking to." I was left with the initial impression that here was a man who kept a very tight rein over his feelings from which he had become increasingly divorced. He seemed to employ intellectualization as a major defense in his life. Yet the cracks were beginning to appear. This marked the end of the initial interview, at which time I offered to accept him for therapy. We would review progress after five

sessions, which would give him an opportunity to determine whether I was the kind of person who could help him. He accepted this contract.

## THE THERAPY

What I shall do is to give an account of my work with Eric over the 17 sessions I saw him. I will include at various points (a) my thoughts as a therapist, which will help the reader understand my eclectic approach, and (b) verbatim transcripts of our interchanges to illustrate (a) Eric's mode of functioning, (b) two critical incidents, and (c) how I dealt with an incident concerning Eric's resistance to experiencing feelings.

### 1. Initial Phase (Sessions 1 to 4)

Initially I asked Eric to help me understand more deeply his predicament and what he would like to achieve from therapy. He reiterated the theme first raised in the intake session, namely, that he wanted to regain his enthusiasm for his computer interest and was puzzled about what had been going wrong.

Initially I wanted to test my hypothesis that his difficulties lay in the feeling domain, so I decided to ask him to fill out a structural profile (Lazarus, 1981) to test this and to demonstrate to Eric how he saw himself as a person.

## Session 1 Transcript (Client Functioning)

T: Okay, Eric, now throughout therapy I'll be sharing some hunches with you, and it would be good if you could help us both by giving me honest reactions to these hunches. I see you and myself as a team joining together to figure out what has gone wrong in your life and how you can find a more meaningful direction for you. How does that seem?

C: Fine.

T: Now, human beings have seven basic aspects. These aspects interact with one another to be sure, but I want to understand how you see yourself on these aspects. I want to use a rating scale from 0 to 10, 0 being an absence of this modality and 10 being a high score on it. Now these modalities are behavior, affect, sensation, imagery, cognition, interpersonal relationships, and biological factors.[1] Now taking behavior first . . .

I then spent some time developing the structural profile with Eric (see Fig. 1).

T: Okay, what's your reaction to this profile?

C: What do you mean?

T: Well, can you see anything that might be related to your current difficulties?

C: Mmm. Well . . . I'm not sure.

T: Okay, let me share my reaction. I'm struck by the low scores on affect, sensation, and interpersonal relationships. For example, I wonder if you would benefit from experiencing more feelings in your life. Let's start with that.

C: Feelings? I'm not sure what you mean by that.

T: Well emotions like joy, guilt, happiness, sadness, anxiety, depression, pleasure.

C: Well, I used to get pleasure out of my computer, but the others? I. . . er, I'm not sure. I'm puzzled by that. Aren't feelings biological processes that originate in the hypothalamus or is it the thalamus?

T: [ignoring the temptation to discuss the psychophysiology of emotion]: You seem to be finding it difficult to relate to these emotions.

C: Yeah.

T: Well, is this an area we need to explore? C: [doubtfully]: I suppose so.

A similar dialogue occurred on the topic of sensations with Eric speculating on their biological origins rather than on his experience. Following is the interchange concerning Eric's interpersonal relationships.

T: Now how about your relationship with people?

C: Well, I've never sought people out.

T: Have they sought you out?

C: No.

T: How do you feel about that?

C: What do you mean?

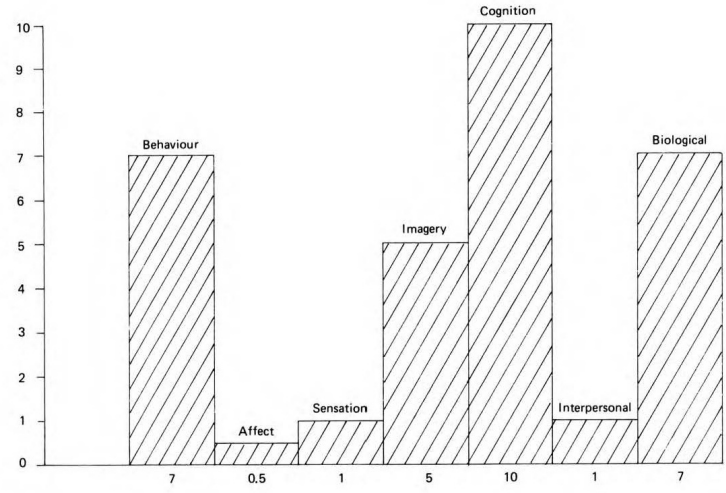
T [noting the client's puzzled response to another feeling-oriented question]: Well you describe your life as being empty of people. What do you think your life would be like if there were more people in it?

C: It would distract me from my computer work.

T: So you wouldn't like more people in your life?

C: I wouldn't know what to *do* with them.

*Figure 1. Eric's structural profile (session 1).*




The above excerpt shows Eric's dilemma. Feelings are alien experiences and people are either an unwelcome distraction or a puzzle. He doesn't know what to *do* with them. I remember experiencing something of a dilemma myself at this point. How can I help this man entertain experiences that are so alien to him?

I decided to share my dilemma in session 2 when we were talking about goals. This was an error since Eric could not relate to what I said to him. However, when I asked him, "Could these areas be the bugs in your system?" he reacted with visible (although transitory) alarm. I remember thinking that

I was going to have to use his language to build the bridge between his affectless world and one that held the most promise for him. An investigation into how Eric best learned revealed an overreliance on books, radio, and television. These would clearly be of little relevance in our therapeutic work since these media could well reinforce Eric's detachment and intellectualization. Other learning modes would have to be gradually introduced.

Although I like to set treatment goals early in therapy, I decided to postpone goal setting for a while and work in a less structured way with Eric for two reasons. First, I did not consider that he would benefit from an early discussion about goals since he could not yet relate to issues about feelings, sensations, and relationships. Second, I considered that he would initially benefit more from a more open-ended therapeutic contract. This would help him to widen his horizons and to loosen up a little.

In session 3 we talked about his thoughts concerning his structural profile and the "bugs in his system." He noticed that he tended to drink more at those times he found himself thinking about our sessions. I suggested that he refrain from drinking to experience whatever it was that he might be feeling at those times. I taught him Gendlin's (1978) focusing technique to help him in this regard. This technique is particularly helpful in that it directs clients' attention to their inner sensations and experiences and helps them to

articulate what these experiences might be about. In session 4 I helped Eric to attach a feeling label to his experience. He was feeling sad. I helped him to realize that sadness can be a cue that there was something missing from his life, perhaps something else than computers. He nodded imperceptibly in agreement, but wondered what that was. I suggested it was our task to help him find out.

Up to now I would describe my approach to Eric as basically exploratory. I was beginning to "challenge" him to look at his inner experience, but not in a way that would "overwhelm" him and possibly scare him away. The two techniques I used in this initial phase were designed to help both of us move into what was for Eric the uncharted waters of his inner world. Neither of us could see at this stage that the next session would be so critical in the therapeutic endeavor.

**2. Middle Phase (Sessions 5 to 14)**

While reviewing my notes a few days prior to my fifth session with Eric, I noticed that Eric would have his thirty-second birthday on the day of this session. I let my mind wander and experienced a sense of sadness. I pictured Eric on his birthday alone in his flat and guessed that nobody would send him a birthday card. I decided I would buy him a card, which I would give him at the beginning of the session. My decision was prompted by a sense of

empathy, but I also reflected on the therapeutic wisdom of doing so. Would he despise me for my open display of caring concern? Would he be affected? What might he experience? Empathy won the day, although I was somewhat apprehensive when I sat down at the beginning of the session. I want to stress that I did not see this purely as a technique. If I did not experience the concern, I would not have given him the card. The following are excerpts from the session.

**Session 5 Transcript (Critical Incident)**

T: Eric, I noticed today was your birthday and I felt that I would like to give you this [handing over the card].

C: [puzzled]: What is it?

T: Why don't you open it?

C [opening the envelope]: Oh! Er . . . um . . . I don't know . . . what to say.

T: You seem agitated.

C [clearly embarrassed]: Yeah . . . well . . . that's . . . a . . . well . . . um [bursts into tears].

Eric wept silently for about five minutes and was clearly distressed. I felt both touched and concerned lest this was too overwhelming an experience for him at this point.

T: When was the last time you received a birthday card?

C [distracted]: What? . . . er . . . well, let me . . . see . . . er . . . I can't remember.

T: When I decided to buy you the card, I felt kind of sad because I guessed that nobody would have sent you one.

C: Pathetic isn't it.

T: What is?

C: Weeping like a baby over a silly card. Oh! I didn't mean . . .

T: I know what you mean. How do you feel about weeping with sadness?

C: I feel bloody stupid.

The rest of the session was spent helping Eric to see that he could accept himself for crying and that his sadness was perhaps an indication that some important desires were not being met. However, Eric remained somewhat distracted and I used these strategies to decrease the intensity of his experience (which I hypothesized would have otherwise been overwhelming for him) as well as a method of disputing his irrational belief: "I am worthless if I cry."

Toward the end of the session, I wondered aloud whether Eric would find it difficult to come back next session having expressed some strong feelings. He nodded, and I said that I understood that feeling.

Indeed, Eric did not show up for session 6. I was concerned about him, particularly as he did not call to cancel his appointment. I decided to write the

following letter:

> Dear Eric,
>
> I was sorry that you were not able to attend our session on Wednesday. My hunch is that you feel embarrassed about our last session. If I am right I can understand you feeling that way. If you recall, I mentioned at our second session that therapy can be difficult at times and there might be occasions when you might not want to come.[2] However, I feel it is important for us to talk about these experiences in person, so I look forward to seeing you for our next session at the same time next week. Please confirm that this arrangement is convenient.
>
> Yours sincerely,
> W. Dryden, Ph.D.

I received a reply from Eric, thanking me for my letter and confirming that he would attend our sixth session. The following is an excerpt from this session.

## Session 6 Transcript (Critical Incident)

> C: You know, when I got home, I found myself with a whisky bottle in my hand before I even knew what was happening. I remembered what you said about not drinking to see what feelings came up. I was overwhelmed with stomach cramps and I began to cry again. Somewhere at the back of my mind I remembered you asking me if I was worthless for crying. I was able to see that I wasn't and for the first time I let go. I cried and cried. I remembered my father saying things when I was a child like: "Call yourself a boy, stop those tears." I also remembered my mother getting agitated because I was crying and my father was due home soon.
>
> T: Sounds like a lot of hidden feelings came up for you.

C: Yeah. When last Wednesday came, I panicked. You were right, I couldn't face you then. I went to my computer. I realized that I'd been using it as a friend, someone . . . something rather . . . that I could relate to. . . . I also remembered what you said about your challenging but not overwhelming principle. I'd had enough challenge for a while and needed to have a rest. Sorry I didn't let you know.

[And later in the session . . .]

C: I can see more clearly that I do need to get to know about some of those modalities that were low; you know, affect and the others. That's what I'd like to focus on.

At the end of the sixth session I suggested that Eric think about what kinds of experiences he would like to seek out. He came back with the following list at session 7.

Learn to dance

Find myself a girlfriend (about time!)

Go walking in the woods

Join 18 +[3]

Eric devised his own program and followed it through according to the "challenging but not overwhelming" principle with good success. On a number of occasions he chose not to go to an event, using his computer as a kind of anxiety-reduction technique.

Mindful of the importance of using emotively-oriented techniques to help Eric, I employed a number of these methods to help him focus on avoidance behavior.

For example, in session 9, Eric reported that he couldn't be bothered to go to 18 + on club night and spent the evening working on his computer. I decided to use a Gestalt empty-chair technique to dramatize the situation to enable Eric to identify any possible anxieties.

### Session 9 Transcript (Using a Dramatic Method to Uncover the Meaning of Eric's Avoidance Behavior)

T: Let's see if we can understand whether you were avoiding some important feeling. Now let me explain a drama technique to you. First, can you imagine how you were feeling that night?

C: Er . . . yeah . . . tired.

T: Okay. So one of the players in this play is "Tired Eric." Now another one is your computer. (Can you imagine Tired Eric talking to his computer?)

C [laughs]: Just about.

T: Good. Now, see this empty chair? Imagine your computer on that chair. Got it? C: Yeah.

T: Now strange as it might seem, I want you as Tired Eric to talk to your computer. And I'll play myself in this. Okay? Right. Okay, Tired Eric, it's time to go out to 18 +.

C [as Tired Eric]: I'm too tired.

T [to computer]: Is Eric too tired or might he be feeling something else? Eric, change chairs and answer me as your computer.

C [as computer]: Well, no, he's scared.

T [to computer]: Scared of what?

C [as computer]: Well, he's got his eye on a girl at the club but he's scared she might not want to know him.

T [to computer]: So why don't you tell him to go and face his fears.

C [as computer]: Er . . . because . . .

C [as Tired Eric and changing chairs after being prompted by the therapist]: I know, because he doesn't think I'm strong enough to cope with rejection.

T [to Tired Eric]: Is that true?

C [as Tired Eric]: No, but why risk it if it's a possibility?

This dialogue helped Eric and myself see that two important beliefs were holding Eric back. One was "I'll only do things if they are certain to work out" and the other was "If I do things and they don't work out, I'm no good." I then helped Eric to dispute these beliefs using traditional RET disputing methods. He considered a more healthy alternative to both beliefs to be "Things won't work out if I don't try. So I'd better increase the chances of getting what I want by going for them. If they don't work out, tough. I'm no less a person." Eric practiced these new beliefs by acting on them. He carried out a number of homework assignments between sessions 9 and 11 which

were designed to help him accept himself in the face of failure and to help him work toward goals, the achievement of which could not be guaranteed.

In session 12 it emerged from reviewing these assignments that Eric feared losing control if he experienced strong arousal. His belief here was "If I get excited, I'll lose control and that would be awful." In order to test out the prediction that he would lose control if he experienced a lot of arousal, Eric did several things between sessions 12 and 14. He did a number of shame-attacking exercises (Dryden, 1984b). For example, he went into a large department store and shouted out the time. In addition, in session 13, I got him to sprint up and down on the spot and then do a number of expressive meditation exercises designed to raise his arousal level. Finally he went to a dance-therapy workshop and did a lot of vigorous dance exercises. All these experiences helped him to see that he could get highly aroused without losing control.

By session 14, Eric considered that he had made a lot of progress. He was feeling more in touch with his emotions, the range of which had markedly increased. He gained pleasure from walking in the country and enjoyed experiencing a variety of country odors. He had taken up bird watching and had found a girlfriend who also enjoyed these activities. He had made several friends at the 18+ club and was experimenting with a wide range of activities. His enthusiasm for his computer work had returned, but

he spent far less of his recreational time at his computer terminal.

### 3. End Phase (Sessions 15 to 17)

Eric suggested at the beginning of the fifteenth session that he would like to come less frequently and work toward termination. I outlined a number of ways we could terminate our work together. He chose to come twice more at monthly intervals. We spent these final sessions reviewing our work together, and Eric reported that he had maintained the gains he had made in therapy. At the end of session 16, I suggested that Eric might bring to our last scheduled session a written account of what he had achieved in therapy. The following is a verbatim account of what he wrote under the heading, "What I Gained from Therapy."

### What I Gained from Therapy

I have gained a great deal from seeing you, far more than I thought I would. You have opened my eyes to a whole new world of experience that I was only dimly aware of, if at all. I would say first and foremost I feel a more complete human being. Although I still respect my intellect—or the cognitive domain as the American man who invented those sheets calls it—I have learned to experience and gain respect for the other modalities. I have learned that it isn't unmanly to cry and feel sad. I've tried to discuss this with

my father, but perhaps predictably he doesn't understand what I'm talking about. I have learned that it's not so bad to try and achieve something and fail. Indeed, if a person doesn't try, he certainly won't achieve. Obvious now, but I didn't see that before.

I have also learned that control has little to do with feeling strongly aroused. To some degree, looking back, I was using my computer to shield me from life, although of course I didn't realize that then. I guess I was using my computer as a substitute friend and yet it was a bit of a one-sided friendship. I now feel much more a part of the social world. 18+ has helped tremendously in that respect. Before I wouldn't have thought I could have so much fun with others. I didn't even think of life as having fun. Strange isn't it! I still have to force myself to go out occasionally when I feel "tired" but I can now distinguish between genuine tiredness and anxiety.

I've redone those modalities (see Fig. 2) and have enclosed them within. I find the differences interesting. One last thought, I remembered being struck by the name of your therapy before I came to see you—rational-emotive therapy. I was attracted to the word "rational." I must confess that I'm now more attracted to the word "emotive." I hope you find this instructive.

At the end of the seventeenth session, Eric and I agreed to have two follow-up sessions, the first one being 12 months after our last session.

However, this has not yet taken place at the time of writing.

**Therapist's Summary**

From the point of view of RET, Eric had developed an unsatisfactory life-style partly because he had little experience in the affect, sensation, and interpersonal modalities but mainly because he held a number of irrational beliefs which led him to avoid experiences in each of these areas. Namely he believed:

1. "Experiencing emotions and sensations is extremely dangerous and must be avoided at all costs."

2. "I must be in control of myself. To lose control would be terrible."

3. "I must be certain of achieving something before I try it."

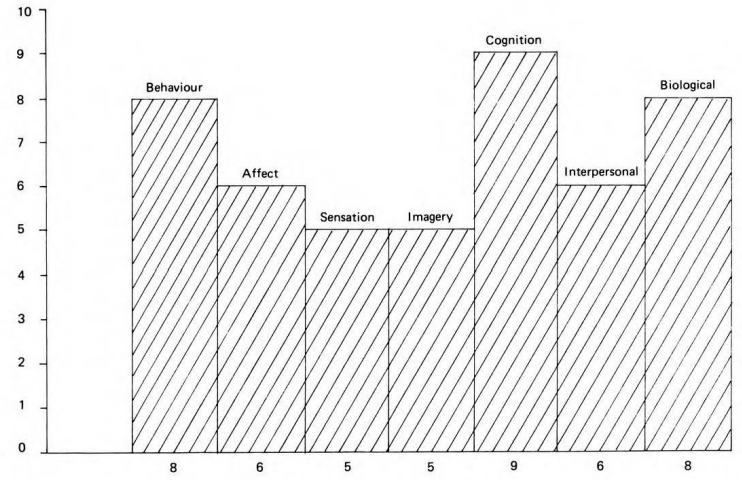
4. "I'm no good if I cry or if I fail to achieve important things."

Adopting a theoretically consistent eclectic view based on my rational-emotive conceptualizations, I decided to emphasize strategies and techniques that were dramatic, affective, and expressive in nature. In doing so I was sensitive to avoid overwhelming the client, but to challenge him gradually at first and later increasingly so as therapy progressed and as he began to make significant gains. Thus I decided to use: (a) *structural profiles* as an assessment tool to help test my hunch about important deficits and to help

Eric learn about these deficits, such techniques as (b) *focusing*—to help Eric to identify feelings and articulate what these feelings pointed to; (c) *Gestalt, two-chair dialogue—to* help him identify the meaning behind his avoidance maneuvers; (d) *dramatic meditation* and *dance therapy*—to help him learn that strong affective experiences were not dangerous and did not threaten his sense of control. All these methods were chosen in line with strategies consistent with my RET-inspired formulation and in keeping with my hunches about the importance for Eric of learning to become accustomed to the experiential-affective domain of human functioning.

From the point of view of alliance theory, I was able to develop a well-bonded relationship with Eric. Initially he viewed me as a rather distant "expert" who would help him iron out the "bugs" in his system. The birthday card incident confronted him with the fact that I was also a human being who cared about his plight. This touched a deep cord in him and seemed to help him relate to me in a more effective manner. From session 6 our relationship was characterized by mutual respect and trust. I related to Eric in a moderately warm, informal manner without us both losing sight that we had various tasks to achieve.

*Figure 2. Eric's structural profile (session 17).*




With respect to the goal domain, I deliberately refrained from setting concrete goals at the outset of therapy. Initially, Eric wanted to pursue goals which, in my opinion, would have not been constructive for him. He wished to strengthen his intellectualized defenses and rid himself of the "bugs" in his system, which he hoped would help him shut out his increasing sense of isolation and dissatisfaction and hence to return to his computer. I did not attempt to explicitly deal with the self-defeating nature of these goals at the outset. I considered that to do this would have been unproductive and might have led to a futile "intellectual" discussion, which I wanted to avoid. There was also evidence at this initial stage of therapy that Eric would not have understood the importance of goals that emphasized becoming increasingly aware of his feelings and the healing aspects of interpersonal relationships.

Instead, I sidestepped the issue of goals by showing Eric the importance of looking at himself as a total individual (by using the structural profile) and how he was living his life against this backdrop. To some degree I think that Eric went along with me because he viewed me as an expert who knew what he was doing and because he was not too insistent about meeting his initial goals. Specific goal setting followed Eric's increasing understanding of the importance that the affective, sensation, and interpersonal modalities might play in his life.

As Eric gained this understanding, it was fairly easy to show him that the execution of various tasks could help him achieve his newly discovered goals. The more Eric derived benefit from being able to experience feelings, sensations, and the pleasure of relating to other people, the more he was able to see the sense of the evocative techniques that I suggested to him and how they could help him achieve his goals. Interestingly enough, we rarely had to talk *about* the relevance of therapeutic tasks; I believe he and I developed an implicit and shared understanding about these matters.

Following Bordin (1983), I believe that the repair of rifts in the therapeutic alliance can be most therapeutic. That Eric and I were able to sustain our relationship through the birthday card and the missed-session incidents was, I believe, important for a number of reasons. I consider that Eric learned from these two incidents that the expression of strong feelings

(i.e., his feelings) could be tolerated by another person and by himself and that no catastrophe would result. I also think that Eric learned it was possible to talk about relationships with another person with whom he was involved and that rifts in these relationships can be repaired when both people show "good faith."

Applying the "challenging but not overwhelming" principle to the case, I would like to make the following points. First, I attempted to provide a therapeutic environment that was increasingly charged with affect to encourage Eric to develop his potential to use the affective, sensory, and interpersonal modalities. In this sense, I tried to challenge Eric's use of intellectualization as a defense against such experiences without overwhelming him in this regard. The birthday card gift could have been an overwhelming experience for Eric, and to some extent I underestimated the effect that it would have on him. However, it was not a damaging experience for him, and indeed it contained important therapeutic ingredients for change (see the section on "Client Impressions"). Second, I explained the "challenging but not overwhelming" principle outlined earlier, with respect to the execution of therapeutic tasks, and Eric applied it to very good effect in his homework assignments. Indeed, as his own account in the next section shows, Eric has used this principle after therapy ended to maintain and extend his progress.

## CLIENT IMPRESSIONS

Two months after formal therapy had finished, I wrote the following letter to Eric:

> Dear Eric,
>
> I hope this letter finds you well. I have been asked by Dr. J. Norcross of University of Rhode Island, U.S.A., to contribute a case study to a book he is editing entitled *Casebook of Eclectic Psychotherapy.* With your permission I would like to write an account of our therapy and would like to request your permission for this. Your anonymity will of course be preserved.
>
> If you agree, Dr. Norcross also seeks to include the client's impressions of his/her therapy experiences. I would be grateful if you could write your impressions according to the following guidelines:
>
> What were the most helpful and least helpful aspects of therapy?
>
> What were your impressions of two critical incidents in therapy. Here I have selected (a) the session where I gave you a birthday card and (b) the session following the time you decided to miss our scheduled appointment (session 6).
>
> Please feel free to be as candid as you can in your account. I look forward to receiving your reply upon which I will send you a copy of my account.
>
> Yours sincerely,
> W. Dryden, Ph.D.

I received the following reply from Eric which I present as his verbatim account:

> Dear Dr. Dryden,

Thank you for your letter. You have my permission to write about our therapy work. I am pleased to offer my perspective of my therapy experience. I hope that it may be helpful to your colleagues and their clients. I would be interested to see your own account when you have finished it.

*1. Most Helpful and Least Helpful Aspects of My Therapy*

As I look back over the period of my therapy I can think of many helpful aspects but only one or two experiences that perhaps weren't very helpful. So my account is somewhat skewed to the positive. The most positive aspect of the therapy was the fact that you helped me discover the importance of feelings and personal relationships in my life. Until seeing you, I had not considered that these had any place in my life. Indeed, I had not really given these matters much thought. Why this should be so is difficult to say, but I suppose it had something to do with my father's attitudes toward feelings and the fact that my boarding school emphasized the value of hard work rather than the value of relationships between people.

Your suggestion that I refrain from drinking to help me discover what feelings I was hiding from and that focusing technique was particularly helpful in this respect. I also found some of the techniques you suggested that we try out together in our session helpful in aiding me to identify my feelings and some of the blocks I set up to stop me being uncomfortable. In particular, those mediation exercises were good and I still do some of them from time to time.

The other helpful aspects of my therapy were those exercises I did outside your office. I enjoyed immensely the dance workshop you suggested I attend. In fact I have joined a regular dance therapy group which I find valuable in helping me to overcome my tendency to what you called "intellectualization." I didn't like that term when you first used it. I still don't like it but I know what you meant by it. I call it "cutting out."

The therapy helped me to make much better use of outside resources than I would have done without therapy. Therapy helped me to form some

important friendships, in particular my relationship with my girlfriend June, which is still flourishing. Therapy was like a release in this respect.

Looking back I think your patience and understanding was very important (I'll mention your concern for me as a person later). Your easygoing manner was good for me although at the beginning, I'm not sure, but I think I would have preferred seeing an older man, one who was more formal in style and dress. I realize now that these things are unimportant though. I also found some of your explanations helpful. Your own principle of challenging but not overwhelming yourself was valuable, and I still use it as a guideline in my life.

Now some not so helpful aspects, although these are minor. First, at the beginning it might have been more helpful if you could have given me a clearer idea about what therapy was like. I was puzzled for about the first three sessions and was not sure what you expected me to do or say. Finally, it might have been more valuable if we could have spent more time talking about my childhood and my experiences at boarding school. I don't know whether that would have been helpful but I think that it might.

*2. Critical Incidents*

I can understand why you selected these two incidents. They stood out for me too. I was shocked when you gave me the birthday card—shocked and very embarrassed that I reacted in the way that I did. Your concern for me hit me between the eyes. I wasn't prepared for it and just did not understand at the time why I reacted so strongly. That experience really made me stop and think about my life. It made the meaning of the first profile I did come alive and helped me to see what I had been missing in life. I was, as you suspected, too embarrassed and ashamed to face you the week after. Your letter helped me to come back. You understood what I was feeling and again your concern was an important fact in helping me to return the following week. To be honest, if you had not written, I doubt whether I would have made the first move.

Coming back after the missed session was very important for me. You helped me feel that I wasn't a weak freak and also by not making too much

of my missing the session you gave me important breathing space. Your matter-of-fact reaction gave me the impression that it was no big deal and also helped me think that you would not be shocked or startled by whatever I told you about myself. That attitude has remained with me and is also an attitude I can now apply to myself.

Well, I hope that you find these remarks of use. I'm very grateful to you for helping me in the way you did and am pleased to have had this opportunity to repay you in this small way.

Yours sincerely,
Eric

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## *NOTES*

1 'See Lazarus (1981) for a full description of the structural profile and how to use it in therapy.

2 I frequently tell my clients that there may be times when they may wish to miss sessions. I do this partly so that I can remind them of the fact if and when the "going gets rough" for them.

3 18 + is a national social club for people between the ages of 18 and 30. A number of the members, however, are older than 30. It has branches throughout Britain.

# Commentary: Reactions from a Multimodal Perspective

***Arnold A. Lazarus and Clifford N. Lazarus***

*Dryden's "unique brand of theoretically consistent eclecticism" brings to mind an old saying (author unknown): "Originality is the fine art of remembering what you hear but forgetting where you heard it." Although there is perhaps a pervasive desire in most writers to feel that they can contribute something special, something truly novel, it is incumbent upon them to go beyond mere labeling and demonstrate the validity of their contentions. After careful examination, we failed to discern any significant differences between Dryden's "theoretically consistent eclecticism" and Lazarus's (1967, 1971, 1981) technical eclecticism (except for the more cumbersome verbal construction of Dryden's term!).*

*A technical eclectic may draw on numerous techniques from different sources without subscribing to any of the theories or schools that spawned them. Typically, technical eclectics adhere to a testable, empirically derived theoretical base. A theoretical eclectic who borrows divergent notions from different schools of thought may unknowingly subscribe to paradigms that are*

*epistemologically incompatible. Since all enlightened approaches to eclectic psychotherapy are predicated upon consistent theoretical underpinnings, one would indeed expect practitioners to eschew a theoretically labile position. To do otherwise would be an egregious error!*

*This is not the place to discuss theoretical and metatheoretical distinctions, but it should be emphasized that what Dryden calls "rational-emotive theory" and "therapeutic alliance theory" are readily subsumed by the tenets of social learning theory (Bandura, 1977). In the interests of scientific parsimony, it is wise to avoid superfluous constructs, and it is confusing to introduce synonyms as though they were brand-new terms (e.g., bonds, goals, and tasks). Dryden demonstrates a fondness for catchwords and pithy sayings. "Challenging but not overwhelming" seems to capture the age-old wisdom of applying educational incentives that encourage the student to learn, without making any task seem so formidable that the learner withdraws through intimidation or discouragement. It is the basis of any good desensitization therapy, which, if correctly administered, should proceed at a pace that the client finds consistently "challenging but not overwhelming." To our way of thinking, this adds nothing new to the standard clinical repertoire.*

*Turning now to his specific case presentation, we are indebted to Dryden for offering a different (better) way of employing structural profiles. Typically, in the practice of multimodal therapy, we have tended to use structural profiles*

*somewhat sparingly in individual psychotherapy (favoring their use more in marriage therapy), whereas Dryden employed the scale very early in the initial session as a springboard for eliciting and addressing the client's depressed scores on affect, sensation, and interpersonal relationships. We were favorably impressed with the manner in which this provided such a rapid and well-focused examination of Eric's most salient response deficits and lacunae. In this procedural context, Dryden can lay legitimate claim to some originality. (The pithy comment by Erasmus in Epicurus seems fitting: "Almost everyone knows this, but it has not occurred to everyone's mind.") It was Thackeray who stated that "the two most engaging powers of an author are to make new things familiar, and familiar things new."*

*The "birthday card intervention" prior to the fifth session brings to mind Standal and Corsini's (1959) Critical Incidents in Psychotherapy, a book that has made a lasting impression on one of us (AAL). In that book, numerous authors described the serendipitous gains that had accrued when they deviated from standard protocol. Thus, a nondirective therapist in a moment of uncharacteristic emotion says to his client: "I forbid you to sleep with another man!" A Freudian clinician pounds the desk and shouts, "Dammit—look, why don't you just quit this verbal diarrhea!" As Fay and Lazarus (1982) have stressed, dramatic breakthroughs in a variety of clinical problems may follow such unexpected therapist actions as an unsolicited telephone call by the therapist, shedding a tear with a patient, walking out of a session, or other*

*things that are out of character or out of the patient's ordinary experience of therapy. Dry den's description of session 5 falls into this category, and in our estimation, the client's reactions were deftly managed.*

*The follow-up letter was also clinically astute and sensitively worded, but we take issue with the non-egalitarian flavor of "W. Dryden, Ph.D." writing to "Eric." It is our personal preference to practice parity (unless specific clinical exigencies dictate otherwise), and if we call our clients by their first names, we invite them to address us similarly.*

*As is well known, it is important to consider the client's specific frames of reference so that he or she can resonate to the therapist's examples. Thus, in session 9, Dryden cleverly incorporated the client's profound interest in computers into his empty-chair dialogue.*

*It is uncertain how Dryden was able to gain the degree of compliance evident in sessions 12 to 14. The "shame-attacking exercises" that Albert Ellis devised, and which Dryden implemented, have, in our combined experience, proved most difficult to put into effect. The degree of "resistance" that we have characteristically encountered is at odds with the apparent ease with which Dryden persuaded Eric to shout out the time in a large department store, for example.*

*In essence, Dryden s case illustrates the thoughts and actions of a*

*competent, sensitive, and creative clinician, operating mainly within a rational-emotive therapy framework, with the addition of some techniques drawn from other disciplines. How would a multimodal therapist have proceeded differently? First, in addition to Dry den's perspicacious use of structural profiles (quantitative self-ratings of the client's perceived levels of functioning in behavior, affect, sensation, imagery, cognition, interpersonal relationships, and biological factors), a modality profile would have been constructed. This is a list of specific problems and proposed treatments in each of the aforementioned dimensions. Indeed, the multimodal clinician would have generated a modality profile before the third session, as this provides a "road map" of the desired course of therapy. As Yanis (1985), an eclectic therapist who conducted a retrospective analysis of multimodal therapy concluded, this orientation provides various "maps" that enhance therapy planning and make it less likely that something will be overlooked in assessment. Certainly, by working multi-modally, Eric's major criticisms of Dryden s treatment would have been circumvented. Eric wrote that he would have found it helpful to have been given a clearer idea of the treatment trajectory. He also suggested that insufficient attention had been paid to his experiences at boarding school. The multimodal practitioner, when explaining how and why modality profiles are employed, would have avoided the first criticism, since this procedure automatically provides clients with information about treatment plans and processes (see Lazarus, 1981). As to the alleged omission of a potentially significant clinical*

*area (certain childhood experiences), it is hoped that this would have appeared on the modality profile and hence been subjected to clinical scrutiny.*

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# Commentary: Demonstrating Therapeutic Eclecticism

***Douglas H. Powell***

*In this elegant report of eclectic psychotherapy, Dr. Windy Dryden neatly outlines his theoretical approaches and concisely demonstrates the application of these concepts in the successful treatment of an isolated computer programmer. Though evidence is accumulating that therapists from a single persuasion often apply a mix of treatment modes, rarely do we find such theoretical eclecticism so clearly articulated.*

*This example shows both the value and the economy of eclectic psychotherapy. Little doubt exists in my mind that a mental health worker would have a most challenging task attempting to match this outcome using behavior therapy alone. And the economy of Dr. Dryden s approach is staggering. One can only imagine the months and years it would have taken a skilled insight-oriented therapist to achieve the same result—if, indeed, the same outcome would have been possible.*

*This case clearly illustrates the back-and-forth nature of eclectic psychotherapy. One moment Dr. Dryden had Eric rating himself on the BASIC-ID, and in the next asked him about his reactions to the results and adroitly*

*sidestepped temptations to be woven into his intellectualizing defenses with a skill that an insight-oriented therapist can only admire. Here he had the client focusing on sadness and there he empathized with his loneliness and responded caringly.*

*Although Dr. Dryden says he considers himself a rational-emotive clinician, his report of his work suggests that he blends in a number of elements characteristic of all successful therapies: taking the problem seriously; forming a therapeutic alliance; providing warmth, humor, and empathy; gently helping the client to understand some of the forces contributing to the distressing symptoms; teaching adaptive means of relieving disabling feelings and thoughts; and encouraging appropriate changes. What seems special about his therapy with Eric is that, in addition to the above, he marshaled an array of specific procedures from other schools of thought for helping the client recognize his problem, confront his emotions, and relieve discomfort—e.g., BASIC-ID profiling, Gendlin's focusing, the Gestalt empty-chair technique, and the shame-attacking exercise. His report leaves little doubt that these ingredients were just as important to the positive outcome—and the speed with which it was achieved—as the more general elements.*

*It is always helpful for us to have a particular frame of reference when we try to help a client or when trying to explain to our colleagues just what it was we did and why. For me it was easier to follow Dr. Dryden's description of his*

*use of the principles of therapeutic alliance and creating a "challenging but not overwhelming" environment than how the principles of rational-emotive therapy were applied. Partly this may be because the examples and discussion more often emphasize the impact of the first two ideas. It also may be that a frame of reference—how we think about the process of therapy, what meaning we attribute to the client's words and deeds, and what we choose, or choose not, to say and do—is far harder to convey in chapter length than the application of the other principles.*

*One of the features I liked best about Dr. Dryden s approach was that his blend of direction and open-mindedness created a climate of collaboration which encouraged the client to bring his own ideas, feelings, and reactions into the treatment. The process started early using the BASIC-ID profile so that Eric could recognize what was missing from his life—in his case, affects, sensations, and satisfying interpersonal relationships. This allowed the client to see for himself what the goals of therapy might be. (This also allowed him to see the progress that he made at the termination of treatment.) This collaborative spirit continued in the therapist's willingness to postpone treatment goal setting, a modification of his normal procedure. This open-ended style benefited Eric because he then had nowhere to focus his major defense of intellectualization. This, in turn, allowed the therapy to help him regain awareness of crucial repressed affects.*

*Even Dr. Dryden's more direct advice had a quality that gave Eric plenty of room to maneuver. The suggestion that he refrain from drinking and use a focusing technique provided an opportunity to discover on his own that he felt sad. Later, in the session following the critical incident, the client was encouraged to think about experiences he might like to seek out and devise his own program according to the challenging-but-not-overwhelming principle.*

*A nagging problem for me as a practitioner of eclectic psychotherapy is that I am often left with the feeling of incompleteness at the termination of treatment. Either there seems more to be accomplished in the behavioral domain, or far more exploration of the psychodynamic factors contributing to the problem seems in order. On one hand, I know that at some basic level all treatments are incomplete. On the other hand, the techniques at our disposal as eclectic therapists stimulate us to imagine addressing a great many concerns which may increase the degree and durability of improvement. In spite of the remarkable progress made by Eric, this example reinforces my feeling.*

*For instance, I would like to have heard more about how Eric's attachment to computers evolved. In many ways his history is reminiscent of several cases Turkle (1984) portrayed of computer hackers who were traumatized in early adolescence by interpersonal difficulties with peers. To avoid being further "burned" they turned to computers, creating a safe environment they could control.*

*The transcript fragments of Eric's case point to problems with a stern father who told him to "stop those tears," but little is mentioned about what his friendship patterns were like in boarding school. One suspects these were unpleasant and contributed equally to his turning away from people toward the refuge of computers. Some support for this conjecture comes from his statement on page 236 that he would have liked to talk more about his experiences in boarding school. Is it possible that the probability of Eric's sustaining the gains he achieved in his treatment would have been enhanced by exploring this area further?*

*Perhaps the most exciting aspect of this chapter is how much it stimulates creative thinking for the clinician reading it. Dr. Dryden's description of his work provides a well-marked pathway to follow with troubled clients similar to Eric. But this case also encourages us to look within ourselves as well as at our repertoire of techniques to consider what mix of approaches might stand the best chance of relieving the suffering of those who consult us.*

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