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Introduction

This book offers a theoretical and practical account of how people change and, in particular, of how people who are not managing to solve their personal problems can be helped by psychotherapists. That a psychotherapist, in order to be helpful, needs certain human qualities and skills can, I hope, be taken for granted; but he also needs a trained intelligence, an appropriate range of concepts and the ability to share them with his patients. This book especially emphasizes how thinking can be applied to the solution of problems in living and emotional difficulties.

The book is written out of my experience as a psychotherapist; but earlier work in general practice, and some work in psychiatry in hospital settings, has left me very aware of the inadequacy of the provision of this kind of help for the many people who might make use of it. For this reason I am particularly interested in therapy that is brief, in the use of methods that can be shown to be effective, in approaches that enlarge patients' capacities for self-help, and in ideas that are accessible to the lay reader. We all lead complicated lives in a difficult world, and the claim made by psychotherapists that the quality of a person's life can be altered by a few hours spent listening to, talking to, or instructing, is, on the face of it, somewhat outrageous. Not everybody accepts the claim, and sweeping hostile criticisms are still fashionable in some quarters; but evidence, large in volume if mostly poor in quality, points firmly to the conclusion that many different ways of conducting therapy are effective in producing many different kinds of change in many different kinds of person. There is much less agreement as to which methods of treatment are most effective in producing what kinds of change in what kind of person. The clarification of that issue has been much hampered by the fact that psychotherapists resemble the builders of the Tower of Babel, both in the lack of modesty of their ambitions, and in their division into warring groups lacking a common language with which to connect their different ideas and enterprises. In this book I am proposing an approach to psychotherapy which is not confined by the language, concepts, values, or methods of any existing school.

THEORIES OF PSYCHOTHERAPY

The approach I am proposing is described as far as possible in everyday language, but is based on scientific psychology. The underlying model is of how people perceive, understand, and give meaning to, their experience, and of how they learn to act in the world. The model is a simplified one derived from the study of the growth and development of thinking (developmental psychology), from attempts made to understand thinking by experimental and theoretical work (cognitive psychology), and from the use of computers to carry out functions analogous to those carried out by the mind (artificial intelligence). However, these branches of scientific psychology have only distant contacts with clinical work, and most of the practically based knowledge of use to psychotherapists is available only in the languages of one or other of the rival schools. It is my aim to consider how methods of treatment derived from these different sources can be combined on the basis of the model proposed.

The choice of a model or language with which to describe people inevitably implies an assumption about the nature of man. Psychiatry in Britain has strong medical roots and has concentrated its rather scanty resources upon the care of patients, with serious mental illness, who are not primarily treatable by psychological means. Workers in this tradition tend to think in terms of "man as organism" and to accept only incompletely and uneasily a responsibility for psychologically determined and psychologically treatable distress. Psychologists and social workers have to some extent made up for this bias. In the United States, on the other hand, medical psychiatry has been much more influenced by psychoanalytic thinking, to the extent that some consider that physical and genetic influences have been neglected. In so far as British psychiatry has been influenced by any psychological theory, behaviourism has come to have a larger impact than psychoanalysis; at least, outside the psychoanalytic community in London. In my view, while behaviourism and psychoanalysis have contributed most of the practical understanding that we have of psychotherapy, they are both defective theories. The behaviourists' exclusion of any consideration of self-consciousness and intention and indeed, until recently, of any concern with cognitive function at all, leads to a painfully diminished account of man. Psychoanalytic theory, offering a much more complex model, indeed a chaotic one, is in its own way also humanly reductive in that it seeks to explain man's actions and experiences in terms of the interplay between impersonal forces or entities in the mind. The cognitively based model which I am proposing emphasizes the way in which people actively live their lives on the basis of mental representations of themselves and of the world. A person's system of mental representations places his perceptions, understandings, predictions, and actions within a system of personal meaning. Human life has human, not mechanistic, meanings and issues of learning, feeling, meaning, and choice must be central to any adequate account of it. In emphasizing choice, one does not, of course, deny the limitations imposed upon us by our biology or by external reality. Psychotherapy

cannot change many aspects of our natures and it cannot change the world, but it can help us to change how we understand ourselves and our relation to the world. Thinking about changing involves examining how we think, feel, act, and learn, in order to make our experience fuller, and our thinking and acting more effective.

THE VALUES AND SCOPE OF PSYCHOTHERAPY

The central aim and value of psychotherapy, as I see it (and this will become clearer in the course of the book) is that of enlarging people's ability to live their lives by choice. While the removal of symptoms is a worthwhile act, and is sometimes all the patient requests, the nature of psychologically derived symptoms is such that wider aims are nearly always implied. These aims are achieved by enabling patients to acquire a more accurate and fuller experience in place of muted, denied, or distorted experience, and by reducing those aspects of life that are lived by compulsion or evasion, and extending those that are lived by desire and intention.

Those whom we call neurotic may have elaborated recognizably abnormal patterns of thinking or acting, such as obsessions or phobias, but many are distinguishable from their fellows only by the frequency, intensity, or apparent inappropriateness with which they suffer emotional distress. Such distress is related to how their lives are lived and often involves external events of importance, such as problems at work, relationships that go wrong, or bereavements and other losses. In such cases, the external events may appear as causes, but they may also be the result of the individual's own actions. Psychotherapy offers a particular kind of help to these people. Drug therapy may serve to dull emotional pain; political or social action may express an appropriate response to external sources of difficulty; friends may help with affection, material aid, practical assistance, and advice. Distinct from these, psychotherapists will try to help the person in trouble to understand how far his own beliefs, assumptions, attitudes, and strategies of living may have brought about, or maintained, the distress from which he is suffering, and will help him to explore how these ways may be changed.

There are countless ways in which the psychotherapist may attempt to do this: the approach described in this book is a synthesis and extension of some of them. The main sources are the contrasted and conventionally opposed ones of psychoanalysis and of the cognitive and behavioural therapies. From the former is especially derived the view that our personalities are deeply influenced by our particular histories, and the understanding of the subtle use that can be made of the relationship that develops between psychotherapist and patient in encouraging change. From cognitive and behavioural approaches is derived the belief that the therapist who is prepared to direct actively a patient's attention to his need to act differently in discrete situations, or to change habitual actions and thoughts, can enable many people to gain control over important aspects of their lives. To anticipate the discussion of these issues that will recur throughout the book, my overall judgments of the two approaches can be summarized as follows.

Psychoanalysis makes an attempt that is proper in range and ambition, but it has become trapped by theoretical confusion and restricted in its methods by institutional pressures. Cognitive and behavioural approaches, on the other hand, offer effective therapies over a limited range on the basis of theories that attend to only segments of human experience. While I am not seeking to write a comprehensive review of these rival theories, I will indicate their main positions throughout the book, both in the theoretical and applied sections, and describe how the proposed approach resembles and differs from them. My wish to reconcile and combine these opposing viewpoints has rational and intellectual reasons but, as so often in human life, draws some of its energy from less publicly commendable sources and attitudes. This may be illuminated by two incidents that occurred while I was occupied with writing this book. The first was a dream, provoked by a full bladder. I was in a bare, carpeted waiting-room about to see Freud: unable to find a toilet, I lifted up a flap of carpet and discovered a small concealed urinal. Thinking about how to describe this experience to Freud, I considered whether it was appropriate to use the term "Freudian interpretation" to him, and then decided that the main thing was not what I was going to say, but the fact that I had come to the consultation; at which point I woke up. The second incident moves on from the interpretation of dreams to the psychopathology of everyday life. It occurred when I wished to get hold of a book on behaviourism, written by somebody whom I had met and liked. I had walked a mile or so through a very cold Massachusetts winter's day to the bookshop, only to find myself there quite unable to recall the author's name . . . . I must leave it to my readers to interpret the meaning of these two episodes, and to my text to demonstrate how far my evident ambivalence in both directions has been satisfactorily resolved.

PLAN OF THE BOOK

Readers who have little background in any psychological theory relevant to psychotherapy may find the comparative and integrated approach of this book a reasonable starting point; whereas those in the field, but mostly familiar with only one approach, may be helped to see more clearly its relation to the views of others. The main text consists of an exposition of my own ideas, using the language and concepts which I consider most appropriate to the task, and it is largely unencumbered by references and quotations. However, each chapter will conclude with a discussion section, which serves to link the ideas put forward in the text to current thought and practice, and to indicate the main published sources.

The book opens with a general account of how we learn about the world and how we act in it, and of neurotic behaviour and experience. In this account I consider how our assumptions, beliefs, and limitations on accurate understanding and experience on the one hand, and how our self-perpetuating, restrictive, or negative ways of acting, on the other, serve to block the effective solutions of our life's problems. The implications of this model for an understanding of symptoms, emotions, and

the self are then considered, and the kinds of learning required in therapy or in self-induced change are compared with theories of learning in general. Following this, is an account of the process of therapy, with the main attention being paid to those procedures that are appropriate to relatively brief and time-limited treatment. Finally, consideration is given to how the individual seeking help himself may be guided towards useful ways of thinking about and changing himself.

Throughout the book, I use the term "patient" to describe somebody being treated by a psychotherapist; others might prefer "client" on the reasonable grounds of making a distinction between the psychotherapeutic relationship and that appropriate between a doctor and someone suffering from a physical illness. However, my own familiarity with the term is too great for me to abandon it. "Psychotherapist" can also be taken to include "counsellor" and "caseworker". Similarly, throughout, except where individuals are being discussed, "he" or "his" also implies "she" or "hers".

One important source must be acknowledged. I have made extensive use of case histories, and of the written or tape-recorded words of patients whom I have treated over the past fifteen to twenty years. In all cases, anonymity is ensured by a restriction on the material quoted, and by the alteration of details not central to the argument. Wherever possible I have sought express permission to use these quotations, but in some cases I have no means of contacting the patients concerned; should any such patient recognize his own story or words, I hope he will recognize also my gratitude and debt. I am particularly grateful to "Anne" and "David", the accounts of whose therapies are used as illustrations throughout the book.

DISCUSSION

This discussion will be confined to psychotherapy research, the other issues raised being further considered in the rest of the book. The published literature in the field of psychotherapy research is enormous and is best surveyed through painstaking reviews, such as those of Bergin and Garfield (1971), Bergin and Strupp (1972), and Gurman and Razin (1977). Kazdin and Wilson (1978) offer a coherent partisan review of behaviour therapy; Luborsky *et al.* (1975) take a more general look at the problems involved in comparing different methods of treatment.

Among individual studies, that by Candy *et al.* (1972) describes the failure of an attempt to compare behavioural and psychoanalytic approaches, a failure essentially due to difficulties in defining common terms and criteria, and serving to illustrate the need for a common language and conceptual frame-work. One of the more successful attempts in this field is the work of Sloane *et al.* (1975).

In their study, after special interviews to ascertain suitability, hospital out-patients were randomly allocated, to either a psychodynamic or behavioural programme (each being staffed by experienced clinicians) or to a waiting-list. Progress in these three groups was measured by a wide variety of methods. The study showed that patients in both treatment groups showed higher improvement rates than did the

controls, but no clear advantage was shown for either approach over the other, except that the more active behavioural methods had a slight edge over the psychoanalytic ones for more severely disturbed patients.

In general, behavioural treatments are easier to evaluate than psychodynamic ones because their aims are more limited and more explicit, being largely confined to changing observable behaviours. The attempts to define equally explicit and measurable dynamic goals for psychoanalytically derived therapies has been made all too rarely, and seldom with success. The work of Malan (1963; 1976a, 1976b) is one of the more satisfactory in this field. Cognitive therapists (e.g. Beck, 1976) resemble the behaviourists in that they incorporate specific goals in their treatment programmes and, hence, research evaluation is feasible (Rush *et al.* 1977). Workers in the cognitive movement have set a recent trend in psychotherapy research which I personally find somewhat disturbing: in order to standardize the therapeutic "input", treatment manuals are prepared and therapists are trained to operate only in prescribed ways. This apparent simplification of the researcher's task (I say "apparent" for there will still be major variations in the style and personality of therapists) can only be achieved at the cost of crushing the subtlety and flexibility of the therapist, and the whole future of therapy could be distorted if only simple methods, simply evaluated, were blessed with scientific respectability.

In my own view, the development of more appropriate outcome criteria for the more complicated dynamic therapies is the first priority. It is important that we can specify and make measurable the full range of changes sought and, in particular, we must be able to measure the changes in underlying patterns of thinking, as well as the changes in observable behaviours. Small-scale studies of this sort, which demonstrate the achieving of specific cognitive changes indicated as goals at the start of therapy, following the focused, integrated, active therapy as described in this book, have been reported in Ryle (1979a and 1980).

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The Procedural Sequence Model

In this chapter, the model of human action that is to serve as the focus for the book will be described. A model or theory of something is an account (in a form we are familiar with) to which we can refer when we want to explain or predict the qualities of the thing or process in question. Models can be verbal, pictorial, mathematical, mechanical, or loosely allegorical; their purpose is always to demonstrate or explain only certain selected characteristics, not to reproduce the reality of the thing itself. The same thing or process can be equally truly described by different theories or models. The engineer's model of the physical forces involved in building a bridge, and the physicist's model of the structure of the constituent atoms of iron out of which the bridge is made, are both true, but they serve different purposes. In psychotherapy we need a model of man that is appropriate to the task of understanding neurotic difficulty and informing our attempts to initiate change.

MODELS OF MAN

There is, of course, no shortage of models of man for, once men became self-conscious, they became the object of their own model-building propensities. However, most such models served both to describe and to control: they were expressions of the structure and belief system of the particular culture. Nothing is more effective as a social control device than giving an individual a description of himself that confines his self-understanding to the terms his society allots him. The attempt to build scientific models free from such moral and political influence (while also accounting for the operation of such influence) is of recent origin and has been incompletely successful, and indeed is likely to remain so. Laing (1967) has written with passion against that most general and prevalent distortion which stems from the failure to distinguish the scientific study of persons from the study of natural phenomena. Persons, he argues, must be defined in two ways: "in terms of experience, as a centre of orientation of the objective universe; and in terms of behaviour, as the