CASEBOOK OF ECLECTIC PSYCHOTHERAPY

ANTONIO–MORE THAN ANXIETY:

A Transtheoretical Approach

Carlo C. DiClemente

Commentaries by
Edward J. Murray & Martin R. Textor

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INTRODUCTION

The proliferation of psychotherapy systems reflects the complex, interactive nature of psychotherapy, which involves the varied dimensions of client, therapist, relationship, problem, and interventions. The daily dilemma facing the clinician is what to do, when, with whom, in what way, with which problem. Both the research literature and the experience of many clinicians seem to indicate that no single system of therapy addresses adequately all these questions. The practical solution for many therapists is an amalgam of two or more favorite systems.

Integration, collaboration, and rapprochement represent the promise of eclecticism. Bringing to bear the insights and approaches of a variety of therapy systems could provide some practical answers to the questions faced by clinicians. However, only a systematic integration offers some hope of fulfilling the promise of eclecticism. What is required for a systematic eclecticism is a structure or set of principles comprehensive enough to include the critical dimensions of psychotherapy and adequately flexible to

promote collaboration.

The transtheoretical approach to psychotherapy is an integrative eclectic perspective which views therapy as a process of change engaged in by the client with the assistance of therapists' interventions. The core dimensions of this approach are the processes, stages, and levels of change (Prochaska & DiClemente, 1984). From this perspective the client is helped to move through specified stages of change at one or more levels of change by engaging in specific, appropriate processes of change. Both clients' efforts at self-change as well as the various systems of psychotherapy can be viewed from this perspective.

Analysis of the 24 most popular theories of psychotherapy (Prochaska, 1984) yielded the first of the three basic elements of the transtheoretical approach—the processes of change. Transtheoretical therapy began with the assumption that integration across a diversity of therapy systems most likely could occur at an analytical level between theory and technique, the level of processes of change. Interestingly, Goldfried (1980, 1982), in his well-known call for a rapprochement, independently suggested that the principles or processes of change were the appropriate theoretical starting point at which rapprochement could begin.

The processes of change, then, represent a middle level of abstraction

between a complete system of psychotherapy and the techniques proposed by the theory. Basic coping activities that the individual engages in to modify a particular problem could be categorized as representing defined processes of change. Thus, a process of change represents a type of activity that is undertaken or experienced by an individual in modifying thinking, behavior, or affect related to a particular problem. Although there are a large number of coping activities, there is a finite set of processes that could categorize these activities. In a similar manner, techniques of therapy can be analyzed to see which type of process they would engage or promote (Prochaska, 1984). Thus, confrontation by the therapist would provide new information, challenge current thinking about the problem, and offer feedback. All these therapist activities would enable the individual to engage in more accurate information processing. From our perspective these activities represent the process of change named consciousness raising. Subsequent modifications of the original formulation through research on self-change and therapist surveys yielded 10 separate and distinct processes of change (Table 1). Our studies indicate that people in the natural environment generally use these 10 different processes of change to modify problem behaviors (DiClemente & Prochaska, 1982, 1985). Most major systems of therapy, however, theoretically employ only two or three processes (Prochaska, 1984). One of the assumptions of the transtheoretical approach is that therapists should be at least as cognitively complex as their clients. They should be able to think in

terms of a more comprehensive set of processes and be able to apply techniques to engage each process when appropriate.

Table 1 The Processes of Change

1. Consciousness raising
2. Self-reevaluation
3. Social reevaluation
4. Self-liberation
5. Social liberation
6. Counterconditioning
7. Stimulus control
8. Contingency management
9. Dramatic relief
10. Helping relationship

A second basic element in the transtheoretical approach is the stages of change. The stages reflect the temporal and motivational aspects of change. Early in our research on the processes of change it became evident that the utilization of the processes varied according to where an individual was in the cycle of change. Therapists have often talked about clients' motivation, defenses, and readiness to change. Especially with addictive behaviors, clinicians discuss maintenance or relapse. However, theories of therapy have not proposed a sophisticated framework to deal with this phenomenon.

Intentional change is not at all-or-none phenomenon but a gradual movement through specific stages of change. Lack of awareness of this staging phenomenon has contributed both to inadequate theorizing and inappropriate assumptions about the homogeneity of any group of individuals who came to therapy. Studies of various outpatient populations (McConnaughy et al., 1983; McConnaughy, 1984; DiClemente & Hughes, in preparation) have found a variety of profiles on a stages of change scale. All individuals who come to therapy are not at the same stage of change. We have been able to isolate four basic stages of change: precontemplation, contemplation, action, and maintenance. A decision-making stage between contemplation and action has been difficult to isolate. Decision-making may represent simply a mechanism for movement from contemplation to action or may ultimately be considered a separate stage of change. Figure 1 illustrates the four stages and describes some characteristics we have found about these stages.

The concept of stages is extremely important in understanding change. In the dictionary definition a stage is a "period, level, or degree in a process of development, growth, or change." In our conceptualization, a stage of change represents both a period of time as well as a set of tasks needed for movement to the next stage. Although the time an individual spends in each stage may be variable, the tasks to be accomplished in order to achieve successful movement to the next stage are invariant. In the move from

precontemplation to contemplation an individual must become aware of the problem, make some admission or take ownership of the problem, confront defenses and habit aspects of the problem that make it difficult to control, and begin to see some of the negative aspects of the problem in order to accomplish the move to the next stage of seriously thinking about change.

Since the stages require that certain tasks be accomplished, it follows that certain processes of change are more important at certain stages of change. Although it may appear overly obvious at this point that the process of counterconditioning or stimulus control is inappropriate for an individual in the precontemplation or contemplation stage of change, some of our clinical and research strategies in effect have proposed just that kind of mismatch. Appropriate use of the various processes at the different stages of change represents the basic integrative framework of the transtheoretical approach.

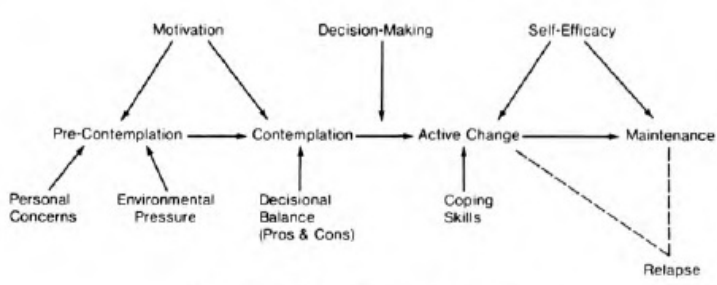
At this point in our analysis it appears that we are discussing only how to approach a single, well-defined problem. However, as all of us realize from clinical practice and knowledge of psychopathology, reality is not so accommodating and human behavior change is not so simple a process. Although we can identify and isolate certain symptoms and syndromes, these occur in the context of complex, interrelated levels of human functioning. The third basic element of the transtheoretical approach addresses this issue. The

levels of change represent a hierarchical organization of five distinct, but interrelated, levels of psychological problems that are addressed in psychotherapy. These levels are as follows:

1. Symptom/situational
2. Maladaptive cognitions
3. Current interpersonal conflicts
4. Family/systems conflicts
5. Intrapersonal conflicts.

Historically, systems of psychotherapy have primarily attributed psychological problems to one or two levels and focused their interventions to address these levels. Behaviorists have focused on the symptom and situational determinants; cognitive therapists on maladaptive cognitions; family therapists on the family systems level; and analytical therapists on the intrapersonal conflicts. It appears to us to be critical in the process of change that both therapist and client be in agreement as to which level they attribute the problem and at which level or levels they are willing to mutually engage in as they work to change the problem behavior. Once again, it is extremely important that the therapist engage the client at an appropriate and agreed-upon level or levels in order for the work of therapy to progress.

Figure 1. The stages of change.



In the transtheoretical approach we prefer to intervene initially at the symptom/situational level because change tends to occur more quickly at this more conscious and contemporary level of problems and because this level often represents the primary reason for which the individual entered therapy. The further down the hierarchy we focus, the further removed from awareness are the determinants of the problem likely to be. Moreover, as we progress down the levels, the further back in history are the determinants of the problem and the more integrated the problem is with the sense of self. Thus, we predict that the more complex the level that needs to be changed, the longer and more complex therapy is likely to be and the greater the resistance of the client (Prochaska & DiClemente, 1984). In addition, these levels are not completely separated from one another. Change at any one level is likely to produce change at other levels. Symptoms often involve intrapersonal conflicts; maladaptive cognitions often reflect family/system conflicts. In the transtheoretical approach, the complete therapist is prepared

to intervene at any of the five levels of change, though the preference is to begin at the highest level that clinical assessment and judgment can justify.

In summary, the transtheoretical approach sees eclectic psychotherapy as the differential application of the processes of change at the four stages of change according to the problem level being addressed. Three basic strategies can be employed in this context.

The first is a *shifting-levels* strategy. Therapy would typically focus first on the client's symptoms and the situations supporting the symptoms. If the processes could be applied effectively at the first level and the client could progress through each stage of change, therapy could be completed without shifting to a more complex level of analysis. If this approach were not effective, therapy would necessarily shift to other levels in sequence in order to achieve the desired change.

The second is the *key-level* strategy. If the available evidence points to one key level of causality of a problem and the client can be effectively engaged at that level, the therapist would work almost exclusively at this key level.

The third alternative is the *maximum-impact* strategy. With complex clinical cases, it is evident that multiple levels are involved as a cause, an effect, or a maintainer of the client's problems. In this case interventions can

be created that attempt to affect clients at multiple levels of change in order to establish a maximum impact for change in a synergistic rather than a sequential manner.

CLIENT DATA AND ASSESSMENT

Antonio is a 28-year-old Mexican-American male who is married and has a two-year-old son. He and his wife met while living in Mexico about six years ago. After completing his master's degree in engineering, Antonio was recruited by a prestigious engineering firm and came to Houston to work on oil-related projects.

He and his wife have been in Houston for five years.

In the initial phone contact, Antonio stated that he was having trouble at work with anxiety and difficulty dealing with authority. An evaluation appointment was made for the next day. When asked to list three problems that he would like to deal with in therapy, Antonio wrote the following:

1. Control anxiety
2. Become more assertive
3. Be less nervous in public situations

He began the intake session stating that he worries a lot and needs

relaxation. Describing an anxiety attack yesterday, Antonio talked of being extremely anxious at a company meeting. He felt that since he was new he could not say much and that he was shy. When he returned home from work, he was anxious and worked up. He attributed some of the heightened anxiety to the fact that he had not been able to exercise at noon. In his conversation with his wife, what began as anxiety quickly turned into anger. In the discussion with his wife, he became hostile and sullen, ending the conversation with his anger.

The reference to his anger with his wife triggered a spontaneous discussion of Antonio's father. It seems that when his father came home from work, he would come in complaining and screaming. Like Antonio, his father could not express feelings in a calm manner but seemed pressured and frantic as if everything was an emergency. Relating a memory of adolescence, Antonio realized that he always felt like he was hiding and isolated. His best friend was a first cousin, but he had to conceal the friendship because their fathers were angry and fought with one another. This pattern of hiding and becoming withdrawn instead of dealing with emotional problems began early in his life.

With little probing Antonio revealed that he believed that his parents thought he was dumb or retarded. In high school he achieved good grades but was shy and worried a lot about how he looked. Sexual identity concerns

were also present. Antonio thought he was gay because he was weak, so he decided to get involved in sports and tried to become more aggressive.

Interpersonally, Antonio has remained rather isolated. He has few friends and none he feels he really can talk with except for one male friend who moved. He feels the cultural differences contribute to his isolation. He is closest to his wife of 5 ½ years, yet he stated that they have had troubles and "lows" from early in their marriage. They can easily get into conflict and arguments. His angry reaction is especially strong when his wife is critical of him or compares Antonio to his father.

Antonio feels like a child with authority figures and is always looking for approval. At work when others are talking, he feels left out because he is not talking, so he will push himself to speak out to get attention. Again he related this to his father's demand for the children to be experts. It appears that at work or with others socially, Antonio experiences a great deal of anxiety and is on emergency alert all the time, scanning for insults to self-esteem or opportunities to meet what he perceives as others' expectations.

The above description is a rather unedited presentation of the basic areas covered during the intake session. Antonio appeared moderately anxious and excitable during the interview. He was open to questions and feedback and seemed eager for a solution to his dilemma of anxiety, anger,

and difficulties at work. He was intelligent and appeared to have some insight into the intrapersonal and family issues related to the anxiety problem. However, the presentation was somewhat scattered and unorganized. There was somewhat of a paranoid flavor to his concerns about others watching him and his anticipation of others' expectations. Nevertheless, reality testing was intact and there were no signs of psychotic thinking. His descriptions of his anxiety attacks did not appear to meet the criteria for panic attacks but seemed more of an exacerbation of a rather constant state of high anxiety. Antonio described heart palpitations, flushing and sweating, tremulousness, and difficulty breathing. At the end of the first evaluation session, Antonio was diagnosed as an atypical anxiety disorder (DSM-III 300.00).

My impressions at the end of the first session were that Antonio is an anxious, driven person who has a great deal of anger and resentment regarding his struggle to prove himself. He seems to place a great many demands on himself and his world to be a certain way and seems to have learned this from his father. I made two suggestions at the end of the session both as interventions and as diagnostic probes to assess further the problem and coping mechanisms.

Antonio presents a rather typical problem often seen by general practitioners or in programs that focus on anxiety problems. Since I was beginning to work on this project when he arrived for therapy, I asked if he

would consent to having sessions tape-recorded. He consented and agreed to have material from his therapy presented for educational purposes. This is an actual case, but details have been changed to provide anonymity. Antonio was the only client asked to participate in the project. The case is not chosen to be a particularly good example of the trans-theoretical approach but rather is representative of my current therapy practice. However, in retrospect, therapy with Antonio proved to be quite a challenge to me personally and to the eclectic transtheoretical framework I was employing.

To begin with, we need to examine the problem that Antonio brings to therapy in terms of the levels of changes. At the symptomatic/situational level, Antonio complains of uncontrolled anxiety at work, which seems to spill over at home. This anxiety seems to interfere with his job performance, making him either reluctant to speak or being inappropriately aggressive or distracting. Anxiety also interferes with his ability to concentrate on the task at hand. At the level of maladaptive cognitions, it appears that Antonio makes a lot of negative self-statements and is constantly evaluating his performance. He has constant thoughts about how to impress his peers and superiors. Although it is unclear how the cognitions operate and interact, Antonio brings with him many parental messages that influence his performance, serve as self-recriminations, and increase his anxiety. There are significant and multiple problems at the symptomatic and maladaptive cognition levels.

On the interpersonal level Antonio reports problems in communication with his wife and few satisfying interpersonal relationships or friendships. Difficulties with supervisors are serious interpersonal problems since he "feels like a child with authority figures, always looking for approval." There are marked problems at this level, which relate to family/system conflicts. Although Antonio married and moved away from home, he appears to continue to have serious conflicts with his own family of origin that affect his attempts to create a nuclear family with his wife and child. Both he and his wife seem to have issues with their parents that cause conflicts in the marriage. These conflicts are only touched on briefly in the first evaluation session. However, it seems that family problems may be contributing to Antonio's anxiety. At the very least, his anxiety problems at work are causing serious problems at home.

The family/system level is not limited to current family or family of origin. Clearly, the work/employment system is conflicted. Antonio is unsure of himself at work. He has been moved to a new section and feels he needs to prove himself. It is unclear whether this is an accurate assessment or a reflection of his insecurity and anxiety. There appear to be no conflicts or problems with the legal system or Antonio's limited social network.

In an initial session it is often difficult to evaluate conflicts at the intrapersonal level. However, with Antonio there are several indications of

problems at this level. He experiences rather low self-esteem and focuses on parental comments that he was dumb or retarded. Low self-esteem seems compounded by early sexual identity conflicts, which appear never to have been completely resolved. There were also traces of what could be some paranoid ideation. Table 2 illustrates the major problems at each level.

As with many clients, there are specific symptomatic complaints that bring the person to therapy. However, problems at other levels are also obvious and interrelated. Anxiety problems and lack of assertiveness coexist and interact with problems at the interpersonal, systems, and intrapersonal levels and seem closely connected to the maladaptive cognitions identified. Antonio presents a complex picture of problems at different levels of change. The first question is how and where to intervene.

Prior to intervention, I assessed the stages of change. Antonio appears to be motivated to participate in therapy. It was a big step for him to ask for help. Latin males often have difficulty turning to therapy, so his presence required a substantial amount of motivation. He appears to be in a great deal of pain. The anxiety has become quite troublesome, and Antonio has thought about his problems a great deal. He has made some connections with his familial history (being like his father) and has been thinking about coming to see a therapist for some time. The contemplation phase and the decision to take action seem to have been negotiated with regard to anxiety problems.

Antonio wants to control his anxiety and seems open to take some action to achieve this. It is not clear whether Antonio is ready to take action at other levels of change. Although he identified problems with his wife, issues with his father, and wanting approval from his supervisors, Antonio did not appear as ready or invested in taking action at these levels. However, readiness to change at these other levels would need further assessment. Most clients are eager to change the symptomatic problems that bring them to therapy if they are not coerced to come to therapy. The true test of the client's ability and willingness to take action is in the doing.

Table 2
Levels of Change Analysis for Antonio

I. Symptom/situational	—Anxiety especially at work
	—General nervousness in public situations
	—Lack of assertiveness
II. Maladaptive cognitions	—Obsessional worry
	—I must prove myself in every situation
	—I am dumb and retarded
	—If something goes wrong it is an emergency
	—I must meet the expectations of others
III. Interpersonal conflicts	—Angry outburst at wife
	—Communication problems
	—Conflicts with supervisors and authority figures

IV. Family/systems	—Issues with his father and being like his father
	—Problems with in-laws
	—Employment system problems
V. Intrapersonal conflicts	—Sexual identity problems
	—Low self-esteem

Although the first session was devoted largely to history taking and evaluation, intervention can and often should begin during the first session. Establishing some rapport in order to increase the process of helping relationship is the first step. With Antonio rapport building began with a rather low-key approach to the initial interview. Since he was anxious and pressured to tell me all his problems and make me understand, a calm and not overly non-intrusive or authoritative position was taken. In my initial assessment, I felt it was important to make some concrete interventions around the anxiety problem. During the interview it seemed that Antonio was overusing the processes of self-liberation and self-reevaluation to control the work situation. He was constantly evaluating himself and his performance. This led to a constant questioning of himself and increased anxiety. He was committed to making sure he was noticed by superiors. This commitment to take action, in actuality, often backfired and created more anxiety. In addition his self-statements about needing to take action and how others viewed him were creating a positively accelerating curve to his anxiety, which quickly escalated beyond his control.

Antonio was given two homework exercises to do during the week before his next appointment. The first was geared to alleviating some problems at home, helping him gain some control and creating some space for Antonio to relax. He was told to give himself 15 to 30 minutes when he comes home from work to worry about the day and what he did wrong. He should find a quiet place and advise his wife that he needed this time. However, when the time allotted was over, Antonio was to shut out all worry and tell himself that he already had taken care of the worrying. This technique would engage the stimulus control process. A second suggestion was concerned more directly with work. During the day whenever Antonio noticed that his mind was racing or he was obsessing, he was told to tell himself to calm down, to take it easy. Antonio was given some deep-breathing and tensing-relaxing instructions to help him calm down. This counterconditioning intervention was geared to slowing or stopping the emergency reactions that Antonio experienced. A pause and some deep breathing as well as more constructive self-statements could be helpful at least as interference and actually create greater control over the anxiety. The initial intervention also served as a test to see whether he would be able to take appropriate action at the symptomatic level which would represent the use of the self-liberation process.

THE COURSE OF THERAPY

Therapy with Antonio and his various problems consisted of 13 regularly scheduled sessions over a five-to-six-month period. There was no formal termination since Antonio wanted the option of returning to therapy on an as-needed basis after canceling the fourteenth session. After six weeks, the therapist reinitiated contact with Antonio and asked him to come in for one or two evaluation sessions for the purpose of getting his feedback on the therapy experience. He readily agreed and eagerly attended. It should be noted that for the regularly scheduled sessions Antonio was being charged $75 an hour.

However, several later sessions were charged at $50 for 45 minutes because he was very concerned about finances. The final evaluation sessions were not charged since they were initiated by the therapist. Antonio seemed to feel honored and special to be asked to return to give feedback, and he was eager to discuss his problems further.

It is entirely possible and even likely that Antonio would have contacted the therapist again. In fact, the post-therapy evaluation extended to three sessions since there were some serious environmental crises at the time and the therapist felt a commitment to see Antonio through these as well as obtain additional information about the course of therapy. At the time of this writing, the three evaluation sessions have been completed for two weeks and Antonio's wife has called to make an appointment to see the therapist.

Antonio's wife's request for a session was not a new occurrence in the therapy. The 13 regular sessions of therapy consisted of eight individual sessions with Antonio, three conjoint sessions with Antonio and his wife, one individual session with Antonio's wife, and one family-of-origin session, which included Antonio's wife and her mother. This description of the types of sessions may be confusing to the reader and gets ahead of our story.

THE THERAPY SESSIONS

The initial intake and evaluation session has been described in great detail above. What follows is a description of each of the subsequent 13 sessions with a discussion of what went on from the therapist's perspective. An evaluation of the therapy from the client's perspective will follow this presentation.

The second session was an individual session with Antonio approximately one week after the intake session. Two critical incidents were immediately brought up by Antonio at this time. While away on a business trip not far from the city, Antonio became lonely and asked his wife to come up to stay and be with him in the evenings since it would not cost any more for her to be with him and she could use a break in her routine. However, when she arrived, Antonio was uneasy. He tried to conceal his wife's presence from a colleague out of anxiety about what the colleague would think and

what he might say back at the office. He worried and obsessed about this the whole time Ann, his wife, was there and effectively negated much of the comfort she would provide.

The second incident had more to do with his desire to achieve and prove himself. In order to help control his anxiety about achieving and his depression about his work situation, Antonio had enrolled in an MBA program and was trying to take two courses a semester. During the week he took an examination in one of his courses and felt he did poorly. He reported that he spent a great deal of time thinking about his mistakes on the examination. This led to a lengthy discussion of criticism. Antonio tends to criticize himself in order to anticipate and avoid the criticism of others. He stated that he "used to think of himself as being something special" and that often or rather almost always his achievements fall short of these fantasies of specialness. So he tries to build his confidence all the time trying to achieve and impress. If he did not do this, he felt that he would be very depressed and feel bad about himself. The fantasy of greatness, the self-criticism, and his unwillingness to let others see any vulnerability or weakness appear to be central or core beliefs and self-statements that direct most of Antonio's actions.

The intervention for this session focused on the maladaptive cognitions. Since Antonio reported using both the strategies suggested after the first

session and that he felt more relaxed overall despite the problems he discussed in this session, additional interventions were suggested for the next week. During the session Antonio's avoidance of criticism was compared to being phobic—elevator phobic. So he was advised to use a desensitization procedure with criticism as is often done with people who are afraid to get on an elevator. He should approach criticism carefully and slowly but approach rather than avoid. Maybe he could solicit feedback about some minor incident he was concerned about. Second, he was advised to allow himself to be depressed if he felt this and that it was appropriate to be depressed if he was disappointed. Finally, he was again encouraged to worry for a specified time after returning home from work. Antonio was also given the Millon Clinical Multiaxial Inventory (MCMI) to take home with him and complete. The MCMI was used to get some sense of both symptomatic complaints and personality dimensions in relation to other clinical populations.

The third session followed a week later. Antonio called prior to the session asking if his wife could come to the session since they were having numerous conflicts that were upsetting them both. The anxiety Antonio experiences at work seems to create additional pressure on the marital relationship, which has been problematic in its own right. When Antonio returns from work, he looks around at the small condominium they live in and he gets frustrated. He complains that there is little room for the couple and their son and that he has no place to relax. This seems to get translated

into his being a failure and working for nothing. Often he takes his frustration out on Ann, blaming her for little things that go wrong around the house, accusing her of not paying attention to him and, at times, being jealous of the attention she gives to their son.

Currently, Antonio has become preoccupied with selling the condominium and buying some land around a lake north of town. He has some idea about building a home or buying one already constructed.

As he talked about the new home, he fantasized about how wonderful the move would be for his son and seemed to see getting rid of the condominium as the solution of all his problems. When challenged about why he was so preoccupied and had to have it right now, Antonio responded: "Oh, I'm just desperate—I mean that's my personality. I always like to get things done now."

Ann agreed with Antonio that the space problem was an important one but resisted seeing it as the solution to their problems. She complained of their communication and that Antonio was demanding, pouting, and difficult to talk with. She felt he needed to be right and would put her down in their conversations. She has a lot of resentments from their past arguments and complained that Antonio projected blame on her when things were not going well. Antonio was visibly uncomfortable while his wife described her feelings

and several times interrupted her trying to justify what he was doing. However, he also seemed able to agree with her and laugh at himself at times.

The couple were able to talk about their families of origin openly and with more agreement. Ann had a very domineering mother but also saw her father as an authority and in charge of the family. Although they did not discuss it in detail, both Antonio and Ann referred to some sexual abuse on the part of Ann's father that both realized had an impact on their relationship. Antonio does not like Ann's parents. He is angry at her father because of the abuse and at her mother because she is intimidating and bossy. Moreover, her family visits them often, imposing on the couple for weeks at a time. Both feel helpless or unwilling to limit this behavior. These visits make the already cramped condominium feel intolerable. Antonio discussed his domineering father, and both Antonio and Ann agreed that he kept a greater distance from his family.

The couple was encouraged to explore how their families of origin were affecting their current communication patterns. They were asked to discuss how they wanted to set up their own family rules and how these would follow or deviate from their respective families of origin. Both of them appeared to have genuine feelings of concern for one another and for their child, who was brought to the session. They were encouraged to find ways to support one another in the difficult times and the conflicts rather than argue. Both seemed

to want understanding at the same time, which created the conflict. Ways of taking turns or recognizing who was most upset were discussed.

Discussion

It becomes even clearer from the first three sessions that Antonio presents more than a case of anxiety. As previously noted, there are problems at many levels. Antonio follows the suggestions of the first session. He appears to be genuinely invested in taking action and relieving his anxiety. The suggestions to calm himself down and set aside time for worry seemed to have helped lower his anxiety level at work and at home. However, it becomes clear during the second session that his self-esteem is very weak and threatened by any criticism. Apparently, Antonio compensates for this low self-esteem by fantasies of specialness and avoiding criticism.

Although I typically do not employ standard psychological testing in therapy, I have found that the MCMI can be helpful for exploring intrapersonal conflicts and personality patterns as well as giving information that would help assess the interpersonal and symptomatic problems. Antonio took the MCMI home to complete and returned it at the second session. His obsessional manner was readily apparent as he returned the test. He expressed concern about one of his answers and wanted to change it after reviewing it in the waiting room. The profile of score on the MCMI is included

in Table 3.

The MCMI profile was helpful in identifying some personality dimensions that were not completely apparent in the first two interviews. The clinical syndrome subscales confirm the presence of anxiety and dysphoria. On the personality scales Antonio endorsed a high level of avoidant, passive-aggressive, and schizoid personality traits. The description of the personality patterns in the report that accompanied the profile seemed to accurately capture certain aspects of Antonio's style.

> The behavior of this man is characterized by a pervasive apprehensiveness and the expectancy that people will be rejecting and disparaging. Despite a long-suppressed desire to relate and be accepted by others, he feels it is best to maintain a safe distance. Recurrent anxieties and a pervasive mood disharmony typify his emotional life. A surface apathy may be exhibited in his effort to damp-down or conceal his excess sensitivity. Behind this front of restraint are intense contrary feelings that occasionally breakthrough in the form of angry resentment toward those who he feels have been critical and disapproving. The peace and security that he needs, however, are threatened when these resentments are expressed. To constrain his anger and thereby protect against further rejection, he attempts, albeit unsuccessfully, to conceal these oppositional urges.
>
> It is most notable that this man will frequently display an edgy irritability and negativism. Innumerable wrangles and disappointments with others occur as he will vacillate among being agreeable, sullenly passive, and explosively angry. These moods are frequently interspersed with expressions of guilt and contrition. He feels misunderstood, unappreciated, and demeaned by others and is characteristically pessimistic and disillusioned about life. His resulting low self-esteem is further compounded by his tendency toward extreme introspection and self-derogation. The alienation that he feels from others is paralleled by a

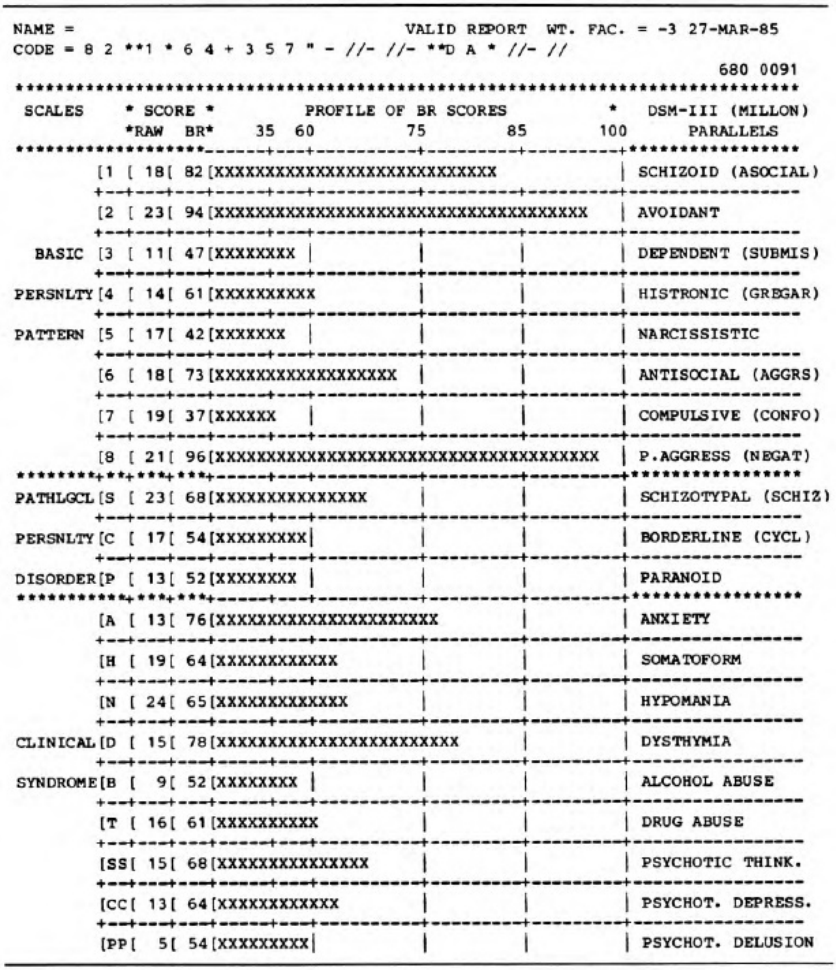
feeling of alienation from himself. Of course, he hesitates to express this self-contempt publicly, lest it invite a chorus of further derision from others.

Not only is he hypersensitive and apprehensively ill at ease, but, in addition, he experiences a constant and confusing undercurrent of tension, sadness, and anger. Moreover, he frequently turns against himself, feeling remorseful and self-condemnatory. Vacillation is exhibited among his desires for acceptance, his fears, and a general almost numbness of feeling.

He has learned to be on guard against anticipated ridicule and contempt. Detecting the most minute traces of annoyance expressed by others, he makes the molehill of a minor slight into a mountain of personal derision and condemnation. Moreover, he has learned that good things do not last and that support and friendship end with disappointment and rejection. Anticipating disillusionment, he often jumps the gun with impulsive hostility. A cyclical variation may be observed in his behaviors as constraint is followed by angry outbursts, which are followed in turn by remorse and regret. These erratic emotions are not only intrinsically distressing, but upset his capacity to cope effectively with his everyday life.

Table 3

Millon Clinical Multiaxial Inventory for Antonio



The MCMI confirmed the presence of serious problems at the inter- and intrapersonal levels. With such a character makeup, how much change can we expect from Antonio? Clearly, in any brief intervention we are not going to

change his personality style. My approach was to continue to offer interventions at the symptomatic and maladaptive cognitions levels. Even with problems at the intrapersonal level, individuals can modify behaviors that create problems without first changing their character structure. Antonio is actually a good example of this. He is gaining some relief and carrying out the exercises despite his passive-aggressive and negativistic style. However, we must keep in mind the problems at the intrapersonal level since they can impact the therapy process at any time.

The eclectic nature of the transtheoretical approach includes the possibility of more than one modality of treatment as well as multiple levels of problems. Since much of Antonio's work anxiety seems to be played out at home, the couple's session was seen as an appropriate way to assess problems at this level, relieve some pressure, and get a perspective on Antonio's interactions with others. Moreover, it might be possible to get more positive interaction and support at home, which could alleviate some of Antonio's anxiety and depression.

With the transtheoretical approach we generally begin with a shifting or key-level intervention strategy. In this case I have identified several key levels and during the first two sessions focus on the symptom/situational and the maladaptive cognitions levels. In the third session the therapy shifts to the interpersonal level and an assessment of the involvement of family system

conflicts.

Both Antonio and his spouse seem to be at the contemplation stage of change with respect to interpersonal and family system problems. Both consciousness raising and self-reevaluation processes are encouraged to assist them in exploring their problems and deciding whether and how to take action. The helping relationship on the part of the spouses as well as the therapist is also utilized.

THERAPY SESSIONS

In the fourth through the seventh sessions Antonio was seen individually, and the focus returned to his anxiety and depression on the job. These sessions would prove to be the most sustained period of therapy for Antonio alone. Antonio described his new supervisor as pushy and somewhat of a dictator. This behavior was intimidating to Antonio, and he expressed feelings of anger and rebelliousness. Once again Antonio returned to a discussion of his relationship with his father. Antonio felt that his father was angry with him and constantly pushed him away from his mother challenging him to become a man.

By the fifth session Antonio reported that he was feeling calmer and was able to stay on task at work. My suggestion during the previous session to be quiet and not try so hard to impress his supervisor and fellow workers

seemed to work well. He discovered that if he was quiet, others came to him and asked him questions. This was a marked change from his efforts to anticipate and impress others.

During these sessions Antonio also focused on his sensitivity about being a man. He felt that he was too sensitive and gentle and that these qualities were not accepted in his home. Both his father and his brother seemed to make fun of him about his lack of sexual prowess and his sensitivity. As a result, Antonio was very self-conscious. He did not date till he was 17 or 18 years old and saw his "gentleness" as a sign of homosexuality. However, he could get angry and assertive with his father. He related an incident when his father became violent with his mother and actually had a gun threatening his mother. Antonio intervened and took the gun away. This incident was used to help him reevaluate his assessment of himself as being weak.

Once again Antonio talked about his concerns about being stupid or looking foolish. His self-esteem appears to be very conditional. If he actually lives up to his "shoulds" and does a task "right," he is all right. However if he sees himself as falling short, he becomes extremely self-critical. Thus, every task becomes a test, and Antonio is always rather anxious.

A particular interchange during one of the sessions illustrates well the

pattern and the therapist's efforts to challenge his thinking.

P: The problem is that I feel I am lazy. If I don't push myself, I just won't do it. Like two days ago I wrote a memo that I was working on for two weeks. I kept saying this is not good. You know it. This is not good. But when I did it, it came out perfect. But a lot of times I have to put that pressure on myself. Otherwise I am just going to relax. That's how I turned out to be a good student at the University. I had to learn. I had to put pressure on myself. Actually, probably the pressure comes from Dad. But I'm glad there is some pressure there.

T: Well, yeah, you wouldn't do it if it didn't work. See, some pressure works. But the fanatical way you put pressure on and, I do think it is fanatical, at times, is because you basically believe that you are lazy. How in the hell can a lazy guy accomplish the things that you have accomplished? I don't understand it.

P: Yeah, but again, I push myself.

T: Okay, so that is what your belief system is. Your belief is that I really got a lazy guy here. If I don't keep pushing him all the time, he is going to go to sleep. He is going to sit there with a big sombrero on his head and he's going to tilt the sombrero down and fall asleep. Like the old stereotype of the Mexican sitting in the village, just kind of sitting there saying, Mañana, mañana."

P: I am like that I think. I mean that is the way I was, I would just go home and sit in front of the TV instead of getting going and doing the yard work. My Dad pushed me. I think that I learned that was the only way.

During these sessions, Antonio was encouraged to be easier on himself and to challenge the "shoulds" that he uses to make demands on himself. He was encouraged to see that it was acceptable not to be perfect and that all men had areas of sensitivity and vulnerability. Normalizing some of his fears

appeared to bring him some relief from his anxiety.

Discussion

During these sessions the focus of therapy shifted from his anxiety on the job to cognitive self-statements related to his family of origin. He continued to take action regarding his behavior on the job, and these actions seemed to increase his ability to concentrate as well as his productivity. In turn, he began to get more appropriate attention, which was rewarding. At the same time Antonio was able to develop greater insight into problems at the family systems level and to shift some self-statements at the cognition level that related to his family system. Self-re-evaluation, social reevaluation, stimulus control and reinforcement management processes all appear to be actively engaged in these sessions.

THERAPY SESSIONS

In the eighth session Ann came in alone to discuss her relationship with her family. Both she and Antonio felt that he had made progress and was less anxious. At this point she felt that she needed to get some help with her anger at her father and her feelings that she could not trust men. Ann described her role in the family as "miss-in-between." She felt that her mother betrayed her since Ann had told her mother some of what her father did but her mother

played it down and did not take any action. These negative feelings about her parents were accompanied by an intense loyalty to the family, which created ambivalence and conflict for her. These issues were more salient at present because her mother was coming to visit soon. Ann feels that her mother takes over when she comes to visit, and they inevitably get into conflicts. Antonio becomes distant when Ann's mother is around, and Ann often feels pulled between the two.

In the session with Ann, she was encouraged to express her feelings about the sexual abuse. She had discussed this with Antonio, but she had been reluctant to fully express her feelings because he became so upset with her father. Ann was the most rebellious and openly angry of the three sisters. She felt that they had somehow denied the impact of their experiences, and she felt different and more disturbed by the abuse. A discussion of how incest and sexual abuse were being acknowledged more by many women and that her anger and other feelings were justified seemed to provide Ann a great deal of comfort.

The next two sessions were conjoint and focused on Ann's mother's visit. Mother's visits often heightened the conflict between Antonio and Ann. We discussed many of the family system issues and explored strategies for the couple to set boundaries, to pull together, and to support one another as mother arrived. After 10 days of visiting by her mother and grandparents and

a good deal of conflict, Ann got up enough courage to ask them to move to a boarding house while they awaited some medical test results on her grandfather. Even before she took this action, however, both Antonio and Ann agreed that they were doing better as a couple since our sessions together and were being more supportive of one another. Although they did feel some guilt about the stand they took with her family, they were united and not engaging in blaming one another. Antonio was able to be sympathetic while giving Ann enough space to handle her mother without a lot of interference.

Discussion

Clearly the focus has shifted to problems that Ann is having with her family. Since these problems are connected to the anxiety and depression presented by Antonio and create problems for the couple's relationship, a shift to working at the family systems level could be considered still a part of Antonio's therapy. However, we are also beginning to get into Ann's individual issues, which could be considered a separate therapy. The return to couples sessions after the individual session seems to put the session back into the context of the individual and couples therapy that preceded it.

The couple was responsive to contemplation strategies of consciousness raising and self-reevaluation. The transactional analysis construct of parent-adult-child and the interactions between people from these ego states were

used to give the couple a framework with which to deal with interactions between each other and with her mother. This information seemed to assist the couple to discuss how they hooked each other at parental or child levels and how they responded to the demanding maternal parent figure. They seemed to appreciate the value of adult-to-adult interactions and were able to identify these patterns in their communications within the session and after they went home.

The contemplation activity helped them to make a decision to take action about her mother's stay with them. They made a commitment to set limits and were told about reinforcement management principles. If they continued to accede to mother's demands, they were actually encouraging her to interfere in their lives. They planned the action of asking her to move to a boarding house during the session but did not set a time to implement the plan. Several days after the second session Ann called to report that she had told her mother that she would have to move to a boarding house nearby because of the cramped conditions. Reluctantly, her mother agreed to move. Ann wavered several times in the process of moving, but she and Antonio supported one another (helping relationship) and reinforced one another through the difficult move. The couple moved to action together and struggled to sustain this change in dealing with her mother. The work at the family system level certainly made an impact on other levels. Interactions between the couple improved, and each was feeling more in charge of their

lives. For Antonio, he felt that Ann was really putting him and their family first and was much less anxious around her mother. The presenting symptomatic problem of anxiety on the job recedes into the background, first because there was significant improvement and second because the family system issues were triggered by the mother's visit. Environmental events often change the course of therapy. In some therapy systems this would be seen as a distraction. However, Antonio clearly was not using this as a diversion tactic. Ann's mother's visit posed serious problems for him, and both he and his wife were open to take action at the systems level.

At this point it is interesting to note that significant action has been taken at almost all the levels of change. Symptomatically, Antonio is more in control of his anxiety and work situation. Self-statements have been shifted somewhat. Interpersonal communications between the spouses has begun to be modified and the issue of boundaries addressed at the family system level. Although the impact at the intrapersonal level is minimal because these are long-standing types of conflicts, Antonio does appear to be feeling better about himself with a slight increase in self-esteem. However, maintenance of many of these changes continues to be questionable. The hope is that the changes at the various levels would be self-reinforcing for Antonio. In light of the intrapersonal conflicts, these changes may not be able to be sustained.

THERAPY SESSIONS

The next session expanded even more the family-of-origin work begun with Ann. It seems that the request for her mother to move into the boarding house triggered a frank discussion of the mother-daughter relationship. Ann revealed to her mother the full extent of the sexual abuse to her and her sisters by their father. Ann's mother became upset and did not know what to do. Ann requested a session with her and her mother.

Ann's mother was upset and frantic that others in their hometown would find out about the abuse. Although she still tended to minimize and justify her own actions, stating she talked to Ann's father about the problem and was reassured that it would never happen again, Ann's mother seemed to have absorbed some of the enormity of the impact this had on Ann. On the other hand, Ann seemed to have expressed her anger and was feeling on better terms with her mother. The possibility of divorce was raised by Ann's mother, but after a short discussion it was clear that she did not want to do this. Since the mother had been experienced as rather intrusive in Ann's life and even during the session appeared controlling, the mother was encouraged to take care of herself. In a paradoxical manner I explained that she had been giving and had focused for too long on husband and daughters and that she needed to really take care of herself and get involved in activities for herself. At the end of the session it was still unclear how the mother was going to handle any confrontation with Ann's father. However, both she and Ann appeared to be more relaxed and able to discuss their feelings more

openly. Ann stated that she did not necessarily want her mother to divorce her father but that was an issue her mother would have to decide for herself. During the session Ann handled boundary issues well and was rather successful in extricating herself from being "miss-in-between."

The two final therapy sessions prior to the evaluation visits returned to an individual format with Antonio alone. The first occurred about three weeks after the session with Ann and her mother and the second session about one month following. Several phone calls and a canceled session also occurred during this two-month period. Antonio gave several reasons for the more infrequent sessions. First, he felt he was doing better at work and that he and Ann were getting along. Then, there was his concern about money and the expense of the therapy. Finally, he wanted to try to do things more on his own.

The first of the final two sessions was rather upbeat. Antonio reported on his progress and lack thereof in different areas. He was learning a lot about himself in his interactions at work. He realized he still has a tendency to go to his boss for problem solving that he should be doing. He again talked of how he turns his bosses into father figures who are critical of him. With my help, this time he realized that his father never offered any constructive alternatives so he either guesses at what would get approval or tries to get others to tell him what to do. Antonio also reported that he and Ann were

trying to be more social. Ann's mother returned home, and the situation with her family seems calmer.

Since he was feeling better, Antonio suggested that he see me on a more infrequent basis, and an appointment was scheduled for three weeks later, which was canceled. Approximately one week later Antonio requested an appointment because of a crisis at work. He received a letter from management stating that his performance was not up to par and that he was being put on probation for the next two months and would be reevaluated at that time to decide whether to continue employment. It seemed clear that this was a not-so-gentle way to give him the message that he should look for other employment and resign rather than be fired.

Antonio was anxious about the news and rather confused about what to do. However, he was not falling apart. He had made some inquiries about other jobs and had been thinking about whether to resign right away or stay as long as he could. Because of his concerns about the family and the recession job market, he decided to stick it out and try to fulfill the expectations of probation while seriously looking for alternative employment in his field or some related field. Since he chose this option, we did some problem solving around how he could get the supervisors to be specific about what he needs to do, keeping a weekly log of his activities and clarifying options of severance pay and insurance coverage if he left at different times

during the probation period or if he was dismissed.

Concerns about money became even more predominant, and Antonio did not want to continue therapy on any regular basis. He was advised that he could call and consult with me by phone and could schedule a session when he really needed one.

With the exception of one phone call, there was no further contact with Antonio or Ann for about six or seven weeks at which time I called him offering a couple of evaluation visits to get feedback on how the therapy went. He eagerly agreed to come in when I told him there would be no charge for these sessions and that we could talk about his plans.

Discussion

After a period of rather regular sessions with shifting problem levels, the therapy slowed dramatically and ended on an as-needed consultation basis. It was certainly not a planned spaced termination as I am want to do with my clients to ensure maintenance of behavior change. Antonio seemed to want to do things on his own and both reported and appeared to be doing better. Possibly I should have recognized this earlier and developed a termination plan. However, I believed that he needed to continue to work at the various levels of change to maintain his progress. The issues with his father and his own identity and role as a man also were unresolved. Antonio

could verbalize a great deal about his father, but affective expression was notably absent and he was having difficulty changing his way of relating to supervisors. The lack of affective connections would continue to make change difficult from my perspective. Thus I was more invested in seeing him continue than he was.

In retrospect, I believe several things were happening. Significant changes had occurred, and Antonio no longer was in crisis or severe pain. As often happens, motivation to change other problem areas, especially intrapersonal level conflicts, is not as great once the symptomatic problems are relieved. This is not necessarily either bad or good. Intrapersonal changes will probably occur slowly and often will be a by-product of changes at other levels. However, intrapersonal conflict can be problematic for successful long-term change at other levels. The task of the therapist is to engage the client at least in making a decision about whether or not to work at other levels. Frankly, I saw Antonio as really backing off and unwilling to challenge basic personality patterns. Moreover, the patterns were also operating in the therapy. Once he had received help over the crisis, Antonio became more reserved as would be expected from his avoidant personality characteristics. Thus, he was more comfortable with a consultant role where he could define the limits of our relationship. It was very difficult to engage Antonio in a more intensive and extensive therapy experience.

EVALUATION AND OUTCOME

The case presented here is neither usual nor uncommon. The twists and turns of the therapy across the levels of change with a mixture of modalities are eclectic in both substance and intervention. The pattern of the therapy was dictated largely by the events and initiatives of the client. However, the therapist set the stage by allowing the process and the problems a rather ecumenical scope and encouraging the client to explore the various problem levels.

In the case of Antonio it was apparent early in treatment that the presenting problem was more than a symptomatic case of anxiety. In fact, few clients present with simply symptomatic anxiety. The involvement of other levels of conflict and problems in Antonio's case, however, is quite extensive. Nevertheless, the anxiety problems were not viewed as simply the ticket for entry into therapy to deal with other issues nor the sole issue to be addressed. Anxiety and the obsessive, ruminative, and dysphoric cognitions that both accompany and instigate the anxiety became the central focus of the initial therapy sessions and, for the most part, remained the key levels of intervention. The conflicts at the interpersonal, family/employment systems, and intrapersonal levels were assessed and periodically addressed throughout the therapy. Therapists with different orientations could have chosen to concentrate at each of these levels primarily or exclusively.

However, in my estimation, it was at the symptomatic and cognition level that I had the most leverage for change.

The stages of change provided some of the rationale for the choice of levels. At the intrapersonal level Antonio had developed a rather stable defensive style. His fear and ambivalence about dependency made it difficult for him to engage in the intensive, long-term therapy that would be necessary to address the characterological issues adequately. However, he did appear to engage in contemplation and action processes with respect to the anxiety problems at work and at home. Although his desire to quickly solve problems would work against a more extensive therapy, he could be engaged with some cognitive-behavioral action techniques. In fact, both Antonio and Ann were eager and amenable to follow some of the suggestions given by the therapist. Even Ann's mother, who was quite reluctant to take any action with respect to her marriage in light of her husband's sexual abuse of their daughters, was open to some consideration of the issues and a discussion of alternatives.

During the therapy there was significant movement from precontemplation to contemplation and from contemplation to action. The critical issue is whether Antonio and Ann will be able to maintain changes that they made. Will Antonio be able to sustain his more productive work behaviors and attitudes and the initial shifts in his self-statements? This is quite difficult to predict. Relapse is a real danger for them. Since many of

Antonio's attitudes and behaviors are related to the rather ingrained, problematic character difficulties, one can imagine that he would find it very difficult to sustain change. On the other hand, he was able to maintain some gains over the six months of therapy even though he experienced severe stress and often slipped back in former ways of thinking and behaving. During many of the sessions Antonio was reminded of the changes he made and the difficulty of sustaining these changes in an effort to both reinforce them and reactivate his commitment to continue to take action.

As is often the case, much of the work of therapy is accomplished outside the therapy sessions. In fact, during the evaluation sessions Antonio gave as a rationale for not coming in too often the following: "I think it is good to keep distance between sessions because I had a chance to experiment more with some of the things I learned in the session." He seemed to use the therapist as a consultant or coach to teach skills and suggest strategies that could be employed. This strategy is quite compatible with the transtheoretical approach to therapy. Self-change and therapy-assisted change are complementary not competitive.

Was the therapy a success? If we measure success by the elimination of anxiety problems or a significant shift in character style, then therapy could be considered a partial success or a failure. During the first evaluation session Antonio reported that the anxiety problems were still "pretty bad" and that

he still gets "very nervous when the supervisor comes by and asks him for something." He also reported that he and his wife were still having problems and conflicts. It must be kept in mind that at this time he was on probation at work. He was actively searching for a new job and was feeling pressured by his wife to return to Mexico to be closer to family. However, Antonio was able to see that he has profited some from therapy:

> P: I am telling you that I am concerned about when I will be able to solve this I anxiety and other difficulties!, but it is not like before. Before I would have concern that I would really drive myself crazy. I have to solve it. I have to solve it. It is not that way anymore. It's better. Maybe I want to solve too much. . . . The problem is I am asking for a quick solution, maybe it takes time. I put a lot of pressure on myself.

In the therapy Antonio has been able to recognize his expectations and the role they play for him both in his therapy and in his life. He was also able to express his disappointment in the therapy as well as his achievements.

> P: Maybe I expected more. I thought that after five or six sessions I would be cured or I would be able to handle anxiety a lot better. Again I might be asking for too much like I am asking about myself. . . . There is a lot I have been able to get out of it. I think my adult is maybe a little bit bigger and stronger than before. I have grown in that area. I don't think that last year I would have been able to go through this I probation] the way I was. No way, Carlo, no way. Cause I would not have been able to segregate my Dad from my own, from myself. I would not have been able to segregate the fact that I am on probation because I did a poorer job last year with the fact that maybe you are a failure. I would not have been able to segregate those two.

The therapy has helped Antonio to cope with stress and be more

realistic about himself and his behaviors but clearly fell short of his expectations.

Antonio was also able to see some changes in his relationship with his supervisors. Although he was still scared, he was able to modulate that fear somewhat. He also reported a phone conversation with his father where Antonio noted that his Dad was "a lot more respectful, he was treating me more like a man." The issue of his confusion and conflicted feelings related to seeing his supervisors as father figures was a central focus of therapy that did seem to have an impact. As Antonio puts it:

> P: I don't know if it was facing the supervisor that allowed me to face my Dad or facing my Dad that allowed me to face my supervisor. It was funny.

In two of the evaluation sessions Antonio was asked about his reluctance and ambivalence to engage in the therapy. When asked why he stopped coming to therapy, he responded:

> P: I stopped coming partly because of finances, I thought it was better to save money. Also because of confusion. I said if I go to Carlo now I after probation] I might not agree with certain things you might tell me and I would have that extra pressure saying, "Well, Carlo told me to do this and I don't agree with it," so I said maybe I should go and do it myself.

At another point when he was asked about the increasing distance between sessions in the latter half of the therapy, Antonio was able to go into more detail about how the therapy process threatened him.

P: I felt like I was depending too much on you. It's not going to help me. It was better to come now and then and get some feedback, some ideas from you but not to come all the time. . . . I don't know . . . I felt confused, perhaps down on myself. . . perhaps the criticism I would get from you, maybe positive, but I would internalize it and that would make me feel down perhaps . . . like saying I can handle some of these problems myself. I don't need to be seeing Carlo all the time.

Although there was a great deal of ambivalence about the therapy, Antonio was able to maintain some shifts in his thinking that he learned in therapy. The consciousness raising and self-reevaluation interventions aimed at the self-statements, while being perceived as criticisms at times, were successful in shifting them. Although it could be argued that a more empathic and less cognitively confronting therapy relationship might have been less threatening, it is clear that Antonio was engaging in the therapy process and reported several important new realizations at the evaluation.

P: I think I am doing a lot better. I still have hang-ups, I get down but I realize that is something that is normal. I don't feel bad anymore—well, I still feel bad. I don't feel completely lost like I used to. I am more realistic with life. . . .

P: When I first started coming, I felt that, golly, I really thought the right position was somewhere and I had to get it. That is not the way it is anymore. . . .

P: As long as I can do better than average I am okay now. In the past I needed to feel that I was number one. Now I don't have to be number one. . . .

Antonio tended to devalue his therapy as he did himself and his accomplishments. His expectations about the process of change were unrealistic. During therapy and in the final evaluation I had to resist Antonio's

efforts to negate any achievements. Many significant changes had been made at various levels. Antonio was performing better at work. The decision to put him on probation had already been in the works when Antonio came to therapy, so no amount of change would have impacted this decision. The couple was more supportive of one another and significant changes occurred with respect to the families of origin. Perhaps the greatest change occurred at the level of maladaptive cognitions with shifts in some basic beliefs and self-statements. It is these changes in cognitions that continue to help Antonio move toward change in other areas. The 13 therapy sessions actually were quite productive in a rather extensive manner.

From my perspective the therapy has been rather successful in a modest way. Although Antonio has discontinued therapy for all intents and purposes, he has continued to make significant efforts to gain control of his anxiety. In lieu of long-term therapy, he will rely on self-change using processes he learned in therapy to continue to make an impact on his life. Often with deeply ingrained personality styles that are dysfunctional, the most a short-term therapy can do is provide some relief from the current crisis by stabilizing the defenses. This therapy did more than that by creating movement at certain levels which continues. Hopefully, Antonio's experience of therapy will be positive enough to enable him to return if things get out of control or if he needs help when he is ready to take action with the more deeply rooted intrapersonal problems.

CONCLUDING COMMENTS

In the case of Antonio the constructs of the transtheoretical approach—stages, levels, and processes of change—provided a framework for conceptualizing and guiding the therapy process. The levels of change assisted in clarifying the myriad of problems that Antonio presented during the course of therapy and in keeping track of progress and obstacles. The stages of change offered some insight into the possible avenues that the therapy could follow. Readiness for action and openness to contemplation at each of the levels was a key determinant for the course of therapy. Focusing on the change process activity that was the goal of the interventions gave them a more integrated rationale. These constructs certainly helped to determine and track the process of therapy in what turned out to be a complex and complicated case of anxiety.

Although no particularly new intervention techniques are described in the therapy, there is a broad representation of behavioral, cognitive, family-system, interpersonal, and insight-oriented techniques employed during the sessions. These techniques come from my own training in cognitive-behavioral approaches (Meichenbaum, Mahoney), rational emotive therapy (Ellis), system and paradoxical interventions (Haley, Watzlawick, Weakland), behavior therapy (Rimm & Masters) as well as readings in the areas of couples therapy, sexual role development, and sexual abuse. The

transtheoretical approach does not propose a new set of intervention techniques. It offers a model for integration of various approaches and the coordination of these in a systematic, eclectic fashion. This case certainly demonstrates an eclectic use of interventions derived from several therapy systems. Categorizing the interventions in terms of the processes and stages of change helps to present a more coherent explanation of the process of therapy with Antonio and to see how therapy and self-change blend together.

The transtheoretical approach is broad enough to encompass an eclecticism of theories, techniques as well as modalities. In this case a combination of individual, couples, and family therapy sessions was utilized. In terms of modalities the therapy could be seen as a brief eight-session intervention with Antonio, a couples therapy with some individual spouse work, and a family-of-origin therapy. These three different types of interventions can be integrated nicely in the perspective of the shifting levels of change used with Antonio and his family. This breadth of intervention modalities is not uncommon in other cases presented from the transtheoretical perspective (Prochaska & DiClemente, 1984; Prochaska & DiClemente, 1986).

In the case of Antonio the brief therapy was not able to produce complete change at any of the levels of change. However, on almost every level there was significant movement within and across the stages of change.

The constructs of the transtheoretical perspective helped to track the process of therapy with Antonio and to better understand that process in an integrated eclectic manner.

POSTSCRIPT

Several months after the evaluation sessions Antonio invited me to lunch with his wife and child to celebrate his new job in a distant city with a substantial salary increase. He requested and was given several names of therapists in that city so he could continue working on his problems.

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Commentary: A Systems Model for a Case of Eclectic Therapy

Edward J. Murray

The purpose of this commentary is not to evaluate the clinical effectiveness of the therapy in this particular case but to try to understand how an eclectic approach works in action. Clearly something meaningful occurred, and if Antonio's problems were not fully resolved, both he and his wife gained some benefit from the relatively brief treatment. The real questions are why particular techniques were used when they were and whether the use of several techniques was more appropriate than the use of a single, systematic approach.

According to the transtheoretical approach, the client is supposed to progress through certain stages of change: precontemplation, contemplation, action, and maintenance. Different techniques are supposed to be appropriate at different stages. Thus, for example, counterconditioning and stimulus control are most appropriate in the later stages of action and maintenance. It was a little surprising, then, to learn that in the first session, Antonio was given two homework assignments involving counterconditioning and stimulus control. He was instructed to give himself 15 minutes or so each day when he came home to worry and get relaxed. During the day, he was told to do deep-breathing and relaxation procedures to combat his anxiety relaxations. Why were these later-

stage interventions used in the initial interview?

DiClemente acknowledges that counterconditioning and stimulus control techniques appear inappropriate at the initial stages of therapy, but argues that such a "mismatch" is justified by experience. He states that such interventions are appropriate at the symptom-situational level before moving to cognitive, interpersonal, and family levels. My own clinical experience corroborates this strategy. I have found it very useful to teach deep-breathing and relaxation techniques to anxious clients early in therapy. With depressed clients, I use methods such as monitoring activities, scheduling pleasant events, and, even, physical exercise. But what is the rationale for the use of these methods?

In my view of it, these active interventions aid in what Frank calls the "restoration of morale." Just suggesting such techniques communicates the message that the therapist does not consider the situation or symptom beyond the client's ability to cope. It is also useful to discuss these techniques in terms of self-efficacy. The important idea here is that these techniques seem particularly helpful in the initial stages of therapy.

What, then, happens to the idea of stages of change? The stages do not seem appropriate to symptoms such as anxiety and depression. People who come in with problems such as these are not in need of consciousness raising about them. However, they do need, as Antonio needed, consciousness raising

about the connection between their emotional stages and their cognitive and interpersonal problems. The transtheoretical approach needs some clarification about this issue.

The counterconditioning and stimulus control techniques are classified as behavioral. Yet, are these techniques simply behavioral, in the sense of dealing with the isolated symptoms? In addition to raising morale and the sense of efficacy, mentioned above, these techniques can be seen also as the forerunners of the interpersonal and family intervention used later. The breathing and relaxation techniques used in the workplace may be viewed as providing alternatives to the maladaptive patterns that Antonio engaged in with supervisors and fellow workers. The stimulus control method used when he got home appears to have helped break up Antonio's pattern of dumping on his wife. DiClemente does talk about how these various levels do interact, but perhaps it should be stressed that all of the interventions might be viewed as attempts to alter the interpersonal systems that Antonio was involved in. In fact, an interpersonal systems model may be the most useful way of organizing the interventions used with Antonio.

Much use was made of cognitive techniques with Antonio. These included dealing with conceptions of the self as dumb and too gentle, beliefs about meeting the expectations of others and perfectionism, and the generalization of attitudes from the father to bosses. However, it should be noted that most of

these cognitions dealt with interpersonal issues, particularly in the workplace. Cognitive therapists are becoming increasingly aware of the intertwining of belief systems and interpersonal systems. The cognitive work was followed by attempts at behavioral change such as approaching criticism, taking more responsibility for problem solving at work, and reducing his dependency on his boss. Some of the cognitive work has a dynamic flavor, such as his growing insight into his tendency to turn bosses into critical father figures—one of the classical vicious circles of interpersonal dynamic theory.

The problems in the workplace were clearly related to the problems Antonio had with his family of origin. On the cognitive level, the father and brother appear to have fostered a belief that male behavior is dichotomized into macho and homosexual categories. Some work was done on this, although DiClemente would have liked to do more. The vicious circle that Antonio showed with his boss was related to the pattern with the father. Antonio, himself, saw that changes in his attitudes toward his boss and his father went hand in hand. He must have altered his behavior with his father because the father seems to have treated him with more respect at the end of treatment.

The other major interpersonal system that was dealt with in the therapy was the marital relationship. The wife was concerned about Antonio's dumping his work problems on her. The marital relationship also suffered from the residues of both families of origin. The marital relationship problems were

aided by the techniques of encouraging open communication and appropriate assertiveness toward the demands of parents. Possibly one of the most important changes in the entire treatment was getting the couple to work together to deal with the family and work pressures.

The timing of the marital and family interventions is of interest in understanding an eclectic approach. The shift from individual therapy with Antonio to couple therapy, then back to individual therapy, followed by an individual session with the wife, several couple sessions, a session with the wife and her mother, and, finally, some individual sessions with Antonio appears at first blush to be capricious. Yet, there is a logic if you think of this therapy in systems terms. First, the instigation for the marital and family sessions came from the clients, not from the therapist. Is this good or bad? Some therapists would take a more active role than DiClemente did. However, DiClemente was actually dealing with the systems from the first interview. The first couple interview came when the marital situation reached a crisis point, and the interventions with the wife and her family of origin were precipitated by a visit by the mother. These were hot times, and there is reason to believe that interventions are most effective at hot points. Did the time spent with the wife s family-of-origin problems detract from Antonio's treatment? Possibly, but on balance it strengthened the couple's relationship and may even have served as a model for Antonio's dealing with the boundary problems with his own family of origin. The principle here seems to be to deal with the problem of greatest

urgency.

At the end of treatment, DiClemente seems to be concerned that he had not dealt sufficiently with intrapsychic problems such as identity conflict and basic personality structure. There seems to be an assumption here that purely intrapsychic problems do indeed exist. Perhaps they exist only in the abstract. Antonio's identity problems are clearly tied to interaction problems in his family and the cognitive residues from them. Further work here might be useful, but it is really not of a different order than what has been done. As for changing basic personality structure, I have my doubts that any psychotherapy changes anything but patterns of thinking and interpersonal behavior.

Could DiClemente have done anything different? I think he could have dealt more directly with what dynamic therapists call transference. Toward the end, the same pattern of dependency-control came up in the therapeutic relationship to the boss and the father. Intervention in this area might have extended therapy and provided the full affective experience that DiClemente wanted.

Would the therapy have been more effective if DiClemente had used one technique consistently rather than an eclectic approach? The answer to this must be speculative. He could have used a dynamic approach focusing on the transference and its problems in the relationships with the boss and the father.

As I indicated above, some of this might have been useful. However, an exclusive reliance on this method would have not dealt with the problems in the marital relationship sufficiently. In addition, the very positive effect of getting the couple to work together in establishing boundaries with their families would not have been achieved.

So, too, the entire therapy might have focused on the marital relationship. Although such an approach would have been of some use, the work done on the father and boss problems would not have been advanced. In view of the fact that Antonio entered therapy with the primary problem of anxiety in the workplace, he would probably have resisted such an approach.

A purely cognitive-behavioral approach would have dealt directly with all of the interpersonal and family problems. However, the actual involvement of the spouse and family probably adds a great deal to the vividness of the treatment process. As mentioned above, the strategy of dealing with the emotionally hot area with whatever family member was available may have been the strongest aspect of this case.

In trying to understand what went on in this case and trying to rationalize the eclectic strategies used, I have used a systems model. I am not committed to a systems approach exclusively and in fact I use other models in my thinking. However, this case seemed to me to fit a systems model best. Antonio came to

therapy with an anxiety problem, but it was soon apparent that this anxiety problem was embedded in and infringed on a whole set of interpersonal relationships. Antonio was in a problematic marital relationship, he was still enmeshed with his own family, and his wife with hers. Perhaps this was clearer because of the Hispanic culture. In any case, when DiClemente took on Antonio as a client he also got a wife and her mother as clients. I have a suspicion that if Antonio's parents had lived closer, he would have had them as clients also.

The various techniques used become understandable if one thinks about their impact on the interpersonal relationships of Antonio. The initial behavioral techniques broke up maladaptive patterns with the boss and the wife. The cognitive work led to changes in the vicious circles with the father and the boss. The marital therapy helped strengthen the working relationship between Antonio and his wife. In turn, they were both able to establish better relationships with their parents. Each of the interpersonal systems affected the others. The interventions were aimed at the target of opportunity in the constantly changing social field.

On the other hand, I did not find the transtheoretical model satisfactory as a guide for understanding what went on. I saw very little evidence for an orderly flow across stages of change. Techniques did not seem to be geared to these changes. So, too, the levels-of-change analysis seemed to do little more than label parts of the system. Symptomatic treatment seemed to involve cognitive

and social changes. Cognitive techniques seemed to be important only to the extent that they changed interpersonal behavior. This is not to say that the change model is without its use, but it did not provide me with as coherent picture of what went on in this case as did the systems model.

Commentary: Approach to Psychotherapy or Theory of Change?

Martin R. Textor

Before I comment on Dr. DiClemente's approach to psychotherapy I would like to congratulate him for his courage in presenting a case that is not a total success story. Moreover, he has chosen a complex and extremely difficult one with which any therapist would struggle. DiClemente's case, however, represents the harsh and often frustrating reality all of us are fighting with—a reality of clients dropping out after one or two sessions, of unsuccessful cases, of goals only partly reached.

Another preliminary remark I have to make is that I come from a family systems orientation (Textor, 1985)—and, in my commentary I will not be able to hide it. Equally important, I have a different concept of therapeutic integration (Textor, 1983). Both these factors tend to make me critical of DiClemente's approach, especially when I leave the context of the transtheoretical approach and look at it from the outside. This does not mean, however, that I do not value it and did not learn from it—in fact it made very stimulating reading.

While reading DiClemente s case, I had problems relating to his concept of

levels of change. On the one hand, I cannot discern why DiClemente uses the five levels as diagnostic categories. For me change is a process, something moving, being in flux, whereas diagnosis tries to describe and categorize a state at a given moment of time. On the other hand, I had difficulty in differentiating between the five levels of change—and in judging DiClemente's examination of Antonio's problem in terms of the levels of change (Chapter 6, Table 2), I got the impression that DiClemente also had similar difficulties. There is much overlap; e.g., Antonio's problems with his superiors are mentioned on the first, third, and fourth levels, messages of his parents are listed on the second and fifth levels, and his looking for approval is classified on the second, third, and fourth levels. I experienced great difficulty in trying to distinguish between the levels of maladaptive cognitions and intrapersonal conflicts and between interpersonal conflicts and family I systems. Differentiating between intrapersonal (which would encompass Antonio's obsessional worry, low self-esteem, and sexual identity problems), family (incorporating Antonio's conflicts with his spouse, father, and in-laws), and employment system (his problems with supervisors) would make more sense to me.

In general, I see DiClemente's five (hierarchical) levels of change as a step back because he does not consider systems theory (or cybernetics). With the help of this theory he could differentiate in a more evident way between systems (e.g., individual, dyad, family, network) and subsystems (e.g., personality, engineers-supervisors-subsystem). Concepts like feedback would also serve as a

better substitution for expressions like "Change at any one level is likely to produce change at other levels" (p. 161). Moreover, using systems theory would lead to a less individual-oriented diagnosis ("atypical anxiety disorder") in examination of Antonio's problem (p. 163, Tables 2 and 3). This, in turn, might have made the therapist involve significant others in therapy—in DiClemente's case this was left to chance, e.g., Antonio asked whether he could bring his wife, and Ann volunteered to bring in her mother and called to make an appointment two weeks after the last evaluation session. Realization of the extremely negative impact of Antonio's father and of Ann's parents (see the many references to them) should have led to a more pronounced effort to get them involved in therapy. It certainly was an experience of great success when Antonio and Ann had Ann's mother move out. However, DiClemente left the latter alone when she had to confront her husband. It also might have been beneficial if Ann had told her mother in the presence of the therapist about the sexual abuse she had suffered.

With my last remarks I left the context of the transtheoretical approach and argued from my family systems orientation. Moving back to DiClemente's stages of change, I would like to draw attention to the fact they were first derived from smokers who successfully stopped smoking (Prochaska & DiClemente, 1982)—and I believe that they may be limited to such well-circumscribed problems and goals. Saying that Antonio was at the precontemplation stage at the intrapersonal level suggests that the therapist

will not have success working at this level and, therefore, should intervene elsewhere. However, I believe that few clients contemplate an overall personality change—most just wish to have a few traits modified. Thus, I would prefer to use the concept of stages on the intrapersonal level with respect to single traits. For me, psychotherapy consists of several sequences of precontemplation, contemplation, action, and maintenance stages, each sequence being terminated when a goal has been reached, a problem solved, a trait changed.

In his case, DiClemente describes which processes of change took place in his clients. However, I missed any clear reference to the therapeutic means by which he got these processes started and maintained. He rarely refers to techniques in his description of sessions but writes at the end of his chapter that a "wide range of behavioral, cognitive, family system, interpersonal, and insight-oriented techniques" was employed. Despite his mentioning action-oriented techniques, he seemed to be quite passive in the sessions. From his case I learned how Antonio and Ann behaved in the sessions, but little about DiClemente's actions and reactions. As he writes, "The pattern of the therapy was dictated largely by the events and initiatives of the client" (p. 175). Most of the responsibility for change was also attributed to the client. However, these are only my impressions and are not intended to be criticisms.

In summary, I believe that the transtheoretical approach as a process

theory has to be supplemented by a theory of personality and psychopathology, i.e., by content aspects (see Prochaska & DiClemente, 1982, p. 282). For me transtheoretical therapy is another approach to psychotherapy—a term I use for a subjective way of seeing events that happen in the therapist's office, of organizing and describing one's observations. I believe that each therapist develops his/her own idiosyncratic approach according to his biography, age, sex, personality, image of people, values, training, and employment situation. Each therapist develops a subjective approach to therapy in order to organize information, experiences, and observations, explain events in his office, recognize pathological phenomena, formulate treatment goals and strategies, define his own role, select techniques, and measure his/her success. He does not need to observe all reactions of his client or infer all processes occurring in him —which would be impossible. Thus, he concentrates on a few, e.g., processes, stages, and levels of change.

Therapeutic integration, however, is more for me. It means developing a theory of psychotherapy that brings together the knowledge and experience of all psychotherapists and organizes it. This, then, has to result in a harmonious and interrelated whole. Such an encompassing theory sees man as a biological, psychological, social, and spiritual being embedded in families, networks, institutions, and society. I consider DiClemente's approach a theory of therapeutic change that is of great value to an integrative theory and for research on psychotherapy.

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