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Effectiveness of Operationalized Gestalt Therapy Role-Playing in the Treatment of Phobic Behaviors

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Abstract

The Gestalt therapy projection hypothesis states that unwarranted fears are maintained by failing to recognize that the aversive properties ascribed or projected to a feared stimulus are self-created. The recognition of these projections by a role-playing technique that consists of rehearsing the ascribed aversive properties is assumed to reduce the fear. Thus, if for example, one fears a dog and describes it as aggressive, one would role-play the fear responses to the dog as well as a situation where one is aggressive. In order to examine the Gestalt hypothesis, 24 phobic subjects were randomly assigned to three groups with operationalized components of the role-playing technique varied as follows: full treatment (FT) constituting role-playing both the fear responses and the aversive properties ascribed to the fear stimulus; (SRP) role-playing only the aversive properties ascribed to the feared stimulus; and (RRP) role-playing only the fear responses. It was found that in general, across a number of measures, the two groups that roleplayed the aversive properties ascribed to the fear stimulus (FT and SRP), and thus rehearsed the projections, were significantly more effective in reducing their fears than the (RRP) group which only role- played the fear responses. These results are interpreted as support for the Gestalt therapy projections hypothesis. Furthermore, there is evidence that the cognitive restructuring accompanying fear reduction may be achieved through an abbreviated form of the Gestalt therapy roleplaying technique.

According to Gestalt therapy theorists Perls, Hefferline and Goodman, (1951) a projection is a personal trait or behavior that is attributed to objects or persons in the environment. Consequently, the projected trait or behavior is experienced as coming from external stimuli rather than originating from the projector (p. 211). For instance, a person fearing an animal or a social situation would behave as if these properties were actually an inherent part of the aversive stimulus. In the case of a claustrophobic, a person may avoid small rooms for fear of suffocation and fear of confinement. In that situation, the aversive properties attributed to the small room could be insufficient oxygen and loss of freedom. Perls (1969) views these attributed properties as "projections" which are maintained by "disowning" responsibility for their creation (pp. 67-68).

Perls, et at. (1951) further assert that in projecting, one is aware of the reaction toward the environmental object but by not identifying with the reaction, one loses the sense that one is the owner of the reaction (p.212). The recognition process however, occurs only when a person experiences the total reaction to the projected properties. Perls (1969) alludes to the concept of "total reaction" when he cautions that a strictly intellectual assessment of the projected properties, without the sensory and affective modes triggered by the total experience, will yield a mere abstraction of the aversive situation. In other words, a rational discussion of what causes a "phobic attitude"[1] is not sufficient to promote change (p.66). Therefore, Gestalt therapy views human behavior holistically and uses experiential learning as a vehicle for changing behavior.

It is not difficult to understand the rationale for the experiential notion of Gestalt therapy when one considers that learning a new behavior involves sensorial as well as cognitive, affective and motor components of a person. Thus in the case of phobic behavior, one learns a total avoidance response composed of the sensorial registry of the stimulus, the thoughts and affect associated with the stimulus, and the motor activity to avoid the stimulus.

Considering the notion of projected properties and the importance on experiencing the salient parts of the total response, Perls (1969)

[1] Although Perls is using 'phobic attitude' to describe segments that are avoided in disturbing dreams rather than referring to phobias, in this study it is hypothesized that similar avoidance processes are responsible for the creation and perpetuation of phobias.

developed a role-playing method that allows a client to re-enact the avoidance response as well as the properties attributed to disturbing or feared segments of a dream. First, the therapist instructs the client to imagine a confrontation with the disturbing stimulus in the dream and to describe the emerging reactions he or she experiences during the re-enactment. The person is then instructed to personify each one of the properties that have been projected to the disturbing stimulus and to describe the experience.

Authenticity is facilitated in the technique[2] by requiring the client to narrate the re-enactments in the present tense. Also, it is important to note that during the role-playing process a person will be required to re-enact animate as well as inanimate components of the total response as well as of the properties attributed to the targeted stimulus. For example, if an individual has a dream about a phobia of strangers (xenophobia) and describes them as aggressive and unfriendly, the therapist will ask the client to re-enact a confrontation with a stranger and to relate the reactions experienced while role-playing self and also the reactions experienced while role-playing the stranger with each of the attributed properties noted in the dream.

While Perls (1969) mainly applied his role-playing technique to how projections are expressed in dreams, this study extrapolates his projections construct to test its theoretical assumptions and to evaluate its effectiveness with persons with phobias. It is hypothesized here that persons with phobias may avoid the aversive stimulus by failing to recognize experientially (identification) that the attributed aversive properties originate from self rather than from the phobic stimulus. The Gestalt role-playing technique provides an opportunity to identify and experience the relevant reactions to the phobic stimulus while role-playing the response, and the relevant reactions to the projected properties while role-playing the phobic stimulus.

[2] Years ago during a phone conversation with Dr. Laura Perls (Fritz Perls' wife and colleague), she admonished the author for using the term "technique" when describing the Gestalt therapy process. It is therefore used respectfully in this study for its operational usefulness rather than to reflect the dynamic process of Gestalt therapy.

An excerpt from an actual narrative in the study will clarify:

Client: *I am very afraid of the dark.*
Therapist: *Please use the present tense and describe yourself in a dark place*.
Client: *I am in a very dark room and I think someone is going to grab me.*
Therapist: *What are you experiencing now?*
Client: *I feel chills!*
Therapist: *Can you be your chills?*
Client: *I am a cold wave going through you. I have no feelings. I am very cold. Yes, I can be very cold if I want to scare people away!*
Therapist: *Now, be that someone who is going to grab you.*
Client: *I am dead and I am going to take you away with me because you are as dead as I am!*

The dialogue above illustrates how the hypothesized integration takes place when the isolated aversive components are recognized in the role-playing technique. At first, the individual has an ambiguous conception of his responses to the phobic context. When he role-plays his reactions to the phobic stimulus however, response cues such as chills, and the expectation of being apprehended are isolated and brought to awareness. Furthermore, when he role-plays the feared darkness, the attributed properties; death, and being taken away, emerge and are presumably recognized cognitively and affectively as contextual components of the phobic response. Independent of the integrative process proposed by Perls et al. (1951), it is obvious that role-playing the response involves the rehearsal of the salient cues that formulate the avoidance behaviors. In addition, role-playing the attributed properties involves a description of both the aversive and neutral characteristics associated with the phobic stimulus. In summary, the Gestalt therapy role-playing method makes a unique contribution.

The method provides a reconceptualizing strategy that identifies the aversive components of a phobic stimulus, and by re-enacting them as personified entities, it brings forth the experiential recognition that the phobic attributions are created by the perceiver rather than inherent in the percept. Perls (1970) suggests that the instance this recognition or "owning" (as he prefers to call it) is experienced, one has the option to view the environment with a different perspective.

Although Gestalt theorists have provided no rigorous experimental data to support their differentiation between experiential and intellectual processes, Moxnes (1974) has shown that in a therapeutic situation, clients exhibit greater anxiety during here-and-now communication than while engaging in intellectual discussions of their problems. Moxnes concludes that the handling or working through a situation that reveals new information about the client, is more anxiety provoking than merely talking about a problem that tends to deal with information already known to the person.

Langer (1989) has demonstrated a more compelling corroboration of the effects of the here-and-now re-enactment experience in a well controlled study where participants (ages 70 and older) showed increased intellectual and physical abilities after only a few days of living and acting as if they where twenty years younger. Participants who were instructed to merely reminisce about the targeted past, did not show change.

Polster (1973) provides a lucid account of the Gestalt therapy position on the "aboutisms" in the following statement:

"*The experiment in Gestalt therapy is an attempt to counter the aboutist deadlock by bringing the individual's action system right into the room. Through experiment, the individual is mobilized to confront the emergencies of his life by playing out his aborted feelings and actions in relative safety. A safe emergency is thus created where venturesome exploration can be supported. Furthermore, both ends of the safety-to-emergency continuum can be explored, emphasizing first the support and then the risk-taking, which ever seems salient at the time."* (pp. 234-235)

The fact remains that although an impressive amount of books and articles on Gestalt therapy have been published in the last 35 years, only a handful of studies have submitted its theoretical assumptions to rigorous empirical tests. A study by Raming and Frey (1974) that applied content and cluster analysis to develop a taxonomy of the Gestalt therapeutic process; a study by Martinez (1974) that combined the Gestalt therapy role-playing technique with active desensitization to treat public speaking anxiety; and a study by Johnson and Smith (1997) that compared the effectiveness of the Gestalt Empty-Chair dialogue vs. systematic desensitization in the treatment of snake phobia are some of the few compelling examples of how Gestalt therapy can be amenable to empirical validation.

Method

The present study was undertaken to test the theoretical assumptions of the Gestalt therapy projections construct and to evaluate its effectiveness in the treatment of phobic behaviors. These objectives were accomplished by assigning the components of the role playing technique among three treatment groups. The first treatment group represented the Full Treatment (FT) approach insofar as it included role-playing both the phobic response and the aversive properties attributed to the phobic stimulus as suggested by the Gestalt therapy technique. The second treatment group was exposed only to Stimulus Role Playing (SRP) to assess the degree to which re-enacting the aversive properties attributed to the phobic stimulus contributes to the therapeutic process. Finally, the third group was treated with only Response Role Playing (RRP) in order to preclude the opportunity to re-enact the unique properties that are available in the (FT) and (SRP) groups. That is, the (RRP) group was limited to re-enacting the phobic response without an opportunity to re-enact the aversive properties attributed to the phobic stimulus.

The study included a variety of persons with phobias, each considered by the participant to be a central life problem of long-termed duration. It should be noted that a delayed treatment control group was not included after concluding that it would be highly unlikely for individuals with long histories of phobic behaviors to experience a time effect during the five weeks of treatment. Additionally, Paul (1966) and Strenger (1969) as well others have clearly shown negligible time effects with clinical populations similar to the one used in the present study.

To confirm the Gestalt therapy projection construct, the participants in the two groups that included the stimulus role-playing i.e., (FT) and (SRP) and thus allowed the rehearsal of the projected phobic properties, should significantly reduce phobic responses when compared to the (RRP). As noted earlier, the (RRP) participants only role-played the phobic response thus precluding the experiential recognition of the

properties projected (attributed) to the phobic stimulus.

Subjects

Individuals were volunteers over 20 years of age who responded to a request to participate in a "research treatment for phobias" being conducted at the Department of Psychology at Vanderbilt University.[3] The request was made in a feature story written about the project that was published in a local newspaper. A total of 34 persons replied indicating that they would volunteer for the study in response to the feature story. Shortly after their volunteering, individuals were contacted by telephone and were asked to relate the nature and duration of their problems. During the phone interview, six individuals were excluded due to their inability to define a specific phobia as a problem. Instead, their problems included marital conflicts and complaints of being "generally depressed".

These exclude individuals however, were referred to agencies that could provide them with proper assistance. The remaining 28 individuals defined specific phobias that, for many years, had been "very problematic" in their lives. The experimenter then informed them that they would be seen in small groups meeting once per week for a total of five sessions with each group session lasting approximately one and one half hours. At the end of the interview, a date was set for all the potential participants to meet for an orientation meeting where their general questions would be answered and where they would "fill out some questionnaires." Three individuals, during the phone interview, decided not to participate in the program, and one individual failed to keep the appointment.

The orientation meeting was presided by the experimenter and was conducted in one of the classrooms at the Vanderbilt University Psychology Department. During this time, the pre-treatment dependent measures were administered and participants were informed that they would be randomly assigned to small groups, all to be conducted by the experimenter. A personal history sheet was also administered during this meeting to define primary and secondary phobias and their durations.

The final sample of 24 participants was composed of 20 females and 4 males with a mean age of 33 years (sd = 9.63). Average level of education included some college attendance, with only one participant having less that a high school diploma. Participants defined the duration of their phobias as "long standing" with a minimum of six years duration. Three out of the 24 participants had experienced some prior psychotherapy or counseling with a professional mental health professional. Most of the other participants indicated they had discussed their problems with their family physicians.

Participants presented a variety of target (as well as secondary) problems which for convenience in presentation, are listed under the following broad classifications: social phobias, or incapacitating phobic responses to criticism of performance (N = 6), animal phobias (N = 4), phobias associated with feeling "trapped" in a variety of situations (N = 6), phobias of heights or airplanes (N = 3), phobia of thunder (N = 1), phobia of driving vehicles (N = 1), phobia of meeting strangers (N = 1), phobia of crowds (N = 1), and phobia of injections and sharp objects (N = 1). In short, participants in this study represented the variety, intensity and duration of phobias found in clinical populations (Marks, 1969).

Treatment Conditions

Participants were matched across the three groups, insofar as it was possible, on the basis of type of phobia, intensity of phobia and sex. Since the total sample consisted of 20 females and 4 males, the matching was accomplished by dividing participants into three strata, respectively composed of females with social phobias; females with classical phobias; and males. Each of the stratum was rank-ordered on the basis of the pre-treatment scores on the State-Trait Anxiety Inventory (STAI) and participants were randomly assigned from the three strata to the three groups. Since there were only four males in the final sample, one of the groups (SRP) had two males while the remaining two groups had one male each.

Full Treatment (FT) participants were assigned to the group that role-played both the phobic responses and the aversive properties attributed to the phobic stimulus following a format similar

[3] This study was conduced while the author was a graduate student in the clinical psychology program at Vanderbilt University, Nashville, Tennessee.

to the dialogue example cited in the introduction section. The experimenter gave a full rationale on how phobias are learned and how Gestalt therapy would approach these problems within a role-playing format. Any attempt to deal with psychoanalytic concepts of subconscious processes was discouraged. This however, was not a problem since the group quickly adopted the Gestalt therapy approach.
The following is an excerpt of a (FT) dialogue:

Therapist: *Please describe in the present tense what you feel when you confront a snake.*
Client: *I panic, I run and I feel dirty.*
Therapist: *Please enact in the present tense feeling dirty.*
Client: *I am dirty and I am dishonest.*
Therapist: *Can you enact being dishonest and describe what you feel?*
Client: *I am dishonest and I feel weak.*
Therapist: *Describe yourself as the snake.*
Client: *I can see everything from the bottom and they can step on me if I don't look aggressive.*
Therapist: *Please experience being aggressive and describe it.*
Client: *I can't be aggressive. That's not me.*

Stimulus Role-Playing

(SRP) participants in this group were given the same rationale as the (FT) group with one exception; namely, the method of treatment was presented with instructions to only role-play the aversive properties of the phobic stimulus. A typical session consisted of a participant first identifying phobic properties attributed to the stimulus and then systematically role-playing each of them. It should be noted that emphasis was placed on properties that had little consensual validation. For example, a particular participant who defined the phobic properties in a bird as "black, feathery and indifferent", was instructed to role-play "indifference". Thus, that participant was instructed to role-play "indifferent" behaviors in a variety of situations. This selective process of the technique will be elaborated further in the discussion section.

The following excerpt exemplifies the (SRP) procedure:

Therapist: *Please describe in the present tense the properties you fear about black birds.*
Client: *Their black color, their indifference.*
Therapist*: Can you enact in the present tense whatever blackness is to you?*
Client: *I am black and mysterious. I don't want to discover my mystery.*
Therapist: *Please be your mystery. Be mysterious.*
Client: *I am a mystery. You don't want to know me. I have little to offer. I feel empty.*
Therapist: *Be indifferent; be empty.*
Client*: I am indifferent. You can't hurt me and you can't know me.*

Response Role-Playing (RRP)

Participants assigned to this group received the same rationale as the other two groups excluding only the section that explained the role-playing of attributed phobic properties. The variation in the (RRP) group consisted of instructing participants to role-play only the phobic responses. The following is an example of the (RRP) procedure:

Therapist: *Please describe in the present tense what you feel when you approach high places.*
Client: *My heart races and I panic. I can't breathe.*
Therapist: *Can you be your heart in the present tense?*
Client: *I pump blood. I keep everything alive. I have a very important job.*
Therapist: *Be important.*
Client: *I am very important. Everybody likes me.*

While the (FT) and (SRP) conditions provided opportunities to role-play the aversive properties attributed to the phobic stimulus, the (RRP) condition exclusively dealt with role-playing the phobic responses. Consequently, (RRP) precluded personifying the aversive properties attributed to the phobic stimulus. Extrapolating from the Gestalt therapy concept of projections, which suggests that personification of stimulus properties in the "here and now" is essential in the "owning" or recognition process, the (RRP) was construed to serve as an attention placebo condition as well as a manipulation to isolate the effect of role-playing only phobic responses.

Participants in all three groups were told their respective techniques would facilitate experiencing the phobic process they had created. The experimenter served as therapist for the three groups in all of the five weekly sessions. Prior to this study, the experimenter

had accumulated 9,000 hours of Gestalt therapy with individuals and groups and 300 hours of behavior therapy with individuals. He was identified to subjects as the "research assistant" to the Project Director. Post-treatment assessment was conducted within 10 days after the final treatment session and all instruments were administered pre and post treatment.

Measures

S-R Inventory

(SRI). A modified form of the SRI was used comprised of the 14 response-scales describing anxiety characteristics included in Endler, et. al.'s (1962) original version. This form concentrates on questions related to physiological cues of anxiety such as "heart beats faster" and "perspiration". Thus, the total score for SRI reflected the amount of discomfort experienced during the phobic event.

State-Trait Anxiety Inventory (STAI)

This Spielberger and Gouch's (1966) scale was employed as a second measure of target anxiety. The STAI was expected to complement the SRI, since its 20 items refer to cognitive and affective experiences rather than physiological symptoms.
Fear Survey Schedule (FSS). This 76-item index of potentially fearful stimuli was included as a measure of the generality of subjects' anxiety (Wolpe and Lang, 1964). This measure was included to evaluate the degree to which phobias are reflected in generalized anxiety.

Semantic Differential (SD)

A Semantic Differential with 15 scales of bipolar adjectives, chosen from the factor analysis by Osgood, Suci and Tannenbaum (1957), was constructed using the evaluative (E), potency (P), and activity (A) factors, These factors, which are the three major dimensions of the Semantic Differential scales, have five scales each, with maximum loading on the factor they represent and minimum loading on the remaining two factors. This measure was used to evaluate the degree of change in connotative meaning of "self" while in the phobic situation as well as the connotative meaning of the phobia. Thus, participants rated themselves with one form, and the phobic situation with another. Both forms, of course, had the same scales and differed only in the instructions.

In order to determine if the introduction to procedures resulted in differential expectancies of success, participants in the three treatment groups were asked to rate the "probable outcome" of their Target Problems. Ratings were made on a five-point scale, ranging from "get worse" to "improve much." They were also asked to rate the "value of the approach" to be used in treating their problems on a ten-point scale, ranging from "bad" to "good." In addition, participants were also asked to rate the "effectiveness of the person administering the treatment" on a ten-point scale, ranging from "bad" to "good." All three ratings were made at the end of their respective first treatment sessions.

To control for differential amount of treatment time, each subject in all three groups received 10 minutes of individual treatment per group session. While each subject was receiving the 10-minute treatment, the rest of the group members observed the procedure. Since each treatment group consisted of 8 subjects, each group session lasted approximately 80 minutes. Finally, in order to control for differential verbal reinforcement, an undergraduate nursing student, blind to the experimental manipulations, tallied the number of interjections the experimenter made to each individual during the respective ten-minute interaction. For example, the utterances, "Now I want you to role-play yourself being afraid"…" "All right, now try a different situation", would be considered two interjections. This measure was implemented to determine if the frequency of verbal interactions between the experimenter and the participant, during the ten-minute treatment interval, resulted in differential outcome among the three groups.

Results

Group Matching

Simple one-way analyses of variance on all the pretreatment measures revealed no between-group differences (all $Fs < 1$, $p > .50$), indicating that the groups were well matched.

Subject Participation

All 24 participants included in the final sample remained in the study until conclusion. Thus, there were no missing data. Additionally, all

participants completed the required five treatment sessions.

Pre-Post Measures

To test for the significance of between-group differences in "improvement" on the STAI, SRI and FSS pre-post measures, a series of a priori orthogonal comparisons were conducted. The Full Treatment (FT) group and the Stimulus Role Playing (SRP) group were compared with each other, and these two groups were compared with the Response Role-Playing (RRP) group. The results of these comparisons are presented in Table I. Since the Semantic Differential (SD) was the only dependent measure without a priori predictions, it was not included in the orthogonal comparisons. Instead, due to its exploratory function, the (SD) was analyzed using t-tests for related means in order to test for significance of within-group change in connotative meaning of the self and the phobic situation. These results are presented in Table II.

STAI

Orthogonal comparisons revealed both (FT) and (SRP) were significantly different from (RRP), at the .005 level, but were not different from each other.

SRI

Orthogonal comparisons revealed both (FT) and (SRP) were significantly different from (RRP), at the .05 level, but were not different from each other. The relative decrements in this measure followed a pattern similar to the STAI results.

FSS

The orthogonal t-tests revealed no significant differences for neither the (FT) and (SRP) versus RRP comparison nor the (FT) versus (SRP) comparisons. As illustrated in Table I, the FSS measures failed to follow the pattern of change exhibited by the STAI and SRI measures.

In order to evaluate the post-treatment *effect size* between groups, as measured by the STAI, SRI and FSS instruments, *Cohen's d*, formula was used to calculate differences using post-treatment means (Cohen, 1988). In the STAI measures both the (FT) and (SRP) groups showed a "large" magnitude of change when compared with the (RRP) group. The (SRP) group had the largest magnitude of change among the three groups as measured by the STAI. In the SRI measure, the (FT) and (SRP) groups again revealed a "large" magnitude of change when compared with the (RRP) group.

Although the magnitude of change between the (FT) and (SRP) was "very small" in the SRI measure, it was in favor of the (SRP) group. In the FSS measure, the (FT) group showed a "small" magnitude of change when compared with the (RRP) group while the (SRP) group showed a "large" magnitude of change when compared with the (RRP) group. The magnitude of change between the (FT) and (SRP) groups was "medium", again in favor of the (SRP) group. See Table III for the effect size results.

SD-Self

The (FT) group showed no significant within-group changes in either the Potency (P) or Activity (A) factors. The Evaluative (E) factor however, showed a significant change at the .01 level. The (SRP) group showed significant changes in the (P) factor and (E) factor at the .05 and .01 levels respectively, and no significant change in the (A) factor. The (RRP) group failed to reach significance in all three factors. A summary of the within-group t-tests for significance in the change of the "Self" profile is found in Table IV.

SD-Phobic Situation

The (FT) group revealed significant within-group changes in the (A) factor and the (E) factors at the .05 and .01 levels respectively, and no significant change in the (P) factor. The (SRP) group showed significant changes in the (A) the (E) and the (P) factors, each at the .05 level. The RRP group showed significant changes in the (P) and the (E) factors at the .05 and .01 levels respectively. The (A) factor however, had no significant change.
See Table IV for a summary of the within-group t-tests for significance in the of the "Phobic Situation"

Before treatment, participants in the three groups tended to rate themselves high on adjectives such as "soft", "weak" and "worthless". These evaluations however, are not to be construed as personality attributes. Instead, they are intended as rough connotative descriptions of a person in relation to a phobic stimulus within a *semantic*

space. The post-treatment ratings among the three groups showed a general shift toward the center with the (SRP) group having the largest pre to post treatment shift; the (FT) group having the next largest; and the (RRP) group having the smallest shift. The shifting to the center is interpreted as a decrease in the intensity with which participants rated the bipolar adjectives.

In contrast to the "Self" profiles, the "Phobic Situation" pre-treatment profiles indicate high ratings on the "hard", "strong", and "ferocious" adjectives. The post-treatment ratings of the "Phobic Situation", for each of the three groups, show a general shift toward the center similar to the shift in the "Self" profiles. The pre to post-treatment pattern for the "Phobic Situation" ratings, show the (SRP) group having the largest shift toward the center, the (FT) group having the next largest, and the (RRP) group having the smallest. This pattern, it may be recalled, is similar to the one exhibited by the "Self" profiles.

Finally, in order to see if differences in profiles could be detected between social and classical phobias, the pre-treatment ratings on both the "Self" and "Phobic Situation" measures were collapsed into social and classical phobias yielding 9 participants with social phobias and 15 participants with classical phobias. Independent t-tests were computed for each of the three factors (i.e., potency, activity and evaluative) on both the "Self" and "Phobic Situation" measures. The results show the Evaluative factor significantly different at the .05 level in the "Phobic Situation" measure. All other comparisons failed to reach significance.

The participants' ratings of the "probable outcome" at the end of session one were as follows: (FT) = 3.60, (SRP) = 4.00, and (RRP) = 4.13. These mean ratings show that participants had an expectation of moderate improvement. A simple one-way analysis of variance yielded $F < 1.00$ (n.s.), indicating no significant difference among groups in their expectations of the treatment effects. Participants were also asked to rate the "effectiveness of the treatment" on a 10-point scale ranging from "bad" to "good." Mean ratings were (FT) = 8.7, (SRP) = 8.5 and (RRP) = 8.5, indicating a high degree of accepting the treatment as "good." An analysis of variance computed on these data yielded $F < 1.00$ (n.s.) showing no significant differences among groups in their evaluations.

Additionally, participants rated the "effectiveness of the therapist" using a 10-point scale ranging from "bad" to "good". In this measure, the mean ratings were (FT) = 9.3, (SRP) = 8.7 and (RRP) = 9.2, indicating the experimenter was evaluated as "good." Again, an analysis of variance yielded $F < 1.00$ indicating no significant difference.

During the treatment sessions, an independent observer, blind to the manipulations, tallied the number of interjections the experimenter uttered to each participant during the fixed 10-minute/individual treatment intervals. An analysis of variance yielded ($F < 1.00$) no significant differences among groups. This indicated the experimenter was unbiased in his frequency of interjections across groups.

Together, the analyses offer convincing evidence that the differential initial introductions to the three treatment groups did not lead to differential expectancies of success or to differential evaluations of the quality of the approach and the effectiveness of the experimenter. Moreover, these analyses coupled with the non-differential frequencies of interjections by the experimenter are highly suggestive that phobic response reduction, as measured by the various dependent variables, was related to the effects of the treatment rather than to attention placebo.

Discussion

The results consistently demonstrated that both the Full Treatment (FT) and the Stimulus Role-Playing (SRP) conditions significantly improved relative to the Response Role-Playing (RRP) condition as measured by the STAI and the SRI. The FSS, which measures the multiplicity of phobias, did not show significant results. The Semantic Differential was used as an exploratory measure to investigate changes in the connotative meaning attributed to the "Self" and the "Phobic Situation." As noted in Table IV, the (FT) condition and especially the (SRP) condition were superior to the (RRP) condition in the number of significant within-group changes. Although specific a priori assumptions about the Semantic Differential were not formulated, the results are consistent with the pattern exhibited on the STAI and SRI anxiety measures.

There is evidence that participants with social phobias and participants with classical phobias had differential ratings on the pre-treatment "Phobic Situation" measure. The significant difference was found in the Evaluative factor when participants were collapsed into social and classical phobias. It was noted a posteriori, that while participants with classical phobias rated both themselves *and* the phobic situation as "worthless" and "bad", those with social phobias rated themselves as "worthless and "bad" but rated the phobic situation as "valuable" and "good." This may indicate that individuals with specific phobias may degrade themselves for deviating from normal behavior independent of the type of phobia. When they evaluate the phobia however, a classical phobia may be assessed as a less crucial objective than a social phobia, which involves interpersonal relations and consequently may be potentially more rewarding.

Viewing the results on the anxiety measures as well as the "Self" and "Phobic Situation" Semantic Differentials, it will be noted that, although the (FT) and (SRP) conditions did not differ significantly from each other, the (SRP) showed consistently greater magnitude of change throughout all measures. This could be an indication that role-playing the phobic stimulus properties only, may be more parsimonious in effecting change than the full technique that involves role-playing the phobic stimulus properties and the response repertoire. The ineffectiveness of the (RRP) condition may be interpreted as evidence that role-playing the response repertoire contributes little to phobia reduction when it is the sole technique. Furthermore, when the response role-playing element is added to the stimulus properties role-playing mode, as in the (FT) condition, the former may inhibit the effectiveness of the latter.

Although Gestalt therapy theory does not specify how each of the components of the role-playing technique contributes to the cognitive restructuring of aversive stimuli, it hypothesizes that during the commuting that takes place between role-playing the response repertoire and role-playing the attributed properties, recognition that these attributions are self-created occurs at an "experiential" level.

Attempting to operationalize what is meant by "experiential" is a difficult task. By extrapolating from Gestalt therapy theory however, interpretations of the results obtained in this study may be posited to help clarify the issue. Principally, it must be assumed that merely talking about the creation of aversive properties is not sufficient to effect change. In other words, if a rational understanding of the phobic process were sufficient, one would only need to point out the incongruence in the phobic thinking pattern.

This, unfortunately, is not the case. Therefore, it must be further assumed that additional components are operating in the phobia-reduction process. As shown by the ineffectiveness of the (RRP) condition, it is unlikely that solely role-playing the response repertoire activates the hypothesized phobia reduction process. It is more compelling to infer that the recognition process is facilitated during the role-playing of the attributed stimulus properties. This may be the case for the following reasons: the (SRP) condition showed greater magnitude of change across all measures. Adding the response role-playing component to the (SRP) technique, as it was done in the (FT) condition, did not significantly improve its effectiveness. Thus, the effectiveness of the (FT) condition, which was significant across several measures relative to (RRP), must be attributed to its stimulus role-playing phase.

Moreover, if an operational definition of the "experiential" process is to be posited, then the recognition components in the SRP condition must be identified. The obvious elements of the technique are the systematic identification of the stimulus properties and the role-playing of those properties that are aversive to the individual. The more subtle elements of the technique however, are found in the cognitive structuring of the context in which the property will be role-played. In other words, after the participants identify the aversive properties they construct a "hypothetical" situation in which the behaviors take place. Consequently, this form of role-playing brings to awareness the various aversive attributes that contribute to the formulation of a phobic percept. Additionally, by circumscribing the aversive context, which is done during the role-playing, the conditions that maintain the phobia are brought to awareness. As the technique progresses, each salient aversive property and the conditions that maintain them are identified. Concomitantly, while this process is taking place, the affective and sensorial reactions that are operant during an actual

confrontation are reproduced and consequently are identified in a relatively safe setting.

Although, in general, the affect during the role-playing is less severe than in vivo, it is intense enough to warrant caution to inexperienced therapists.

To recapitulate, by bringing to awareness through systematic enactments the affective, sensorial, and cognitive correlates of each salient attribute that formulates a phobic percept, a recontextualizing learning process may be activated. In other words, the (SRP) condition concentrates on the conceptual and affective components of aversive stimuli, rather than on the response repertoire of the individual. Interestingly, there is evidence indicating that some participants in the (RRP) condition, which exclusively role-played their phobic responses, showed an exacerbation of their phobias, as measured by the STAI and SRI. Specifically in that group, four participants on the STAI measure and two participants on the SRI measure increased their scores from pre to post indicating higher perceived anxiety. These findings suggest that enacting responses to a phobic stimulus may increase the aversion rather than desensitize it when the aversive properties attributed to the phobic stimulus are not included in the enactment. Consequently, the differential outcome of the three treatment conditions presents compelling evidence to support the Gestalt therapy notion of projections as unrecognized (disowned) external attributions. Additionally, the failure to recognize avoidance behaviors as projections may also be a strong contributing factor in the creation of phobias and their resistance to change.

The recontextualizing process (emergence of a new Gestalt) described earlier, may be the most appropriate operational definition for the "experiential" component in Gestalt therapy theory until further research is undertaken. This combination of sensorial, affective and cognitive *attribution shift* may account for the restructuring that permits responding to a phobic event with lower arousal. Thus, in this study the "experiential processing" that ameliorates the phobic response, is defined as *the awareness that emerges when the affective, cognitive and sensorial attributes that contextualize a phobic stimulus shift from the observation to the observer.* It should be noted that the selection of the properties to be role-played is under the experimenter's control. Furthermore, the experimenter places emphasis on role-playing the properties that show little consensual validation. In other words, when a participant identifies the aversive properties of the phobic stimulus, the experimenter chooses a property with obvious lack of consensual validation. For example, if a participant describes a phobic properties attributed to a stranger as "tall, blonde and angry", the participant is instructed to role-play a situation (i.e., enact the context) in which the participant expresses anger. Based on these observations, one could infer that, since subjectivity increases as consensual validation decreases, the intensity of an avoidance response may be related to the degree of idiosyncratic aversion attributed to a phobic stimulus.

While the experimenter was guiding the stimulus role-playing events, a highly interesting observation was made in both the (FT) and (SRI) groups. When subjects began to role-play the stimulus properties that had little consensual validation, they exhibited notable apprehension by way of expressing inadequacy and reluctance to personify those properties. In contrast, properties that had high consensual validation (e.g., large, feathery, etc.) did not create the increased discomfort. The experimenter found this phenomenon to be quite consistent throughout the study. These observations brought forth an interpretation that may be advantageous to test in future investigations; namely, since it was observed that participants apparently responded with equal apprehension toward the phobic stimulus (e.g., a stranger) and some of the attributed properties (e.g., anger), it was hypothesized post hoc, that each particular phobia represents correlate behaviors that are also intensely avoided. Thus, in the above example, the participant exhibited a phobia of confronting strangers as well as confronting angry behaviors in self and others. Another of the many examples is a participant with a phobia of "aggressive" dogs (i.e., viewed all dogs as aggressive) who had as much difficulty in confronting the dog as in being aggressive in a social context. This revelation incidentally, was instrumental in helping the participant reduce his target phobia. Furthermore, the attribution of aversive properties to a stimulus that epitomizes them, is consistent with Perl's et al. (1951) contention that we tend to project on to persons who manifest enough of a particular trait or attitude that allow us to justify using them as "appropriate screens" (p. 218).

In conclusion, the results of this study indicate that a variety of phobic behaviors can be treated effectively with operationalized Gestalt therapy role-playing. Furthermore, there is evidence that merely role-playing the phobic stimulus properties may be sufficient to reduce the target problem. In fact, targeting the stimulus properties may be more parsimonious than the full treatment technique suggested in Gestalt therapy protocols.

One of the deficiencies of this study was that the participants with rather severe phobias were seen for only five sessions without being able to determine if the gains had reached full potential. Although participants in the least effective group were offered the more effective technique after the study was completed, the inherent limitations of a research project are always a concern when using clinical populations.

Also, although precautions were implemented to control therapist-variables that could contribute inadvertently to the treatment effect, the fact remains that the experimenter treated all three groups thus possibly creating a treatment by therapist confound. Nevertheless, the results merit further investigation and, more importantly, validation with larger samples. It is hoped that the interpretations made and the hypotheses tested in this study of treatment outcome will encourage other researchers to continue to investigate Gestalt therapy theory within empirical formulations amenable to replication.

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