

THE USE OF THERAPIST-IMPOSED STRUCTURE IN GESTALT THERAPY

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Among Fritz Perls' major talents was his genius for structuring the therapeutic hour in novel and inventive ways. As Zinker (1974) points out, the Gestalt procedures known as the hot seat, empty chair and top dog-under dog first began as the creative expression of Perls' *momentary insights*. However, what originated as personal phenomena have since been translated into *Gestalt techniques*.

These transformations represent the evolution of Gestalt therapy from innovation to institutionalization. First came the period of growth and change, a time of peaceful anonymity for both Perls and Gestalt therapy. Insights were utilized to illuminate the moment, and then quickly discarded as other structures, which better fit the tension of the "now," were invented to take their place. Then began the popularization and codification of these insights by the human potential and encounter group movements. It was also during this time that these momentary insights became frozen into techniques.

Respectability became insured with the adoption of these procedures

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by hungry therapists, feeling limited by the nondirectiveness of Rodgers and the noninvolvement of Freud. These techniques were powerful and provided an active way of working which led not only to rapid, but also to *observable* changes in client behavior. No longer did therapists have to rely on clients' testimonials to assess progress and outcome. Therapeutic work could instead be evaluated as it occurred in the "here and now." These experimental structures not only were effective eliciting agents, but they also added excitement and liveliness to the therapeutic hour.

The popularization of Gestalt techniques has served to focus attention on a debate which has been taking place for many years; namely, whether structured experiences, introduced by the therapist during the counseling session, are of value in furthering the therapeutic process. Traditionally, the avoidance of therapist-induced structure (i.e., increased ambiguity) has been alleged to encourage client self-direction and exploration, and to enhance transference. This belief system stands in marked contrast to some of the newer, more structured therapies such as: Transactional Analysis, which provides a cognitive direction; behavior modification which explores behavioral and environmental textures; and Gestalt therapy which guides through the use of experiments.

This article examines the debate as it relates to Gestalt therapy and draws heavily from other therapeutic areas in an attempt to expand ways of conceptualizing and utilizing Gestalt procedures. It is divided into four sections. The first discusses structural issues from an historical vantage point, as they emerged from the human potential movement. The remaining three sections present a more scientific perspective, introducing data from group research relevant to the structure controversy, discussing the concept *experiment* from a scientific as well as Gestalt viewpoint, and categorizing some of the major Gestalt experiments.

Historical Correlates and Antecedents

Gestalt therapists have long been aware of the effects of the clinician on the on-going therapeutic interaction.

The therapeutic situation, for instance, is more than just a statistical event of a doctor plus a patient. It is a *meeting* of a doctor and a patient. (Perls, Hefferline, and Goodman, 1951, p. xi).

Yet this currently unquestioned interaction and mutual influence was not easily accepted in the 1950's. In fact, much debate centered, at that time,

around the psychoanalytic notion of "therapist as mirror." According to this formulation, the therapist, after having worked out much (all?) of his/her unfinished business in psychoanalysis, became a pure, unblemished mirror upon which portions of the client's assumptive world were projected and, ultimately, reflected back. The primary technique used to elicit these projections was free association, and the primary method for reflection was interpretation.

Behavior modifiers, in the 1950's began discovering that values (Rosenthal, 1955), as well as behavioral repertoires (Greenspoon, 1951), could be influenced via operant conditioning techniques (cf. Kanfer and Phillips, 1970). Other research, supportive of the power of client-therapist interaction (intended or otherwise) derived from the work on placebo effects (cf. Kintz, Delprado, Mattee, Persons, and Shappe, 1965). Data generated from these studies indicate that clients do not react to the therapist as a blank screen, but rather make assumptions about the wants and needs of the therapist and then respond accordingly. It also supports what most clinicians have experienced firsthand: i.e., client-therapist behavior, vocabulary, dreams, dress, etc., usually move toward greater congruence as therapy progresses. The data are also consistent with Gestalt theory:

The attitude and character of a therapist (including his own training) determine his theoretical orientation, and his method of clinical procedure springs from both his attitude, and his theory; but also the conformation that one gets from one's theory springs from the method employed, for the method (and the expectation of the therapist) partly creates the findings, just as the therapist was himself oriented as a trainee. (Perls, et al., p. 244)

Once the notion was accepted that therapist and client do exert a strong mutual influence (at least in terms of their attitudes and expectations), the next debated issue concerned whether maximal structuring was beneficial. Could the therapist, by intentionally using his/her influence in the form of specific structuring, produce a more facilitative atmosphere for positive change than by ignoring or minimizing this influence? Data relevant to this question emerged out of research conducted with groups.

The group movement not only generated important studies, but was primarily responsible for popularizing Gestalt therapy as well as structural approaches to growth. One branch of this phenomenon, known as T-(train-

ing) Group, or sensitivity training, was begun by social scientists (cf. Bradford, Gibb, and Benne, 1964). These experimental training groups, originally designed to explore small group interaction, soon evolved a methodology, replete with a series of interventions designed to help members focus on and deal with emerging interpersonal and group issues. These procedures became known as *exercises* and quickly found their way into the methodological bags of more traditional group practitioners (cf. Pfeiffer and Jones, 1969).

It is important to note that as sensitivity training gained popularity, the focus shifted from experimentally-oriented, data-collecting groups called laboratories to therapeutically-oriented growth groups, functioning to implement individual change. As the group's function shifted, so did the rationale for introducing structured exercises. The "what would happen if?" question of the scientist became the "you'll learn ____ if you ____" statement of the teacher-technician.

At approximately the same time that T-Groups were becoming popular on the east coast, a west coast version of this phenomenon was emerging in California. Fritz Perls and his new brand of Gestalt therapy, simplified and streamlined, was finally discovered, and the truly experimental approach, which he had so carefully helped to create (cf. Perls, et al., 1951), was adapted and routinized to produce instant insights and cures. Furthermore, Gestalt techniques were implemented often with only a cursory understanding of the client's external support system and intrapsychic characteristics, and with little concern for the long-term effects of abrupt shifts in boundary experiences.

The assertion of the analyst that s/he was just background and the client always figural had been totally reversed. Now the therapist with her/his bag of techniques was figural, with the groups' task being one of supportive ground for the therapist's interventions. The negative consequences of structuring the therapeutic situation without regard for client boundaries or the provision of support for change has recently been documented (Lieberman, Yalom and Miles, 1973). These authors found that groups led by "charismatic" leaders had higher casualty and dropout rates than those led by more cognitively-oriented, slower-moving guides. Leaders who forced and imposed their own figure-ground process on the group placed clients at greater risk than those therapists who were willing to allow figure-ground formation to occur at a rate which could be integrated more easily into each client's experiences. Technique and coercion had ultimately overtaken inventiveness and creativity.

Client Characteristics and Structure

... it is not surprising that responsible scientists can reach such disparate theories if we bear in mind that for various reasons of personality and reputation different schools of therapists get different kinds of patients and those prove to be empirical verifications for their theories and the basis for further hypotheses along the same lines. (Perls et al., 1951, p. 280).

The relative benefits of therapist-imposed structure do not lend themselves to easy analysis. The contradictory theoretical positions of those advocating minimal structure or ambiguity (Rabin, 1970) and those urging greater use of therapist-induced structuring (Melnick, 1974) are not easily reconciled.

Because Gestalt therapy was in many ways a reaction to traditional, history-oriented, personality trait-labeling therapies, it has not often spoken to client characteristics of an enduring nature. Yet, it appears that a client's characterological disposition can and does interact with the therapist's personality, treatment approach, and a whole host of other variables to produce the gestalt we call psychotherapy. By taking account of client characteristics (largely ignored by Lieberman et al., 1973), one has data with which to begin evaluating and integrating the diverse theoretical stances.

Analyzing the research for composition of psychotherapeutic and growth-oriented groups, Melnick and Woods (1976) concluded that group members with "more desired attributes" (i.e., internal orientation, high social risk-taking propensity, low social anxiety, good interpersonal skills, etc.) make greater gains in treatment than clients with less desirable attributes, regardless of the amount or degree of therapist-induced structure present. Furthermore, high structure tends to be facilitative for participants with less desirable member attributes, while possibly inhibiting development in groups whose members have achieved higher interpersonal functioning. It should be noted that the structural conditions reported in this research were primarily low-risk in nature and were not presented by a "charismatic leader."

Translated into Gestalt terms, these findings support the notion that clients who are able to create and destroy their own figures and who are able to provide much of their own support (internal-orientation, high field independence, etc.) do best in therapy regardless of degree of structure. Resistances can be explored and worked through with minimal therapeutic

guidance. Furthermore, too much therapist input can interrupt this process, thereby decreasing gain. Since psychoanalysts tend to see this type of client, it is not surprising that their stance of staying primarily in the background, as well as of discouraging interpersonal contact and figure formation, has led to successful client growth. On the other hand, behavior modifiers, who have worked primarily in university settings with young, therapeutically naive college students, achieve excellent success with highly structured, highly directive therapeutic techniques and conditions.

Perls tended to work with "high level" clients who had the ability to benefit, regardless of amount of structure present. He minimized the potentially negative effects of his high structure-high frustration form of therapy by selecting out many potential clients who could not benefit from his therapeutic style. Also, as he became famous, many of his clients preselected themselves. It is questionable whether his high structure-high frustration approach would be as successful with the majority of people seeking therapy.

Group research on explicit, therapist-imposed structure, provided prior to the start of the group situation (pre-group preparation), or at the beginning of therapy, suggests that it serves an orienting, anxiety-reducing function which lowers drop-out rates and casualties, and increases cohesiveness (Bednar, Weet, Evanson, Lanier, and Melnick, 1974; Woods and Melnick, 1979). Other research suggests that clients tend to respond more positively to behavioral rather than cognitive structuring (Bednar and Kaul, 1979), thus supporting the Gestalt philosophy of "doing, rather than talking about."

The data, taken as a whole, indicate that clients who have difficulty with figure-ground formation, or who are stuck at different points in the experience (awareness) cycle (Polster and Polster, 1973), need specific structuring which will provide training in awareness, contact, repertoire expansion and refinement, and withdrawal. It is not surprising that exercises which deal with these topics make up much of the structured learning cookbooks.

In sum, the research indicates that one needs to diagnose prior to and during the application of structured interventions in order to provide an accurate "fit." Furthermore, evaluation of the more long term, as well as immediate, impact of therapeutic interventions is essential. Such an assessment must be grounded in a larger body of knowledge, whether it be a Gestalt approach (figure-ground formation, experience cycle, resistances, etc.); interpersonal perspective (social anxiety, risk-taking propensity, in-

timacy, power, and control needs, etc.); behavior modification (stimuli, response repertoires, reinforcers, etc.); or other serious therapeutic system.

That Perls was a master at intuitively sizing up potential clients is borne out by the many testimonials of his refusal to work with certain people. The "here and now—I do my thing" orientation, and the weekend workshop-demonstration form of much of his later work obscured the need for long-term future-oriented considerations. Therapy is more than just a moment of heightened awareness conducted in a vacuum. It is, by definition, wed to the past as well as the future, and it is this relationship which helps give the now its present form.

The Gestalt Experiment and Science

Therapist-directed structure exists in Gestalt therapy as *experiment*.

Experiment derives from experientia, to try. An experiment is a trial or special observation made to confirm or disprove something doubtful, especially under conditions determined by the experimenter; and act or operation undertaken in order to discover some unknown principle or effect, or to test, establish or illustrate some suggested unknown truth; practical test, proof. (Perls, et al., 1951, p. 12)

That Gestalt therapists would have adopted such a value-laden word, experiment, might at first appear surprising, since most Gestaltists align themselves more with the artist than the scientist. However, it must be remembered that Gestalt therapy had its roots in Gestalt psychology (Smith, 1976), a highly scientific endeavor. Thus, the Gestalt conceptualization of experiment draws heavily from scientific usage.

Before embarking, however, on a discussion of experiment, it is pertinent to deal briefly with the term science. The therapist-scientist controversy is of long standing and has been described and articulated elsewhere (cf. Barker, 1971; Berenda, 1957). It is not the purpose of this paper to enter the debate, except to contend that one can be both scientist and therapist. Much of the confusion and controversy rests on an inaccurate definition of science as method. Science is rather an attitude; it is a point of view (Barker, 1971), directed towards exploring the relationships between phenomena. Scientific method consists of a series of techniques that are situational and vary according to different conditions (Conant, 1952).

An experiment begins to be formed when the therapist-scientist uses

his/her observational skills and *notices* some act of interest. It is this ability which is the basis of both science and therapy. The observational skills of master Gestalt clinicians are well known and have been analyzed at length by Zinker (1977).

As an object or stimulus act captures the therapist-scientist's curiosity, an attempt is made to gather knowledge for the purpose of achieving some clarity and form. The name given to this attempt is *experiment*. It involves the temporary interruption, or transformation, of an ongoing act so that we may "see" or perceive it in a new or different way. The tools we use to help us investigate, as well as arrange and clarify our observations, are called *techniques*. They are highly specified procedures for structuring behavior, thus allowing us to tease out and attend to certain figures.

Experiments are driven by the creative question "What would happen if?" Therapist-scientists are not interested in outcomes in the sense of their being good-bad or successful-unsuccessful, but rather in that they provide the basis of future work. Like any true scientist, Perls was not wed to specific purposes or objectives when embarking upon a new experiment. The cardinal principle of experimentation is that one accept the results (Kaplan, 1964).

Before conducting an experiment, one must have a *methodology*, which provides the theoretical and operational underpinnings of one's work. Sound methodology permits one to make explicit the rules under which the therapy/science game is to be conducted, allowing for the translation of theoretical insights into more concrete and workable forms. Moreover, an articulate methodology implies an overall experimental structure which signals the data to be attended to, as well as the categories for classification, analysis, interpretation and feedback.

Methodology incorporates techniques. However, no series of techniques is owned by any one scientific or therapeutic school, despite the tendency of some to discover, name, and declare ownership. For example, psychodrama, has much in common with role playing, assertiveness training, and behavioral rehearsal, especially if one views these techniques apart from their methodological context.

A major problem in the experimental approach of some Gestalt therapists can be traced to the confusion between methodology and techniques. Gestalt methodology, which deals largely with figure-ground relations and boundary exploration and articulation, suggests and gives birth to Gestalt techniques such as the empty chair, top dog-under dog. A "Gestalt technique," when used by a TA therapist coming out of a TA theoretical

base, becomes a "TA technique," although originally created by a Gestalt therapist. For a technique to be truly Gestalt, it must evolve out of and be tied to sound Gestalt methodology, which, in turn, must be solidly grounded in Gestalt psychology and therapy. Any less results in the learning and performing of isolated tricks. Form should not be confused with, or mistaken for, essence.

The stance of the therapist in conducting an experiment is similar to that of the scientist. At first s/he is active in helping to design and construct the experimental situation, but then often retreats to the role of consultant or director. During the experiment proper, as well as during the "making something of it," the level of therapist participation varies. Tuning into process as opposed to content, s/he becomes concerned with rhythm, speed, energy, clarity, etc.

Like Ferlingetti's (1955) poem, the therapist is a "mirror walking down a strange street," (p. 6) or to use Zinker's (1977) term, manifests "detached involvement." By detached, we mean that the therapist's mind is yielding and receptive as well as free from attachment to the experimental material and procedures. S/he neither needs to succeed nor needs the data to conform in any way to expectations, hunches or hypotheses. The data simply are.

Classification of Experiments

Throughout this paper the term *experiment* has been used as Perls used it in his published work and as it is employed in most scientific journals. However, this refined and polished level of experimentation does not reflect the smaller explorations which are the norm of most laboratories as well as therapeutic hours. In this last section, experiences which have been subsumed under the rubric experiment are broken down into more clearly delineated categories. The purpose of this attempt at classification is to lend some clarity to what has previously been a confusing oversimplification of terms. By understanding the purpose prior to the initiation of the experiment, one can sharpen process as well as better evaluate outcome. Borrowing heavily from the work of Kaplan (1964), five types of experiments will be described. They include exercises, methodological experiments, simulated experiments, heuristic or exploratory experiments and boundary experiments.

Exercises

Exercises are therapeutic directives which are applied in a largely predetermined manner. They are devoid of experimental roots in that their structure does not grow out of the moment, but is instead, prefashioned. As such, their creation and form resembles teaching rather than science or art. The relationship of exercise to experiment is similar to that of an off-the-rack coat to a custom-made garment. Utilization involves a type of "fitting" of the exercise to the ongoing therapeutic experience. As such, outcome, as well as therapeutic creativity, is limited. Misapplication can result in learning which is of a hit or miss variety.

The primary advantages in using exercises are economic. Savings of time, client money, and therapeutic energy can result. Exercises can be used with large groups of people, with the therapist needing to pay only minimal attention to client dynamics. Furthermore, exercises can be initiated prior to the start of treatment as well as conducted without the presence of a therapist. Examples include "homework" assignments to be completed in-between sessions, audiotaped group exercises and numerous self-help books filled with directive formulas.

The successful implementation of therapy exercises is only minimally dependent on clinician-client rapport and relationship, thus decreasing client dependence on the therapist. One benefit of this decreased dependence is that clients are able to take greater responsibility for their learning. Furthermore, they are more likely to attribute gains made in treatment to themselves, rather than to the magical interventions of the therapist.

Exercises, as vehicles for transmitting learning, are essential to the work of the clinician. Clients are taught a language as a means of providing a common ground for communication, and are also helped to establish and expand behavioral and conceptual repertoires. Because of the nature of the therapeutic enterprise, (most clients enter therapy in some form of crisis), this teaching is seldom conducted separately or systematically. It is rather interwoven as needed, while the therapist attends to more urgent matters.

Exercises can be broken down into two primary categories, *process exercises*, which are used to explore the hows of our existence, and *content exercises*, which teach facts, skills and behaviors. Process exercises have been most often created and utilized by Gestalt therapists (Perls, et al., 1951; Stevens, 1971), and when used properly, can open up many areas for examination and expansion. Examples include exercises designed to help ex-

plore body awareness and boundaries ("touch your partner in two distinct ways, and observe his/her nonverbal responses"), and introjects ("made a list of 10 shoulds and should nots").

Content exercises have been used most systematically in group treatment. For example, groups may begin with a series of exercises which are purposeful in nature and designed to teach such skills as self-disclosure, feedback, paraphrasing, and behavioral description (Melnick, 1974). As such, these exercises are canned. The concern is that members have the tools and skills necessary to survive in treatment, and since group research indicates that this type of approach leads to fewer casualties and drop-outs, those skills listed above become the foundation for the group experience (Woods and Melnick, 1979). Certainly, legitimate experiments sometimes grow out of these exercises; however, that is not the primary goal or purpose.

It is important that therapists be able to differentiate between content and process exercises. Content exercises have their roots in traditional teaching, and as such, generate data which can be evaluated along a right-wrong continuum. For example, "paraphrasing" is a skill that can be graded as to accuracy, but "trust" is a highly subjective, non-quantifiable experience that varies as a function of a multitude of personal and environmental conditions.

The successful implementation of exercises requires the skills of a trained technician, rather than those of an artist or scientist. It is a difference similar to that between a draftsman and an architect. To successfully utilize exercises, one should have a wide repertoire to draw from, as well as a talent for matching exercises to therapeutic situations. Furthermore, one must be aware of the limitations of exercises. Transformation into experiments requires a creative, artistic perspective which is not needed for the application of exercises.

Problems arise, in that experiments can sometimes appear to the naive observer as exercises, and the role of the creative clinician similar to that of the trained technician. Client damage can result when technicians with minimal therapeutic skills use exercises as if they were experiments. It is during these moments that exercises, stretched beyond their appropriate focus and purpose can miss the growing edge of experience, resulting in either boredom and triviality, or the anxiety and terror of a not-me awareness.

Methodological Experiments

Scientists undertake methodological experiments in order to develop particular techniques, as well as to assess the fit of the experimental structures to the experiment proper. In Gestalt work, a technique which fits is one which helps implement a piece of work so that the client is able to experience and articulate some bit of learning, as well as to integrate it into his/her ongoing existence.

The success of experimental techniques rests largely on an assessment of client's skills, values, repertoires, and abilities. Thus, one needs to learn to hand-tailor procedures to specific clients as well as to environmental situations. For instance, one might conduct a methodological experiment to discover whether a client can image his dead mother sitting in an empty chair. Difficulty in following the directive to "talk to your mother" might be a function of resistances, cultural injunctions, or quite possibly, a certain difficulty in imaging (Bandler and Grinder, 1975). If imaging is indeed the primary problem, this experiment will fail, not because of an incorrect hypothesis or inappropriate focus, but because the vehicle chosen to implement the therapeutic work does not fit the passenger. Thus, if a client's difficulty is assessed as poor imaging ability, the therapist would have the option of sitting in the chair and playing the mother, of having the client verbally or physically write a letter, bring in pictures, or of selecting some other way of working which would be more in line with the client's therapeutic resources. Later, at a future point in time, the client's difficulty in imaging might be explored as a therapeutic issue in itself. This exploration could then result in the initiation of a series of exercises designed to help him/her learn to better visualize and imagine.

Simulation Experiments

Simulation experiments are designed to provide information concerning what would happen under certain conditions which are difficult, if not impossible, to create or duplicate. From a Gestalt perspective, all experiments are, to some degree, simulated, in that they are "safe emergencies" designed to help us reexperience unfinished work from the past, or to deal with catastrophic or anastrophic expectations concerning the future.

The neurotic state has been described as a "response to a non-existent, chronic low grade emergency" (Perls, et al., 1951, p. 288) which lingers on from a once-real dangerous situation. Much therapeutic work

revolves around simulating these old situations in such a way that the client can experience or reexperience a high-grade emergency, while at the same time feel safe enough to cope with the situation.

Although all experiments are predictive to some extent, simulation experiments are even more so. This type of work is invoked when more realistic experiments are:

1. Too costly ("What would you do if you had a million dollars?");
2. Physically impossible ("I wonder what it would be like to be a dog?; speak to my dead mother?; etc.");
3. Morally impossible (exploring the theme of murder).

Heuristic or Exploratory Experiments

Heuristic or exploratory experiments are designed to generate ideas, to provide leads for further inquiry, or to open up new lines of communication. They also serve a diagnostic function. Since they emerge from only a minimal data base, hypotheses, if present at all, are poorly formed and articulated. These experimental probes do not grow out of a firm foundation, but out of an intuitive sense. Because the investment in finishing them is small, they often meld into other, more elaborate pieces of work.

Heuristic experiments generally begin as a response to language or body movements. Examples include: 1. playing off of metaphors suggested by the client ("I feel like a pumpkin—I have a large head with nothing in it") or the therapist ("As you talk, I fantasize a helpless little bird."); and 2. exaggerating or accentuating what already exists ("Would you say that louder?").

Boundary Experiments

Researchers in behavioral sciences use boundary experiments to define or fix the range of any set of laws in order to more fully specify their limits. Examples include work with perceptual thresholds and sensory deprivation. Boundary exploration is one of the primary goals of Gestalt work, and boundary experiments are the fundamental tools for such.

Gestalt therapists explore contact and withdrawal at various boundaries to ascertain how clients block out as well as permit awareness at these points. Polster and Polster (1973) talk at length about body, value, familiarity, expressive, and exposure boundaries. They maintain:

The Gestalt experiment is used to expand the range of

the individual, showing him how he can extend his habitual sense of boundary where emergency and excitement exist. (p. 112)

By exploring boundaries, the client becomes more limber and flexible, increases his/her alternatives and options, and reworks old entrenched themes in novel and exciting ways. Most polarity work deals with boundary exploration. However, this form of experimentation includes any work through which one risks being awkward and insecure in order to explore the edge of his/her being.

Conclusion

In this paper, the concept of structure has been explored as it relates to psychotherapy in general, and Gestalt therapy in particular. In actuality, there exists a wide array of conditions, which, prior to the initiation of therapy, narrow possibilities and provide a general direction and framework for our work. These "background structures" include not only the theoretical orientation and skills of the clinician, but also the personalities, histories, wants, needs and expectations of all participants, the physical environment in which the therapy takes place, and numerous other variables. The more one is aware of these background considerations the more one is able to usefully incorporate them in the shaping of the therapeutic hour.

The historical controversy regarding the relative, therapeutic benefit of more or less structure has been traced. This "more or less" dichotomy is, in essence, a false one. The issue is more correctly viewed in terms of explicitness vs. implicitness, and specificity vs. ambiguity of structure. Moreover, the art of therapy involves an ability to notice *how* one is structuring, so that one can craft a specific frame to fit and highlight the contours of the current situation.

A primary form of explicit structuring discussed in this paper involves the use of therapeutic techniques and, in particular, the experiment. To borrow a metaphor (Barrett, 1979), one can think of techniques as carpentry tools: such as hammers, screwdrivers, and saws. Give a box of tools to someone who has limited theoretical and practical knowledge concerning their utilization, and they become at best inefficient instruments; at worst, deadly weapons. Give the same tools to a skilled carpenter, and their use takes on a creative and artistic form.

This is not to imply that only a skilled carpenter or master therapist should use powerful tools. When implemented within the limits of one's

skills and resources, techniques become facilitative instruments. Problems emerge, however, when the power of the technique exceeds the craftsman's knowledge and good sense.

And above all, one must not confuse technique with therapeutic artistry:

Genuine creation is precisely that for which we can give no prescribed technique or recipe; and technique reaches its limits precisely at that point beyond which real creativity is called for in the sciences as well as the arts. (Barrett, 1979, p. 22)

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