An Application of Taoist Thought in Short Term Psychotherapy

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AN APPLICATION OF TAOIST THOUGHT
IN SHORT TERM PSYCHOTHERAPY

by

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An Application of Taoist Thought
in Short Term Psychotherapy

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Taoism originated in China during the -5th and -4th centuries
with the Tao Te'Ching, which is attributed to Lao Tzu. This
ancient philosophy delineated a way of acting in harmony with the
course and trend of the natural world. In the United States,
Taoist thought has been increasing in popularity since the 1930's.
C.G. Jung, Alan Watts, and Abraham Maslow were prominent in bringing Taoism to a functional understanding in America's psychological
community. They promoted the view that man is not an isolated ego
which must control experience, but rather that man is a part of
the order and flow of all things who must yield to this order and
flow to be psychologically healthy.

The present study focused on the application of Taoism to
psychotherapy. The work concentrated on four specific areas.
First, fundamental percepts of Taoism taken from traditional and
modern texts were applied to the development of a personality
theory. Second, five-practical constructs were derived from the
theory. Third, the constructs were applied in two cases of actual
psychotherapy, and, finally, an evaluation was made of the constructs
as applied in the case studies.
An empirical action research design developed by Goldman was used to test the validity of the constructs. Clients were two university students with personal concerns who were appropriate for psychotherapy of eight sessions or less. Taoist psychotherapy constructs were employed as the treatment approach with treatment goals directly paired with each of the five constructs. The constructs used and the client's responses to the constructs were taken verbatim from recorded magnetic tape. An assessment was made as to the effects of the constructs employed with each client by comparing the goals of the intervention and treatment results.

The assessment showed that the constructs generated results congruent with treatment goals. Clients experienced an increased allowance of and trust in: (1) the here and now situation, Nowness; (2) the ability to "swim with the current," Not Trying; (3) an emerging sense of self that is larger than the ego, Ego Deemphasis; (4) a less judgemental attitude, Guilt Desensitization; (5) a feeling of letting go, Acceptance.
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Western Michigan University

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DEDICATION

To Lynn, who enlivened my own sense of wonder and was a continuing source of inspiration throughout this project.

David Leslie Knoblauch
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I am deeply indebted to James J. Lowe, Ph.D. for his generous sharing of clinical and philosophical insight as well as his assistance and encouragement throughout the doctoral program. As teacher and guide, he rivals the Taoist sage Chuang Tzu.

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David Leslie Knoblauch
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CHAPTER I

INTRODUCTION

Taoism originated in China during the -5th and -4th centuries. A group of writings, the Tao Te Ching, which is attributed to Lao Tzu, and the Chuang Tzu emerged at this time and remain the foremost Taoist philosophic books. These writings espouse the way of man's cooperation with the natural order of the universe; this order can metaphorically be described as the flow of water (Watts, 1975). Zen Buddhism evolved from a combination of ancient Taoism and Mahayana Buddhism about the +6th century. Zen promotes the feeling that awakening to the Tao is something quite natural, something which may occur at any moment. Since the 1930's, Taoism and Zen Buddhism have had a serious following within the United States. In the field of psychotherapy several prominent author/therapists (Fromm, 1960; Kopp, 1972; Maslow, 1973; Brandon, 1976; Bolen, 1979) have espoused this philosophical theme as a possible method of dealing with troubled persons. C.G. Jung (1931, 1939, 1958, 1961), the eminent Swiss psychoanalyst and author, also incorporated Taoist and Zen concepts in his writing and therapy.

As philosophies, Taoism and Zen have "weathered the test of time" and are recognized as standard among other Eastern as well as Western philosophical approaches (Noss, 1980). Recently, Alan Watts (1951, 1957, 1961, 1966, 1972, 1975) has added significant contributions
to the interpretations of Taoism and Zen. His decisive clarifications elucidate how man, from a Taoist perspective, is not an isolated ego but rather a part of the order and flow of all things—the Tao. Kopp, too, (1972) explores this theme from a psychotherapeutic viewpoint and emphatically stresses that psychologically troubled persons must not try to fight or escape their pain and discomfort; they must yield to escape. Brandon (1976) created the term "Taoistic change" for this way of helping people.

O'Neil (1979) has suggested that the relationship of American philosophy to Eastern philosophy is reminiscent of our vague conception of Existentialism in the 1940's. At that time, Sartre and Heidegger were systematically developing the philosophy, and its concepts were being expressed in the arts and literature. However, it was years later before the impact of Existential philosophy began to have relevance for the field of psychology. The result of this relevance was the creation of various psychotherapy approaches which place persons as responsible for their own behavior. Rational Emotive Therapy is perhaps the archetypal manifestation of this philosophy's quantitative existential meaning.

Currently, many people are expressing an increasing need for qualitative experience and movement away from the dream/wish to carve out a quantitative existential meaning. Taoism and Zen offer people a reliable alternative experience. Concurrent with O'Neil's example, many artists are now using Taoism and Zen trough books such as The Tao of Painting (Sze, 1956) and The Zen of Seeing.
Seeing/Drawing as Meditation (Franck, 1973). Relevant and respectable books are emerging in the field of psychology such as The Tao of Psychology (Bolen, 1979) and Zen in the Art of Helping (Brandon, 1976). Despite the increased popularization of these Eastern philosophies, there is currently little effort to validate their usefulness within the field of counseling and psychotherapy.

Statement of the Problem

The purpose of this research was to explore and validate the use of Taoism and Zen in psychotherapy. Many practitioners use relaxation techniques, meditation techniques, and Zen philosophy for both personal and professional reasons. However, they also continue to use quantitative psychological techniques—such as cognitive control—which "run against the grain" of the qualitative stance which they are pursuing. For example, a psychotherapist may use cognitive control methods and also meditation, two conflicting techniques. The major goal of meditation is to allow oneself to be free of ego controls. How can one let go and control at the same time? Thus, there exists a lack of congruence between these therapeutic interventions. Blaming the practitioner is too simple because there currently exists few avenues for one to learn more congruent techniques consistent with this emerging psychological stance. O'Neil (1979) states, "We have an ample supply of ends and goals, but very little descriptive material on the means. We stand in great need of practical technique and discipline" (p. 220). More specifically, then, the purpose of
this study was to explicate and validate a set of practical tech-
niques to implement Taoist and Zen philosophies. The study was not
intended to be definitive but rather as a means to provoke thought
and inspire experiment which is seen as consistent with Taoism and
Zen.

Definition of Terms

Knowing what certain terms mean is important to understanding
the work undertaken here. This is especially true when many of the
terms do not fall within the realm of what is considered common usage.
Following, then, are definitions designed to bridge that gap of
understanding.

Taoism. A philosophy which holds, "The way of man's cooperation
with the course or trend of the natural world, whose principles we
discover in the flow patterns of water" (Watts, 1975, p. xiv).

Zen Buddhism. A way of liberation in which people discover
their essential self-nature, the Tao, through direct personal experi-
ence and spontaneous awakening.

Yin-yang. An explicit duality expressing an implicit unity in
all things. "These terms mean literally "dark side" and "sunny side"
of a hill (Waley, 1958, p. 110). "They are two interdependent and
complementary facets of existence" (Waley, 1958, p. 112).
Wu-wei. The way of allowing things to be or acting within the order of the natural world. "Wu-wei is to roll with experiences and go, like a ball in a mountain stream, though actually there is no ball apart from the convolutions and wiggles of the stream itself" (Watts, 1975, p. 96).

Te. The natural virtue and power derived through trusting in both the good and bad of all things as a unified system. "te is bound up with the idea of potentiality...te means a latent power, a "virtue" inherent in something (Waley, 1958, pp. 31-32). "In theistic terms, te is what happens "by the grace of God" as distinct from human striving (Watts, 1975, p. 107).

Big mind. A pervasive capacity of trust and acceptance of what is, a view of mutual interrelatedness of all things; subject and object are one.

Small mind. Characterized by a dualistic stance which is marked by attempts to make things more positive while striving to eliminate the negative aspects of human experience. This psychological stance fits into the ego dominated world of self-asserting power. From the Taoist perspective, this stance typically motivates behavior through idealism and the resultant guilt produced by ego centered attempts to dominate and control experience. Subject and object are perceived as separate entities with no implicit oneness.
**Ego grasping statement.** A verbal statement which reflects the psychological stance of small mind. For example, "If I accept things the way they are, I will never change."

**Ego grasping theme.** A history and/or current pattern of a small mind psychological stance. For example: (1) persons may not give themselves permission to be troubled in the here and now, (2) they feel a need to try harder in order to make themselves more ideal, (3) they feel this ideal can be accomplished by ego dominated efforts, (4) through this process, they experience guilt, and (5) they are unable to accept themselves as they are.

**Taoist Psychotherapy.** The term used in this study to indicate the use of philosophy of the Tao in working with troubled persons.

**Review of Selected Literature**

A posthumously published book by Maslow (1973) contained an essay called Theory Z. This work postulated a degree of healthiness which Maslow believed indicated something more full and human than anything he had described before. Although he cited no single Eastern psychologist as a source for his ideas, he freely sprinkled Eastern concepts in his discussion. For example, Maslow suggested that a therapist at the level of Theory Z is actually a Taoist guide. However, after more than a decade since Maslow's writing, a review of current available literature has produced no reference to the use of Taoism as the main philosophic base for psychothera-
therapy, application.

There have been several attempts to integrate the philosophy of the Tao into other therapeutic systems. In the Tao of Psychology, Bolen (1979) interprets the Tao to be the equivalent of synchronicity in Jungian psychology. In this limited interpretation and method, she explores the interrelationship between meaningful coincidences—synchronistic events—and the intuitive sense that we are part of the oneness of the universe. In his book Zen in the Art of Helping, Brandon (1976) explains the helping process from a Taoist philosophic base. He demonstrates how a helping person with this perspective can break down artificial barriers that serve to separate people and hinder the helping process. Brandon analyzes what helping really means and suggests a method which he calls Taoistic change for working with people in a social work context.

The Japanese method of Morita therapy uses a key Taoist concept in its treatment approach. Self-contradiction rather than deviation from the cultural norm as the basis of mental disorder is a fundamental Morita concept. The major form of self-contradiction is a division of experience into subject and object, thinker and thought, feeler and feeling. According to Morita therapy, neurotic persons usually establish unrealistic goals and then entertain equally unrealistic fantasies about how these goals may be achieved and often act on such fantasies. Neurotic persons then feel increasingly frustrated and anxiety ridden when these fantasies fail. A Morita therapist (Kora, 1965) explains that what is required to
alleviate this cycle is that persons must be allowed to experience
the outcome of their illogical premises in order to have insight
into the nature of their neurosis. Acceptance of oneself and one's
symptoms are the means used to produce movement towards ending the
self-contradiction. However, Morita therapy may not be appropriate
for Westerners since it requires five to seven days of complete
bedrest (Nussner, 1978).

Although Watts was not a psychological theorist, he did much
to bring Taoist and Zen teachings to the awareness of Western psy-
chologists. He was a guest lecturer at numerous medical schools
and psychiatric institutes. In Psychology East and West, Watts
(1961) recognized that what he called Eastern ways of liberation
resemble Western psychotherapy; both are concerned with changing
persons feelings about themselves as well as their relation to
others. Watts (1961) agreed with the Morita therapy explanation
of neurosis as a self-contradiction but he rephrased this as an
attempt to solve a false problem. In addition, Watts (1961) postu-
lated that the aims of the ways of liberation were evident in both
the Gestalt and Jungian psychologies.

Doelser (1978) examined the similarities of the teachings of
the Tao Te Ching and the writings of Perls (1969) using content
analysis technique. The conclusion reached was that although
there were similarities in the teachings, some theoretical concepts--
such as personal responsibility--were dissimilar. Smith (1976)
made an attempt to broaden the base of Gestalt therapy to be more
in line with the philosophy of the Tao. However, this work fits the same category as Doelser's (1978) work; that is, Gestalt theorists who make an effort to compare themselves to or move towards Taoism can go only so far without dropping some of their initial premises altogether. For example, Perls (1969) explains that persons are the responsible doers of whatever they do and that they can either acknowledge such responsibility or deny it. Watts (1951) contradicts this existential aspect of Gestalt theory and states that such "... choosing is absurd because there is no choice" (p. 117). Persons can only be, whatever that being entails.

Jungian psychoanalysis follows the line of thought that persons need to accept and assimilate the shadow, or the dark and repressed aspect of their nature. Jung (1958) found the use of Eastern psychologies to be a great aid in helping persons move towards this acceptance. However, he rejected Eastern methods as unsuitable for Western persons. Specifically, Jung (1958) was against "learning the spiritual techniques of the East by heart and imitating them in a Christian way with a correspondingly forced attitude" (p. 483). Jung felt that Westerners should find their own way of developing Eastern concepts into a new Western approach. "We should then be in a position to build on our own ground with our own methods" (p. 483). Although they failed to develop a new approach, Fromm, Suzuki, and De Martino (1960) made a strong attempt to blend Eastern concepts into traditional Western psychoanalysis in Zen Buddhism and Psychoanalysis. This work has a rather
strict Zen focus and lacks the merits that Jung (1931) saw in the use of Taoism. In addition, this work is more than twenty years old, and obviously, psychotherapy as undergone considerable shifts of focus in the past twenty years.

Theoretical research translating Zen into usable practice is emerging in the field of education. O'Neil (1979) examined Zen educational principles by analyzing the teacher's role in the process of transmitting the Zen tradition. Levy (1980) developed a theory of reading and relevant classroom procedures based upon Zen philosophy. His exciting work in the teaching of reading makes use of other ways of knowing—not just the prevalent linear, logical mode of experiencing—and, according to Levy, allows the reader to bring much more than cognitive skill to the printed page.

Capra (1979), in the Tao of Physics, demonstrated how modern atomic physics leads us to a Taoist view of reality. Capra summarized this reality by saying that time and space are a continuum, matter and energy interchange, and observer as well as observed interact. Another scientist (Futuyma, 1979) explained the mechanism of evolution in a way which is congruent with the philosophy of the Tao. He states, "the system does not change toward a goal, there is no violent struggle, there is no morality, and the state of the system that follows from the selective process is not better than its previous state; it just is" (p. 292). Franck (1973) applies the Taoist sense of things to the act of creation. However, the most creative insight into the philosophy of the Tao was
accomplished in the poetry of Wallace Stevens (1967). His poem
The Snow Man reflects the Tao as applied to a personal psychology
of lucid understanding and total acceptance of life.

One must have a mind of winter
To regard the frost and the boughs
Of the pine-trees crusted with snow;

And have been cold a long time
To behold the junipers shagged with ice,
The spruces rough in the distant glitter

Of the January sun; and not to think
Of any misery in the sound of the wind,
In the sound of a few leaves,

Which is the sound of the land
Full of the same wind
That is blowing in the same bare place

For the listener, who listens in the snow,
And, nothing himself, beholds
Nothing that is not there and the nothing that is
(Stevens, 1967, p. 54).

The review of current available literature indicated several
attempts to blend Taoism with Western psychotherapy. Jung (1931)
was the first to see the benefit Taoism had to offer modern psycho-
therapy. Fromm (et. al., 1960) attempted a blend of Zen Buddhism
and psychoanalysis. Watts (1961) pointed out how Eastern ways of
liberation resemble Western psychotherapy. Maslow's (1973) Theory
Z suggested that an effective therapist is actually a Taoist guide.
Several attempts were then made to blend Taoism with Gestalt psy-
chotherapy (Smith, 1976, Doelser, 1978). At the same time, Brandon
(1976) described how Zen could be used in a social work context.
Bolen (1979), a Jungian analyst, made the most recent attempt to
blend Taoism with Western psychotherapy.

Methodology

For purposes of this study, a theory of personality has been constructed based on delineations used in a major text in the field of counseling and psychotherapy (Pervin, 1975). Five constructs were written for the practice of individual psychotherapy. The constructs can indicate the theory to be useful or not useful (Hall & Lindsay, 1977). They go on to say that "if a theory is eventually to make a contribution in an empirical discipline it must possess some means for empirical translation" (p. 12). Consequently, the purpose of this study was to develop a new therapeutic approach and to make an initial assessment of its utility. The assessment constitutes the validation part of the dissertation.

Empirical action research, first delineated by Chein, Cook, and Harding (1948), was the research method used to assess the utility of the approach. Nuttall and Ivey (1978) have updated this particular research method according to both definition and procedure.

Empirical action research involves using a certain type of intervention and keeping accurate records of what is done and what happens. It is analogous to the clinical wisdom developed by a physician who keeps track of illnesses, the remedies prescribed, and the results obtained from the different interventions. The specific steps are: (1) performing the intervention; (2) keeping a record of the activities the helper engages in and the clients' reactions to these activities; and (3) assessing the effects of the activities on the clients, and making changes in the interventions according to the results (p. 84).
Nuttall and Ivey (1978) further clarify empirical action research as making no attempts at using control groups, administering pre- and post-measures, or using valid and reliable measures and, in summation, conclude that the "empirical action research approach is really a sophisticated common sense approach to the problems of the day-to-day practice" (p. 87).

Support for this type of research investigation is offered by Dukes (1965): "research on only one subject may, by clarifying questions, defining variables, and indicating approaches, make substantial contributions to the study of behavior" (p. 78). An additional concern is offered by Sidman (1960): "Exploratory work is considered necessary because it serves to minimize the amount of time and effort that would otherwise be spent on tests of incorrect hypothesis, or on inadequate tests of correct hypothesis" (p. 218). Sidman's final statement holds the key for putting the method of research into perspective. That is, one cannot lay out completely new groundwork and also adequately perform experimental—as opposed to empirical—research. Thus, although the research data are not experimentally generalizable or causable, empirical action research was the favored research approach for exploration of Taoist psychotherapy. Nuttall and Ivey (1978) are in concert with this perspective. That is, they list empirical action research as a necessary research stage or step which must be fulfilled before the undertaking of experimental action research.
Method

The research design used illustrative case studies which provided a direct replication called intersubject replication by Sidman (1960). "As a criterion of reliability and generality, intersubject replication is a more powerful tool than intergroup replication" (Sidman, 1960, p. 75). The researcher was the therapist using the constructs derived from the personality theory. The clients were two university students with personal concerns who exhibited demographics which would qualify them for therapy of eight or less sessions. The major demographic criteria for therapy of this length are: (1) a previous ability to cope, (2) an acute onset of the concern, (3) a high level of motivation, (4) a fair degree of emotional expressiveness, and (5) a good outside relationship (Butcher & Koss, 1978).

All sessions were recorded on magnetic tape. Treatments goals were written and directly paired with each of the five constructs. The tape recordings were examined for constructs used as well as client responses to the constructs. Each case was then longitudinally developed and documented by significant verbatim therapeutic interactions. Furthermore, a subjective assessment was made as to the effects of the constructs used with each client. This was accomplished by examining what specific construct was most helpful as evidenced by which treatment goals were accomplished. Following the line of empirical action research, re-
commendations were suggested for further development of this approach based on data gleaned from the assessment.

In summary, this study will develop a new therapeutic approach and use the empirical action research method to make an initial assessment of the approaches utility. Chapter II will develop a theory of personality and five psychotherapy constructs based on Taoist philosophy. Chapter III will document the constructs use as well as client reactions. This documentation constitutes parts one and two of Nutall and Ivey's (1978) research approach. In Chapter IV, an assessment will be made, according to Nutall and Ivey's third part, of the interventions effects on the clients.
CHAPTER II

THEORY AND APPLICATION

Theory of Personality

Western theories of personality stress the individual, achievement, motivation, rationally defined evidence, and direct self-disclosure. These factors are used to define systems of resolving emotional conflict and promoting adjustment to society. A major concept that defines Western personality theory is that the individual is not only free but somehow aloof from the rest of the universe (Pedersen, 1977). Consequently, Western personality theory assumes a separation and opposition of the individual and environment, building systems which assume the ego to be an actively independent observer and controller of the environment.

In contrast, Taoist philosophy stresses experiential evidence, intuitive logic, and the interrelatedness of all things. These factors are not used to resolve conflict, but to transcend it through acceptance of the conflict. The task for a Taoist is not to separate ego from the environment but to relate such elements into one interdependent unit. The following theory of personality is based on Taoist philosophy. The theory will be delineated according to a Western (Pervin, 1975) paradigm. The divisions of the paradigm are view of man, structure of personality, process of
View of Man

Basic to the view of man perspective are the following questions: Is man basically good or self-actualizing? Is man basically bad or hedonistic? Is man both good and bad? According to Taoism and Zen, man is both good and bad; however, good and bad are part of the same system and, thus, man simply is. This explanation of the polarity of man is at the very roots of Taoism and Zen. Importantly, it is not to be confused with ideas of opposition or conflict.

In the metaphors of other cultures, light is at war with darkness, life with death, good with evil, the positive with the negative, and thus an idealism to cultivate the former and be rid of the latter flourishes throughout the world. To the traditional way of Chinese thinking, this is as incomprehensible as an electric current without both positive and negative poles, for polarity is the principle that + and -, north and south, are different aspects of one and the same system, and that the disappearance of either one of them would be the disappearance of the system (Watts, 1975, pp. 19-20).

Furthermore, this system is amplified to the point where all things in one's environment, indeed, in the universe, are the same as, or inseparable from, oneself. In summary, this principle—which is called yin-yang—is not a traditional dualistic view of the nature of things, but rather an explicit duality expressing an implicit unity in all things.

The second part of this view of man will discuss the definition of the Tao. The Tao Te Ching opens with "The way that can be told of is not an unvarying way; the names that can be named are
not unvarying names" (Waley, 1958, p. 141). Names are units of
description; naming and describing make nature seem to consist of
separate units. Lao Tzu is expressing that words, explanations,
and definitions of the Tao can never be the Tao because no thing
can be isolated or unrelated to any other thing in the universe.
In this manner, the Tao that can be spoken of cannot be the real
Tao. This is an important Taoist concept, however, written words
are the format of this presentation. The words and phrases used
to communicate the Tao are: a way of being, a flow, a drift, or
the course of nature. Both Lao Tzu (Waley, 1958) and Chuang Tzu
(Merton, 1965) use the flow of water as the principle metaphor of
the Tao. Through this metaphor, it is possible to understand Lao
Tzu's insistence that the way that can be spoken of is not the way,
for "air and water cannot be cut or clutched, and their flow ceases
when they are enclosed. There is no way of putting a stream in a
bucket or the wind in a bag" (Watts, 1975, p. 42).

In the earlier discussion of yin-yang, it was stated that
every thing or event is what it is in relation to all others. In
this third part of the view of man discussion, that view of the
Tao is amplified on the principle that if everything is allowed to
go its own way, as in the flow of water, psychological harmony,
and the harmony of the universe will be. Thus, a person's own
way is actually the way of the universe, which is the Tao.
Moreover, since all people are part of this interrelated flow,
persons will achieve psychological harmony if they are not forced
into some artificial or arbitrary concept of the nature of things.

The principle of nonaction, wu-wei, is the way, in terms of the Tao, of allowing things to be or acting within the true nature of things. Wu-wei "is not to be considered inertia, laziness, laissez-faire, or mere passivity" (Watts, 1975, p. 75). Wu-wei, as not-trying, means "going with the grain, rolling with the punch, swimming with the current, trimming the sails to the wind, taking the tide at its flood, and stooping to conquer" (Watts, 1975, p. 75).

Wu-wei is thus the life-style of one who follows the Tao, and must be understood primarily as a form of intelligence—that is, of knowing the principles, structures, and trends of human affairs so well that one uses the least amount of energy in dealing with them. But this intelligence is, as we have seen, not simply intellectual; it is also the "unconscious" intelligence of the whole organism and, in particular, the innate wisdom of the nervous system. Wu-wei is a combination of this wisdom with taking the line of least resistance in all of one's actions (Watts, 1975, p. 76).

The theme of this explanation is that wu-wei is the flow of well being which allows one to be in harmony with all things. In contrast to this view of man are the views which use a dualistic stance and a force of personal violation designed to improve things. From the Taoist perspective, theories of this sort move one away from one's true nature, aggravate one's illusion of control, and keep one from trusting in oneself and others. Taoist philosophy asserts that the true nature is one which "depends on a confidence and lack of self-frustrating anxiety which in turn is derived from the insight that in the course of nature, and in following the line of least resistance, nothing can go wrong" (Watts, 1975, p. 122).
The state of being in which one lives harmoniously with the Tao, through wu-wei, is called te, or virtue of te. However, virtue is really quite an incorrect understanding of te because virtue in this application does not mean virtue in the sense of moral rectitude. It is, rather, the expression of virtue inherent in all things, such as the virtue of the natural healing process. Therefore, te is the virtue of trusting in wu-wei and yin-yang as a unified system. Te is the virtuality, the grace in living which comes naturally from the intuitive realization of being one with the Tao (Watts, 1975).

Consequently, the Taoist view of man asserts that there is an explicit duality expressing an implicit unity in all things. Everything is part of a universal natural flow and one can be in psychological harmony with it. The principle of non-action, wu-wei, is the way of allowing things to be or way to act within this true nature of things. The psychological stance of trusting in the true nature of things and the resultant power derived from this stance is called te.

Structure of Personality

The structure of personality is divided into two key descriptive concepts. These concepts have been postulated by Shunryu Suzuki (1970) as big mind and small mind. Tying these concepts together with the view of man discussion, big mind is characterized by one's attitude and behavior which is consistent with the Tao.
Small mind is characterized by the Western dualistic stance which is marked by a striving or grasping for "improvement."

Suzuki (1970) considers the expression of one's big mind to be the true expression of the mind. Big mind entails a pervasive capacity of trust and acceptance of what is. "With big mind we accept each of our experiences as if recognizing the face we see in a mirror as our own" (Suzuki, 1970, pp. 35-36). Big mind is consistent with the Tao, that is, the view of mutual interrelatedness of all things; subject and object are one.

Nothing comes from outside your mind. Usually we think of our mind as receiving impressions and experiences from outside, but that is not a true understanding of our mind. The true understanding is that the mind includes everything; when you think something comes from outside it means only that something appears in your mind...This mind is called big mind (Suzuki, 1970, pp. 34-35)

Small mind belongs to the ego dominated world of self-asserting power. As stated earlier, this small mind is marked by the Western dualistic psychological stance. From the Taoist perspective, this stance typically motivates behavior through idealism, and the resultant guilt produced by ego-centered attempts to dominate and control experience. "If your mind is related to something outside itself, that mind is a small mind, a limited mind" (Suzuki, 1970, p. 35). Small mind is then, the perception of subject and object as distinct, separate entities with no implicit oneness.
Process of Personality

The personality process will address the motivational issue of why persons move in specific directions. According to Maslow (1954), it is likely that persons are stimulated by physiological needs, self-actualizing tendencies, and social needs. Persons may allow these needs to exist in a big mind sense by letting go of personal violation and accepting things as they are. This process is one of using wu-wei to be in harmony with the Tao.

Wu-wei is to roll with experiences and feelings as they come and go, like a ball in a mountain stream, though actually there is no ball apart from the convolutions and wiggles of the stream itself. This is called "flowing with the moment," though it can happen only when it is clear that there is nothing else to do since there is no experience which is not now. This now-streaming is the Tao itself, and when this is clear innumerable problems vanish (Watts, 1975, p. 96).

In contrast to this psychological stance, one may make all sorts of efforts to reduce physiological tension, become self-actualizing, or receive social praise. This stance is always inconsistent with the Tao and results in increased tension and anxiety.

For as long as there is the notion or ourselves as something different from the Tao, all kinds of tensions build up between "me" on the one hand, and "experience" on the other. No action, no force (wei) will get rid of this tension arising from the duality of the knower and the known, just as one cannot blow away the night. Light, or intuitive understanding, alone will dissipate the darkness. As with the ball in the mountain stream, there is no resistance to the up when going up, and no resistance to the down when going down. To resist is to get seasick (Watts, 1975, p. 97).
A major clarification is necessary at this juncture. Yin-yang was earlier defined as an explicit duality expressing an implicit unity. This discussion has made explicit the duality of big mind-small mind. However, as part of the interrelated whole or Tao, this explicit duality has an implicit unity. This must be so, otherwise big mind would simply become another idealistic effort of small mind. For example, one might be tempted to say or think, "I'm more big-minded that you are."

Do you understand the difference between the two minds: the mind which includes everything, and the mind which is related to something? Actually they are the same thing, but the understanding is different, and your attitude toward life will be different, according to which one you have (Suzuki, 1970, p. 35).

Through this process, there is nothing to attain, only to be. Therefore, the process of personality is not one of becoming something but rather one of being. As a consequence, small mind exists only in a descriptive sense. Big mind is every person's mind for there is nothing a person can do to not be themselves.

When you understand your mind in this way, you have some security in your feeling. As your mind does not expect anything from outside, it is always filled. A mind with waves in it is not a disturbed mind, but actually an amplified one. Whatever you experience is an expression of big mind (Suzuki, 1970, p. 35).

Development of Personality

Taoist philosophy is here and now centered and, as such, does not emphasize there and then developmental concerns.
Consequently, this explanation of personality development will only address the traditional Zen view of development. This view is based on subject-object differentiations and has been used to illustrate how persons move into a big mind perspective.

In early infancy, one does not differentiate between subject and object. "For the infant shortly after birth there is not even awareness of reality existing outside of himself in the sense of sense-perception; he and mother's breast are still one" (Fromm, Suzuki, DeMartino, 1960, p. 89). However, this perspective soon takes on a significant change, a change to subject-object perspective. This change first appears between the ages of two and five (Fromm et al., 1960). Thus, soon after birth, the capacity for subject-object differentiation develops in every child.

This subject-object differentiation continues through childhood. Children assert their wish onto the world in an attempt to force the world to correspond to their wish.

The child does not accept reality as it is, but as he wants it to be. If his wish is not fulfilled, he gets furious, and the function of his fury is to force the world--through medium of father and mother--to correspond to his wish (Fromm et al., 1960, pp. 89-91).

This state of frustration gradually gives way to a condition in which less subject-object distinctions are made. Through this evolving process, persons are influenced by genetic, cultural, social, and familial forces. "It is possible to see the interaction of these many genetic and environmental forces in any specific aspect of personality" (Pervin, 1975, p. 10). These forces can,
interactively, enhance or hinder the development of what has
descriptively been called big mind.

Psychopathology

The development of troubled persons personalities is influenced by genetic, cultural, social class, and familial forces. For example, Gottesman and Shields (1966) and Kallmann (1946) suggest a genetic factor in schizophrenia. Opler and Singer (1956) and Parsons (1961) show that there is a clear relationship between cultural background and overt symptomatology. A social class factor was explored by Hollingshead (1958). The familial factor of schizophrenics to have dominant mothers and passive fathers as well as being brought up in a family with conflicting communications has been explored by Bateson, Jackson, and Weakland (1956) and Frank (1965). According to this theoretical explanation, any one or combination of these forces can hinder the evolution of big mind psychological stances.

It is important to point out what is happening when small mind is the major perspective. Persons insist that reality must conform to their own ideas of reality. When persons implement this psychological stance, they are under the impression that it promotes psychological health, however, it reduces psychological health. Metaphorically, persons are straining to win a race on a track that doesn't have a finish line. Persons are living a
vicious circle, "an endlessly repetitious attempt to solve a false problem" (Watts, 1961, p. 16). According to D.T. Suzuki, "There is no freedom here, no spontaneity, but a deep, heavy atmosphere or inhibition, suppression, and oppression overpowers one and the result is psychological disturbance in all its varieties" (Fromm et al., 1960, p. 31).

An important clarification is required at this juncture. In the section on personality process, it was indicated that the explicit duality of big mind/small mind has an implicit unity. Moreover, the terms big mind/small mind can only exist in a descriptive sense. In the personality process, there is nothing to attain, only to be and trust what is. The same distinction must be made for psychopathology. According to Taoist philosophy, there can be no literal duality between psychopathology and emotional health. Thus, in a literal Taoist sense, psychopathology does not exist. It really does not matter if one accepts something labeled psychopathology or emotional health. Furthermore, if persons do make a discrimination between psychopathology and emotional health and apply this to their daily life, they generate what Watts (1961) described as the creation of a false problem.

Change

"Taoistic change, a change which begins from being rather than becoming" (Brandon, 1976, p. 8). Psychological maladjustment is not simply a negative factor or troublesome disorder, but also
a positive, salutary force that can contribute to the formation of personality. Thus, it is better for persons to honor the conflict and allow themselves to be in the conflict until they come through it, hopefully coming through it in a more evolved fashion. The clearest way to change discomfort is not to run away from the "bad" but accept things as they are, whether agreeable or disagreeable. It is crucial to show persons who are suffering how the process works; that is, they will gain the freedom for change if they stop racing around trying to achieve it.

If, deep down inside, you want most desperately to survive and be in control of things, you cannot genuinely take the attitude of not worrying about it. Yet, surely, trying to stop the worry is still effort to control, and, in the spirit of wu-wei, you must allow yourself the freedom to worry—to "let the mind think whatever it wants to think" (Li-sh-tzu) (Watts, 1976, pp. 113-114).

The therapist must help persons move towards accepting themselves as they are. The idea is to get persons to observe events, internal and external, as one observes reflections in a mirror; nothing is reflected except what is. Again, effort cannot rid the tension of the small mind perspective.

To understand this we must go back to the basic Taoist philosophy of natural order and political government. "The Tao loves and nourishes all things, but does not lord it over them." So, in the same way, the senses, feelings, and thoughts must be allowed to be spontaneous (Tzu-jan) in the faith that they will then order themselves harmoniously. To try to control the mind forcefully is like trying to flatten out waves with a board, and can only result in more and more disturbance (Watts, 1976, p. 118).
In summary, as long as there is the notion of oneself as different from experience, tension will result. This tension has been described as an attempt to solve a false problem. Intuitive understanding of big mind alone can reduce the tension. The therapist must help persons to see through their small mind stance and challenge their false assumptions. Successful change rests on persons deepening confidence of trust in themselves as they witness the lessening of their self-frustrating anxiety.

One finds what is right for oneself by listening carefully and Taoistically to one's inner voices, by listening in order to let oneself be molded, guided, directed. The good psychotherapist helps his patient in the same way--by helping the patient hear his drowned-out inner voices, the weak commands of his own nature on the Spinozistic principle that freedom consists of accepting and loving the inevitable, the nature of reality.

Similarly one finds out what is right to do with the world by the same kind of listening to its nature and voices, by being sensitive to its requiredness and suggestions, by hushing so that its voices may be heard; by being receptive, non-interfering, non-demanding and letting be (Maslow, 1973, p. 129).

Psychotherapeutic Application

Taoist Psychotherapy represents a treatment perspective in which it is considered axiomatic that the very nature of all grasps for improvement or control are attempts to solve a false problem and, thus, the problem itself. These "attempts" can be identified and thematically understood for each individual. Ego grasping statements and ego grasping themes are the conceptual units used in this study to identify and thematically understand persons
specific attempts to solve a false problem. Ego grasping statements reflect an explicit or implicit grasping for "improvement" based on a belief in the potency of ego controls. For example, client: "I need to change this to be OK, where there's a will, there's a way, I need to be more in control, I guess it's just my fault for being this way, if I accept things the way they are, I will never change." An ego grasping theme is a history and/or current pattern of striving for "improvement" based on the belief in the potency of ego control. For example, persons may base their worth as human beings on their ability to become better students. By doing so, some persons actually reduce their academic ability and increase their psychological discomfort. This condition forms an ego grasping theme which is identified by a pattern of ego grasping statements. For example, client: (1) "I'm depressed, I need to get better grades to be OK, (2) I can do it if I try harder, (3) I need to get more in charge of this, (4) it's my fault for not getting better grades, (5) if I accept my current academic level, I'll never get any better."

Five fluid psychotherapeutic constructs have been created to help persons see through their small mind stance and challenge their false assumptions. It is noteworthy to mention that the constructs are artificial divisions of the interrelated whole—the Tao. The constructs are: Nowness, Not Trying, Ego Deemphasis, Guilt Desensitization, and Acceptance. As previously described,
persons false assumptions are identified through their ego grasping statements. The following examples pair ego grasping statements with the appropriate construct designed to help persons see through their specific false assumption.

Nowness: "I'm depressed. I need to get better grades to be OK."
Not Trying: "I can do it if I try harder."
Ego Deemphasis: "I need to get more in control of this."
Guilt Desensitization: "It's my fault for not getting better grades."
Acceptance: "If I accept my current academic level, I'll never get any better."

The predicted outcome for the introduction and follow-through of these interventions in therapy is an increasing allowance of and trust in: (1) the here and now situation, Nowness; (2) the ability to "swim with the current," Not Trying; (3) an emerging sense of self that is larger than the ego, Ego Deemphasis; (4) a less judgemental attitude, Guilt Desensitization; (5) a feeling of letting go, Acceptance.

Therapist interventions may be predominantly Nowness, Not Trying, Ego Deemphasis, Guilt Desensitization, orAcceptance. The therapist may also employ construct blends or take a Nowness stance at one point and seconds later shift to Ego Deemphasis or any other therapeutic division. Most often the divisions and the resultant shifts are used in ways that are appropriate to the situation rather than being planned beforehand in a logical sequence. This is imperative technique, for the client poses the problem—the false problem—and the therapist must roll with it and unfold it.
until the false problem ceases to be of concern.

Nowness

Nowness, in this application, is marked by honoring here and now conflicts. "For illness is not a superflous and senseless burden, it is himself; he himself is the other which he is always trying to shut out" (Jung, 1961, p. 73). Honoring these conflicts in the here and now allow persons an initial movement towards getting free of their predicament. "I can be guilty about the past, apprehensive about the future, but only in the present can I act" (Maslow, 1973, p. 103). Nowness is introduced to clients after they make an ego grasping statement which suggests that they are not accepting their pain and discomfort as something meaningful and important—as something to escape or fight against. For example, client: "I just don't know any more. I can't seem to get out of this depression." Therapist: "There is a reason why you are so depressed right now and it's important for you to feel this way right now." Clarifications of this sort allow clients to receive an initial glimpse of the fact that they don't have to try to be something other than what they are. They can be all right even if what they are right now is terribly painful.

The therapist responds to persons ego grasping statements in ways which help them to see through their limited, small mind stance. The therapist can create many responses to a Nowness focused ego grasping statement in order to provide persons with several
perspectives. For example, client: "I just don't know. I can't seem to get out of this depression." Therapist: (looks at a clock) "You know, at _____ you can be no other way than what you are right now, no matter what you have come to believe." This therapist response allows clients to see that they can not be anything more than what they are at any given moment. The therapist is also able to respond by saying, "You know, there's a lot of wisdom in being depressed." Or, therapist: "When you fall and cut yourself a scab usually covers the injury. A scab is never attractive, but you know that it's necessary for healing to occur. Your depression is like a scab, you need it for your psychological healing to occur." This therapist response allows persons to see that there is a reason why they are depressed, that it meets some need of theirs, and that depression is not something bad which needs to be fought or escaped. In essence, persons have needed to attempt to solve their false problems. When the therapist responds in such a way as to allow this process to exist in the here and now, the false problem becomes less the problem.

The therapist is able to challenge the persons ego grasping statements which involves the Nowness construct. For example, client: "I can't seem to get out of this depression." Therapist: "You have become hostage to this belief about your depression." This may initiate movement in persons towards seeing that their small mind stance maintains the depression. If necessary, the
therapist is also able to confront the person. For example, client: "I can't seem to get out of this depression." Therapist: "Are you in it right now? How is it right now?" Client: "Well, I'm depressed." Therapist: "You can be depressed right now but still be OK right now." Client: "I'm a little confused, you're saying it's OK to be depressed?" Therapist: "Whatever you feel at any given moment is OK." If the confrontation is addressed to the now, persons must be allright. In addition, persons can be instructed to question themselves at home when they are in the middle of their depression. "Am I OK right now?" There can be only one answer.

Not Trying

There was a man who was so disturbed by the sight of his own shadow and so displeased with his own footsteps that he determined to get rid of both. The method he hit upon was to run away from them. So he got up and ran. But every time he put his foot down there was another step, while his shadow kept up with him without the slightest difficulty.

He attributed his failure to the fact that he was not running fast enough. So he ran faster and faster, without stopping, until he finally dropped dead.

He failed to realize that if he merely stepped into the shade, his shadow would vanish, and if he sat down and stayed still, there would be no more footsteps (Merton, 1965, p. 155).

Persons in therapy have come to believe their ego grasping statements which involve the Not Trying construct to be the solution to their predicament. For example, client: "I need to try harder to overcome this anxiety and depression, where there's
a will there's a way." "This sets in motion the samsara or vicious circle of trying to solve the false problem of wrestling life from death, pleasure from pain, good from evil, and self from not-self—in short, to get one's ego permanently one up on life" (Watts, 1961, p. 66). The person needs to allow, in the spirit of wu-wei, the anxiety and depression to be. Only this type of action, action through non-action, can allow the person to get free of their predicament. The whole process of anxiety is a vicious circle. Allowed anxiety ceases to be anxiety. "The art of letting things happen, action through non-action...became for me the key to opening the door to the way. We must be able to let things happen in the psyche. For us, this actually is an art of which few people know anything" (Jung, 1931, p. 93).

Persons who say, "I need to try harder to overcome this anxiety and depression" are making a flight from their shadow, and they need to be shown how to step into the shade to avoid being overcome by exhaustion. For example, therapist: "Maybe what you need instead is to ease up a little and not try so hard." Or, therapist: "It sounds as if you've been racing around on a track with all this." Client: "It sure does, and sometimes the harder I try the worse it gets." Therapist: "Maybe the way to end the race is not to rush harder for the finish line but to simply slow down and step off the track." Or, therapist: "We've discussed how your difficulty is necessary for healing—just like a scab is necessary on an injury—do you have to make make any effort for the injury to
heal under the scab?" "One must be able to let things happen. I have learnt from the East what is meant by the phrase Wu-wei; namely, not doing, letting be, which is quite different from doing nothing" (Jung, 1939, p. 31).

Not Trying can become more and more pointed until it is actually a confrontation. The pointedness of the introduction from mild to confrontive is dictated by persons emotional status, their particular predicament, and intensity of their ego grasping behavior. For example, therapist: "You know, you really do not have to do anything." Client: "I'll just go home and sit in bed," Therapist: "That's doing something. You're going to sit in bed. Now what?" Client: "Well, I'm kind of bored, I'm going to get up." Therapist: "O.K. Now what are you going to do?" Persons begin to get a glimpse of the fact that it's not going to be chaos for them to give up their ego grasping behavior. They will begin to see that the ego grasping behavior has not been saving them, it has been crippling them.

After seeing that what they have to do is to stop trying, persons will often change this into another form of ego grasping behavior, that is, to try not to try. For example, client: "You've told me what I really need to do is to not try so hard, I do that but often times I feel as if I'm trying not to try." Therapist: "You are insightful, it will be like that for you for a little while. You need to feel a gentle effort to try not to try."

By making this clarification, the therapist realizes that persons are still trying to solve a false problem. However, the therapist
also realizes that persons are experiencing movement away from their small mind stance when they make such a statement. In addition, the therapist is giving persons permission to view themselves as being all right even though they are doing something which they have come to see as the cause of their difficulty. This promotes additional movement away from their small mind stance. In time, this "gentle effort," which consists of the same ego control as "where there's a will, there's a way," will begin to be less important and necessary to persons as they begin to sense increased freedom of movement and trust in themselves.

**Ego Deemphasis**

'To remain whole, be twisted!'  
To become straight, let yourself be bent.  
To become full, be hollow.  
Be tattered, that you may be renewed.  
Those that have little, may get more,  
Those that have much, are but perplexed.  
Therefore the Sage  
Clasps the Primai Unity,  
Testing by it everything under heaven.  
He does not show himself; therefore he is seen everywhere.  
He does not define himself, therefore he is distinct.  
He does not boast of what he will do, therefore he succeeds.  
He is not proud of his work, and therefore it endures.  
He does not contend,  
And for that very reason no one under heaven can contend with him.  
So then we see that the ancient saying 'To remain whole, be twisted!' was no idle word; for true wholeness can only be achieved by return (To the Way) (Waley, 1958, p. 171).

The more persons seek the good as something to be gained by conscious control or ego dominated efforts of small mind, the more unattainable the good becomes. During this process, persons
increase their concentration on the means used to control for the
good. The means become more elaborate and complex as the attempt
to solve the false problem becomes increasingly dysfunctional.
Therefore, one does not and cannot keep oneself whole by conscious
efforts. In order to remain whole one must allow oneself to be
twisted. "The important point is that, according to both Taoism
and Zen, the center of the mind's activity is not in the conscious
thinking process, not in the ego" (Watts, 1957, p. 25).

Descartes wrote, "I think, therefore I am." Ego Deemphasis
operates on the theme of "I think, but I am not my thoughts" (Ram
Dass, 1979, p. 213). For example, client: "I need to have more
control and think more positive thoughts." Therapist: "I'm not
real big on control. You know, your thoughts are only part of you
and certainly not the center of what you are. Instead of being in
control of them, see instead if you can view them. If they are
troublesome thoughts, perhaps view them as a storm in a valley
viewed from a mountain top." In this way, the problem is not solved
logically in its own terms but appears in a different light and
becomes different itself.

Persons who say, "I need to be more in control" see themselves
as separate and alien from the rest of the world in a small mind
sense. When they adopt this small mind stance, they are forced to
order, control, and manipulate everything as if it is acting upon
them. To such a person, the ego is everything. However, the ego
is an illusion. The therapist can confront a person who has adopted
this stance. For example, therapist: "The only thing you see is
yourself in everything you do. What if I do this well, poorly, look
good, look bad? What you're calling yourself is only one part of
your whole being." Client: "You mean I'm not supposed to think
well of myself when I do good and poorly of myself when I do bad?"
Therapist: "It's just as harmful to think you're good when you do
good as it is to think you're bad when you do poorly. It's these
judgements of good and bad that get you in trouble." As the issue
continues to unfold and be clarified, persons begin to get a glimpse
of trust in themselves as they witness the lessening of their self-
frustrating anxiety. As Watts (1957, p. 50) points out,

Seen from one side, it appears to be despair--the rec-
ognition that life utterly defeats our efforts to
control it, that all human striving is no more than a
vanishing hand clutching at clouds. Seen from the
other side, the despair bursts into joy and creative
power, on the principle that to lose one's life is to
find it--to find freedom of action unimpeded by self-
frustration and the anxiety inherent in trying to save
and control the self.

Guilt Desensitization

Guilt Desensitization does flow with Ego Deemphasis in that
guilt is a natural outgrowth of ego. If persons can allow themselves
to move away from their ego dominated small mind stance, they will
reduce their guilt. If "I think, but I am not my thoughts," then
"I think, but I'm not at fault for my thoughts." For example,
therapist: "If your thoughts are troublesome thoughts, view them
as a storm in a valley viewed from a mountain top. Just because
there's a storm in the valley doesn't mean the mountain is bad.
Things, including thoughts, are neither good nor bad, they just are."
The idea is to get persons to observe events—internal and external—as they observe reflections in a mirror, nothing is reflected except what is. For example, client: "I guess it's just my fault for being this way." Therapist: "Earlier we talked about your depression being like a physical scab on your skin. You need it in order to heal. Just because you need your psychological scab to heal, can it be any more your fault than needing a physical scab to heal?"

Guilt Deemphasis is often employed when working with persons who are going through or have gone through the breaking off of a relationship. Persons may feel responsible for their behavior in the relationship and, thus, at fault for the relationship's termination. For example, client: "I guess intellectually I know it was not all my fault, but I sure feel that way a lot." Therapist: "There is a sense of responsibility that you have for breaking up. You were there. You were part of it. But you cannot be the whole picture. You are only one." Or, therapist: "There must have been a million things which happened in your relationship. Could you possibly have control over all of them?" Or, therapist: "Where did the first decision to move away from the relationship begin? When did the first thought occur? What is the point of origin of your guilt?" Client: "I guess I don't really know. That's a hard one." Therapist: "Did these things just seem to happen?" Client: "Yes, they certainly did." Inquiries of this
kind prompt clients to see through their guilt, to get a sense of the flow of things. Personal shortcomings as well as attributes simply emerge. If persons persist in feeling responsible for their decisions, the therapist may also say: "I'm holding a pencil out in front of you, push it one way or the other." The client "chooses" and pushes the pencil. Therapist: "How did you decide which way to push it?" Client: "I don't know. I just did it."
Therapist: "Where did the decision making power come from?"
Client: "I guess I don't know that either." Therapist: "You've been telling me you're responsible. If you don't know these things, can you possibly be at fault?"

'To know when one does not know is best.
To think one knows when one does not know is a dire disease.
Only he who recognizes this disease as a disease Can cure himself of the disease.'
The Sage's way of curing disease
Also consists in making people recognize their diseases as diseases and thus ceasing to be diseased (Waley, 1958, p. 231).

Acceptance

"We cannot change anything unless we accept it" (Jung, 1958, p. 339). Acceptance is marked by persons intuitive understanding that if things just are, they will do one of two things. They will accept what is or they will attempt to escape. The attempted escape is the false problem. Kopp (1972) states that, "overcoming by yielding is the only escape. There is simply no place to escape from" (p. 64). No matter how much of a stance of responsibility
persons assume, they will, to some extent, either accept or attempt to escape for the rest of their lives. There really is no "choice." However, persons can realize that their escape attempts are the amplifying causes of their pain and discomfort. This intuitive understanding is directly correlated with acceptance and a lessening of pain and discomfort. For example, client: "I've come to see that I need to accept more of myself, but how do I do that?"

Therapist: "It is something you can always do. It may not be up to your idealistic level, but you can always back up to a point of acceptance." Client: "How do I do that?" Therapist: "Keep backing up to a point of acceptance. For example, you can accept that you feel guilty about yourself. You can accept that you hate yourself. You can accept that you can't accept yourself."

The therapist introduces acceptance by continual reflections of persons successful insights into the other four therapeutic constructs. In a sense, then, the therapist is always introducing acceptance. Persons will start to see that their forms of grasping upon the world have been a stranglehold about their own necks, the hold which deprived them of the very life they so longed to attain. Further therapist reflections and clarifications make it clear to persons that a symptom is not viewed as something to be eliminated or alleviated, but understood, accepted, and lived. With this understanding, persons will realize the virtue of te.

Recently I received a letter from a former patient which pictures the necessary transformation in simple but pertinent words. She writes: 'Out of
evil, much good has come to me. By keeping quiet, repressing nothing, remaining attentive, and by accepting reality—taking things as they are, and not as I wanted them to be—by doing all this, unusual knowledge has come to me, and unusual powers as well, such as I could never have imagined before. I always thought that when we accepted things they overpowered us in some way or other. This turns out not to be true at all, and it is only by accepting them that one can assume an attitude towards them. So now I intend to play the game of life, being receptive to whatever comes to me, good and bad, sun and shadow that are forever alternating, and, in this way, also accepting my own nature with its positive and negative sides. Thus everything becomes more alive to me. What a fool I was! How I tried to force everything to go according to the way I thought it ought to! (Jung, 1931, pp. 126-127).
CHAPTER III

ILLUSTRATIVE PRACTICE

Case I

The client, who will be called Jan, is an eighteen-year-old freshman. She is a communications major with a 3.75 grade point average. Jan is of average height and build and is in good physical health. Her parents divorced when she was six; her mother remarried and lives in the western region of the United States. Her father, an alcoholic, remarried and lives in the midwest region. He is in the process of divorcing his second wife. Since Jan was six years old, she has been shifted across the country from one set of parents to attend school and then back to another set for school vacation. She has a six year friendship with a woman of her own age. She appeared motivated and had a fair degree of emotional expressiveness.

First Session

In addition to asking diagnostic questions, the therapist reflected what he sensed to be the important but unspoken feelings and values, the discrepancies between feelings and values, and any perceived "roadblocks" in the client-therapist communication. Besides being an aid in identifying and prioritizing the immediate concerns of the client, this process promoted the establishment of a relationship--a therapeutic relationship--which differs from social/personal relationships with which the client is familiar. Client demographics are ob-

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tained from seven major areas. The seven areas and the gleaned client
data are presented below in outline fashion.

I. What is the concern?

Jan reported depression.

Jan: "I feel frustrated, I have trouble getting things done and
don't know why...I don't like myself, dislike just about everything
about me...I must be doing something wrong."

II. How intense is the concern?

Jan reported depression with suicidal ideation. Jan was asked to
rate her suicidal possibility on a scale of one to ten. One repre-
sents a zero percent possibility of suicide; ten represents the
carrying out of a suicidal act. She rated herself a five and said
that she had not thought of a method for suicide but rather that
she sometimes wished that she could get rid of herself.

Jan: "I get mad at myself. I wish I could get rid of me."

III. How long had it been this way?

Jan: "I've never thought of myself as being OK. It's been espec-
ially bad in the past two weeks."

IV. How does it effect peer and family relationships?

Jan reported trouble meeting new friends. She does, however,
have one six year female friend. She feels she can't talk about
concerns with her parents.

V. How do you think this concern developed?

Jan: "I always tried to be the good little girl. I had to be
perfect 'cause my mom thought I should be perfect like her."
VI. How do you think this concern could change?

Jan: "I'm not OK so I can never think of anything to make me different. I do know it's like chasing my shadow, the more I try the less successful I am."

VII. Any other questions?

Jan: "No."

**Ego Grasping Statements and Theme**

Jan: "I'm not OK because I'm so depressed and worried all the time."

Jan is not, for some important reason, giving herself permission to be a troubled, depressed person in the here and now. Jan: "I always tried to be the good little girl. I had to be perfect 'cause mom thought I should be perfect like her. I try harder now but it's not working."

Through her development, Jan has come to value personal volition as a logical means to a perfect end. Jan: "I'm not OK so I can never think of anything to make me different." Jan is immobilized by her attempts to control things for the better. This ego emphasis naturally leads to guilt. Jan: "I must be doing something wrong. I get mad at myself."

Jan's vicious circle—her ego grasping theme—is solidly intact at this point. She is not OK in the here and now, she values personal volition as a way out, she cannot willfully change the nature of things, she feels guilty about her perceived failures, thus, she does not accept herself. Jan: "I've never thought of myself as being OK."

**Treatment Goals**

Increase an allowance of and trust in:
I. The here and now situation.
   a. This includes Jan's feelings of frustration, guilt, anxiousness, and depression.
   b. This includes her thoughts of personal dislike and unworthiness.

II. The ability to "swim with the current."
   a. Clarify and/or confront Jan's attempts to alleviate her depression.
   b. Jan doesn't have to try to avoid feeling angry at her parents by feeling angry towards herself.

III. An emerging sense of self that is larger than the ego.
   a. Jan does not have to feel the willful, control based responsibility for changing her life—a life which was formed by many factors beyond her control. Help Jan see through her ego emphasized behavior.

IV. A less judgemental attitude.
   a. If Jan is not totally responsible for changing her situation, then she does not have to judge her efforts to change or feel that she is doing something wrong. Provide Jan with insight into her feelings of guilt.

V. A feeling of letting go.
   a. Without having to judge things as good or bad, she can simply allow things to be and accept what comes her way.

Nowness

This client-therapist exchange occurred around forty minutes into
the first session.

Jan: I'm really feeling empty, like nothing. It's kind of funny, I don't feel like I have anything worthwhile to say.

Therapist: This empty feeling is a perfectly legitimate place for you right now. There is a reason why you feel so empty; it is important for you to feel this way right now.

This next client-therapist exchange occurred at the end of the first session.

Therapist: After all you've gone through its' perfectly normal for you to feel as hopeless as you do.

Jan: Yeah, I guess it is.

Second Session

Jan initiated the second session by telling the therapist about a book which she had been assigned to read in her communications class—*A New Guide To Rational Living*. She said it was logical and seemed to make sense but didn't think the approach was what she wanted out of therapy. The therapist assured her that a different approach was being used and that if she had any concerns about the approach he would answer them at any time during the therapy. The session proceeded—by Jan's initiative—with a discussion of her thoughts. Empathic reflections of Jan's implicit and explicit feelings as well as cognitive clarifications as to the thematic content of the problem were used in the therapeutic discussion. The following exchange grew out of the discussion.
**Not Trying**

Jan: I just don't know how to go about working in new ways like we talk about in class.

Therapist: So the feeling you have right now is confusion. It's as if you're supposed to do something.

Jan: I just keep hearing these things from everywhere, and it's kind of, I just don't know what to do.

Therapist: Maybe you don't need to do any of those things. It sounds like you intuitively sense that they don't fit for you. It also sounds like you've been trying very hard to make something fit for you.

Jan: Well, I certainly would like things to get better.

Therapist: Maybe the best thing to do would be to ease up a little and not try so hard.

The exchange continued with additional therapist reflections, cognitive clarifications, and direct perceptions or understandings.

**Ego Deemphasis**

Jan: It just seems like there has to be a reason why I am this way. Like when I can't get to sleep. It seems like I should have more control over what happens.

Therapist: I agree, there must be a reason. Maybe the reason why this happens for you is the trying itself. Maybe the trying and the pressure you feel to try to control things is what causes a lot of the problem.
Clarifications of this type continued and led into processing Jan's "out of control" thoughts.

**Nowness, Not Trying Blend**

Jan: I could be anywhere, and it will just start. I could be reading a book and I just start thinking about everything, anything that bugs me, and I can't stop.

Therapist: Why wouldn't you be able to stop it?

Jan: I don't know, I just have to let it run through.

Therapist: I agree with you. Your awareness is very good. When it does start, you just have to ride along with it 'till it loses its wind. When it starts and you're reading your book keep in mind that this is the only place for you to be.

Jan: I'm not sure how that can help.

Therapist: It helps for you to give yourself permission to be a troubled person. And, if you really feel a need to do something about the situation, ask yourself, "am I OK right now?" You may be worried about past and future things, but are you OK in that moment?

The remainder of the session consisted of processing additional instances in which Jan's "out of control" thoughts occurred. The same theme of the therapist using Nowness and Not Trying constructs was used in the context of each instance. The therapist asked at the end of the session if the therapy was proceeding all right, if there were things the therapist was doing--like in the communications class book—that didn't seem to set well with her. Jan responded that she was
Third Session

Jan had recently had an exchange with her parents and began the session by saying that she can't get mad at them so she gets mad at herself. The therapist drew reference to what was said last week about not having to control her thoughts. Jan agreed but said she couldn't risk getting angry at her parents for fear of losing them. The therapist suggested that instead of getting angry at herself she could imagine getting angry at her parents or write her story of anger to them in a letter and then just not send it.

Nowness

Therapist: When you imagine getting angry or write a letter and start to feel uneasy about his, ask yourself, "am I OK right now?"
You may be worrying about what you've done or what will happen but, are you OK right now?

After further clarifications of this type the process led into another aspect of Jan's depression.

Nowness

Jan: I wish I just didn't have this depression, and I wish I could get rid of it.

Therapist: It's important for you to feel this way in order for you to feel different later on. It's like getting a scab on your arm after you scrape it in a fall. You need that
scab, even though it may be unpleasant looking, in order for healing to occur.

Jan: Well, I understand that. That makes sense to me.

The therapeutic process continued with this theme until close to the end of the session.

Not Trying

Jan: I kind of get a sense for what you're telling me, but I still feel like I should do something more.

Therapist: Earlier we talked of your depression being necessary for healing--like a scab on your skin. Do you have to do anything for the skin to heal?

Jan: Of course not, it's better not to.

Therapist: You could benefit from viewing your depression in the same way. If you try to do things to make it heal, you most likely will aggravate it.

End of session three.

Session Four

Session four began with Jan sharing her concerns about controlling thoughts. She said that she let go a little last week but felt that she still needed, at times, to control her thoughts. The therapist agreed that in the past this was important to her and that she needed to do it. The therapist suggested, however, that this past method of dealing with things might not be necessary anymore. Jan, quite naturally, became resistant to this perspective and the following
confrontation occurred.
Therapist: So you do try hard to stop?
Jan: Yeah, I have to or I couldn't manage.
Therapist: How does this work for you?
Jan: Well, it does work. I just get stomach aches or something.
Therapist: Then it doesn't really work.
Jan: It blocks it off.
Therapist: If it really worked you wouldn't be here.
Jan: Probably, I don't know.
Therapist: I don't want to be mean to you or anything like that.
Jan: I know.
Therapist: But then again, maybe this is the reason why things have not changed the way you'd like. Keep in mind, though, that it's normal and natural for you to dig your heels in a little right now.
Jan: I just feel really resistant.

Nowness
Therapist: You just need to feel resistant right now.
Jan: OK, I think maybe why I'm afraid is that I have a feeling something will go wrong. I don't know why. I'm just afraid to let go of things that help me, well not really help me, they kind of keep me going.

Ego Deemphasis, Acceptance Blend
Therapist: They keep you going enough to give you the illusion that
they're helpful in the long run, and it's really fearful to think of letting go of that. These things are only a small part of you and when you let go you will discover a lot more.

Emphasis was placed on processing fears of what would happen if Jan were to let go. For example, would the depression get worse? Will it be total chaos? Continued support was given for Jan being at a difficult point. The therapist shared that this difficult point could also be exciting in that these are the sorts of times that can really push one towards a different perspective. The therapist made a self-disclosure about one of his experiences at such a time. Discussion continued about how these processes affect Jan; she continued to share fears. The therapist ended the session with this assignment.

Nowness, Not Trying, Ego Deemphasis Blend

Therapist: Would you consider, when you're out on one of your walks, and it starts for you, saying to yourself, there's a reason why I feel unhappy right now. It's not going to destroy me—it's important for me to feel unhappy before I can feel happy later on. I don't have to worry about controlling the process.

Jan: But what about my fears?

Therapist: It may take some courage.

Jan: I'm not very gutsy.

Therapist: You will be able to go with it.

Jan: Well, I'll try it if I notice it, but I can't guarantee

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Jan began the session by saying that things were improving for her. She reported being more relaxed and rested. She indicated that she had an increasing awareness of her thought processes and said that "things just seemed to be a little easier." Jan reported some confusion with her communications class assignment to try one of the techniques in the New Guide to Rational Living. She said, "I know I can't do things that way." The therapist reassured her that she did not have to do things that way and that we were not following that course in therapy. Jan also indicated that, "at times it just doesn't seem right not feeling bad, it's so different."

Jan: It's not that, I'm undepressed, it's that I'm less depres- sed. I just need some time getting used to it.

Therapist: I was talking with someone once, and they described this same sort of thing. I didn't really understand it, and they said, "How would you feel if everytime you walked past a tree somebody hit you over the head, then all of
a sudden they weren't doing it, but still everytime you walked past a tree you look around a lot.

Jan: Uh huh.

Therapist: It sounds like the same thing is happening to you. Even though you're going past things that used to cause you trouble--you're still looking for things to happen 'cause it has before.

Jan: Yeah, it's that way.

Nowness

Therapist: I would think that would be very normal and natural for you at this time, that it's OK to be this way right now. It's going to take some time.

Jan: Humm...

The process then shifted to Jan's concerns about moving out west for the summer, about how it will be for her around a different set of parents. She reported fears of being "left out" and "not belonging."

Guilt Desensitization

Therapist: Earlier you said there must be a reason why you're so depressed. Maybe the reason is that for a long time you have been left out and not belonging. You were there, but you were part of the family. But you can't be the whole problem, you are only one part of it.

Jan: I don't know. I just know that when I get used to being somewhere, I move again, I have trouble seeing how what
has happened in the past makes me feel bad now. I guess I just feel sad now.

The therapist empathically reflected feelings, needs, and values concerning this issue. The therapeutic process began to focus on her parents' divorce, moving here and there, and fears of being alone. Jan stated that she never felt she had enough family contact, and soon she will be out on her own. She stated she didn't feel ready for this.

Acceptance

Jan: I feel really sad but I've never felt sad about it before. Whenever I get sad, I always try to turn away from it.

Therapist: It's a difficult thing to recognize feelings and emotions and allow them to be. It's OK to say, "I'm experiencing a hell of a loss, and when someone experiences this much loss then they feel sad, and I'm no different. I'm just going to feel sad for a little bit."

Jan: I've never really thought about it before.

The process shifted to her long friendship with another woman. Jan told how they helped each other year after year. She stated how it just happens and that it's never any effort with her friend. More discussion followed of friendships, family relations, and the process of things just happening without effort.

Session Six

Jan began this session by saying that she had developed a lot of insight as to "why she feels bad" and that she has "built up a little
trust" in herself. She further reported that she grew up feeling bad
and viewing herself as bad. "And that's maybe that's why I feel uncom-
fortable around people, especially when I feel bad."

Jan: I still don't sleep really great but it hasn't been that
bad.

Therapist: Sounds like you're coming along fine.

Jan: It's mostly 'cause I've been so busy with homework.

Therapist: When you're busy things are less of a problem?

Jan: Yeah, and I'm definitely busy. I'm basically doing OK right
now I don't know, I think things just don't bother me as
much, somewhere along the line that got worked out.

Therapist: I'm curious, how do you do that?

Jan: I don't know, I just tell myself it's no big deal, and it's
not going to, you know, I'll be OK in spite of it.

Acceptance

Therapist: That even when things are falling apart or when things
might not be too good at a particular time, somehow there's
something more about you that's acceptable.

Jan: I don't know, things just don't seem to bother me as much.

Jan then began telling how lately it seems like there are some
more people around to give her support. Her father had reassured her
that he would always help her out if she needed it. Also, she told
how the people around her seemed more supportive and understanding.

Jan: It seems like it's easier to share how you feel. That
really helps.
This session was short because Jan had to leave early to make a presentation in the communications department. The session finished with Jan sharing more details of increased communication with parents and friends. Jan and the therapist agreed to terminate therapy after the next session.

Session Seven

Jan shared with the therapist that her presentation in the communication class went well. The topic of her presentation was self-acceptance. In this last session the therapist reflected supportive statements and used the Acceptance construct. The most meaningful section of the final session is presented in one large block of client-therapist exchange.

Acceptance

Jan: I think I'm kind of starting to like myself better--I realize I'm not completely bad. There are some things about me that bother me sometimes, but I don't expect to be perfect anyway.

Therapist: That's a key part, you're in the nice place of realizing that you're OK, that what you do is OK.

Jan: Uh, huh.

Therapist: That you can even say an odd thing and make a fool of yourself and be all right.

Jan: I've kind of found that out, I don't know what it is but lately I just don't care that much--like if I notice that
somebody doesn't like something I say...I just kind of let it slide.

Therapist: That you just let go of all that stuff that you were grasping onto.

Jan: Yeah, I don't know I guess I kind of lately I just say OK I'm just going to be the way I am, and if people don't like it then it's just their problem and not my problem. I'm not going to worry about it. I think that's a lot of difference.

Therapist: Sure sounds like a big difference to me.

Jan: I don't know what happened it just kind of all of a sudden--guess I did work out a lot more stuff than I thought I was going to.

Therapist: You worked pretty hard. I really uh, put your nose to the grindstone quite a few times.

Jan: Yeah, the only thing I've got to worry about now is when I go back out west. That will be hard for me.

Therapist: That will be hard for you. I'd like to finish up what I said earlier, you've put yourself through quite a bit of work in clearing these things up for yourself and allowing these things to just be, and I think that same process will carry through for you when you go out west this summer.

Jan: That's what's going to be so hard now--I've kind of gotten used to being able to talk to my dad without my mom saying something back, and I know that when I get out there I know that I won't be able to do that and that's what I
think will be hard about it...things are starting to work out a little bit better even though they looked like they were starting to go really bad.

Therapist: There's an optimism in your voice--there's a refreshing character to it; it's like you're really not as helpless and trapped as you were earlier.

Jan: I don't feel that way (trapped). I kind of feel I've got it where everything's kind of opened up where I don't feel like I'm stuck doing one thing or another--I kind of have choices now.

Therapist: Let me add that that will carry over, these are skills that you've picked up that will carry over with you even in future tough times...All the skills that we've called little things are actually pretty big things, and they will carry over for you.

Jan: I think so. It seems like it's just happened lately though. That's what seems really strange to me. It's not like I've been trying to do anything.

Therapist: That's probably why it's been working so well for you.

Jan: Maybe...

Therapist: You've really had time to run through those paces and feel like you had to do something to make it better, and you had to find out what it was and how to control it. You've just stopped doing all that. You've let go of all of it, without any effort.
Jan: Kind of...I guess maybe I had to do that before I could not do that or whatever.

Therapist: You really have to know what it's like to know that pain and burden before you can know what the other side is all about. Can't know one without the other.

Jan: One thing is now I know what is going to bug me and what isn't going to bug me and I can I think get myself ready for something before it happens and that way it doesn't bother me as much. I kind of tell myself, OK, it's going to bother me a little bit but, you know, it won't be the end of the world and I'll get over it.

Therapist: It's OK to be bothered.

Jan: Yeah, that's seems to be what happens.

Therapist: It sounds like it's working out very well for you; as I look over I see that little hint of a smile and laughter. You never had that before.

Jan: I'm in a strange mood today.

Therapist: I'm sorry, I didn't mean to make you blush. It's nice to smile.

Jan: Yeah, I think that's different...It's kind of good to feel like I don't have anything to worry about besides getting my homework done, you know, thats...just the way I feel anyway. I don't think I'm going to thing about out west until I get out there and then I'll handle it.

Therapist: Uh, huh. Fantastic.
Case II

John is a twenty-four year old first year medical student. He is of average height and build and is in good physical health except for infrequent headaches. John and his wife of two months saw a therapist just prior to their marriage. The presenting problem was John's ambivalence to proceed with the marriage plans. The therapist—a behavior therapist—treated John with three sessions of assertion training. His wife participated in one of the sessions; she is thirty-one years old and currently unemployed. They lived together for two years before their marriage.

First Session

As in Case I, the therapist identified and prioritized the immediate concerns of the client through empathic reflection and direct questioning. John was open and a helping relationship was formed very early on. He appeared motivated and was emotionally expressive.

I. What is the concern?

John reported feeling "overly anxious," tense, restless, worried, panicky, sensitive, lacking in confidence, and depressed.

II. How intense is the concern?

John reported trouble sleeping, headaches, inability to concentrate and make decisions, unable to have fun, and a loss of sexual interest.

III. How long has it been this way?

John, "Since I've increased my responsibilities and achievements,
I've been less happy...especially now that I'm married and in medical school."

IV. How does it effect peer relationships and family relationships?
John: "I try to accommodate everyone. I'm overly anxious around my wife. My wife says I'm just like my father."

V. How do you think this concern developed?
John: "I analyze too much into things. I expect too much of myself...I feel like I've kind of left myself...I'm hypercritical. I probably picked a lot of it up from my father."

VI. How do you think this concern could change?
John: "I want it so that things revolve around me rather than me revolve around circumstances. Another thing would be for me to not look at what others think I should do but rather what I want to do."

VII. Any other questions or things that you haven't told me?
John: "No."

Ego Grasping Statements and Theme

John: "Somethings not right 'cause I'm overly anxious; I need to be mellower and happier to view myself as OK." John does not give himself permission in the here and now to be an anxious, troubled person. His medical student attitude is that everything is a problem which must be solved logically in it's own right, "I analyze too much into things." John tries to accommodate everyone; he tries to make himself read faster; he tries to love his wife more; he tries not to be anxious about this psychological stance. John sees ego emphasized
control as the means to this better life, "I want it so that things revolve around me rather than me revolve around circumstances." Quite naturally, this ego emphasized effort leads to perceived failure and guilt, "maybe somethings wrong with me." John's ego grasping theme is clear. John does not give himself permission to be troubled about his marriage and study; he feels he needs to try harder to accomplish his goal of loving his wife more intensely and be more relaxed in medical school; he feels this trying can be accomplished by ego dominated efforts to make "things revolve around me;" this psychological stance leads to perceived failure and guilt; John does not accept himself as he is.

Treatment Goals

Increase an allowance of and trust in:
I. The here and now situation.
   a. John's feelings of tension, worry, panic, anxiousness, and depression.
   b. His thoughts of self-doubt and indecision.
   c. His loss of sexual interest, inability to have fun, and sleep disturbance.

II. The ability to swim with the current.
   a. Clarify and/or confront John's attempts to love his wife more and be more self-assured in medical school.

III. An emerging sense of self that is larger than the ego.
   a. Clarify and/or confront John's goal to make "things revolve
around me."

b. Help him to see through his behavior of "analyzing everything."

IV. A less judgemental attitude.

a. Since John is not totally responsible for solving every thing/even t he comes into contact with, he will not need to perceive his efforts as failures. Provide John with a way to see through his guilt.

V. A feeling of letting go.

a. Clarify and/or confront John's psychological stance of impos­ ing his idealistic veneer onto the world.

Nowness

After John had sketched out his presenting problem and all seven question areas were explored--halfway into the session--the following client-therapist exchange occurred.

John: All these things, my worry, anxiousness, my inability to make decisions and poor sleeping--that's a lot.

Therapist: You need all of these things to experience harmony in your life later on. People that are more quiet or relaxed or have their own sense of confidence have went through times like this. You need this sort of thing, it's like when you fall and scrape your skin, a scab comes over it and you wish it wasn't there, but you know that you need it there.

John: Uh, huh.
Therapist: It's the same way psychologically; you need those things there for a more evolved state to occur later on.

John: Yeah, as long as you resolve them eventually, right?

Therapist: You'll come to see a change. And for example, your loss of sexual interest. You are depressed right now and persons experiencing depression just naturally experience a loss of sexual interest. That's just the way things are and they can be no other way.

The next client-therapist exchange occurred about fifteen minutes later.

John: I don't know, I just can't relax and I know I don't look as relaxed as I want to in social situations.

Therapist: It is an anxiety producing situation to see a psychologist for the first time--that's normal and natural. You came in and were anxious but somehow a lot of that has just dropped away and right now you're relaxed.

Nowmess, Not Trying Blend

John had explained how once he didn't have any pressure to do well on a test and, as a result, he went about his study in a more relaxed manner. To his surprise his score significantly improved. The therapist used this example to show John how he already knows the way to experience a sense of freedom in his everyday life.

John: I feel that it's so overwhelming. It's such an intangible thing. Things are just shooting through my head and I can't pin it down.
Therapist: Maybe instead of trying to solve it, you can give yourself permission to be where you are right now and not have to try so hard to make it better. 'Cause you know from your experience that when you try to make it better your ability actually goes down. That's a way of understanding the situation, and that understanding brings a sense of freedom.

Second Session

John began the session by stating that he has been concerned about his headaches. He was asked if he had had a thorough medical check-up in the recent past and he answered in the affirmative.

Nowness

Therapist: I would think that you would get headaches with the kinds of pressure that you're under and the way things are going for you right now.

He then asked if he could switch the subject and initiated a discussion of his marriage.

John explained how he and his wife have different interests and that the gap between their interests has increased since he began medical school. He further stated that he has thought about "breaking up" the marriage but couldn't because he would feel guilty. He also stated that he felt guilty that he doesn't care more about her.

Therapist: Sounds like you experience this guilt on a daily basis.

John: Yeah.
Therapist: It's only natural, then, that you're going to have headaches, because that is the physical equivalent of depression and guilt. So when I say that it's normal and natural that you're depressed and that you can't be any other way right now; I really mean it.

John went on to develop further incidences and reasons why he feels guilty. He explained that he wasn't sure if he didn't really love his wife or if he's just so caught up on all his confusion that he really can't experience the kind of intimacy that he has in the past.

Guilt Desensitization

Therapist: I'm going to put this pen out in front of you and ask you to push it one way or another (John complies). You pushed it that way. How did you know which way to push it?

John: I lifted my right hand and it was just the way to push it.

Therapist: So that just came for you, the spontaneous thing that you did right now. Can you remember when you first felt guilty?

John: No...not really.

Therapist: In the same way, your guilt feelings just arose and they just happened. You can't have control over these things; that's just the way things are and that's no mark against you.

John: I'm a little confused, I know you're making a point, but I'm not getting it altogether.

Therapist: You're telling me that you're punishing yourself and that you feel guilty. You feel guilty because the feelings that you have aren't what you'd like them to be. My point
in using the pen is to point out to you how those feelings just come, that they can't be controlled. You can't make yourself love someone in the way that you'd like.

John: Isn't it all in the mind though? You know like when you have a good attitude about something, like having a good attitude about a boring course?

**Ego Deemphasis**

Therapist: What would happen in a boring course if you were trying to have a positive attitude about it, and it still wasn't working out?

John: I would have to say that that wasn't right for me.

Therapist: In the same way, your marriage is a situation which cannot be controlled. And all attempts to control it immobilize you and prevent you from feeling anything that may or may not be there.

John: That makes sense to me.

John went on to relate further incidences of guilt. Each instance was processed in light of the Guilt Desensitization and Ego Deemphasis framework. For example, the therapist asked: "How does this instance relate to what we've processed earlier?" Support was given for each of John's successive insights into his feelings of guilt. The session ended with this exchange.

John: So I shouldn't feel like I have to solve everything, right? Just let things come and big deal if things don't work out perfectly.
Therapist: Right.

John: I've got to analyze everything, like I should make a choice. And you're telling me that I don't have to do that--like it will just come. See, that makes me feel good, like I am accomplishing something.

Third Session

John initiated the session by stating that he had been "losing control" and "really depressed" for the past two days. He also reported that he was "trying really hard," feeling guilty about his level of performance in school, feeling unsettled, and "not knowing where I'm at."

As John's anxiety increased, his motivation for sorting things out greatly increased. This was a decidedly active session.

Nowness

Therapist: You have a concept of what rationality and maturity should be and you know that you don't measure up to that.

John: I realize that it's something that a lot of people might feel, confused and undecided.

Therapist: Another thing that you seem to be telling me is that indecision and insecurity and lack of control is a bad thing.

John: Yeah.

Therapist: I think there's a lot of wisdom in that insecurity and that lack of control. That's your own system trying to regulate itself. If you cut yourself your system would put a scab on it; it wouldn't look pretty and you wouldn't be proud.
of it but it would be healing itself. Your system is trying
to psychologically heal itself.

John proceeded to share his "shortcoming" and his difficult time in medical school.

**Not Trying**

**John:** It's getting worse and worse. I don't know if I'm playing a mental trip on myself.

**Therapist:** It sounds like you're trying really hard to sort things out.

**John:** Yeah, and the more I think about it the more I'm supersensitized to what I'm doing. And it goes deeper and deeper, and I don't know how to get out.

**Therapist:** It's like you're on a track and you see that there's a race going on. You see a problem and you want to go faster, and you keep going faster and faster, but you don't seem to be doing any better.

**John:** I don't know if I've been directing my energies in the wrong places and now I'm so lost. I'm putting so much energy into getting back on track. If I could just get back it would be much smoother, you know. I wouldn't have all the guilt of trying to measure up.

John was very active at this point and he proceeded to tell more inadequacies and insecurities.

**Ego Deemphasis**
John: A couple people have mentioned that I study a lot and that kind of bothers me 'cause I don't want to be someone who is unsociable, someone who is wound up in their books. That's not what I want and I seem to be doing that.

Therapist: It's like you see yourself in everything that you do. I do this well. I do this poorly. Everything you do is like that.

John: Yeah, I always criticize myself, almost anything I do. Instead of it keeping me on track, I pick up on everything.

Therapist: You're always trying to make everything go and when it doesn't you make a judgement of yourself.

John related further incidences of personal judgement and questioned as to how to get out of this predicament.

**Not Trying**

Therapist: You do that by allowing those processes to exist and not try to make them anything else--going along with things.

John: Would some kind of therapy be to back off a little?

Therapist: Exactly.

John proceeded by relating the many instances in which he tries so hard.

**Nowness**

John: I'm not finding my way to the right road.

Therapist: Of ten times we have to flounder along the way and step into a mud puddle to get on the right road. In fact, there really is no other way.
John: Why don't I read and retain what I really think is important so when I come upon it in a patient, I can relate back to it. Instead, I read and reread and reread.

Therapist: You can't because you're a person that's stuck in the mud right now and you can't be any other way--anytime--except for what you are right now.

John went on to state his personal philosophy that persons are totally responsible for whatever happens in their lives.

_Ego Deemphasis, Acceptance Blend_

Therapist: What I see you doing is, this might be a little hard, but I see you wanting the world to match your philosophical beliefs. And you're finding that the world doesn't match that.

John: You mean as far as putting that energy in things?

Therapist: That things can be controlled. You've come to believe that and that has made sense to you up 'till now. But now you're reaching something that you're calling maturity and you have to allow life to be what it is rather than meeting an idealistic philosophy. And that's really maturity, when you can allow life to be what it is. That's why I say that you're evolving into maturity. You're realizing that all of your idealistic efforts are being frustrated.

A discussion followed about how personal philosophies and maturities
develop. A thread of the Acceptance construct wound through the discussion. For example, is it OK for a physician to be introverted? The therapist made a self-disclosure about his own career which has been successful without forced charisma. The therapist followed by saying that whenever doctors fight against their own natures—such as introversion—then they create distance between themselves and their patients.

**Acceptance**

John: So just say that it's all right to be anxious or don't worry about it. Those are the same things, right?

Therapist: Allowing that anxiousness to be and to allow yourself to be an agitated, anxious person. That isn't something that you have to fight.

John: So what do I do, just say it's all right to forget, and I forgot?

Therapist: Well, I just forgot and I feel uncomfortable, I wish I wouldn't have, but I did and that's OK.

John: I'm asking you, if it's better to kick back a little and in the end you'll be better to your patients.

Therapist: You feel that you can either be this person that's great to their patients or be this person that's great in the field, very highly educated and esteemed.

John: A display piece (laughs).

Therapist: I can be one or the other, and I have this choice. That's
OK but we've discussed how this philosophy doesn't work for you. Actually life is telling you which way you need to go and you're fighting it. You're not happy with this or you're happy with that, just listen to that experience and follow it. It may lead you to be an esteemed professor of medicine or it may lead you to be a peoples' physician.

John: Oh, I see what you mean. It's not necessarily that I have to choose either one. I can relax and go to either one.

Therapist: When you relax you will just go to one or the other. As long as you fight it, you'll be in trouble. If you listen to what you're happy doing you will go in one of those directions.

John: OK, that's good. I feel a lot better now.

End of session three.

Session Four

John began the session by reporting relief from feeling that he "has to do well" in medical school. He also reported increased academic interest and performance; he reported viewing school as a learning experience rather than as a trial. John stated that he is beginning to not take things so seriously and is experiencing a generalized sense of relief. In addition, he reported that he is "just emerging" into this perspective and has a fear that he cannot hold onto it. A discussion ensued about how his inability to "hold onto" his new perspective unfolds into a day to day issue.
Not Trying

Therapist: Earlier I mentioned how anxiety could be like a scab on your skin; it's there for an important reason. When you start thinking about what you have to do to rid yourself of your anxiety you will aggravate your healing. If you allow the anxiety to be and say it's all right, then the anxiety can lose its wind.

John: I see.

Therapist: But if you say, I've got to do something about this anxiety, 'cause, boy, if I'm this anxious tomorrow it's going to be real tough, then it just starts building.

John: It's like trying to put a lid on a (laughs) boiling pot!

Therapist: Exactly!

John: It'll go off!

Therapist: What you need to do is turn down the heat, not put a lid on it.

John: That's great, yeah. So you believe that anxiety can be constructive anxiety or futile anxiety.

Therapist: Right. The heat is your effort to try and make the anxiety stop and by allowing that to be you turn off some of the heat.

John: Yeah.

Acceptance
John proceeded to share how he has been experiencing an increased sense of being able to sort things out.

John: It feels so much better, it feels like I'm living instead of being suppressed and being told what to do.

Therapist: And what you do has come about by gauging how things are going on in the world, not by trying to force something to work for you, you back off and go ahead with what feels best.

John: You think all along I was driving myself to a solution instead of—see, I always felt that I had a problem 'cause I wasn't getting any results and you told me that I was solving something just by recognizing the problem of trying to work it out, that's really a positive thing that I remember.

Therapist: Anytime that you realize what's going on, no matter how painful, you're on your way to sorting out what's going on. It sounded like you were just going around and around, and you told me the only thing you could do was try to make it faster or go better.

John: Yeah.

Therapist: And now you know the solution to that kind of fix is not to race ahead and try to win but to just step off the track and take a break.

John: Yeah, yeah. Like it's a whole new approach now. I was trying to make my own way of doing it more efficient. Now I realize it's impractical.
John then began a discussion of his marriage. He stated how he felt bad about how things had gone but said that he realized now that the only way things would improve would be if improvement happened in the same spontaneous manner as it has in his academic concerns.

John: So just let it happen and accept.

Therapist: If it happens it happens and wouldn't that be wonderful.
If it doesn't happen, then it doesn't happen.

Processing continued concerning this issue.

John: I hope that I won't be as anxious now, so I can see if my feeling will or will not come out.

Therapist: Intimacy come out or not come out?

John: Yeah.

Therapist: I think you will.

Processing continued to focus on John's marriage and then shifted to John's newly evolved way of viewing himself.

John: I am bringing, you know what my problem was before, I think I had this person up here (raises one arm completely) me, who I thought I should be and me who I am (raises other arm halfway), and I was trying to go this way (raises lowered arm towards higher one) up, and now I'm finding I can bring this guy down (the uppermost raised arm) for me to accept it, you know, its much more compatible, it's much more realistic, and it's a less anxious situation, and I feel tons better (deep sigh).

Therapist: Great! That's wonderful imagery by the way. That's it, that's it right on the money.
John: I feel like I'm part of the human race (laughs). I mean, do you know how I feel? I felt so alienated, I think I'm going OK now, I'm finding myself.

A mutual decision was made to terminate after the next session.

End of session four.

Session Five

John began the session by reporting that he had no urgent issues to work on. He then requested that we explore in a summary fashion what has changed since "A lot has changed for me." John began by saying the reasons why things have worked out so well for him: (1) beginning therapy before "things got really bad, and (2) "what we've talked about I've acted upon." He then described an anxious test preparation and test taking experience in which he did become anxious but did not add to the anxiety by punishing himself for feeling anxious.

Acceptance

John: It was necessary (anxiety); it was just a very nervous experience.

Therapist: To me that's one of those things when you're talking and requesting summarization on change, that would be what I would say is an essential ingredient of change. When things get into an overwhelming and time pressured perspective, that you are going to feel anxious. That that's the way it's going to be when you're under a tremendous amount of pressure, and it's absurd to think that you
could sit there coolly and calmly. And by allowing that to
be you were able to study for the test, finish the test,
and come down off it.

John proceeded to tell additional instances of experiencing this way
of dealing with things.

Therapist: It's almost as if there were a lot of things that were
holding you back and you just let go of those things. It's
actually a way of doing less and letting go that's made
life more livable.

John: I'm more relaxed, and I'm not worried about remembering,
see before I would say, I've got to remember! And, if
I don't remember it, I must be dumb. You know when we
talked last time we said it's allright to not remember
everything. I'm more at ease with myself, and I was really
surprised at how much I remembered.

Therapist: It's as if there's a power in what you're doing. It's as
if it's an action through non-action.

John: Yeah, I'm not talking a lot in my head when I'm receiving
stimuli. I'm able to have more come in and can sort out.
I recognize that I don't have to be perfect. It was ironic
that I thought that I could become better by trying the
wrong way. I kind of knew it was the wrong way, but I
thought if I did it well enough, I'd be effective.

Therapist: Great, I'm glad that's really come around for you.

John related further ways in which this perspective works for him.
He applied it to his marriage, his exercise habits, and his approach to medical school. John again noted that he wanted to get this down so he has this perspective for the future. He then proceeded to explain that he felt he could remember the feeling, "like being hooked into a groove," and that what he will do in the future is sit back and sort out what he has been doing and be open to that free feeling.

Therapist: You may find that it will not always happen up to your idealistic expectations. You may find that you go a day, or two days, or maybe even a week doing things that are not optimal, but I think you'll catch it, although it won't be up to any idealistic expectation.

John: I guess that you would say that the purpose of problems is to learn from them, rather than to put the lid on them.

Therapist: You're really surprising me. In fact, you could call them false problems.

John: You know, like we talked about, a lot of people, all they're doing is just fighting with themselves.

Therapist: You could call that a one-man wrestling match (laughter).

John: That's a good one!

Therapist: Yeah, they're fighting with that false problem instead of just going ahead with it.

John: You don't want to put it (problem) in it's corner, like you have this big cube in your office, and you're trying to stuff it in that (points) corner, you know, I mean, there's a lot of energy that goes into that and as soon as you let go of it, it just goes! (swings arms, wide
open, laughter). You know, just sit there and allow this thing to exist and understand it and co-exist, co-exist with your problems. Problems, I don't like to say that word, but your circumstance.

Therapist: That's such a clear understanding.

John: I feel so much better 'cause it took so much energy, if something happens, you accept it. And maybe a half hour later you have something else come at you, you accept it. Instead of you know, I've got this thing I'm working on back here but now this thing up here is coming at me, and it's impossible.

Nowness, Acceptance Blend

The process again shifted to John's relationship concerns.

John: I'm able to talk with her without feeling uptight, but I'm still apprehensive about some things.

Therapist: You really can't feel any other way right now. You don't know and you aren't sure. But the way you will come upon your answer is by being more receptive to it and that's what you're doing right now.

End of session five.
CHAPTER IV

ASSESSMENT OF CASES

According to Nuttal and Ivey (1978), empirical action research is a three stage process. The first stage, "performing the intervention" and the second stage, "keeping a record of the activities the helper engages in and the client's reactions to these activities" have been completed (p. 84). The third stage, "assessing the effects of the activities on the clients" (p. 84) will be the major focus of this chapter. This assessment will be approached by examining how specific constructs were helpful in assisting clients to attain treatment goals.

Case I

Treatment goal I for Jan was to increase an allowance of and trust in the here and now situation. This general goal was broken down into two divisions. The first division of goal I was to increase an allowance of and trust in Jan's here and now feelings of frustration, guilt, anxiousness, and depression. In the first session, the therapist used the Nowness construct to initiate movement towards goal one when he said, "After all you've gone through it's perfectly normal for you to feel as hopeless as you do." Jan responded by saying "Yeah, I guess it is." This exchange opened the door for repeated use of the Nowness construct during therapy. By the seventh session, Jan had made

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successful therapeutic movement toward the first part of goal I as evidenced by exchanges such as this one, Therapist: "It's OK to be bothered. Jan: "Yeah, that seems to be what happens."

The second division of goal I was to increase an allowance of and trust in Jan's thoughts of personal dislike and unworthiness. The Nowness construct was repeatedly used throughout therapy to produce movement towards this allowance and trust. This movement was successful. In session seven Jan stated, "I think I'm kind of starting to like myself better--I realize I'm not completely bad. There are some things about me that bother me sometimes, but I don't expect to be perfect anyway."

Goal II for Jan was to increase an allowance of and trust in her ability to "swim with the current." As with goal I, this general goal was broken down into two divisions. Part a was to clarify or confront Jan's attempts to alleviate her depression rather than go along with the nature of it. In session three a Not Trying construct was used to clarify this concern when the therapist instructed Jan that she "could benefit from viewing depression in the same way (as a physical scab)." This theme was used throughout therapy and successful movement towards goal II was accomplished as per this exchange:

Jan: It's not like I've been trying to do anything.
Therapist: That's probably why it's been working so well for you.
Jan: Maybe. Therapist: ...you had to find out what it was and how to control it. You've just stopped doing all that. You've let go of it all, without any effort. Jan: ...I guess maybe I had to do that before I could not do that or whatever.
Part b of goal II was for Jan to come to feel that she doesn't have to avoid feeling angry at her parents by feeling angry toward herself. Jan was asked to write feelings of anger toward her parents in a letter and then not send the letter. The Nowness construct was used to augment movement toward goal II, b. Therapist: When you imagine getting angry or write a letter and start to feel uneasy about this, ask yourself, "am I OK right now?" You may be worrying about what you've done or what will happen but, are you OK right now?" Jan experienced an increasing allowance of angry feelings. In session six Jan stated, "It seems easier to share how you feel. That really helps."

Goal III was to help Jan see through her ego emphasized behavior and experience a sense of self that is larger than the ego. Her ego emphasized stance was clarified early in session two when the therapist said "Maybe the trying and the pressure you feel to try to control things is what causes a lot of the problem." From that point on, a variety of Ego Deemphasis constructs were used. By session seven, Jan experienced successful insight into her ego emphasized controlling behavior. Jan: ...I kind of tell myself, OK, it's going to bother me a little bit, but it won't be the end of the world and I'll get over it. Therapist: It's OK to be bothered. Jan: Yeah, that seems to be what happens.

Goal IV was to provide Jan with insight into her feelings of guilt. Guilt Desensitization was not used as a specific construct until session five, however, the use was strong and direct. Therapist: "You were there, but you were part of the family. You can't be the whole problem, you are only one part of it." The successful, but
limited direct use of the Guilt Desensitization construct was augmented by the successful application of the Ego Deemphasis construct. A lessening of guilt naturally flows from a less ego emphasized psychological stance. Jan experienced successful movement toward goal IV. Therapist: That you can even say an odd thing and make a fool of yourself and be all right. Jan: I've kind of found that out, I don't know what it is but lately I just don't care that much--like if I notice that somebody doesn't like something I say...I just kind of let it slide.

Goal V follows that if Jan can experience the freedom to let her judgemental attitude slide, she can simply allow things to be, then trust and accept what comes her way. Similar to the use of Guilt Desensitization, Acceptance was not used as a specific construct until session five. And, according to the same process explanation used for Goal IV, successful use of the other constructs leads to acceptance. However, the use of the Acceptance construct itself should not be diminished. For example, in session five the therapist states, "It's a difficult thing to recognize feelings and emotions and allow them to be." Jan: "I've never really thought about it before." The process proceeds to session six, therapist: "That even when things are falling apart...somehow there's something more about you that's acceptable." Jan: "I don't know, things just don't seem to bother me as much." And then to session seven, therapist: "That you just let go of all that stuff that you were grasping onto." Jan: "Yeah, I don't know I guess I kind of lately I just say OK I'm just going to be the way
I am, and if people don't like it then it's just their problem and not my problem. I'm not going to worry about it. I think that's a lot of difference."

Case II

Treatment goal I for John consisted of a general goal of increasing an allowance of and trust in the here and now situation. This goal was separated into three areas of focus: feelings, thoughts, and behaviors. Feelings included tension and anxiousness; thoughts consisted of self-doubt; John's reported behaviors were loss of sexual interest, inability to have fun, and difficulty sleeping. In the first session, John had reported all these concerns and said "that's a lot." The Nowness construct was used in a general way to initiate movement towards goal one. The therapist said, "You need all these things" and also related a Nowness physical healing metaphor. Later in the same exchange, the therapist focused on goal I,c when he said "You are depressed right now and persons experiencing depression just naturally experience a loss of sexual interest. That's just the way things are and they can be no other way."

Later in session one, the therapist focused on part a of goal I. John was relating how he feels anxious and "can't relax;" the therapist reflected to John how he had relaxed as the session moved on and "right now you're relaxed." The Nowness construct was repeatedly used and also blended with other constructs throughout therapy. In session three, however, the Nowness construct was used to focus directly on
part c. of goal I. John was expressing his indecision as a "bad thing" and the therapist stated that there was "a lot of wisdom in that insecurity" and again used the Nowness healing metaphor to reinforce this psychological perspective.

John experienced successful movement for all of goal one. For example, in session five he was explaining an anxious test taking experience in which he did become anxious but did not add to the anxiety by punishing himself for feeling anxious. John: "It was necessary (anxiety); it was just a very nervous experience." In addition, John made a strong movement towards acceptance--to be discussed later--and it simply follows that if John allowed and trusted in the here and now situation, this would be evidenced by parallel acceptance of the here and now situation.

Goal II was comprised of an increasing allowance of and trust in the ability to "swim with the current." This goal was focused on a clarification and/or confrontation of his attempts to love his wife more and be more self assured in medical school. In session one, the therapist used the Not Trying construct when John described how once he didn't have any pressure to do well and he actually did much better than his other times of trying really hard. By the third session, John began to experience insight into the Not Trying construct, "Would some kind of therapy be to back off a little?" John proceeded to unfold this insight in session four when he stated that his attempts for improvement were like "trying to put a lid on a boiling pot... It'll go off!" In session five, John continued this successful movement, "It was ironic that I thought that I could become better by
trying the wrong way. I kind of knew it was the wrong way, but I thought if I did it well enough, I'd be effective."

Goal III was for John to get a sense of an emerging sense of self that is larger than ego. This goal was split into two areas of focus. Part a was to confront John's entry level goal of trying to make things "revolve around me." The therapist confronted this psychological stance in session two after John stated, "Isn't it all in the mind though?" After the confrontation and processing John stated "that makes sense to me." Part b was to help him see through his behavior of "analyzing everything." John experienced successful insight on part b after being confronted in session two, "So I shouldn't feel like I have to solve everything, right? Just let things come and big deal if things don't work out perfectly." The Ego Deemphasis construct was used throughout therapy. By session five, John had experienced successful movement towards both parts of goal III. John: "I feel so much better 'cause it took so much energy, if something happens, you accept it. And maybe a half four later you have something else come at you, you accept it. Instead of you know, I've got this thing I'm working on back here but now this thing up here is coming at me, and it's impossible."

Since John was not totally responsible for solving every thing/event he came into contact with, goal IV was to develop an increasing allowance of and trust in a less judgemental psychological set. More specifically, goal IV was to provide John with a way to see through his guilt. In session two, a strong Guilt Desensitization construct was used. This construct use jolted John's ego emphasized guilt. He
looked perplexed and expressed confusion. For John, confusion of this type served as motivation to sort out relevant personal meanings. True to his nature, this exchange proved to be a catalyst for clarifying his ego emphasized guilt. In session three John inquired, "So what do I do, just say it's all right to forget, and I forgot?" In session four John reported relief from feeling that he "has to do well in medical school." And in session five, John reported, "I'm more relaxed, and I'm not worried about remembering, see before I would say, I've got to remember! and if I don't remember it, I must be dumb. You know when we talked last time we said it's all right to not remember everything I'm more at ease with myself, and I was really surprised at how much I remembered."

Goal V was to clarify and/or confront John's psychological stance of imposing his idealistic veneer onto the world so that he could experience and trust in a sense of letting go. This confrontation was used in session three when the therapist said, "now you're reaching something that you're calling maturity, and you have to allow life to be what it is rather than meeting an idealistic philosophy. And that's really maturity, when you can allow life to be what it is...You're realizing that all of your idealistic efforts are being frustrated." John responded later in the session by saying, "Oh, I see what you mean. It's not necessarily that I have to choose either one. I can relax and go to either one." In session four, John continued his new understanding, "So just let it happen and accept." His understanding continued to unfold in session five. "You know, just sit there and allow this thing to exist and understand it and co-exist, co-exist
with your problems. Problems, I don't like to say that word, but your circumstance."

A detailed assessment has been made of the constructs' effects on both clients. In case I, the Nowness construct was shown to be helpful in assisting Jan to trust in the here and now. The Not Trying construct proved successful in helping Jan to go along with the nature of her depression, which, in turn, allowed her to express anger. The Ego Deemphasis construct aided Jan's insight into her ego emphasized method of unsuccessfully controlling her depression. The Guilt Desensitization construct helped her establish a new way of viewing her part in a troubled family. The Acceptance construct was instrumental in providing Jan the freedom to trust in whatever comes her way.

In case II, John made rapid changes in his psychological stance. The Nowness construct was successfully employed in helping John trust in his immediate feelings, thoughts, and behaviors. The Not Trying construct helped him see that he needed to back off from his efforts to make himself an ideal person. The Ego Deemphasis construct provided John with insight into his behavior of making things revolve around himself and "analyzing everything." The Guilt Desensitization construct jolted John's inaccurate perception of guilt. The Acceptance construct directly confronted his idealistic way of dealing with the world, which, in turn, helped him to "let it happen" and "co-exist" with his circumstance.
CHAPTER V

CONCLUSION AND RECOMMENDATIONS

This study focused on the direct application of Taoism to psychotherapy. The research concentrated on four specific areas. First, the fundamental percepts of Taoism as derived from traditional and modern texts were applied to the development of a personality theory. Second, a five-part construct approach to psychotherapy was derived from the theory. Third, the constructs were applied in short term psychotherapy with a male and female client. Finally, an assessment was made of the constructs as applied in the case studies. The assessment showed that the constructs generated results congruent with treatment goals.

In light of this study, therapists must examine the premise of their therapeutic approach. Western therapists make the assumption that corrective measures—designed to improve life by a constant selection of the "good"—are the only solution to the troubled person's predicament. The therapist and the client join forces in this folly of conscious control. They are so caught up in their illusion of mastery that they are not able to step back and consider that there is nothing either good or bad, but thinking makes it so. Their premise relies on guilt and supports the fondest illusion of the human mind, that is, in the course of time everything can be made better and better.
Western therapists make well-meaning, inappropriate therapeutic efforts. For example, most therapists would agree that it is imperative to increase their client's self-concept, self-esteem, or inner locus of control. These "gains" are achieved by making things more positive while striving to eliminate the negative aspects of human experience. This psychological stance motivates behavior through idealism and the resultant guilt produced by ego centered attempts to dominate and control experience. These therapeutic efforts define small mind.

Persons come to therapy when their efforts to find answers or solutions are not succeeding. They may have thought all along that the only way to improve their lot is to employ "good" intentions and struggle to become loose and clear. If this is the case, they will be trapped in a small-minded mire of well-meaning stubbornness. It is a mistake for therapists to provide persons with another system of organized despair. The appropriate "corrective measure" is to help persons begin to accept themselves as they are and trust in whatever they are. Therapists must help persons get off the track that they have been circling on. The track consists of grasping for control of things resulting in a small mind psychological stance; this grasping for control is based on a profound mistrust of the controller. When persons do begin to trust in all things and stop trying so hard for "improvement," their experience ceases to clutch at itself. Persons begin to observe events as one observes reflections in a mirror, nothing is reflected
except what is. They can see that their grasping upon the world had become a stranglehold about their own neck, the hold which deprived them of the very life they so longed to attain.

It is hoped that this work will prove to be a solid beginning for psychotherapy from a Taoist perspective. The field is ripe for future investigation as Taoist philosophy has gained importance in the West and promises to continue doing so. This popularity could be explained as a combination of the recognition of need for alternatives and a reorganization of values in Western society (Pedersen, 1977). It is important to point out that as Taoist concepts are applied to the West, Westerners are often standing on the outside of Taoist philosophy looking in. This situation came to a head in the development of personality and psychopathology sections of the theory of personality. It was acknowledged that these two sections of the personality theory proved to be largely incongruent with Taoism. Future researchers must be cognizant that this type of incongruence could develop in their work.

This study has laid empirical groundwork for future experimental research. The research perspective of empirical before experimental was explicitly developed by Nuttall and Ivey (1978). The specific suggestion for future research would be single case experimental designs as developed by Hersen and Barlow (1976). The researcher could define accepting type statements and use the definition of ego grasping statements from chapter I as discrete variables for experimentally evaluating the therapy. However,
the problem of fitting Taoist philosophy into Western models may arise in these experimental designs. For example, can there really be an explicit duality between acceptance and ego grasping? In a true Taoist sense, no such duality can exist. Therefore, future researchers need to be cautious in their approach as it would be easy for them to "push" therapy towards the acceptance variable in an ego grasping way.

Future research is also required to explore a specific observation from the two case studies. Change for Jan was slow and laborious with her ability to see through her false problem coming a little at a time. In contrast, John experienced a dramatic change during the third session. After John experienced his insight, most therapy time was spent further clarifying issues in light of his newly evolved psychological stance. According to this therapist's field experience, such dramatic change is not uncommon. An important question persists. What specific determinants provide a structure for dramatic change? John reported (1) beginning therapy before "things got really bad," and (2) "what we've talked about I've acted upon" as the major reasons for his change. But are these motivational factors the specific determinants for dramatic change? Future research is required to pinpoint the critical factors.

It is essential that future research continue to explore Taoist Psychotherapy's ability to provide clients with something more than remedial adjustment to society. Change for John was
sportive and joyous. This attitude is characteristic of the ancient Chinese sages. It is interesting to note that change was also dramatic; this type of change is similar to the behavior change of Zen training. Thus, this study has created a Western approach for therapeutic values which have similar characteristics to Taoism and Zen. Could it be considered a Western form of the Zen enlightenment experience? Future research is required to properly address this question.

In summary, it is necessary for therapists to examine the premise of their therapeutic methods. The constraint of fitting Taoist thought into Western perspectives could prove to be a limiting factor for future development. Specific methods for future research were suggested. In addition, it was recommended that future research explore the determinants which provide a structure for dramatic change. Furthermore, it is imperative that future research not only assess Taoist Psychotherapy's utility, but also assess its ability to provide a spontaneous awakening to the Tao.
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