1977

Investigation of the Responsive and Initiative Dimensions in the Client-Therapist Relationship in Gestalt and Behavior Therapy

Lynda M. Pierce

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Investigation of the Responsive and Initiative Dimensions in the Client-Therapist Relationship in Gestalt and Behavior Therapy

Masters Thesis
Presented to the Faculty of the Counseling Psychology Track of the Master of Arts in Counseling Program University of North Florida

In Partial Fulfillment of the Requirements for the Degree of Master of Art in Counseling Psychology

by Lynda M. Pierce
Acknowledgements

My deepest appreciation goes to Thom Borowy. Thanks for your many invested hours and feedback. Knowing you enabled me to experience: one who genuinely cared, one who allowed me to creatively grow, one who trusted in my abilities, and one who was willing to risk himself for something he believed in.

Tom Clawson, I thank you for the many hours you proofread and literally tore my "creations" into little shreds. I deeply appreciate your personal support, and your willingness to remain actively committed to your own beliefs.

Thank you Anita Rossario, for doing what you believed in. Not knowing you well, enabled me to see your appreciated strengths even more clearly.

Dear Sara, thanks for the many hours you spent late into the night and early in the morning typing my thesis. You gave a most precious gift--your time.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Summary</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Definition of Terms</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>Statement of the Problem</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>Plan of Presentation</td>
<td>17</td>
</tr>
<tr>
<td>2.</td>
<td>RESPONSIVE AND INITIATIVE DIMENSIONS</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>IN GESTALT THERAPY</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>Empathy</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Genuineness</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>Positive Regard</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>Concreteness</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>Confrontation</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td>Self-Disclosure</td>
<td>29</td>
</tr>
<tr>
<td></td>
<td>Immediacy</td>
<td>30</td>
</tr>
<tr>
<td></td>
<td>Summary</td>
<td>32</td>
</tr>
<tr>
<td>3.</td>
<td>RESPONSIVE AND INITIATIVE DIMENSIONS</td>
<td>34</td>
</tr>
<tr>
<td></td>
<td>IN BEHAVIOR THERAPY</td>
<td>34</td>
</tr>
<tr>
<td></td>
<td>Empathy</td>
<td>38</td>
</tr>
<tr>
<td></td>
<td>Genuineness</td>
<td>41</td>
</tr>
<tr>
<td></td>
<td>Positive Regard</td>
<td>42</td>
</tr>
<tr>
<td></td>
<td>Concreteness</td>
<td>44</td>
</tr>
</tbody>
</table>
Confrontation .......................... 45
Self-Disclosure .......................... 48
Immediacy .............................. 49
Summary .............................. 50

4. CONCLUSIONS AND IMPLICATIONS ....... 53

Conclusions ......................... 53
Implications ......................... 58

REFERENCES ........................ 65
Chapter 1

Introduction

Psychologists have assigned numerous definitions to psychotherapy and counseling. The Webster's New World Dictionary (1959) defines counseling as mutual exchange of ideas and opinions in the form of a discussion with the possibility of advice resulting from such an exchange. Psychotherapy is defined as a "treatment of nervous and mental disorders by hypnosis, psychoanalysis, etc." Although the dictionary differentiates counseling from psychotherapy, the terms are often used interchangeably (Berensen & Carkhuff, 1967; Carkhuff & Berensen, 1977; Carkhuff & Berensen, 1967; Shaffer & Schoben, 1967; Shoben, 1953).

Shoben (1953) defines psychotherapy as:

a warm, permissive, safe, understanding, but limited social relationship within which therapist and patient discuss the affective behavior of the latter, including ways of dealing with his emotionally toned needs and the situations that give rise to them (p. 127).

Ohlsen (1977) states,
counseling is an accepting, trusting, and safe relationship in which clients learn to discuss openly what worries and upsets them, to define precise behavior goals, to acquire the essential social skills, and to develop the courage
and self-confidence to implement desired new behaviors (p. 1).

Counseling and psychotherapy have one major goal in common: they are both helping processes.

Delaney and Eisenberg (1972) consider the helping process to be one in which a person is assisted to behave in a more rewarding manner. They state that the counselor should determine which behaviors are more rewarding with the aid of the counselor.

Ohlsen (1977) adds that the building of a counseling relationship can be helped or interfered with according to various levels of the client's recognized need for help and understanding of the helping process, as well as the counselor's reputation as a helper and initial response to the client. It would be advantageous for the client to perceive the counselor as having personal qualities which will enable development of acceptance and trust in the relationship. Further, the client must be convinced that the counselor can listen, keep confidence, remain calm and non-judgmental about serious problems, and help explore solutions to problems (Ohlsen, 1977).

Benjamin (1969) believes helping is an enabling act. The helper enables the one being helped to recognize, to feel, to know, to decide, and to choose whether to change. The act of enabling demands that the helper gives time, attending and understanding, skill, knowledge and interest. If this giving is perceived by the client, the enabling act will involve the client receiving help in a meaningful and lasting way (Benjamin, 1969).
Therapists who help, rather than harm their clients are seen as flexible, empathic, having warmth, wit and wisdom, and being genuinely concerned for the welfare of their clients (Lazarus, 1973). In order to convey concern for the client's welfare, the counselor:

must select clients who are ready for counseling,

exhibit confidence in each client's ability to learn, listen, detect, and reflect accurately what the client is experiencing, sense when the client is threatened, and enable him to discuss simultaneously his source of threat and his need for support, empathize with each client as he suffers and struggles with problem identification, goal formulation, and development of courage to act, and help each client formulate precise behavior goals (Ohlsen, 1977, p. 10).

Within the last two decades many psychologists have been researching counselor qualities and behaviors necessary to promote successful therapeutic outcome for clients. Much of the research resulted in response to Eysenck's (1952) classical study in which he found there to be no average differences in the outcome indices of adults labeled neurotic who were treated and adults labeled neurotic who were not treated. There may even be justification for leaving some persons alone and relying on the phenomenon of spontaneous remission rather than treating them in the traditional psychoanalytic mode of practice. Levitt (1957) supported Eysenck's findings in his study evaluating improvement of treatment and control groups of children.
labeled neurotic.

It was found that approximately two-thirds of both treatment and control groups improved upon termination of treatment; approximately three-quarters of both treatment and control groups improved at follow-up (Eysenck, 1952; Levitt, 1957). However, neither Eysenck nor Levitt included a baseline figure for untreated groups. This appears to be the weakest point in their research, raising questions of the validity of the projects.

Bergin (1967) responded to the challenges of Eysenck, Levitt, and others who had found no significant differences between improvement of persons in treatment and control groups. Bergin found there to be significantly greater variability in criterion scores at the conclusion of psychotherapy than in control groups. Cartwright and Vogel (1960) explained this phenomenon in their findings where therapists were divided into inexperienced and experienced groups. The experienced therapists produced positive change in contrast to a worsening of the patients with inexperienced therapists.

In the classic study with schizophrenics at the University of Wisconsin, outcomes were evaluated for matched experimental and control groups providing further evidence of the effects of psychotherapy (Rogers, Gendlin, Kiessler, and Truax, 1967). Data showed there to be no significant differences between experimental and control subjects. However, when the experimental group was divided according to the facilitative functioning level of the therapist, results similar to Cartwright and Vogel (1960) were found. The patients of therapists
who provided high therapeutic conditions (high empathy, positive regard, and congruence) improved significantly in contrast to those patients who worsened with therapists functioning at low level in the same therapeutic conditions.

It seems that formal counseling and psychotherapy incorporated either facilitation or retardation of client development which seemed to cancel each other out in past experiments of therapeutic outcome (Eysenck, 1952; Levitt, 1957). In addition, Bergin (1967) proposes that the control groups in these studies are not control groups but rather therapy groups. He supports this remark by citing studies (p. 51) in which they found at least one-half of persons in control groups had lasting contacts with a medical or nonmedical help-giving person. An additional finding of importance was the report that when people became upset they sought help with clergymen, physicians, friends, or teachers with significantly greater frequency than from mental health professionals.

Rogers (1957) served as the impetus in focusing interest on characteristics or conditions to be necessary and sufficient to initiate constructive personality changes. He termed these genuineness, unconditional positive regard, and empathy. Genuineness involves personally owned and straightforward expression of both negative and positive feelings by the therapist to the client. Unconditional positive regard is the extent to which the therapist experiences a warm acceptance of the client's experience as being a part of that client. Empathy is achieved when the therapist experiences the client's private world as if it were the therapist's world but without losing the "as if" quality (Rogers, 1957).
As a result of working with Rogers at the University of Wisconsin, Truax, Carkhuff, and many other followers began to investigate the effects of the presence of common facilitative dimensions in the therapist-client relationship (Carkhuff & Berensen, 1967; Truax & Carkhuff, 1969a, 1969b; Berensen & Mitchell, 1974). The counselor offered facilitative dimensions which were shown to have predictive validity are: empathy, positive regard, genuineness, and concreteness. These have been referred to as responsive dimensions and are complemented by other variables referred to as action or initiative dimensions. These dimensions include therapist self-disclosure, confrontation, and immediacy (Carkhuff, 1969; Truax & Carkhuff, 1967). Emphasis on researching the effectiveness of a particular theory at this point changed to researching the characteristics of effective counseling in common with the various theories.

The responsive and initiative dimensions are considered to be necessary for effectiveness within any theory of counseling. Therapists who function at relatively high levels in the responsive dimensions (high facilitators) had clients who demonstrated constructive change; low functioning therapists (low facilitators) had clients who either did not change or changed in a deteriorating manner (Rogers, et. al., 1967; Truax & Carkhuff, 1967).

Clients of high facilitators moved toward higher levels of process involvement and self-exploration; clients of low facilitators moved toward lower levels (Carkhuff, 1969; Truax & Carkhuff, 1967). Schauble and Pierce (1974) found that the MPI scores of clients who had high facilitating therapists changed to scores which indicated a more
healthily functioning person; scores of clients who had low-functioning therapists moved in the opposite direction. In general, the functioning levels of clients were found to move in the direction of the level of functioning of their therapists (Carkhuff, 1972; Schauble & Pierce, 1974).

Nickelson and Stevic (1971) found, in a verbal reinforcement procedure, that clients with high-level functioning counselors exhibited a greater amount of client information-seeking behavior than those clients with low functioning counselors. In addition, they found that while initial verbal reinforcement programs were effective for counselors of all levels of functioning, the low facilitating counselors turned off their clients' information-seeking behavior as the sessions progressed.

Vitalo (1970) found that the effective use of conditioning techniques in counseling depends on the level of counselor facilitation skills. Morris and Zuckerman (1974) found that therapists' warmth was necessary for the successful application of systematic desensitization. These studies are supported by Murphy and Rowe (1977) who add that many counseling approaches which rely on client suggestibility, such as behavior, rational-emotive, or some techniques in Gestalt, could be made more effective with facilitative counselors.

The increased functioning level of clients who have had high facilitating therapists seems to generalize throughout intellectual and physical areas of their lives (Carkhuff, 1972). In a further study of intellectual achievement, Aspy (1969) found that students with the highest level functioning teachers gained approximately two-and-one-half years
of achievement; those students with the lowest level functioning teachers gained only six months in the same period of time. Therefore, the responsive dimensions are aspects of not only relating in the client-counselor encounter, but more importantly, they are aspects of many different interpersonal encounters in which all people participate.

As a result of the importance of responsive dimensions in therapy, organization models for training and practice in facilitative counseling have recently been developed (Carkhuff, 1972; Ivey, 1972; Egan, 1975; Kagan, 1973). The success rate of counselors who have been through training programs has increased remarkably (Carkhuff, 1972). Therefore, counselors from any theoretical orientation can be trained to increase their facilitative effectiveness, which in turn promotes a higher success rate of positive outcomes for clients. This higher functioning level of clients generalizes into everyday experiences promoting more effective living.

Research on the initiative dimensions is less extensive than for the responsive dimensions. However, a few researchers have investigated the effects of counselor's self-disclosure, confrontation, and immediacy. Egan (1975) states that self-disclosure is a form of human interaction which encompasses: mutual self-disclosure in human relations training programs, self-disclosure in everyday life, and both client and helper self-disclosure in counseling and psychotherapy (p. 151).

In counseling, self-disclosure increases counselors' attractiveness to clients, enhances their trustworthiness, and adds credence to statements of accurate empathy. Self-disclosure, therefore, increases

Dundza and Simonson (1974) found that self-disclosure, emitted by warm, nurturant therapists, resulted in an increase of clients’ self-disclosure. This study, however, did not account for indifferent or cold therapists self-disclosing to clients.

Simonson (1976) researched the effects of both warm and cold therapists on their level of self-disclosure. He found that clients of warm, self-disclosing therapists disclosed significantly more than clients of cold, self-disclosing therapists. In addition, therapists’ self-disclosure can become counter-productive if it is too intimate or emitted excessively.

Giannandrea and Murphy (1973) also found similar results. Therapists who intermittently self-disclosed had clients who were more likely to return, following initial interviews, than those clients who had excessively or deficiently self-disclosing therapists.

Research on confrontation is more limited than for self-disclosure. Carkhuff (1977) believes therapists should confront to help validate their client’s experience. He adds that clients cannot act constructively unless they are aware of their present destructive actions.

Carkhuff (1969) states that confrontation is the basis for establishing the helper as a potent reinforcer. There are, however, certain qualifications necessary for those who confront: a) therapists who demonstrate deep levels of understanding for clients, b) therapists who demonstrate deep and appropriate levels of regard for clients.
c) therapists who have a high level of energy, and d) therapists who act in ways in which they use their full potential while requesting the same of their clients (Carkhuff, 1977). Therefore, only high facilitators are qualified to confront their clients on behaviors irrelevant to the immediate process. Egan (1975) believes that therapists should confront clients to help them face the value conflicts which are causing turmoil in their clients' present lives, in contrast to confrontation being a process where clients adopt values their therapists espouse.

The last initiative dimension, immediacy, incorporates all of the other dimensions. The most effective therapists express all other facilitative dimensions within the immediate encounter; integrating all dimensions with facilitative immediacy (Carkhuff, 1969). However, the majority of counselors fail to act upon what they see happening in the immediate process (Egan, 1975).

Research investigating facilitative immediacy without including other dimensions is very limited. The reason being that immediacy involves integration of other dimensions. Egan (1975) believes immediacy is a higher-level response than either self-disclosure or confrontation because it combines both of them. Therefore, immediacy is always used concurrently with other responsive and initiative dimensions; immediacy enhances the expression of all other dimensions necessary for successful counseling.

Summary

Counseling and psychotherapy are defined as helping processes. Many theorists and therapists have attempted to research dimensions
necessary for successful helping processes. A research review has shown that enough data is presently compiled to establish the validity of the responsive dimensions and provide support for the initiative dimensions as necessary components for successful therapy.

**Definition of Terms**

**Responsive Dimensions**

These are dimensions which free the individual to attain higher and more personally rewarding levels of intrapersonal and interpersonal functioning (Berensen and Carkhuff, 1967; Carkhuff, 1977).

**Initiative Dimensions**

These are dimensions which are initiated by therapists and serve as vehicles to help clients move from a passive reactive stance toward an existence rooted in action and direction (Carkhuff, 1967, 1977).

**Empathy**

To meet a minimum facilitative level, therapists are expected to respond to their clients with an understanding of what the clients have said. The communication should contain at least as much material as their clients have communicated to them (Carkhuff, 1969). At higher levels therapists would not only reflect their client's expressions, but also tap deeper feelings of which their clients are not necessarily aware. This enables therapists to extend the content of the client's expressions to all of their relationships, enabling clients to explore themselves at deeper levels in the areas which are relevant to their problems (Carkhuff, p. 127).
Respect (Positive Regard)

At minimal levels of this dimensions therapists are aware that each client can act in an independent, constructive manner. Higher level functioning therapists communicate a very deep respect for the value of each client in a succinct manner. In addition, they are committed to the realization of their clients' human potentials (Carkhuff, 1969, p. 181).

Concreteness

At minimally facilitative levels therapists enable clients to discuss personally relevant material in specific and concrete terminology. The materials discussed must be what is most urgent and necessary for clients, not a function of the therapists' interests. At higher levels, therapists facilitate full, fluent, direct, and complete client discussion of specific feelings and experiences for the purpose of reducing emotional distance (Carkhuff, 1969, p. 183).

Genuineness

Minimally facilitative functioning level counselors provide no cues of discrepancy between what they are saying and what they appear to be experiencing. Higher level counselors exhibit varying degrees of positive cues indicating that a genuine response is being communicated in a non-destructive manner. The higher level counselors may respond in a manner which in turn results in hurtful counter-responses by their clients, but these are employed constructively to open further areas of inquiry (Carkhuff, p. 186).

The content of message, voice tone, and visual cues are all critical for facilitative genuineness or congruence. It is important
that the therapists' responses are made for the constructive growth of their clients; under no circumstances should responses be produced in a destructive manner as a result of therapists' defensiveness or other self-centered reasons (Carkhuff, p. 186).

Self-disclosure

Minimal level therapists communicate an openness to volunteering a minimal degree of personal information about themselves. This personal information, however, is not meant to stamp the therapist as a unique person. At higher levels, therapists volunteer very intimate and detailed information about their personal ideas, attitudes, and experiences in keeping with their clients' interests and needs (Carkhuff, pp. 188-189).

Confrontation

Facilitative confrontation occurs when therapists communicate their awareness of discrepancies in their clients' behaviors (Carkhuff, p. 189). Confrontations fall into three main categories: a) confrontation of discrepancies between clients' expressions of what they wish to be and how they actually experience themselves (ideal vs. real self), b) confrontation of discrepancies between clients' verbal expressions of their awareness of themselves and their observable or reported behavior, c) confrontation of discrepancies between how therapists reportedly experience their clients and their clients' expressions of their own experience (Carkhuff, p. 191).

Carkhuff (1977) includes a list of qualifications necessary in order for one to confront. He indicates that therapists must be func-
tioning very high in the facilitative dimensions before they can express successfully the action dimension: confrontation.

Immediacy

At highly facilitative levels of immediacy, therapists refer, either directly or indirectly, to the immediate relationship between the therapist and the client; at lower levels therapists ignore their clients' references to their relationship, however direct or indirect.

Impasse

Impasse is a process of a particular kind of experience for clients when they give up playing phoney roles. They have allowed themselves less and less awareness of what they perceive of themselves and the rest of the world. Gradually excitation and feelings are blocked from flowing into rotoric behavior, resulting in clients experiencing discomfort of powerful emotions withheld from expression. Clients minimize this discomfort by eliminating or diminishing emotions. Blocked from even knowing who they are, they begin to pretend or play phoney roles.

In therapy, the clients begin to see what they are doing to themselves, and begin a process of clarifying their existence. During this process clients terminate acting out their "as if" roles; concurrently experiencing panic and a feeling of being lost, not knowing what to do, and even questioning their existence, is called the impasse (Baumgardner & Perls, 1975).

Old Business

This is also referred to as unfinished business, which is a consequence of blocking self-awareness. When clients block their
awareness, they do not acquire what they need; tensions becoming aroused with unexpressed affect mounting. The flow of behavior is clogged with unexpressed action. This unexpressed behavior is referred to as old or unfinished business (Enright, 1970).

**Multimodal Behavior Therapy**

Multimodal behavior therapy is an expression of broad-spectrum behavior therapy, including more emphasis on interpersonal and cognitive aspects than behavior therapy.

Multimodal behavior therapy inquires into each of the modalities covered by the Basic ID. The Basic ID is an abbreviation for six modalities which are believed to constitute the human personality: behavior, affect, sensation, imagery, cognition, and interpersonal processes; and one dimension which affects the personality: drugs (Lazarus, 1976).

**Gestalt Therapy**

Gestalt therapy is based on certain values in living that persons know from their own experience or from their observations of others to be valuable. These values include: spontaneity, sensory awareness, freedom of movement, emotional responsiveness and expressiveness, enjoyment, ease, flexibility in relating, direct contact and emotional closeness with others, intimacy, competency, immediacy and presence, self-support, and creativity (Fagan, 1970).

Clients coming for help might be requested to express what they are feeling at that moment. Following this, ways in which they block their feelings and frustrate themselves become apparent, and they are assisted in exploring and experiencing these blockings. They are then encouraged
to attempt other ways of expressing themselves and relating to others. In summary, the general approach in therapy requests clients to specify desired changes in themselves, assists them in increasing awareness of how they defeat themselves, and aids them in experimenting and changing (Fagan, 1970).

**Behavior Therapy**

O'Leary and Wilson (1975) define Behavior therapy by stating the following characteristics: a) Behavior therapy is based on a model which states that people have learned to cope with living given their physical and social environments. b) Since abnormal behavior is learned and maintained the same as normal behavior, it can be treated directly through the application of social learning principles. c) Behavior therapy emphasizes the principles of classical and operant conditioning, and in addition includes social, developmental, and cognitive psychology. d) Behavior therapy entails specification of treatment conditions and objective evaluation of therapeutic outcomes. e) Behavioral treatment procedures are implemented individually for a person's specific problem(s).

**Statement of the Problem**

Research findings to the present have indicated the responsive and initiative dimensions to be important in the therapeutic process in influencing positive outcome; yet, investigators of current therapeutic approaches have not discussed how these dimensions might be integrated into their particular orientation. Therefore, a review of the literature investigating emphasis on the responsive and initiative dimensions
in the major theoretical approaches seems warranted. This procedure involves superimposing Carkhuff's theoretical model, developed for facilitation of therapeutic outcome, upon certain of the therapeutic approaches.

Superimposing Carkhuff's theory on to certain therapeutic orientations will augment the recent movement toward researching characteristics of effective counseling in common with various theories. Carkhuff and his followers have spent years researching variables which have been shown to be effective regardless of the therapeutic orientation. It now seems reasonable and even necessary, for the forward progression of psychology, counseling, and psychotherapy, that this information be used within each of the therapeutic approaches to augment each, and to provide more information as to commonalities of therapies which can contribute to successful outcome.

The author chose to superimpose Carkhuff's model on Gestalt therapy and Behavior therapy. These two approaches were chosen because: 1) Carkhuff's model was not derived from either approach; 2) the two therapies seem to differ greatly in their processes of practicing psychotherapy; and 3) the author was interested in further investigation of the emphasis placed on these relationship variables by Gestalt and Behavior therapies.

Plan of Presentation

The presentation of the information relevant to this investigation has been structured into four parts. The present chapter serves to introduce the reader to the responsive and initiative dimensions and
their importance in the therapeutic process. The second chapter includes a review of the expression of responsive and initiative dimensions in Gestalt therapy. The third chapter contains a review of the expression of responsive and initiative dimensions in Behavior therapy. The fourth chapter consists of conclusions and implications drawn from the study.
Chapter 2
Responsive and Initiative Dimensions
in Gestalt Therapy

The client-therapist relationship is the central process in Gestalt therapy. Therapists guide their client's attention and suggest ways for them to get more in touch with themselves; the therapist-client relationship being one of mutual respect and equality (Resnick, 1974, p. 115). The quality of the relationship, e.g., the change or movement that the client undergoes in the course of therapy, determines the therapeutic results (Kempler, 1973).

The major contribution to the movement in therapy is the therapist's total person, including personal and professional skills (Kempler, 1972). Perls (1969) states, "We see the whole being of a person right in front of us, and this is because Gestalt therapy uses eyes and ears and the therapist stays absolutely in the now... Gestalt therapy is being in touch with the obvious" (p. 58).

Fagan (1970) considers the genuineness of depth of the relationship important. She refers to this as humanness and states that humanness includes a variety of involvements. These include: a) therapists' caring about clients on a personal and emotional level, b) therapists' willingness to share and introduce personal emotional responses and experiences, c) therapists' ability to recognize clients' strivings toward deepened authenticity, and d) therapists' continued openness to personal growth serving as models for their clients (pp. 100-101).
Gestalt therapists are person/therapists who bring the full impact of themselves into the therapeutic encounter. They must be willing to encounter their clients directly, honestly, and spontaneously in their present. Because of this, the characteristics of Gestalt therapists are those of alive, active, exciting, and creative therapists who view therapy as a basis for change and experience. Gestalt therapists challenge their clients to relate and deal with them in ways that are progressively less manipulative and more self-nourishing than the ways of relating that clients have previously been familiar with (Levin & Shepherd, 1974).

Two basic assumptions augment the development of a relationship. The first is that only the present moment exists. The therapist attends to whatever awareness the client has and to the awareness of the relationship as it evolves. The second assumption is that what the client says or does in the immediate relationship with the therapist will be representative of actions outside the therapeutic situations (Baumgardner & Perls, 1975). The process of interaction between the therapist and client is therefore a central and significant aspect of therapy.

The responsive and initiative dimensions are embraced in the Gestalt therapeutic process. The emphases, placed on empathy, genuineness, positive regard, concreteness, confrontation, self-disclosure, and immediacy, are discussed below.

**Empathy**

Gestalt therapists consider empathy a crucial aspect of therapy. Therapists become involved with clients' means of interactions in order
to experience the essence of their clients' problems and difficulties. This understanding provides an atmosphere for clients to change; becoming more aware of their own knowledge of how they can help themselves (Fagan, 1970).

Fagan (1974) suggests that understanding the process of therapy involves extensive skill. Therapists must be able to accurately focus techniques in order for clients to experience strong emotion, resolve impasses, finish old business, and resolve polarities, resulting in a powerfully healing experience for clients. In addition, therapists must be able to listen clearly and openly to what clients are saying without imposing their own wishes and expectations (Fagan, 1974).

Perls (1969) stated that the integration of talking and listening is rare. Instead of being empathic and giving honest responses, most people usually avoid involvement by responding with questions. Perls goes on to say that without honest communication, isolation and boredom result. He considers listening to be a major aspect of therapy; to listen, to understand, and to be open are considered the same.

Gestalt therapists listen to many expressions of clients which represent cues to clients' total personalities and true needs. Language and verbal messages are attended to for their content, quality, tone, appropriate affect, usage of pronoun tense, metaphor, slips of the tongue, area of confusion, blankness, and others (Levin & Shepherd, 1974).

Kempker (1973) explains the Gestalt therapists' affirmation and expression of empathy in the process of the client-therapist relationship involvement:
Having no need to attend to anything, the therapist's full attention goes to the patient's unhappy process. . . He watches carefully as he works, always moving to the particular process which he believes is the largest obstacle. . . While working at a process that he considers the crucial one, he uses all his personal and therapeutic skills to bring the parts to a balanced, vis-a-vis, confrontation until the two new elements merge or disappear into a new realization (p. 268).

_Genuineness_

Perls (1969) believed that therapists and clients touch each other by being what they honestly are. The end point in therapy is reached when the therapist and client can each be themselves while maintaining intimate contact with each other (Beisser, 1970).

Beisser (1970) explains that change occurs when people take time to be what they are now, and abandon concentration on what they could be. Focusing only on what one could become avoids change, for change can only occur in current behavior.

Gestalt therapists encourage genuine and direct communication from their clients by revealing themselves as authentic and direct human beings (Foulds, 1972; Harmon, 1974; Resnick, 1974; Polster, 1966). Through this process, they serve as models for their clients (Boylin, 1975). Gestalt therapists are not acting out certain behaviors solely for their client to see; rather they allow their clients to
observe them being authentic.

Gestalt therapists remain authentic in therapy by responding internally, and being aware of their bodily responses and feelings; concurrent with this, they communicate those aspects of their inner experiencing which have a reasonable chance of facilitating therapy (Baumgardner & Perls, 1975). Clients can then try out these new ways of relating honestly with significant others in their lives.

Genuiness is one of the most important qualities for Gestalt therapists to possess. Kempler (1967) states that therapists need to possess two main qualities in order to protect their clients; integrity and the ability to acknowledge an error. The importance of genuineness in the client-therapist relationship is best expressed by Perls, "I will be with you, with my interest, my patience, my anger, my caring. I will be with you" (Baumgardner & Perls, 1975, p. 27).

Positive Regard

In Gestalt therapy, the basic view of healthy functioning for human beings is termed organismic self-regulation. This is the natural tendency of an organism toward growth, the satisfaction of legitimate needs (Cramer & Rouzer, 1974; Perls, Hefferline, & Goodman, 1951; Perls, 1960; Hamon, 1974). Belief in the self-regulation of individuals is actually a belief in the inherent ability of persons to know their own needs, how to go about satisfying them, and in what order (Cramer & Rouzer, 1974). Therefore, a basic respect and trust in the capabilities of persons is incorporated into the theory of Gestalt therapy.

Perls views a person as an integration of organismic energies
mobilized towards fulfilling particular needs. As excitement grows, more of the person's energies become potentially available, resulting in the person being a source of creativity (Perls, Hefferline, & Goodman, 1951). Therefore, healthy functioning is a readiness to trust in one's own self-regulating powers, having the ability to be both creative, and to refuse anything of potential danger (Camer & Rouzer, 1974).

Gestalt therapists direct clients' awareness toward their organisms in order that clients will learn to respond to their own self-regulatory mechanisms. By doing this, therapists mobilize clients' intellectual, emotional, and sensorial modes of experiencing, encouraging integration of their total persons (Harmon, 1974).

The uniqueness of the individual as a creative self-regulator is highly valued in Gestalt therapy. Gestalt therapists want to facilitate clients' acceptance of their own creativeness, including their feeling at any given moment. This self-acceptance aids clients in taking responsibility for themselves, and in discovering that they do fashion their own existence (Baumgardner & Perls, 1975).

Gestalt therapists give permission to their clients to be who they are, while encouraging them to take risks and gain self-support. They communicate caring, nurturance, and confidence in clients (Levin & Shepherd, 1974). Gestalt therapists want their clients to consider them trusted friends (Loew, Grayson, & Loew, 1975).

Kempfer (1973) considers the deepest respect communicated to clients to be acknowledgement. He believes clients reveal themselves through therapists' acknowledgement of their difficult situations.
Persons become split into what they are and what they are expected to be. This splitting produces constant conflict for them. They want to be themselves; yet they think they should be what others expect of them (Kempler, 1973).

Acknowledgement eliminates the approval-disapproval operation, and reintegration of clients occurs. The fundamental mechanism in therapy, therefore, is the creation of a context in which clients can show themselves to another in order to discover what they want and who they are. Effective therapists have previously restored acknowledgement of themselves in areas that correspond to areas where their clients need to exchange old disapprovals for new self-appreciations (Kempler, 1973).

Acknowledged by their therapists, clients are free to express their own essence and existence without fear of being judged or condemned (Hamon, 1975). Kempler (1967) sums expression of respect by therapists for their clients, "Face to face is the posture, head on is the dynamic force, committed is the attitude, and now is the time" (p. 169).

Concreteness

Gestalt therapy is being in touch with the obvious. Therapists avoid abstract intellectualism, interpretations, or "talking about." They believe that clients express themselves not only through their verbal behavior but also through their gestures, tone of voice, posture, facial expression, and psychological language. Therefore, therapists attend to and communicate awareness of all of these concrete expressions (Hamon & Frey, 1974; Polster, 1966; Nelson & Gruman, 1975; Perls, 1969).

Awareness means being in touch with what one is doing, planning
and feeling. Most activities in Gestalt therapy involve experiments in directed awareness (Harmon, 1974).

Perls (1969) believed that everything is grounded in awareness; awareness being the only basis of knowledge and communication. The highest levels on concreteness are expressed through Gestalt therapists' facilitation of clients' communication of discreet experiences and feelings. This direction helps clients restore self-awareness. As a result, client's possibilities for growth are increased; more of their persons are available for use (Harmon, 1975).

Both verbal expressions and body communication are sources of many cues. The therapists' role is to clarify the clients' language and help the client explicate underlying feelings and needs. Therapists facilitate this by using their own awareness as to what messages are emerging from the client. This functions to bring the process of the client to the surface (Levin & Shepherd, 1974).

Polster (1966) indicates awareness to be necessary for recovering liveliness, inventiveness, congruence, and courage. He states that until clients can accept their strong inner sensations and feelings, their expressions will have little effect. He refers to this non-acceptance of self as "reduced living," and believes it results from blocking internal self-experience.

There are many techniques which Gestalt therapists use to encourage concrete expressions necessary for self-awareness. These techniques are designed to decrease emotional distance from what is behaviorally or verbally expressed. Once emotional distance is reduced,
clients are more able to experience feeling and sensations. This leads to better contact with clients and the rest of their worlds (Finney, 1972; Harmon, 1974).

Techniques designed to increase concrete experiencing and self-awareness include: a) asking questions, such as "What are you in touch with?", or "Are you aware of your hands right now?" (Levin & Shepherd, 1974; Harmon, 1974), b) having clients substitute certain words for other more direct ones, such as "I can't" is replaced by "I won't" or "I'm afraid of"; "if" and "but" are replaced by "and"; "I feel guilty" by "I resent"; "it" and "you" are changed to "I" (Foulds, 1972), c) not permitting gossipping; persons are asked to talk directly to one another (Harmon, 1974; Foulds, 1972), d) having clients repeat phrases of importance to them (Finney, 1972), e) encouraging clients to create a dialogue between two conflicting parts within themselves (Harmon, 1974), f) exaggerating significant movements or mannerisms (Harmon, 1974), g) encouraging clients to make statements from their disguised questions (Boylin, 1975) and h) encouraging clients to be aware of and experience their feelings (Harmon, 1974).

Helson (1968) suggests that the concreteness of Gestalt therapy is one important reason for its success. Facilitative concreteness is integrated into Gestalt therapy; therapists using a variety of approaches to promote concrete self-awareness of their clients.

Confrontation

Gestalt therapists focus on the manner in which clients block communicating what they actually feel or believe. Therapists can
facilitate clients' awareness of how they are blocking by directing attention to what the client's body is doing, what the client's mind is doing, and what is or is not going on in the immediate client-therapist interaction. Therapists may, for example, point out that they perceive clients to be blocking overt expression of anger. Therapists then focus attention on how clients are blocking anger from awareness and overt expression by focusing on clients' motoric behavior. As a result, anger is labeled and identified as belonging to the clients themselves. This identification makes a congruent expression of feeling possible (Kepner & Brian, 1970).

Therapists also confront double messages from the client, e.g., part of the person says "yes", yet behaviorally expresses "no". Clients can then act out the conflict by playing both roles -- the part that says yes and the part that says no. Each part would have a voice and the client could enter into a dialogue with these different voices. Eventually the individual moves from fragmentation of these two parts toward awareness and integration of them (Resnick, 1974).

Gestalt therapists might also point out inconsistencies in nonverbal behaviors such as body posture, tone of voice, and so on, by saying such things as "Are you aware that, when you tell me everything is okay, both your hands are made into fists?" (Hamon, 1975, p. 368). In addition, therapists confront their clients on ways which they maintain themselves internally and externally in self-defeating, self-negating attitudes and behaviors (Levin & Shepherd, 1974).

In order to facilitatively confront their clients, Gestalt
therapists must be willing to reveal themselves as authentic and direct human beings who are self-confronting in all facets of their own lives (Foulks, 1972). Because of this self-knowledge, therapists are able to judge what is to be confronted by focusing on what is most descriptive or crucial in the ongoing process (Kempler, 1973).

Perls (1969) believes that people will only use their potential for self-support when they refrain from phoney rules, and manipulation of their environment. Therapists' confrontation of these behaviors in their clients is imperative for change.

Confrontation then, from the Gestalt viewpoint is an important part of the therapeutic process. Clients can only reintegrate themselves when they are confronted on their conflicting nonverbal and verbal behaviors.

Self-Disclosure

Gestalt therapists share themselves with their clients by bringing their own emotional responses and experiences into the relationship. This sharing serves to facilitate the therapeutic process (Fagan, 1970).

Kempler (1973) says that clients free themselves from the bondage created by blocked expression when they self-disclose both negative and positive experiences. Therapists and clients become more interested in one another when self-disclosure is reciprocated by both. Therefore, therapists must fully participate realizing that they are only one pole in the larger context of the therapeutic process (Kempler).

Therapists serve as models for their clients by remaining open
and revealing their immediate selves. It is this sensitive revealing that promotes mental health. Therapists have the responsibility to live this instead of merely preaching it to their clients. Subsequently, the clients learn how to live with people honestly and with full personal expression (Kempfer, 1972).

Jourard emphasizes the importance of people disclosing themselves:

> If we want to be loved, we must disclose ourselves. If we want to love someone, he must permit us to know him. This would seem to be obvious. Yet most of us spend a great part of our lives thinking up ways to avoid becoming known...

In any case we need people, in families and out, who will talk freely enough to help one another explore for new understanding, new ways of living, new ways to love and grow. Self-disclosure is a way of sharing, a way of learning from each other (p. 3).

Although self-disclosure is mentioned only a few times in the literature of Gestalt therapy, it is encouraged when included. Self-disclosure does not seem to be a major emphasis of Gestalt therapists, yet it is considered important by some writers.

**Immediacy**

One of the most important premises of Gestalt therapy is that, "nothing" exists except the here and "now" (Perls, 1969, p. 44). People are only aware of what is happening in the present; when clients remember
or anticipate, they are doing so now. Perls said that the "past is no more" and the "future is not yet" (p. 44). Whatever emerges in therapy becomes the present; this is reacted to in the immediate interaction or process by therapists (Thorne, 1974; Nelson & Groman, 1974).

Therapists direct clients to be attentive to what they are feeling, wanting or doing at any given moment. The goal of this direction is non-interrupted awareness for clients. The process of increasing awareness enables clients to discover how they interrupt their own functioning. Awareness and immediacy become tools for clients to uncover their needs and to discover how they prevent themselves from experiencing these needs (Kepner & Brien, 1970; Haranjo, 1970; Harmon, 1975; Boylin, 1975; Perls, 1969).

The context the counselor sets for clients' exploration is always that of the here and now or the actual experience; therapists frustrate any attempt of clients to avoid the here and now. On the internal level clients explore the actual experience of their state of confusion, emotions, anxiety, thinking processes, subvocal speaking to themselves, listening to themselves, their attitudes, pains and resistances. On the external level, clients explore their speech, muscular activity, senses, breathing, bodily tensions, pain, headaches, symptoms, verbal expressions and voice quality, sexuality, personal habits, and projections of the internal onto external reality (Raming & Frey, 1974, p. 181).
**Summary**

The client-therapist relationship is of utmost importance for Gestalt therapists. The responsive dimensions are expressed by Gestalt therapists in order to facilitate the therapeutic process.

Empathy is a crucial aspect of therapy in order for therapists to understand their clients' problems and difficulties. Genuineness is one of the most important dimensions for Gestalt therapists; success in therapy results when the therapist and client can each be themselves while maintaining contact with the other. Positive regard is actually inherent in the theory of Gestalt; therapists believing in organismic self-regulation. Concreteness is an essential ingredient for promoting self-awareness. Therapists' facilitation of clients' communication of discreet experiences and feelings helps clients restore self-awareness.

Confrontation and immediacy are the most important of the initiative dimensions for Gestalt therapists. Therapists confront their clients to: a) help them focus on how they block communicating what they feel or believe, b) promote reintegration of polarities, c) increase awareness of inconsistencies in nonverbal and verbal behaviors, and d) discover ways in which they maintain themselves in self-defeating behaviors and attitudes.

Immediacy is the essence of Gestalt therapy; nothing existing but the here and now. The immediate moment is the most important focus of clients and therapists; awareness presupposing immediacy.

Self-disclosure is the least emphasized of the initiative
dimensions. However, when included in the literature, self-disclosure is encouraged.
Chapter 3
Responsive and Initiative Dimensions
in Behavior Therapy

The client-therapist relationship is considered important for successful therapeutic outcome by many behavior therapists, with some therapists disagreeing. Eysenck (1970) believes that the relationship is irrelevant for many treatment programs. He states that once the client and therapist have constructed stimulus hierarchies the rest of the treatment is repetitive and mechanical. Holland (1976) verified that in many cases the client does lack direct contact with the therapist in behavior modification.

Other prominent behavior therapists do consider the relationship to be important in behavior therapy. Goldfried and Davidson (1976) state that therapists frequently serve as models for their clients. They believe therapists should make every effort to model behavior, attitudes, and emotions which will enhance the therapeutic process.

Norse and Watson (1977) state that even though behavior therapists do not emphasize the relationship as much as other therapists, behavior therapy is a human interaction and the therapist's attitude toward the client should be "warmly caring and nonjudgemental" (p. 284). They consider one of the reasons for failure in behavior therapy to be improper management of the client-therapist relationship.

There are three main reasons why warmth and concern are considered necessary in the client-therapist relationship. First, therapy cannot succeed if clients drop out of treatment because they perceive
their therapist as cold and indifferent. Second, warmth and acceptance facilitate client self-disclosure. Third, caring and understanding therapists will serve as more potent reinforcers than those who are cold and uninterested in their clients (Rimm & Masters, 1974).

The personal influence of therapists is considered especially important for facilitating behavior change. Therapists can initiate change through their genuine concern for clients' welfare, their ability to point out negative consequences, and their suggestions of alternative courses of action (Goldfried & Davidson, 1976).

Behavior therapists believe the relationship is important for the purpose of executing therapeutic techniques more successfully. However, they do not believe that interactions and changes within the relationship necessarily generalize to clients' relationships with significant others. Rather, when a good relationship has been established, therapists will be more persuasive, believable, and capable of effecting direct changes in clients (O'Leary and Wilson, 1975).

O'Leary and Wilson (1975) consider empathy the most important of the responsive dimensions for behavior therapists to express within the relationship. It is most helpful in developing rapport, establishing credence and persuasiveness, and establishing reinforcement power of therapists.

Ullmann and Krasner (1975) believe therapists actually control the behavior of their clients in many other ways. They accomplish this control through empathic reflections (Goldfried & Davidson, 1976), conditioning techniques (Ullmann & Krasner), and modeling (O'Leary & Wilson,
1975). To support their argument, they cite research (Sheehan, 1953; Graham, 1960; Rosenthal, 1955), indicating that personality attributes of benefited clients changed significantly in the direction of their therapists' personalities. However, it is noted that only clients who have benefited from therapy become more like their therapists. Nothing is said about those clients who did not benefit. In fact, Rosenthal (1955) found that clients who did not improve, became less like their therapists.

Perhaps some factor other than therapists' control is involved. The clients apparently have choices of whether they will become more like their therapists, and whether they will benefit from the therapeutic process.

Goldfried and Davidson (1976) espouse that behavior therapists execute both overt and subtle control within the therapeutic relationship. They state that the choice of control varies as a function of the client. The therapist might overtly control a "submissive" client; however, a more subtle control is exerted with a less submissive client.

Although they consider themselves to be controlling their clients, the fact that some clients are more submissive than others possible indicates those clients are choosing to go along with certain techniques or suggestions more readily. This does not necessarily require control from therapists; it does, however, require therapists to be aware of the probabilities or reactions to their influence.

The Webster's New World Dictionary (1970) defines "control" as exercising authority over, directing, or regulating. The client would,
therefore, have no decision or choice in the matter if controlled by a therapist. Yet the client does have freedom to choose; e.g., whether to remain in therapy or not.

In addition, some clients will react differently to a particular technique than others. Crowne and Strickland (1961) found that clients scoring high on social desirability or need for approval scale were conditionable in a verbal conditioning situation; those scoring low on this scale were not conditionable.

Rather than being controlled by therapists, it seems possible, then, that clients are being influenced through presentation of new information by their therapists. Breger and McCough (1967) believe that clients act in ways necessary for them to achieve some desired final event, rather than responding in a mechanical sequence. They add that Tolman stressed this concept as early as 1932, calling it "purposeful behavior."

Dustin and George (1973) disagree with behavior therapists who advocate counselors controlling and manipulating client behavior. In "action behavior counseling", clear choices for clients are always emphasized. Counselors see their job as arranging conditions that may help clients learn new ways of coping with problems.

Action counseling is built on a two-way communication process which includes feelings of mutuality and trust. Mutuality comes from the actions of counselors and clients; only when clients experience a freedom of choice does mutuality exist (Dustin & George, 1973).

Bandura (1969) said that behavior modification is probably
the most effective means of promoting personal freedom and emotional
growth because of its efficacy in enhancing freedom of choice. When
mutuality and trust are experienced by clients, they can then become
aware of their choices and opportunities available to them.

Lazarus (1976) believes that mutuality and trust in the client-
therapist relationship is crucial since interpersonal communication
is a dominant human factor. He states that the communication of the
therapist and client consists of both overt and covert actions. A
variety of messages expressed through words, nonverbal behavior, and
silence. The manner in which therapists act and react to clients can
contribute to or truncate facilitation of the therapeutic process.

Lazarus (1976) see the relationship as more than a vehicle
for behavior change. In fact, he considers it to be a crucial aspect
of therapy since he believes interpersonal communication to be such a
dominant human factor. Lazarus split from the traditional Behavior
therapy movement and developed his own Multinodal Behavior therapy
which includes six modalities dealt with in the therapeutic process;
the relationship being one of these. He believes one reason many
Behavior treatment plans have had only limited success is the narrow
approach to human behavior taken by many Behavior therapists (Lazarus, 1976).

Certain aspects of the responsive and initiative dimensions
are incorporated into the therapeutic process in behavior therapy. The
emphasis placed on each is discussed below.

**Empathy**

O'Leary and Wilson (1975) state that empathy is the most
important dimension in the relationship, and is helpful in developing rapport and establishing the reinforcement power of the therapist. It is considered especially important during the initial phase of therapy; however, empathy is not sufficient to produce behavior change.

Goldfried and Davidson (1976) state that empathic reflection of the client's feelings can serve as means of reinforcing their verbal behaviors. The client's verbal behaviors may give therapists samples of their current behaviors which are manifested in other interpersonal areas of their lives. The therapists could then provide direct feedback to help their clients realize how their maladaptive behaviors manifest themselves.

Goldstein (1973) said that an atmosphere of trust needs to be established for effective therapy. He states that this is accomplished when therapists understand and accept their clients, work mutually with them, and exhibit a means to be of help in the direction desired by them. He believes clients will feel understood when therapists take the attitude that their clients are unique and complex.

Behavior counselors often begin the therapeutic process by listening carefully to their clients' problems. The counselors then try to understand and assess their clients' thoughts and feelings, seeing them from their clients' points of view. Following this, they communicate this to the clients, and continuously work at being aware of whether they are perceiving their clients' thoughts and feelings accurately (Krumboltz & Thoresen, 1976).

However, behavior counselors do more than listen empathically
and clarify perceptions. They must also help clients transfer their confusions and fears into reasonable goals, which clients are interested in achieving. This achievement helps clients resolve their problems by focusing on specific behaviors in their present situation (Krumboltz & Thoresen, 1976).

Dollard and Miller (1968) explicate how empathy is used in the client-therapist relationship.

If the patient refers to a pitiable situation, the therapist should as he silently repeats the patient's words, feel a twinge of pity. When the patient reports a situation where rage if appropriate the therapist should feel the stirring of those rage responses... When the therapist feels an emotional response along with common humankind but the patient apparently does not, the therapist is in possession of some important information, i.e., that the patient does not have appropriate emotions attached to his sentences (p. 311).

It is obvious that empathy is considered to be of utmost importance in the process of behavior therapy. When therapists or counselors communicate an understanding of their clients' feelings, they are also communicating their interest in them (Dustin & George, 1973). Lazarus (1977) states, "Thus, it is hoped that multimodal behavioral procedures will attract non-mechanistic therapists who are flexible, empathic, and genuinely concerned about the welfare of their clients" (p. 10).
Genuineness

Most behavior therapists do not seem to emphasize genuineness in the therapeutic relationship. Many behavior therapists, however, consider themselves models for their clients; appropriate characteristics considered important for successful models are therefore encouraged. In addition, the reinforcement value of the therapists is a very important consideration.

Ullmann and Krasner (1975) suggest that accurate empathy, warmth, and genuineness not be used as integrated aspects of the therapeutic relationship; rather they should be used contingently. Teodora Ayllon, at Anna State Hospital in Illinois, gives an example of changing a person's behavior through conditioning where genuineness is actually discouraged. Ayllon reports that a patient in the hospital would not eat. Therefore, he instructed a nurse to spill food on the patient during feeding, telling the patient that it was very difficult to feed another person (Eysenck, 1970).

Many behavior therapists, however, are more concerned with their clients' perception of them. Goldstein (1975) believes that openness and trust with people facilitate positive outcome. Krumboltz and Potter (1973) have developed a behavioral model to facilitate trust and cohesion in groups. They believe that this kind of atmosphere helps members achieve their goals.

Bandura (1969) believes that behavior therapists are models for their clients. Behavior therapists should consider several variables which could foster their reinforcement value of therapists. Therefore,
successful therapists will be attractive models for their clients.

Attractiveness of therapists might include being genuine, but one cannot conclude this. In fact, if therapists become too involved with acting as attractive agents of reinforcement, exploitation of clients might result.

Carkhuff and Berensen (1975) warn that behavior therapists who are overly concerned with establishing themselves as potent reinforcers might fail to relate with a personal and genuine caring and understanding attitude. They believe this can create distance and exploit closeness only for the potency in reinforcement.

Goldfried and Davidson (1976) discourage client exploitation through their emphasis on counselors being frank with their clients. In addition, they believe that timing and responsibility are two important considerations when being frank. Carkhuff and Berensen (1976) would concur that these are important considerations when overtly expressing genuine responses to clients. They also consider withholding verbal expressions of reactions until the appropriate time to be part of facilitative genuineness.

Behavior therapists, then, discuss the reinforcement value of therapists and their attractiveness as models in the reviewed literature, rather than elaborating on genuineness of relating. However, a few writers do encourage frankness of counselors when communicating with clients.

Positive Regard

Therapist expression of positive regard toward clients is
considered important for behavior therapists (Morse & Watson, 1977; Krumholtz & Thoresen, 1976; Lazarus, 1976; Dustin & George, 1973; Dollard & Miller, 1969; Rimm & Masters, 1974). Bandura (1962) states that therapists' attentiveness and facial expressions are often responsible for changes that occur in the clients' behavior. Therefore, although behavior therapists strive for scientific objectivity, their attitude toward their clients should be warmly caring and nonjudgemental (Morse & Watson). Many behavior therapists, therefore, consider positive regard for their clients an integrated aspect of therapy.

Goldstein (1973) indicates that behavior therapists do not tend to make value judgements, and are unconditionally accepting of their clients. A theory of human behavior based on determinism leads behavior therapists to believe that clients behave the way they do because of "predetermined factors, genetic inheritance, and experience in life" (p. 221). Some behavior therapists, then, are unconditionally accepting of their clients, while expressing a positive regard for them.

However, in some cases, this positive regard or warmth is used contingently (Ullmann & Krasner, 1975). These behavior therapists are actually using a type of positive reinforcement rather than facilitative positive regard. Clients are being reinforced when behaving appropriately by the therapist reacting in a warm, positive manner.

This is contrasted with the responsive dimension, positive regard. At minimally facilitative levels therapists are aware that clients can act independently in a constructive manner; at maximally facilitative levels, therapists communicate a very deep respect for the value of
each client, while being committed to the realization of their clients' human potentials (Carkhuff, 1969, p. 181).

Most behavior therapists do exhibit positive regard in the relationship. However, these counselors who consider behavior to be controlled entirely by reinforcement procedures seem to be using positive reinforcement in contrast to respecting the uniqueness and complexity of clients' independently constructive human potentials.

**Concreteness**

Behavior therapists specify a concrete approach to problem solving. A systematic analysis of clients' behaviors is imperative in successful behavior therapy. Most aspects of the responsive dimension, concreteness are emphasized in behavior therapy however as noted later in this section, one is omitted.

Clients usually cannot articulate a specific problem; therefore, behavior therapists help pinpoint which behaviors need changing (Morse & Watson, 1977). This process is congruent with facilitative concreteness if this is accomplished by helping the client focus on specific feelings, experiences, and events. However, when therapists make the final decision about which behaviors are maladaptive and need to be changed, as indicated by Morse and Watson (1977), they are using a concrete approach, rather than concreteness as defined by Carkhuff.

Facilitative concreteness is encouraged for multimodal behavior therapists. They inquire about concrete and specific feelings, images, and thoughts that may be significant for the client (Lazarus, 1975). This aids the client in becoming more insightful and self-understanding.
Ullmann and Krasner (1973) state that behavior therapists proceed in therapy answering three questions. These include: a) Which behaviors need to be increased or decreased? b) What are the contingencies which currently support the clients' behaviors? and c) Which skills may be taught to alter the clients' behaviors? Although this process involves a concrete approach to therapy, it is not representative of concreteness as defined by Carlhuff (1969).

One form of facilitative concreteness expressed in behavior therapy is to encourage limiting the client's discussion to personally relevant concerns. Rimm and Masters (1976) discourage client's storytelling about their past lives because this is seen as counterproductive to the problem solving approach advocated.

Many aspects of facilitative concreteness are encouraged in behavior therapy. Behavior therapists ask for specific details and specific instances while focusing discussion on relevant concerns. However, one major aspect of the responsive dimension, concreteness, is not evident in the reviewed literature concerning behavior therapy. This includes therapists' attempts to formulate reflections and interpretations with more specificity for the purpose of sharpening the clients' immediate experiences and reducing emotional remoteness from current feelings and experience (Carlhuff, 1969).

Confrontation

Behavior therapists seem to focus on counseling as teaching process for clients. Rather than confronting immediate discrepancies between behaviors, therapists might determine when particular problem
behaviors occur and what factors are maintaining them (Lazarus, 1976; Rimm & Masters, 1974; O'Leary & Wilson, 1975; Ullmann & Krasner, 1975).

Morse and Watson (1977) state that behavior therapists must help clients pinpoint exactly which behaviors need changing, and which variables seem to be causing the behaviors to be changed. They add that the main goal for behavior therapists is to change particular behaviors effectively, resulting in much greater control in therapy than dynamic or humanistic approaches.

Krumboltz and Thoresen (1976) give an example which expresses a teaching approach rather than direct confrontation. In this example, a person who states she is lonely and yet takes no initiative to go out and meet others is asked what she could do to make people want to have her around. Following this, the therapist teaches her competency in a behavior which she has the ability to excel in. This is a different approach than one in which therapists confront clients. In this case, they might point out to the client that although she is lonely and expresses a desire to meet people, she is not behaving in a way which is congruent with this; immediate discrepancies being confronted.

Krumboltz and Thoresen (1976) state that a person who continues to talk about meaningless information rather than an immediate problem can be confronted. They state, as their confrontive response: "You seem to find difficulty in expressing just what troubles you. Most clients with this difficulty have one of four problems. Let's see if one fits you" (p. 24). This statement, however, seems to be a didactic procedure, rather than corresponding to any of the categories of
confrontation (Carkhuff, 1969).

Meichenbaum (1977) alludes to confronting clients in his description of procedures in which schizophrenics were taught to monitor their own behavior and thinking. They were trained to become sensitive to interpersonal signals of others that indicated they were emitting schizophrenic-type behaviors. Next, the therapists helped them become aware of instances in which they were using symptomology to control situations when communicating with others.

Although this is a teaching process, there are also implications for therapists’ confrontations. These confrontations might consist of therapists pointing out discrepancies between how they experience their clients' behavior (confusing, disoriented speech) and their clients' verbal report of their own behavior (i.e., stating that they are making sense).

Another possible instance of confrontation is expressed by Kumboltz and Thoresen (1976). They state that, when clients do not know their own behaviors are inappropriate and when therapists are unable to diagnose the difficulties, confrontation techniques may be useful. They equate these techniques to those used in marathon groups where members say exactly what they think to one another. Behavior therapists then seem to be confronting clients, in some cases.

In summary, most behavior therapists focus on teaching their clients techniques designed to change their unwanted behaviors rather than confronting immediate discrepancies. However, a few therapists do suggest, or allude to, confrontation as a supplemental technique.
Self-Disclosure

Self-disclosure is encouraged by many behavior therapists. Goldfried and Davidson (1976) said that therapists can use their own life experiences to help facilitate their clients' behavior change by disclosing how they changed their own thinking or behavior with positive consequences. O'Leary and Wilson (1975) state that therapists should give feedback about how they react to their clients in therapy. This enables clients to become more aware of their characteristic ways of behaving in therapy which sometimes are similar to their outside behavior.

Self-disclosure can also be used as a reinforcement procedure. Krasner (1967) refers to behavior therapists as reinforcement machines. Goldstein (1972) states that counselors facilitate the development of appropriate behaviors by systematically reinforcing them. Counselors' self-disclosing successful learning situations to their clients might be seen as subtly reinforcing their clients' experimentation of the same situations.

Bandura (1969) believes that an important function of therapists is role modeling for clients. He contends that learning can be acquired through clients' observation of their therapists' behaviors. Therapists' self-disclosure would therefore serve as modeling for future self-disclosing behaviors in clients.

Self-disclosure, then, is considered an important dimension in therapy. Behavior therapists self-disclose to their clients: a) to reinforce clients' self-disclosures, b) to model self-disclosures for clients, and/or c) to aid clients in becoming aware of characteristic
ways of behaving.

**Immediacy**

The major focus of Behavior therapists tends to be on current behavior and future actions. This is contrasted with facilitative immediacy as defined by Carkhuff.

Rimm and Masters (1974) indicate that therapists discourage clients from discussing past experiences in order to encourage current problem solving. O'Leary and Wilson (1975) said that the therapist seeks to answer two main questions:

a) What are the various psychological and environmental factors that are currently maintaining the problem behavior (s)?

b) Which technique or combination of techniques might most effectively produce the desired therapeutic environment (p. 19)?

Goldstein (1973) also indicates behavior therapists' interest in current behavior and future actions. He considers behavior therapists to be interested in which current behaviors are maladaptive and what circumstances elicit them.

Behavior therapists implement therapeutic strategies to change unwanted behaviors to those which are more adaptive (Goldstein, 1973). The strategies consist of therapists dealing with current behaviors such as immediate reinforcing of desired behaviors (Krasner, 1969; Goldstein, 1975; O'Leary & Wilson, 1975). However, this process is contrasted with immediacy as defined by Carkhuff (1969).
Behavior therapists reinforce those behaviors which they consider to be beneficial for their clients. For example, when a client relates successful communication with a boss, the behavior therapist might respond with a smile or praise. Carkhuff (1969), however, defines immediacy as expressions from the therapist that relate the clients' communications directly to the client-therapist relationship. For example, when the client recalls successful communication with a boss, the therapist might say, "Perhaps you are also finding it easier to communicate and relate to me right now."

There is one crucial difference between reinforcing immediate behavior and immediacy of relating. While the behavior therapist is reinforcing a certain behavior for the purpose of increasing that behavior at a future time, the therapist relating with immediacy is doing so for the purpose of focusing the client away from talking about external events to expressing genuinely what is occurring with the client and the therapist in the immediate encounter (Carkhuff, 1969; Carkhuff & Berenson, 1977).

Summary

Many Behavior therapists consider the relationship very important in therapy. Therapists differ as to what the relationship is used for. These uses include: a) establishing reinforcement power of therapists, b) executing therapeutic techniques more successfully, c) helping therapists become more persuasive, believable, and capable of effecting direct change in clients, and d) establishing mutuality and trust.

Incorporation of the responsive dimensions in Behavior therapy is
somewhat limited according to the literature reviewed. Empathy is considered the most important dimension in the relationship. Empathy is emphasized for several reasons: a) to help therapists develop rapport with clients, b) to help establish the reinforcement power of therapists, c) to establish an atmosphere of trust, d) to provide therapists with more information concerning their clients' problems, and e) to help therapists communicate interest in their clients.

Genuineness is not, generally, emphasized in Behavior therapy; the reinforcement value and therapists' attractiveness as models being more important. However, a few writers do encourage therapists' frankness.

Positive regard is considered very important by most Behavior therapists. Yet, when warmth is used contingently by Behavior therapists using reinforcement procedures exclusively, a form of positive reinforcement is being executed in contrast to positive regard as defined by Carkhuff.

Most aspects of the responsive dimension, concreteness, are integrated in Behavior therapy: a) helping clients inquire about concrete and specific feelings, and b) encouraging clients to limit their discussion to personally relevant concerns. However, one important component of concreteness, which is not mentioned in the literature, is the therapist's formulation of reflections and interpretations with more specificity for the purpose of sharpening clients' immediate experiences and reducing emotional remoteness from current feelings and experience.
Self-disclosure is considered the most important of the initiative dimensions (self-disclosure, confrontation, and immediacy). Therapists self-disclose: a) to reinforce clients' self-disclosure, b) to model self-disclosure for clients, and/or c) to aid clients in becoming aware of characteristic ways of behaving.

The responsive dimension, immediacy, is not encouraged. Rather, Behavior therapists emphasize: a) focus on current behavior and future actions, and b) reinforcement of immediate behaviors.

Confrontation is alluded to or suggested as a supplemental technique by some Behavior therapists. However, most therapists focus on didactic techniques to change behavior rather than confronting immediate discrepancies.
Chapter 4
Conclusions and Implications

Chapter 4 will provide conclusions and implications of the study. The investigation has shown enough data to establish the validity of the responsive dimensions, and provide support for the initiative dimensions as necessary ingredients for successful therapy. The importance placed on these dimensions by Gestalt and Behavior therapies is discussed.

Conclusions

The basic problem encountered, when investigating the responsive and initiative dimensions in Gestalt and Behavior therapy, was imposing the definitions of these dimensions onto the terminology of Behavior therapy. The responsive and initiative dimensions were originally developed from a client-centered framework (Rogers, 1957; Rogers, Gendlin, Kiessler, & Truax, 1967). These dimensions, along with their definitions and assumptions, had to be extracted from another completely different approach to behavior change: that being Behavior therapy. All interpretations are extracted by the author from information available in the literature reviewed. This problem was not encountered for Gestalt therapy because the terminology for both of the models was complementary.

The therapeutic relationship is considered important for both Gestalt and Behavior therapies in the reviewed literature. However, Gestalt therapy places more emphasis on the relationship.

In addition, the client-therapist relationship exists, in many
cases, for different reasons for each of the two theoretical approaches. Therefore, although some characteristics desired by therapists for themselves and their clients are similar for both Gestalt and Behavior therapies, many differ for each of the orientations.

Gestalt therapists consider the process of the relationship to be the essence of therapy. The client has the opportunity to genuinely communicate with another human being, possibly doing this for the first time. The therapeutic encounter, then, is an opportunity for clients to experience less manipulative ways of communicating with others. Gestalt therapists believe persons have the potential to satisfy their own needs; doing so following awareness of how they are blocking further awareness and defeating themselves. Therapists consider people to be both unique and creative. Therefore, therapy is a process of helping clients: a) increase self-awareness, b) experience novel ways of relating with another, and c) make their own creative decisions for future actions.

Many Behavior therapists see therapy as primarily a process consisting of therapists' modeling, reinforcing, and teaching clients new ways of behavior, and secondarily, helping clients: a) become aware of how their maladaptive behavior manifests itself, b) experience new ways of coping with problems, and c) become more aware of their choices and opportunities. Most Behavior therapists believe the client-therapist relationship to be necessary for increasing their reinforcement power in this process. Therapists seem to use the relationship to promote desired effects in their clients' behaviors.
Techniques for Gestalt therapists, then, are used to aid clients in communicating more authentically in the immediate relationship. However, the execution of techniques for the Behavior therapist is the major focus of therapy.

Another important difference between the two therapies is seen in their differing views concerning generalization of the effects of relationship variables. Many Behavior therapists do not believe that interactions and changes within the relationship necessarily generalize to clients' relationships with significant others. Rather, the good relationship enables the therapist to be more persuasive in the immediate relationship with the client. A very basic assumption of Gestalt therapy states that what clients say or do in the relationship with their therapist will be representative of actions outside the therapeutic situation. This is a major reason for the relationship being such a central and significant part of Gestalt counseling.

Failure in therapy is another issue mentioned in the reviewing literature by both Gestalt and Behavior therapists. One reason for failure in Behavior therapy is improper management of the client-therapist relationship by the therapist. This view seems to place responsibility on therapists to manipulate relationship variables to the extent that they produce adequate and successful behaviors in their clients. This is different from Gestalt therapists who simply consider the end point in therapy to be reached when the therapist and client can each be themselves while maintaining intimate contact with one another.
Many Behavior therapists also believe they control the behavior of their clients in both subtle and overt ways. Gestalt therapists challenge their clients to relate and deal with them in ways that are progressively less manipulative and more self-nourishing. Therefore, while Behavior therapists seem to value a manipulative process in therapy for producing change in their clients' behaviors, Gestalt therapists are trying to move from present manipulative functioning in clients to interactions which are more direct, honest, and spontaneous.

A few counselors in Behavior therapy, however, have branched from the traditional behavioral approaches. They have developed their own orientation which includes many behavioral principles, along with other variables or dimensions also considered necessary for therapeutic outcome. These therapists seem to view the relationship as more than a vehicle; rather they tend to see the relationship as an important factor in most aspects of human functioning (Dustin & George, 1973; Lazarus, 1976). These approaches then would tend to bridge some of the gap between emphasis placed on the relationship by Behavior and Gestalt therapists.

Responsive and initiative dimensions are emphasized by each orientation. The two therapeutic approaches will be compared and contrasted on dimensions they consider important.

Empathy is considered important by both therapies. Gestalt therapists consider empathy important for the purpose of gaining more understanding of what clients are aware of, and how they are defeating themselves. Behavior therapists are also empathic in order

-56-
to understand their clients and to communicate their interest in them. However, Behavior therapists differ from Gestalt therapists in their use of empathy for the purpose of positively reinforcing clients. In addition, self-disclosure is used as a positive reinforcer by Behavior therapists; Gestalt therapist self-disclosing simply to share personal experiences with clients.

Both Gestalt and Behavior therapies emphasize the responsive dimension, concreteness; Behavior therapists encouraging most components of concreteness. The aspect of concreteness which is not encouraged by Behavior therapists in the reviewed literature involves facilitation of specific feelings and experiences of clients for the purpose of reducing emotional distance. However, Gestalt therapists consider this component of concreteness to be of utmost importance because it encourages self-awareness.

Behavior therapists who integrate positive regard in therapy consider their clients to be unique and independently constructive persons, this being comparable with the deep respect encouraged by Gestalt therapists. In some instances though, clients of Behavior therapists are viewed as reacting to their therapist’s execution of potent reinforcement procedures; this approach minimizes clients’ independently constructive capabilities.

Gestalt and Behavior therapies can be contrasted for the significance they each place on confrontation. Gestalt therapists confront clients to increase self-awareness. However, Behavior therapists are more interested in a didactic approach where clients would be
taught more effective ways of acting.

These two processes seem to allude to different views of human potential: Gestalt counselors seeing the person as capable of acting in a self-enhancing way as a result of greater self-awareness, while Behavior counselors see the person as needing to be taught these self-enhancing ways of behaving before their clients are able to emit them.

One important finding from the literature reviewed is that the two dimensions, genuineness and immediacy, considered most important for Gestalt therapists, do not seem to be emphasized in the literature by Behavior therapists. This further explicates the differences in the two therapeutic approaches; Gestalt therapy being concerned with immediacy and genuineness of relating, while Behavior therapy is interested in modeling appropriate behaviors and in using techniques available for changing behaviors.

In addition to the many differences of the two approaches, there are commonalities among them. Both therapeutic procedures are concerned with understanding their clients' world, and both present the opportunity for their clients to change aspects of their life which they are presently unhappy with.

**Implications**

Several implications can be drawn from the conclusions derived. The differing significance placed on various aspects and dimensions in the relationship might have important implications for clients being counseled by therapists within each of the therapeutic models. Therapists serve as models for their clients, therefore clients in
each of the approaches possibly differ in viewpoints of behaviors necessary for effective living succeeding their counseling experience.

People receiving counseling in both Gestalt and Behavior therapies will probably have more effective listening skills because of the modeling effect of having others listen to them. If the private worlds of clients are understood by their therapists, and clients perceive this, they possibly acknowledge themselves with a more understanding attitude. This might then be generalized to significant others in their lives; perhaps promoting greater understanding among more people.

Clients from both therapies might tend to self-disclose more often, especially clients of Behavior therapists. Therefore, clients will probably have more effective communication skills between themselves and significant others in their lives.

Clients will also have experienced modeling of efficacious coping behaviors by both Gestalt and Behavior therapists. They might, in turn, serve as models for significant others in their lives; resulting in more effectively coping individuals in society.

Clients who have been counseled by Gestalt therapists will have experienced authentic means of communicating. Relating genuinely to others will augment successful coping skills, resulting in people who relate effectively in an honest, direct manner. People who have had behavior counselors might have problems in relating genuinely with others if genuineness is ignored in therapy to the extent that it tends to be disregarded by many Behavior therapists in the literature. Those counselors who discourage or minimize the value of genuineness
of relating might not be relating honestly with their clients. This certainly would not augment the client's honest communications with significant others and might even promote a dishonest manipulative situation, such as Ayllon took at Anna State Hospital. An ingenuine approach by therapists would seem to negate any expression of respect for their clients. Clients could not know if this communication of respect is a genuine one.

Some Behavior therapists do encourage honest communication between counselors and their clients. Their clients then have the opportunity to relate to another in an honest and direct manner, this possibly generalizing to others.

Self-responsibility is another issue to consider. Those few Behavior therapists who have made decisions for their clients, being directive, might encourage their clients to become dependent upon them for decisions they are capable of making themselves. Clients might also tend to depend on others in their world for making major decisions.

However, most Behavior therapists do encourage decision-making by clients, their major emphasis being to teach clients behaviors necessary to achieve goals set by clients. Clients being counseled by these Behavior therapists will tend to take responsibility for decision-making in other areas of their lives.

Gestalt therapists also encourage clients to take responsibility for making their own decisions. Individual clients alone are responsible for determining which behaviors to change. It seems reasonable that clients who are encouraged to make their own decisions are likely
to act as more creative individuals in society than those whose decisions are being made for them.

One final comparison of the therapeutic approaches involves therapists' positive regard for clients. Clients of the Gestalt and most Behavior therapists will probably have experienced deep respect from their therapists as unique, creative individuals who can act independently in a constructive manner. These clients will tend to communicate this same respect to significant others in their lives.

However, clients of the Behavior therapists using warmth and concern only contingently to reinforce desired behaviors, might not exhibit a basic respect for others. This would especially be true for clients of those therapists who are continuously concerned with establishing themselves as potent reinforcers; therefore, failing to relate with a personal and genuine caring attitude (Carkuff, 1975). Studies have reported misuses of Behavior therapy when therapists lacked basic respect for other human beings (Winett, 1974; Hunt, 1974; Mitchell, 1973; Nares, 1975; Holland, 1976).

Both Gestalt and Behavior therapies can be used constructively and destructively. However, it seems that the more emphasis placed by each on the initiative and responsive dimensions, the less clients will be exploited. This will result because expression and integration of these dimensions within the therapeutic process is incongruent with exploitation of individuals.

Presently Gestalt therapists emphasize these dimensions to a much greater extent than Behavior therapists. In addition, the writings
of Gestalt therapists seem to complement and augment one another. The writings of behavior therapists, however, differ resulting in therapists conflicting with each other as to the importance of particular aspects of the relationship. It seems that the term "Behavior therapy" is being applied to a variety of therapeutic approaches. Cognitive behavior therapists (Bandura, 1962; Goldfried & Davidson, 1976; Meichenbaum, 1977) seem to place more emphasis on the relationship variables than the more non-cognitive approaches (Goldstein, 1973; Dollard & Miller, 1969; Eysenck, 1970). Those therapists who have branched off from Behavior therapy (Lazarus, 1977; Dustin & Gergen, 1973) seem to place even more importance on the relationship as an integrative aspect of the therapeutic process.

The author concurs with previous evidence that the responsive and initiative dimensions are necessary ingredients for successful therapy. This does not preclude other influences on therapeutic outcome, yet, it does delineate the author's bias.

Inclusion of relationship variables contributing to outcome is considered important for all therapeutic approaches. Relationship variables have only recently been stressed by a majority of Behavior therapists. However, some dimensions of the client-therapist relationship are to-date not elaborated upon. If relationship variables are being overlooked in the literature by Behavior therapists, students of Behavior therapy are possibly not receiving an emphasis of these variables in their training.

Previous literature (Carlsmith, 1977, 1969; Egan, 1975) has indi-
cated that these responsive dimensions are not inherent in potential counselors; rather, execution of these dimensions requires training and practice. Behavior therapists who have not been trained to incorporate these dimensions in the therapeutic process might not tend to facilitate expression of these by their clients to the extent that trained therapists do. This would tend to be true initially and possibly even later. Facilitative therapists would be required to train themselves.

It is very possible, and in fact probable, that Behavior therapists have been taught facilitative relationship skills, which have not been emphasized in the literature reviewed. Communication of these skills via books and journals could certainly make available more knowledge to naive or beginning therapists, and in addition, this communication would contribute to a deeper understanding among the different therapeutic approaches.

Gestalt therapists bring their whole person into therapy, integrating the responsive and initiative dimensions into their therapeutic processes. Clients counseled by these therapists will tend to become unique, creative, productive, and concerned members of society. These clients will possibly influence many members of society in a positive, constructive manner, resulting in a more productive and more creative place to exist.

Several implications for future research are considered. Researchers have not compared the facilitative levels of therapists from different theoretical orientations. This needs to be accomplished, perhaps by
taking sessions and having experienced raters assess the therapists' levels of functioning in all of the dimensions. A comparison of certain dimensions or patterns of dimensions emphasized by the different therapies could be made. Next, programs in which therapists are trained to successfully communicate facilitative skills in which they are presently deficient, should be implemented.

Future research should also include investigation of other skills which may facilitate therapeutic outcome. These researchers might investigate nonverbal skills which may contribute to successful therapy. Perhaps a scale for nonverbal facilitative dimensions could be devised.

Another project might include investigating the facilitative functioning level of people who have been clients of therapists from particular therapeutic approaches. A comparison of clients counseled by therapists from these different approaches could be made.

There are several methods one could take to contribute to the knowledge of successful psychotherapy. It is important that the need is recognized; it is more pertinent that we act upon that need. Highly facilitative therapists can influence clients in a constructive manner; low-functioning therapists can negatively influence clients. One must make a choice between: encouraging creative, innovative, constructive behaving individuals or supporting conformity, dependency, and even possible negative influence on human interactions.
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