

CHAPTER SEVENTEEN

Psychotherapy: The Art of Experience

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There has been considerable recent interest in treating psychotherapy and personal history from a narrative perspective (Omer, 1993; Russell & Van den Broek, 1992; Schafer, 1981; Spence, 1982; White & Epston, 1990). Rather than see therapy as a task of uncovering information to reveal an accurate picture of a client's past, this perspective insists there are many ways of telling the clients' stories, each equally "true." Therapy works by developing a story with a client which organizes his or her experience in a way that offers wider possibilities for the future (Omer & Strenger, 1992; Omer & Alon, 1997).

Because narrative schemas are constructed rather than revealed, they offer more room for creativity than treatments which seek to uncover purportedly objective historical truths. Once we let go of the myth of historical accuracy, though, how can we evaluate the truthfulness of a narrative? We would suggest that the truth of a narrative resides in *aesthetic* factors: in its beauty and meaningfulness. At this point, psychotherapy begins to converge on the realm of art, and psychotherapeutic narratives can be viewed, in part, as literature. Literature relies on style and form as much as on content to attain its expressive power. Psychotherapy has been perhaps overly focused on content, and can learn a good deal by exploring the stylistic principles of literature in particular and art in general.

Art and psychotherapy have long held a mutual attraction for each other. We are not interested in saying that therapists should be more artistic, or that artistic techniques should be added to existing psychotherapies. Rather, we assert that aesthetic qualities are always an inextricable aspect of *all* therapies, being embodied in the formal and stylistic organization of the therapeutic process. Art takes experience and re-presents it to us in a created form that lets us know it in a different way. Psychotherapy does the same thing: the therapist offers an open and receptive reading to a client's story, and as the therapist resonates empathically to the client's experience, the client can appreciate his or her experience in a new form.

We contend that form is crucial in psychotherapy just as it is in art. Form is always present, but we may not be aware of it. We can listen to the finale of a Beethoven symphony and be moved by it, without realizing that it derives its power not just from the sound of its main theme, but also from having extended the length of the coda in a sonata-allegro form. It is helpful, though, if you wish to recreate that kind of experience, to learn the forms through which it is accomplished. We will therefore attempt to use art to illuminate psychotherapy by treating the *formal* aspects of psychotherapy from an artistic perspective, in a manner similar to that advocated by Rothenberg (1992) and Keeney (1982, 1983; Keeney & Spreckle, 1982). As an example, let us see how formal considerations affect beginnings in psychotherapy.

Formal Beginnings

The opening of a psychotherapy or a piece of art establishes a context, sets the stage, and defines the “rules of the game” for what will follow. This happens rather rapidly. In a musical performance, as soon as the music starts — even a little before — we know whether the piece will be an orchestra work or a chamber piece, simply by looking at the cast of characters. No program notes are necessary. If a husband and wife enter the therapist’s office, a different context is established than if an individual comes in and sits down. Within a few measures, it will often be clear if this will be a tonal or an atonal piece; whether it will have the short phrases of a classical work or the long lines of a romantic composition. Often the first five minutes of the first therapy interview will establish whether the client is effusive or shy; quick-witted or slow; frightened or eager.

All of these are formal elements, having little to do with the content of the material. Independent of the whether the musical theme plays the notes “C E G C” or “D F# A D,” whether the couple is talking about the death of a child or the death of a grandparent, the form of an opening gesture offers a great deal of very specific information about what will follow and how it will govern future processes. In both music and in therapy, we will get a sense from the first few minutes whether discordant or concordant harmonies predominate; whether the mode of expression will be blunt or elegant, terse or elongated; whether the tempo will be fast or slow; whether the rhythmic flow will be regular or choppy. The beginnings of a pattern emerge not just in their content, but equally in their form: indeed, formal features serve to generate content (Rothenberg, 1992).

Although a client’s first words are always important, if we listen only to the content of the client’s chief complaint, we may be surprised when the client seems less than eager to directly change what they assert has been the problem. If we listen to the *form* of their first gesture — not just what they say, but how they say it, how the different ideas and feelings are connected to one another — then we may have a better sense of how the therapy will proceed. In discussing aesthetics of form, we are not simply talking about paying attention to nonverbal

and contextual cues, but rather how the material is organized, and how its organization affects its “feel.”

Here literature is a good guide. The author’s craft involves writing and re-writing until the phrase’s form carries its feeling. Consider the famous opening of Dickens’ *A Tale of Two Cities*:

It was the best of times, it was the worst of times, it was the age of wisdom, it was the age of foolishness; it was the epoch of belief, it was the epoch of incredulity, it was the season of Light, it was the season of Darkness, it was the spring of hope, it was the winter of despair ... In short, the period was so far like the present period, that some of its noisiest authorities insisted on its being received, for good or for evil, in the superlative degree of comparison only.

The pairing of opposites creates a formal need for their reconciliation. When we read this we begin to anticipate, without being fully aware of it, that the rest of the novel will alternate successively between the two sites, but that gradually events will overlap and intermingle until they reach a resolution. In this opening paragraph, the “resolution” occurs in the last sentence, where finally the opposites appear conjoined in a larger comparison of that time to the present time.

Contrast this to the following:

In England, it was the best of times: an age of wisdom and an epoch of belief. It was the season of Light, and the spring of hope. In France, it was the worst of times: the age of foolishness and the epoch of incredulity. It was the season of Darkness and the winter of despair. In short, the period was so far like the present period, that some of its noisiest authorities insisted on its being received, for good or for evil, in the superlative degree of comparison only.

Although there is still a contrast between two alternatives, it is much weaker. The two foci could proceed in parallel. By not pairing them point by point, the need for intermingling (and consequent resolution) is lessened. Notice how the last sentence has less impact due to the change in the formal structure.

These kinds of formal characteristics can be heard in the opening statements of clients in psychotherapy:

Client No. 1: When I turned fifty, a few months ago, I moved in with this woman; *before then, I’d been living alone most of my life*. She’s wonderful, *but sometimes she’s a pain*; she makes me feel things I’ve never felt before, *though I don’t know, it kind of feels like we don’t connect*. When I’m with her I feel tremendously alive, *but I really can’t have the kind of discussions I want with her, like about books I’m excited about*. She believes in the power of positive thinking. *I’m very analytical*. She has a strong

faith. *I'm skeptical.* She's clear about what she wants and decisive. *I like to think things over.* She aims high; *I have a tendency to settle for things.* She's ready to move ahead and get married. *I think I want to, and think I don't.*

I want to be of one mind.

Client No. 2: When I turned fifty a few months ago, I moved in with this woman. She's wonderful, and makes me feel things I've never felt before. When I'm with her I feel tremendously alive. She believes in the power of positive thinking, and has a strong faith; she's clear about what she wants and decisive. She aims high, and is ready to move ahead and get married, and I'd like that.

Sometimes, though, I feel like we don't connect. I really can't have the kind of discussions I want with her, like about books I'm excited about. I'm analytical, and skeptical; I hesitate and think things over, and I tend to settle for things. Sometimes I just feel full of doubts about the relationship.

I want to be of one mind.

The first client is unable to entertain a positive thought without immediately negating it with its opposite. Consequently, when we hear the first client, we start thinking of an obsessional organization, in which there is constant vacillation between opposing alternatives. With the second client, though, we are less likely to think of obsessional traits: this client may be someone who is faced with a major life decision, and needs to review the pluses and minuses: he may be undecided, but in a different way than the first client. When Client No. 2 says "I want to be of one mind," we feel that perhaps he has been of one mind on other matters, whereas for Client No. 1 such unity of purpose may have been a much rarer experience. The therapist may need to interdict the first client's "switching" between states (Horowitz, Marmar, Krupnick, Wilner, Kaltreider, & Wallerstein, 1984) and help him learn how to stay on one "side" of the two opposing ideas and feelings for a longer period of time, before reviewing the underlying reasons for the ambivalence; the second client may be able to work immediately toward resolving the main issue. Even though the content is largely the same in both clients, different strategies may be called for, based on how the form of the content is organized.

Just as the form of clients' opening statements gives crucial information to the therapist, so the form of therapists' opening statements gives crucial information to the client. The therapist who starts off by saying "Why don't we get started by your letting me know what brings you here?" is using passive constructions ("get started"; "brings you") and is sending a message that we are lived by our experience; the therapist who starts off by saying "Please tell me what you want to accomplish today." is using active constructions ("tell me,"

“want to accomplish”) which send a message that the therapist expects people need to consciously work at creating new experiences.

Neither opening is “better” than the other. However, it is important to suit the opening to the work that the therapist is best able to do. We have heard trainees who temperamentally lean to a “passive listening” style try to learn gestalt therapy; they usually start the session with the first opening statement, thus creating a very mixed message for the client. Such therapies frequently founder. (We also have seen the opposite, where “let’s do it” types try hard to be their image of “Rogerian,” but keep speaking in a very action-oriented prescriptive manner, with similar negative results). Style is not separable from substance; *how* the therapist does an intervention *is* the intervention.

In order to understand how this can be so, we must understand how experience depends on formal and stylistic qualities as much, or even more, than it does on content.

Form, Content, and Experience

Psychotherapy, treated as an art, takes as its subject matter the client’s experience. It is important, then, that we acquire a clearer understanding of the nature of experience. John Dewey (1934/1987), writing on *Art as Experience*, has helped illuminate this territory:

An experience has a unity ... constituted by a single *quality* that pervades the entire experience in spite of the variation of its constituent parts. This unity is neither emotional, practical, nor intellectual, for these terms name distinctions that reflection can make within it. In discourse *about* an experience, we must make use of these adjectives of interpretation. (p. 208)

As many therapists have repeatedly emphasized, talking about an experience is not the same as the experience; the map is not the territory. Experiencing is the ground of Being, and psychotherapy seeks to grapple with experience itself. However, because psychotherapy stands at least partly outside the client’s experience, it must rely on “distinctions that reflection can make” about that experience. One of us (Bohart, 1993) has recently attempted to widen the concept of experiencing beyond its current usage in psychotherapy. While depth of experiencing is often used to investigate the process and outcome of psychotherapy (Gendlin, 1991), experiencing is often seen as access to deep, congruent emotion. As cognitive psychologists have taught us over the past few decades, though, there is no emotion without cognition. Yet experience cannot be identified exclusively with either emotion, or cognition, nor even their sum. Experiencing is much broader than this: it not only includes all aspects of a person’s life, in a more profound sense, experiencing *is* the person’s life.

Experience occurs continuously, because the interaction of live creature and environing conditions is involved in the very process of living. . . . Oftentimes, however, the experience had is inchoate. Things are experienced but not in such a way that they are composed in *an* experience (Dewey, 1934/1987, p. 207).

Experience is continuous and inchoate; in order to point to or describe experience, it must be structured in a particular kind of encoding. The various arts, as well as the different psychotherapies, represent various kinds of encodings. The imposition of structure is inherent in any mode of encoding, whether it be linguistic, iconic, or enactive; such structure always highlights some aspect of the whole of experience, while leaving out other aspects. Similarly, all psychotherapy, as it attempts to encode and communicate some of the flow of experience, involves punctuation (Bateson, 1972, 1979; Keeney, 1983; Watzlawick, Beavin [Bavelas], & Jackson, 1967). A line must be drawn; a difference must be distinguished and pointed out, so that clients and therapists have something with which to work. *How* one punctuates the flow of experience, so that it becomes *an* experience amenable to being analyzed, reworked or changed, is crucial, because the mode of punctuation is in itself an experience, and gets reinserted into a feedback loop that alters and is altered by the experience it is punctuating.

The first act in painting a scene is to put boundaries around what is to be painted; the painter decides what will be included and what will be excluded from the painting simply by facing the easel toward this and not that. As soon as the scene is “framed,” though, it looks different, as anyone who has ever looked at a landscape through the viewfinder of a camera can testify. The form of the frame influences what is framed. It is not just what experiences are included or excluded from a story which defines the story: a narrative of an experience will appear differently if its frame is a short story, a novel, or a poem. Similarly, the formal qualities of the boundaries of a psychotherapy help determine the quality of the experience which the therapy then contains. Langs (1976b) has written extensively from a psychoanalytic standpoint on how the frame influences the therapeutic relationship; we would contend that frame issues affect all therapies, regardless of school, in a wide variety of areas not necessarily confined to transference and alliance issues. Certainly the establishment of a focus — crucial for all short-term psychotherapies and also for the stages of long-term treatments — constitutes an important kind of framing.

The same story can be told in a short story or a novel, and both can have a similar sense of resolution; the writing technique involved, though, is very different for the two forms. A short story is not the same as a chapter in a novel, though both may be of the same length; the short-story is self-contained. The same is true of short-term and long-term psychotherapies. Long-term and short-term treatments affect the nature of the therapy not only because the

former has more meetings and more time than the latter, but because the nature of the frame determines the treatment of the material within it. This can be seen more clearly if we compare two psychotherapeutic forms of equal length.

Take, for example, the difference between agreeing to meet “for a maximum of twelve sessions” as opposed to meeting “exactly twelve times.” If a client’s presenting symptoms have largely improved by the fourth session and he is thinking about terminating treatment, both therapist and client will experience the possibility of termination differently in the two frames. Even when the level of symptom reduction is the same in both cases, in the context of meeting “For a maximum of twelve visits” stopping therapy may feel quite solidly appropriate; whereas in the context of meeting “for exactly twelve sessions” ending treatment may feel premature, simply because the frame implied more would be forthcoming. The latter case would be rather like buying a thick novel, reading a good story, and finding it comes to a conclusion in half the number of pages expected, so that the remaining pages of the book are blank. No matter how satisfactory the story, it would feel incomplete. The sense of completeness depends not only on the content of what is covered, but on the formal aspects of the frame.

Experiencing always involves an inherent balance between form and content, between *what* we experience and *how* we experience. The formal aspects of how we structure and organize our experience are more readily modifiable than the content aspects, because they are reflexive: the self presenting its experience to itself becomes one more experience to present to itself. When an experience is presented in a different way, the nature of the experience changes. A movie of a Shakespeare play presented in an eighteenth-century Tuscan setting “plays” differently than when it appears on a stage set in Elizabethan England. A traumatic memory will feel different if it presents itself as a five-second flashback in the middle of a business meeting than if it is being intentionally reviewed, projected on an imaginary television set, in a self-hypnotic trance.

This is the level at which psychotherapy operates: the formal organization of how a client presents her experience to herself. When we punctuate, we frame our experience; we offer this framing not only to others, but also back to ourselves. We live in a world of immediate experience, but as the self presents its experience back to itself in a self-referential manner, all “representation” becomes “re-presentation” and transforms the *representor*. As Dewey (1934/1987) says, in “re-presentation ... the work of art tells something to those who enjoy it about the nature of their own experience of the world: ... it presents the world in a new experience *which they undergo*” (p. 211, italics added). When a human subject takes himself as his own subject, when created and creator meet, then experience folds in on itself, and life experience becomes a work of art.

An important mode of how experience is re-presented involves the balance of activity and passivity: the marble sculpts the sculptor, but the sculptor brings forth something new from the marble. It is sometimes difficult to keep a good balance here. It is easy to err on one side or the other of doing and receiving; an

excess of the former may lead to anxiety, and an excess of the latter to depression. The role a person plays in shaping their life raises issues of free will versus determinism, “philosophical” questions that make many therapists uneasy. Questions of this sort, though, are critical. Clients come to us not when they are having anxiety or depression — both of which are normal — but when they feel out of control in their experience of anxiety or depression. At such times, clients may feel they are being tossed about by the whims of life, or they may feel the depletion of over-exertion. They are out of balance; they no longer know whether they have “will” or are fated to suffer in misery. Then “abstract” aesthetic questions about proportion and balance take on a very real presence.

In such cases, the task of the psychotherapist, of course, is not to engage the client in a philosophical discussion, but to intervene effectively. It is not, however, sufficient to decrease anxiety or depression or increase calm and pleasure; the question is always, decrease or increase relative to what? Health involves a balance and a sense of proportion: the previously depressed client who leaves therapy *always* smiling may have a very brittle adjustment (Keeney, 1982). The task of the therapist, then, is to provide a forum for experience which addresses the imbalances or disconnections in a client’s life; judgments of balance and proportion, though, are always aesthetic ones.

In all art, and in all experience, form is what distinguishes coherent versus inchoate experience. All art deals with the *form* of expression, and these formal attributes are crucial to the identity of the work of art. In a similar fashion, the task of psychotherapy is to grapple with and re-organize experience so that its form better suits the client’s function.

Form ... marks a way of envisaging, of feeling, and of presenting experienced matter so that it most readily and effectively becomes material for the construction of adequate experience. ... The work itself *is* matter formed into esthetic substance. ... the act itself is exactly *what* it is because of *how* it is done. In the act there is no distinction, but perfect integration of manner and content, form and substance. (Dewey, 1934/1987)

Psychotherapists are concerned with that “integration of manner and content, form and substance” which defines a client’s personal identity. The character of a work of art, a life, or a psychotherapy emerges not just from the content of an experience, but also from how the experience is organized; a person is *who* they are because of *how*, as well as *what*, they live. Many psychotherapists, and many clients, assume that their identity as a person is a sum of the content of their experience. This may be troubling for clients whose lives have been filled with trauma, violence, and grief. Yet is the essence of Velasquez’s “Las Meninas” identical with dwarfs? Intuitively, we would say no. Psychotherapy, however, to the extent that it has concentrated on client experience, has tended to focus on

content. We can be more effective psychotherapists if we analyze not just the content of a client's experience, but also its form. A good way of beginning to do this is through paying attention to *style*.

The Substance of Style

Susan Sontag (1966) has pointed out that an overemphasis on the idea of content leads, in art, to an overemphasis on interpretation. When this occurs, the work of art is treated as if it is not “really” what it appears to be; interpretation is necessary to show us what it “really” means. Much of psychotherapy shares this endeavor. This is obvious in the psychodynamic approaches, but any therapy which asserts that a client distorts, suppresses, or misinterprets experience — and virtually all psychotherapies assert this to one degree or another — in effect abrogates to the therapist the role of describing the “true” meaning of a client's experience. The net effect of this, as Sontag points out, is an impoverishment and depletion of the world as it exists:

It is the same with our own lives. If we see them from the outside, as the influence and popular dissemination of the social sciences and psychiatry has persuaded more and more people to do, we view ourselves as instances of generalities, and in so doing become profoundly and painfully alienated from our own experience and our humanity. (p. 29)

When this occurs, a person separates himself from his immediate experience, in favor of treating himself as a member of a class. Many clients will present by identifying themselves as “adult children of alcoholics,” as “survivors of sexual abuse,” and so forth. Paradoxically, this distances the client from the very experience they are trying to reclaim; overemphasizing the content of *what* happened avoids the qualitative aspects of *how* it was experienced, the way it contributes to the overall organization of the person's life. This is why when two individuals experience the same traumatic event, one may develop symptoms while the other may not. Emphasizing content leads to interpreting people as exemplars of a general type, and minimizes the individual aspects of experience.

Much of what we call psychopathology arises from the tendency to look for meaning outside of the realm of immediate experience, by instead interpreting (and thus, standing apart from) the content of experience. While some meaning relies on external referents — signboards and symbols must point to something outside of themselves — still:

... there are other meanings that present themselves directly. ... Here there is no need for a code or convention of interpretation; the meaning is as inherent in immediate experience as is that of a flower garden.”
(Dewey, 1934/1987, p. 211)

Art honors immediate experience through expressing or embodying it in a new form. This is different from attempting to *interpret* experience, which Sontag (1966) argues vitiates the experience by paying overmuch attention to content:

Interpretation takes the sensory experience. ... for granted, and proceeds from there. This cannot be taken for granted, now.

What is important now is to recover our senses. We must learn to *see* more, to *hear* more, to *feel* more. ... our task is not to ... squeeze more content out of the work than is already there. Our task is to cut back content so that we can see the thing at all. ...

The function of criticism [we would say, of psychotherapy] should be to show *how* it is what it is, even *that* it is what it is, rather than to show what it *means*. In place of a hermeneutics we need an erotics of art. (pp. 13–14)

An approach which considers works of art as living, autonomous models of consciousness will seem objectionable only so long as we refuse to surrender the shallow distinction of form and content. For the sense in which a work of art has no content is no different from the sense in which the world has no content. Both are. Both need no justification; nor could they possibly have any. (p. 27)

Sontag's definition of art as a "living, autonomous model of consciousness" connects it intimately to psychology; the existence of a personal self could take the same definition. In this view, all people's lives are works of art which need no justification. The client is in a more difficult role than an artist, in that they are, themselves, their own artistic medium; their experience is the stuff with which they have to work. Clients, however, often have difficulty accepting their experience, in part because they mistakenly equate experience with its content and make negative interpretations about what that experience "must" mean for their self-identity.

Acceptance of what is, as opposed to what one wants, is a necessary first step to any subsequent creative work, therapeutic or artistic. Any creative work must start with the materials that are given and face those materials directly, recognizing them for what they are. It does not help an artist painting a sunset to wish for the sun to stand still (things will continue to change); it does not help a sculptor to wish his block of marble would never crack (all materials have some flaw or limitation). How one organizes the material — the interplay of form and content — becomes the creative task. Michelangelo's sculpture of David is the "solution" to how to carve a piece of flawed marble. Clients who have undergone difficult events in their youth may feel flawed; clients who experience difficult

recent events in the present may wish to turn back the clock. These feelings arise from a mistaken view that we are what we experience, rather than how we experience it.

One of us (RR) was seeing a forty-five-year-old obese woman who had come in originally for anxiety secondary to the failure of her husband's business and the resulting bankruptcy. One session she came in extremely upset because her teenage son had gotten his girlfriend pregnant. This revived intense traumatic memories, previously inaccessible, of how she had been sexually-abused when a child. The memories were accompanied by waves of intrusive feeling. Although she was angry at the perpetrator, the predominant affect was that she felt besmirched; she felt dirty, flawed, soiled. During the session she recalled memory after memory, each of which served to heighten her self-disgust, accompanied by intense depression, anxiety, and nausea. Supportive, cognitive, and interpretive interventions failed to have an effect; her self-disgust and panic feelings continued to spiral. It felt like she was sinking deeper and deeper into her memories; the therapist experienced a spontaneous image of a series of mirrors, where each mirrored the other's image until it seemed the image had infinite depth, so it was impossible to break free.

Finally, the therapist commented that it seemed she thought that since these things happened to her, they *were* her, or somehow in her, as if she had become the event. The therapist reminded her that if you place dung in front of a mirror, the mirror will reflect the dung, but the mirror remains unblemished. The therapist pointed out that as she recalled the sexual abuse, she was treating herself as if she were the dung; in fact, she was the mirror, and however much dung you place in front of a mirror, and however many reflections of dung the mirror holds, the mirror itself remains unblemished.

This intervention resulted in a dramatic change in the patient's presentation. Her cascade of intrusive memories stopped. She looked stunned, then heaved a big sigh. "You mean, I'm not what happened to me?" she said. She paused, took this in, and visibly relaxed, experiencing tremendous relief. This made it possible to continue therapeutic work productively.

This intervention appeared to have substantial effect, perhaps because it was directed toward the "how" rather than the "what" of the client's experiencing and in so doing was more able to "resonate" with the client's experience.

Art's aim is not to elucidate or inform, but by its very existence to *resonate* to existence. Art, like therapy, is thus a form of empathy. When Sontag states that "a work of art is an experience, not a statement or an answer to a question," the therapist would do well to apply the dictum to clients' lives. Too many therapists will regard an intake interview as a task requiring an answer to a diagnostic question, leading to a tendency to regard the client as posing an exemplar of a psychopathological type. When, instead, psychotherapy aims at resonating to existence, it clarifies rather than classifies it; if a client is met with an openness to experience, frequently psychotherapy can make a substantial difference even in a single session (Bloom, 1981; DeShazer, 1985; Hoyt, Rosenbaum, & Talmon, 1992; Malan, Heath, Bacal, & Balfour, 1975; Rosenbaum, Hoyt, & Talmon, 1990; Talmon, 1990). The key here is to take an aesthetic approach in which "the knowledge we gain through art [therapy] is an experience of the *form* or *style* of knowing, rather than a knowledge of some *thing*" (Sontag, 1966; italics added).

Unfortunately, the reifying tendency to fall back to content from process, to view the *what* as somehow separable from the *how*, is a perennial problem in psychotherapy. As far back as 1925, Freud bemoaned that prior to his *Interpretation of Dreams*, people mistook the manifest content of the dream for the dream itself, but that after the publication of his book, people made a similar error by mistaking the latent content for the dream itself. Freud insisted on identifying the dream with the *dreamwork* — an essentially processive approach which focuses on the formal characteristics of expression (Freud, 1900/1963).

Thus Sontag (1966), in attempting to rescue and re-legitimize the immediacy of experience, is led to the importance of formal qualities in art, which she sees as a matter of *style*.

Practically all metaphors for style amount to placing matter on the inside, style on the outside. It would be more to the point to reverse the metaphor. The matter, the subject, is on the outside; the style is on the inside. As Cocteau writes: "Decorative style has never existed. Style is the soul. ..." Even if one were to define style as the manner of our appearing, this by no means necessarily entails an opposition between a style that one assumes and one's "true" being. ... In almost every case, our manner of appearing *is* our manner of being.

Style is the principle of decision in a work of art, the signature of the artist's will ... "style" consists of the set of rules by which [the] game is played. In other words, what is inevitable in a work of art is the style. ... (pp. 17, 32–35)

When we approach style in this fashion, we can see that much of the essence of both a work of art and of personal psychological identity is a matter of style (Rosenbaum, 1988; 1990). It is common to talk of a therapist developing a

distinctive style (Keeney, 1990; Mahoney & Norcross, 1993; Rosenbaum, 1988), but where we may treat the style of an artist with considerable respect, acknowledging its centrality to the definition of the artists' identity (Rosen, 1972), when we talk about style in therapy it is often treated as a minor appendage somehow distinct from the substance of the therapy.

Style, though, is precisely that which provides an essential aspect to its constituent elements; it brands them with a distinctive set of characteristics which identifies them, pointing to a historical context and often a specific creator. A person knowledgeable about musical styles, hearing just a few measures of an unfamiliar piece, will be able to recognize the composer, or at least the approximate historical epoch when the piece was written purely from the stylistic aspects of the piece. The same holds true for prominent therapists; it takes just a minute or so of audiotape to recognize you are listening to Albert Ellis and not Carl Rogers!

Style is sometimes unfairly regarded as merely a set of tricks: a preference for using one combination of musical instruments more often than another; for making interpretations more often than staying silent; for wearing one's hair in a certain fashion. Yet it is the totality of these small gestures within a defined sphere which form the "handwriting" by which we can recognize the identity of the composer, writer, therapist, or individual personality. Style tends to stamp itself indelibly, distinguishing and classifying whoever or whatever manifests the style. Style is the set of differences which make a difference; style allows us to apprehend the distinctive qualities which set something or someone apart. Because style, by providing recognizable distinguishing characteristics, is clearly intertwined with the concept of identity, it is possible to view individual (or family) "personality" as essentially expressions of distinctive *styles* of functioning (Kantor & Lehr, 1975; Shapiro, 1965; Horowitz et al., 1984).

Many will object to the idea that psychological (and artistic) identities are mostly a matter of style, arguing that distinctiveness and identity are provided by substantive internal characteristics. They argue that if we wish to discover what it is that lends distinctiveness to forms and processes, we cannot turn to style, which seems to be comprised of minor "surface" phenomena; that some substance, some content exists independent of its expression. We often seem to desire that the distinguishing characteristics of a work of art will lie deep "within" it; we wish to assert that something defines Stravinsky besides the use of doubled leading tones, ostinatos, and simultaneous minor and major thirds. We want to assert that it is something in Rembrandt's "soul" that distinguishes his paintings, rather than his use of browns and suffused light. In the same way, we often want to assert that our basic personal identity resides in some "inner person" rather than in the cut of our clothes, the cadence of our speech, or the mannerisms of our walk which allow people to identify us even from a distance.

The fact is, though, that we live in a world of appearances, and identity must be manifested through appearance. As Hannah Arendt points out (Arendt,

1978) it is the outside, surface features of living organisms which lend them individualized appearances; inside, we all look like. There are millions of discernible variations of facial features; kidneys, however, are fairly uniform. We can be identified not by our hearts, but by our fingerprints. Inside we are all more human than otherwise (Sullivan, 1954); even our inner wishes and fears are relatively monotonous and uniform. The “surface” style by which we manifest and display these fears and wishes, though, distinguishes us one from the other.

Since we live in an *appearing* world, is it not much more plausible that the relevant and the meaningful in this world of ours should be located precisely on the surface? ... Our common conviction that what is inside ourselves, our “inner life,” is more relevant to what we “are” than what appears on the outside, is an illusion. (Arendt, 1978, pp. 19–30, italics in the original)

Style provides a sense of identity to a piece of music, a psychotherapeutic school, or a personality. Style is more than a catalogue of idiosyncratic gestures and the relative frequency with which they are employed. If style were a static list of mannerisms, then we would be able to generate new pieces of music which would be indistinguishable from, say, Beethoven’s originals merely by copying those mannerisms; similarly, we would be able to clone effective therapists from carbon copies of master clinicians. In fact, though, when this is attempted, the results are far from satisfactory, and are always recognizable as imitations rather than originals. It is possible to analyze the rules by which Bach wrote chorales, and then write a chorale following those rules. Whether it is unfortunate or fortunate we cannot say, but the fact remains that when you write such a chorale, it never sounds as good as one of Bach’s.

In fact, when Bach wrote his chorales, he was not following the rules; he was simply writing music. Bach frequently did not follow his own rules: those “rules” we associate with Bach are merely things we can point to that he did frequently, abstractions we formulate, after Bach has finished writing, to help us understand the formal process which governs the experience of his music. Thus when we write a chorale following Bach’s style it sounds like a stereotyped approximation rather than a work of beauty, precisely because in following the rules over-closely, we miss the deviations which lend it life.

The same holds true for therapeutic styles; although it can be useful to study the master therapists, it is hopeless to imitate them. Even though an appreciation of psychotherapy as a process of artistic creation may give us new insights into the pragmatics of technique, we must be careful not to apply our knowledge blindly, in a cookbook fashion. Because psychotherapy rests in the *modification* of experience, it will always be expressed stylistically, and style is not merely an accumulation of preferred gestures or techniques, nor is imitation the same as creation. Minuchin and Fishman (1981) have — like many artists — cautioned

against seeking technique as an end in itself. Technique is necessary but not sufficient; one must learn technique, one must learn the formal structures, in order to then be able to develop a style for oneself. Otherwise, psychotherapy is “bad art,” imitative and sterile. In the art of experience which constitutes psychotherapy, therapist and client can modify, but cannot escape, the necessity of creating and constantly reinventing their own styles.

Temporal Form in Psychotherapy

But where does this leave us? What use is the aesthetic perspective, if it doesn't tell us what to do differently? If we approach psychotherapy from the aesthetic perspective, must we rely on wild improvisation, with no guidelines? Does approaching therapy as an art mean there are no rules, no guidelines to tell us what to do? Must we forego all analysis and research, trusting instead to intuition and spontaneity?

Not at all. Quite the opposite, in fact. The romantic view that the creation of a work of art is essentially a process of inspiration is about as accurate as the lay view that psychotherapy consists largely of saying “uh-huh” and looking sympathetic. It is true that if we treat psychotherapy as an art, the therapist is condemned to be creative. Creativity, though, is always expressed through technique and form. Every modality of art is subject to an aesthetic analysis which reveals a large body of techniques which tell us how employing specific formal or stylistic elements conveys particular qualities of experience; approaching psychotherapy from an aesthetic perspective can help reveal formal elements which contribute to how therapy works. Space constrains us from a full exposition, but let us give some examples involving the structuring of time in psychotherapy.

Psychotherapy takes place in time; it examines patterns of current client experience in relation to past patterns, with a view to altering experience in the future. To do this, psychotherapy takes client experiences and subjects them to a temporal structure; the most common of these is the fifty-minute hour, occurring at the same time every week. Of course psychotherapies differ in this regard to varying degrees, but all psychotherapies ask a client to call forth experience within the closed time frame of the therapeutic session.

If we wish to see how the formal aspects of temporal organization affect psychotherapy, we can learn much from music. Music is the aesthetic ordering of patterns of sound which repeat and change over time; it is therefore isomorphic to psychotherapy in particular and to human experience in general. Music tells a variety of stories in patterns which develop rhythmically while speaking powerfully to our emotions; because these “stories” are devoid of linguistic content, music is particularly instructive for learning how altering form and process over time influences emotion and meaning.

As an example, take the scheduling of therapy sessions across a treatment. Therapies acquire a certain rhythm depending on how frequently and how regularly one meets with a client. If you are seeing a client every week on Mondays at 3:00 pm, and you go on vacation or become ill, it will not be surprising if on Monday at 3:00 pm on the week of your absence the client will sense “something is missing.” This may occur regardless of the content of the previous session. This sense of something missing need not indicate the client has unusual dependency needs or transference issues: in music, such interruptions create similar emotions as a function of disrupted expectations; the expectations arise, though, from the formal process rather than from any instinctual “need.” Similarly, a client’s feelings about a missed session can be a response to a gap, an interruption or a delay in a well-ordered pattern. In other words, client responses can be at least partially due to purely formal considerations.

Interruption and delay within regular structures creates uncertainty and frustration; however, a client who experiences these feelings which arise in response to formal processes — that is, to a therapist missing a session — may then need to *explain* the feelings to himself. Focusing on content rather than process, the client (or therapist) might well ask what the feelings *mean*, and treat them as saying something significant about the client’s personality. This can be a red herring, if the affective response is mostly a function of the therapy’s formal structure. It is quite likely that if the client were being seen once a week, but sometimes on Mondays at 3:00 pm, and sometimes on Wednesdays at 10:00 am, and sometimes on Thursdays at 3:00 pm, that missing a Monday 3:00 pm meeting will not occasion the same feelings in the client. One of us (RR) worked in a setting where he had the opportunity to compare clients seen weekly at a regular time with clients seen weekly at varying times; missed sessions did tend to result in “transference” issues with the former, but not the latter, clients. This is an instance of how the aesthetics of musical rhythm can have a substantial influence on therapeutic technique.

Why should the scheduling of sessions create an affective “feel” in the absence of substantive content? We can gain some answers to this question by examining how music can cause deep emotions in the absence of any obvious semantic content. Generally in music a pattern is set up; it is then repeated, to further identify the pattern by establishing its starting and stopping points. Once a pattern has been established, on subsequent appearances, if a listener hears part of the known pattern, she expects the rest of the pattern (or highly related material) to follow. Meyer (1956; 1973) relates this basic musical assumption — that listeners expect patterns to be continued in accordance with the way they initially appeared in such a way that they appear “complete” — to the Gestalt law of good continuation (Pragnanz). A more modern cognitive approach to this phenomenon would be couched in terms of expectations. The repetition of

patterns in time invokes memory. Simply stated, on one level, we expect things to stay the same, to continue on as they always have.

Because of the tendency to good continuation, if there are gaps or interruptions, we fill in the missing pieces and continue what has been delayed. If we hear the famous rhythm of Beethoven's *Fifth Symphony* — da-da-da-DAH — repeated a few times, then subsequently if we hear “da-da-da-“ we'll feel something is incomplete unless the “DAH” follows. If a client comes to us who in the past had a relationship with an authority figure in which, whenever the client accomplished something, the authority figure would find a way to punish or demean them, we are not surprised if, when the client accomplishes something now, they wait for the negative consequences they expect to complete the established pattern.

So far this tells us little beyond conventional knowledge regarding the role of expectations. Music teaches us, however, that our expectations are not based only on mere repetition, but also on the inherent *structure* of a pattern. Because of this structure, patterns will still sound like “themselves” when they are altered in certain ways, but not others. Thus, for example, the “Ode to Joy” theme in Beethoven's Ninth Symphony sounds fine played in a minor key, but we would not expect to hear it played backwards; although some musical themes (such as fugal subjects) are often played in retrogression, the particular structure of the Ode makes such retrogression a highly unlikely event. Similarly, in our client whose accomplishments have been followed by disparagement, there are a number of more or less probable modes in which the client may expect to be demeaned: perhaps he will anticipate, to various degrees, being ignored, or sneered at, or punished. The client may even expect or hope to be rewarded, as a low-probability event; he will not, however, expect that if he tells his superior of an accomplishment, the superior will respond by standing on his head and reciting “You are old, Father William.” Certain sequences and progressions are expected, allowed, “regular”; others are not.

Once we establish expectations, deviating from these expectations generates a sense of tension and anticipation; it is only through creating tension that we are able to achieve a satisfying sense of eventual resolution. Music must have enough regularity to constitute recognizable patterns but not so much as to be boringly repetitive; it must have enough variation to be interesting but not so much as to seem chaotic. A therapist must match a client's patterns with sufficient regular acceptance that they meet the client at his view of the world and establish an alliance, but not be so accepting that the therapist gets caught in the client's world-view and, therefore, is unable to alter it. The therapist must introduce sufficient unexpected consequences to the client to promote change, but not so much that is unexpected that it will overwhelm the client or lead to the dissolution of therapy (Rosenbaum, 1990).

Just as the composer must come up with specific methods to work out the implications of a pattern and resolve them, so clients and therapists need to take

specific actions to move treatment forward. Music teaches that the degree and kind of resolution of a structural “problem” — be it a pattern with inherent conflict or a pattern with inherent incompleteness — depends in large part on the ways in which the expected process of working out implications is (purposefully) disturbed. There are many ways in which the unfolding of the expected consequences to a pattern may be frustrated or interrupted; music gives us a means of classifying the kinds of disturbances and their effects. The interested reader can find a discussion of the psychotherapeutic applications of musical techniques such as delays, interruptions, anticipations, saturations, and processive switching in Rosenbaum (1989).

A Musical Model of Termination in Psychotherapy

Having started this paper commenting on the structure of beginnings, it makes a nice symmetrical form if we end by examining the influence of structure on psychotherapeutic endings. Given that clinical lore often makes much of the process of termination, it is surprising that comparatively little is written regarding how to terminate therapy. Even within therapeutic schools, there is considerable controversy regarding termination. For example, within the fairly circumscribed camp of psychodynamic brief therapy, Mann (1973; Mann & Goldman, 1982) sees termination as crucial; Sifneos (1987) and Davanloo (1978) see it as a relatively minor manner. This is usually explained in terms of *content*: Sifneos and Davanloo focus on Oedipal issues, while Mann focuses on separation-individuation.

When termination focuses on the level of content rather than on pattern, termination is treated as a time to review what is stopping: what issues have been worked out, what remains undiscussed, and how one deals with the losses and disappointments inherent in any finite relationship. Such issues are certainly germane; every ending of a relationship, a therapy, or a piece of music will, by the very fact of ending, invoke to some extent the human struggle with finitude and mortality. However, dealing with termination only from this “content” perspective ignores the formal and processive aspects of therapy. Without knowledge of the formal aspects of therapeutic structure, we will find it difficult to determine whether, in the context of a particular therapy, the “content” issues of cessation and finitude are or are not important.

For example, it is our experience that treatment contracts which, from the outset, are time-limited and overtly establish a fixed number of sessions, tend to result in termination becoming a “hot topic” for clients; when we have left the treatment contract open-ended, even within a brief therapy frame, termination has been much less of an issue (Hoyt, Rosenbaum, & Talmon, 1992). Something similar seems to occur at the level of single sessions. In a research project which attempted to maximize the work clients could accomplish in their first treatment session (Rosenbaum, Hoyt, & Talmon, 1990), when the form of the treatment

was altered by making the length of the session flexible — clients were told they and the therapist could take “as much time as we need, up to two hours” — clients often felt they had completed more work than usual. What is interesting about this was that usually the actual duration of the session did not surpass fifty minutes, the length of an “ordinary” session. Simply altering the form — open-ended rather than closed-ended — appeared to affect the way clients (and therapists) worked.

The way a therapy is organized and configured interacts with how it proceeds, and this will affect the sense of completion at the end of a treatment. Meyer (1956; 1973) has argued that what creates a sense of closure in music is how formal structure interacts with the processive working-through of thematic implications. In both music and therapy, the *process* by which patterns’ implications are worked out may or may not be congruent with the *formal* articulation.

For example, a process may end before its formal structure is completed. In music, a phrase may be shorter than its meter; in this situation, the composer usually employs echoes and extensions of the phrase so that the meter and the working-out of the phrase will coincide. The same thing occurs in psychotherapy. A client may be dealing with certain issues and reach some conclusion in a session before the “standard” fifty minutes are up; if the formal structure of the therapy demands sessions of equal length, what do client and therapist then do with the extra time? Simply continuing talking may feel forced. Another frequent example of processive completion anticipating formal endings is in time-limited therapies with a fixed number of sessions. Frequently, the penultimate session completes most of the emotional processing. The very last session may be anticlimactic, a mere echo or extension of the previous process; it fills out the formal structure of a fixed number of sessions, but the emotional processing has ended previously.

Conversely, processes may continue beyond their formal structures. Audiences often leave a concert with the music still reverberating in their minds; even when the concert is “over” it may continue to influence how audience members react to music they hear later on. In a similar fashion, when a therapist says at the end of a session “It will be interesting to see what you (dream, think, feel, notice differently, experience) over the coming week,” the same prolongation of process past form occurs. Psychotherapies often continue even after they are formally “finished” (that is, after clients and therapist are no longer meeting); the client will continue to “metabolize” the emotional significance of the treatment for months after it has formally ended and may think about the therapist in critical life situations (see, for example, Sheckman, 1986; Mann & Goldman, 1982; Hoyt, 1990; Rosenbaum, Hoyt & Talmon, 1990).

The alignment of form and process is important because music and therapy tend to move forward when these parameters are noncongruent, and slow down or stop when these converge. Closure depends on both: we must first have a sense of divergence, of noncongruence, so that when noncongruence is resolved,

we can have a sense of something completed. Within the formal temporal organization, closure is determined by departures and returns; within the processive aspect, closure is determined by how the various possible pathways implied by the structure of a pattern are worked out.

Let us deal with formal temporal organization first. In music and psychotherapy, one establishes the boundaries of a pattern by repeating it. This marks where it begins and where it ends; by establishing where the stopping point of a pattern is, the pattern becomes distinct. This creates the possibility not only for the pattern to be repeated, but also for the pattern to *return*. When other intervening events occur before a pattern is repeated, then the repetition becomes transformed into a return. Such repetition and return is frequently used to lend rhythm to lines of poetry or episodes of stories. Returns, as opposed to repetitions, come after a departure from the original material; hence returns can signal a re-arrival. *Returns*, but not repetitions, enhance closure.

To obtain closure, one must digress from the original pattern. When the earlier pattern reappears, it will seem different on its return because of what has happened during the intervening time period. Even if the pattern appears in its “original” manifest appearance, note for note and point for point, its context and its history have changed, and thus its meaning has changed forever. The old saying goes “one cannot step into the same stream twice,” but it would be more accurate to say that one cannot step into the same stream twice *once having stepped out of it*; as long as you are immersed in the stream, you may step through it again and again, repetitively. Stepping out of the stream, though, means any re-immersion in its waters will be a return rather than a repetition. In a way, each psychotherapy session offers an opportunity for clients to step out of the stream of patterns they are currently immersed in; if this occurs, then any subsequent recurrence of a problematic pattern begins to take on the quality of a return rather than a repetition. In the process, the pattern is changed forever.

Although clients may come to therapy with some hope that they will be able to banish a problem immediately and forever, and may even become discouraged if a problem reappears during the course of treatment, therapists realize that a working-through process is often necessary. This requires revisiting the problem, but this is not the same as *repeating* it; as long as there has been some divergence from the original problem in the interim, this will alter the context through which the problematical pattern is viewed on its return.

This is particularly important toward the end of a piece of music or a psychotherapy. Just as a piece of symphonic music may return, in its finale section, to themes articulated in the beginning, so too psychotherapies often recapitulate, in miniature, the original presenting patterns as the end of a therapy approaches. Although clients may become alarmed, many therapists have learned not to be surprised if a symptom returns near the termination of treatment. The recurrence of a symptom in this fashion does not necessarily indicate a regression. Rather, the reappearance of a symptom during termination

can satisfy an aesthetic necessity by providing a return which enhances closure. When new patterns have emerged since the last appearance of the symptom, the return of the symptom can represent a way of attaching new meanings to an old pattern and reinforcing these new meanings within a larger structure of change; the return offers an opportunity for a last goodbye, a movement toward making an end which both creates the possibility for, and is created by, an openness to new experience. In this way, new beginnings are achieved through endings.

Endings activate memory through returns: reminders of what has gone before. The sequencing of *what* was repeated and remembered *when* constitutes the *formal* organization of events which influences the experience of closure during termination. Because the original material has been departed from, returns punctuate the fact that certain implications of a pattern have been realized and worked through, while others have not. An additional contribution to the experience of closure thus comes from the working-through of patterns' implications: this constitutes the *processive* aspect of termination.

From their first appearance the structures of patterns inherently generate expectations regarding their future development. Patterns imply not a single goal, but a number of alternative goals, and in any musical or therapeutic process, some implications will be realized while others will not. The processive aspect of closure revolves around the number of alternative goals which have been considered, the degree to which each has been explored, and the extent to which the actualized implications were originally seen as highly probable or as unlikely to occur. If we hear a brisk musical theme introduced by a trumpet, on some level we expect to hear it treated subsequently as a martial air; the composer, however, may or may not oblige. The martial theme may not be introduced at all, or it may appear as a passing episode, or as a major part of the movement. All of this will affect our sense of how complete the music will sound.

In psychotherapy, if a client tells us one parent was alcoholic, we may expect we will subsequently hear themes about abuse or neglect. It is possible these themes may come to be major issues for the therapy; or perhaps treatment will focus on other matters and devote little or no time to themes related to these concerns. Sometimes clients and/or therapists may collude, in a misalliance, to avoid exploring important implications of a pattern (Langs, 1976a, 1976b); at other times it will be necessary to eliminate the wheat from the chaff and ignore certain implications in order to establish a coherent therapeutic focus (see, for example, Hatcher, Huebner, & Zakin, 1986; Strupp & Binder, 1984). An important part of treatment involves *not* enacting certain implications; when the client is expecting or "testing" (Sampson, 1976) whether the therapist will respond in a way consistent with maladaptive interactions in the past, it is, of course, important that the therapist not respond in this fashion.

Each treatment will differ in the extent to which it attempts to exhaustively explore the implications of relevant patterns or leaves some implications unresolved, and this will affect the sense of closure. However, our understanding of

an event always includes not just what occurred — the realized implications — but also what *might* have happened. Because of the availability of multiple implications from patterns, *beginnings cannot be understood until the end*. Implications must be comprehended largely in retrospect; endings give meaning to events by illuminating the consequences of the initial event, by finalizing what route was actually traveled and what routes will never be surveyed, now that the journey is over. It is not until the therapy has ended that the client knows for certain which implications will and will not be realized: up until the final session, there is the possibility that other feared or hoped for implications will emerge. Ultimately, we don't know the full consequences of any of our actions until we die; similarly, we cannot know the implications of a psychotherapy until it is completed.

Because closure depends on the structure of departures and returns, and on the degree of realization of implications, there are multiple methods to handle termination. Composers, therapists, and clients have choices about when and how to make an ending. Rosenbaum (1989) explored musical finales and was able to identify several methods composers use to end pieces of music (Table 1). Each of these musical terminations can be a useful way of ending a treatment session or a complete psychotherapy. The full details of these, and of how to choose a modality of termination, are beyond the scope of this chapter. By way of illustration, though, let us examine two of the techniques listed in the table — transformation and restatement — by considering the differences between termination in variation form and in sonata-allegro form.

Forms in Termination: Variations and Sonatas

Musical forms vary in both the degree and kinds of change the original material undergoes over the course of the form. Variation form in music consists of transformations of a single rather well-formed theme — often a hummable “tune” — in which the essential nature of the theme is gradually revealed through successive elaborations or condensations. The theme is played again and again, each time in its entirety but each time illuminating some new, often unexpected aspect of its potential. Variation themes require only a single motive which may be expanded, condensed, elaborated, and so forth. With each repetition, the original material remains identifiable and whole.

In sonata form, two themes are contrasted at the outset, appearing initially in different keys; often these themes are somewhat fragmentary, or contain some discrepancy, discord, or incompleteness which leaves the listener wondering how the musical “problem” will be resolved. Sonatas require more than one piece of main material, because they employ a development section which relies on establishing new relationships between contrasting elements; in the development, the sonata's themes are broken down into more elemental parts which are combined with each other or transformed in unexpected ways. Unlike the

Table 1
Musical Techniques of Termination in Psychotherapy

Technique	Musical Description	Therapeutic Analog
Stinger	Brief exclamations without implication which punctuate an ending; often a single chord at the end of a short song	Word or sentence without implication punctuates ending of therapeutic segment (e.g., "OK," "Take care," "See you next week," "Goodbye")
Fade-out	Process is attenuated, often through lack of new material arising	Therapy gradually gets boring, runs out of steam; can result from therapeutic impasse; also can be useful way of gradually "weaning" fragile client
Slowdown	Gradual spacing out of the material	Usually done by spacing out treatment sessions; gives client chance to practice, gain confidence
Cessations	Abrupt endings after multiple repetitions of material	"Shock" ending can be useful with client who is using therapy inappropriately or is obsessively "stuck"
Multi-path	(Ambiguous) Several possible implications are stated but not resolved, with implications intentionally left hanging	Client left with paradox or "seed" images which are incomplete as treatment ends; client continues working-through after formal therapy is over
Transformation	Original material reappears but is altered subsequent to achieving resolution	Return in sonata form; useful for confirming conflict-resolution
Restatement	Original material reappears unaltered after it has been explored thoroughly from different perspectives	Return in variation form; useful for confirming "growth"
Transcendence	Original material is related to external references which go beyond the immediate form	Emergence of creative, new patterns beyond that directly relevant to therapy work (e.g, spirituality)

variation form, in which each appearance of the theme is recognizable as an elaboration of the original, sonatas' development sections juxtapose, contrast, and generally jumble up component parts of themes in the service of investigating them fully; although the resulting relationship of the material to the original theme is not always obvious, discrepancies are explored, and an attempt is made to *resolve* the discrepancies.

Whereas variation forms usually involve a somewhat stately pleasure at a progressive unfolding and exploration of the material, sonata forms usually involve a substantial amount of conflict and tension. This tension creates the possibility for eventual especially satisfying resolutions, enhanced by a recapitulation section which repeats the original material in a stable (congruent) version (that is, both of the original themes appear in the same, rather than contrasting, keys). On recapitulation, the old material is perceived differently, by virtue of all that has been learned and experienced during the development. Whereas development in sonata form depends on exploring discrepancies and incongruities, change in variation form is incremental, based on examining conformative relationships: *similarities* between successive versions are the subject of the investigation.

In therapy, various schools propose different forms of treatment that influence the kinds and degrees of change clients will undertake. Any therapy in which the client is encouraged to repeatedly elaborate on their experience while the therapist utilizes empathic mirroring or reflection, employs what is essentially a variation form. Whether the therapist is labeled Kohutian, Rogerian, or humanistic, the form of therapy involves exploration of clients' themes while cultivating an holistic appreciation of the incremental variations that occur, leading to gradual growth. In contrast, other therapies resemble sonata form in that they are essentially analytic: they take the client's material and explain it by breaking it down into smaller segments and contrasting it with other bits of material and experience. Both the interpretive psychodynamic schools and the cognitive and behavioral therapies employ an analytic methodology in which one component aspect of experience is contrasted against another: rational is contrasted with irrational thinking, anxiety-producing imagery is contrasted with deep muscle relaxation; present feelings are compared with early memories or wishes, all in the service of finding a resolution to a presenting symptom which is seen as having some discrepancy which must be explored. Within the family therapy field, a similar division exists between those schools which favor a holistic approach to experience (for example, Whitaker, 1979a, 1979b) and those which favor segmenting and punctuating components of experience to be contrasted against other components (such as Fisch, Weakland, & Segal, 1982; Minuchin & Fishman, 1981). Thus encouraging variation versus exploring discrepancy seems to be a distinguishing issue for many psychotherapies, although it should be noted that many other forms of both therapy and music exist.

Variation forms are essentially additive; their low degree of structure can be seen in the fact that there is no predetermined number of variations which must be accomplished, nor are there kinds of variations which are prescribed. Variation forms therefore lack internally-structured points of probable termination; you can basically add as many variations as you can think of (and as your listeners will tolerate), then stop.

Lacking an inherent stopping-point, variation forms often achieve closure through restatement: after the variations are completed the original theme is presented in its unadorned, unaltered form at the very end of the piece. The restatement thus juxtaposes the original material against what has changed. All the intervening variations thus function as departures from the theme; the restatement of the original theme at the end provides a return which establishes a sense of closure. Because variation forms achieve incremental changes through elaboration, rather than seeking resolution through analytically breaking down the material, variation forms are more “processive” and less “formal” than sonatas; change has involved expansion and elaboration, and closure is rounded by acceptance, and a sense of broadening, but not necessarily by a sense of resolution won after a hard-fought struggle. The sense of closure, while present, is not terribly strong, because there is a sense that there can always be more variations added or further growth at some later date.

A sense of higher closure depends on a greater amount of formal structure. In music, this is epitomized in the sonata form, which concentrates on exploring implications in a prescribed ordering of events (introduction, exposition, development, recapitulation) which leads to a special ending section: the coda. A coda is the very last statement of a musical composition, and takes the previous material and treats it from one last new perspective which, however, does not generate any implications or pathways for further exploration. The coda functions as a “last glance” at the material, seen from some distance, much as we might turn around and look at a city we are leaving when we are already some miles away from it. We can no longer do anything to change what has happened in the city, but our last view of it somehow encapsulates our experiences there. Codas offer one last departure from the expected to allow a return to the original material in full force; because this restatement of the original material is without implications or discrepancies, but is balanced and resolved, it lends a strong feeling of completion to the work. There are a variety of musical means one can use to evoke such nonimplicative closing statements. One way is to state the material a final time in a manner which appeared neither in the development section nor in the initial statement, but which is somehow complete in and of itself.

We have already mentioned how in time-limited therapies, the penultimate session often seems to “conclude” the treatment so that the very last session functions as an anticlimax. This tends to occur if therapist and client have strong expectations for an intense last session which never materializes. The alternative is to structure the very last session of a time-limited therapy as a coda. This is easier said than done: it may be difficult to provide a new perspective to the client in this last meeting which does not seem to open the door to further treatment. (In music, the coda often represents the very peak of a composer’s inventiveness). On the other hand, when such new perspectives are attained in the final session, the client may appear transformed, as in the following example:

In one time-limited twelve-session therapy conducted by the first author, the client's presenting problem involved a pattern of being unassertive about her own wants and needs. She would please others excessively because she felt afraid that if she did not, people would abandon her; she also became anxious and guilty if she did something for herself, such as take a vacation or even go to a movie. All this was explored in some depth during the treatment, and the client made considerable gains. She became more assertive, more able to recognize her own wishes and act on them in appropriate ways. Termination, predictably, activated fears that by asserting herself within therapy she was "causing" herself to be abandoned by ending treatment. In the penultimate session she was able to grapple with her new-found ability to "go it alone without supports" if need be and treat herself well.

In the very last session, though, the perspective shifted. Rather than focusing on how others might abandon her, she was able to talk about how, fearing loss, she would protect herself from becoming close to people. She talked openly about how she felt close to the therapist and did not want to leave. This effected a deepening of the therapeutic work; we were able to discuss how we would go on remembering each other and acknowledge, with mutual expressions of appreciation, the value of what had been accomplished.

The client left in an emotionally-charged atmosphere of fondness, satisfaction, and sadness. I remained in the room a few more minutes, savoring what I thought was the end of the therapy. However, there was still a coda to come.

There was a knock on the door. The client came back in, stating she had left her keys behind. She picked up the keys, and said, "I guess I really don't want to leave, do I? (Long pause. Then she holds up her keys). But now I've got my keys. I can go now."

Silently, the client and I acknowledged the truth in both the literal statement and the metaphor.

On follow-up by an independent evaluator, the client was not only being more assertive, but was successfully engaging in more intimate relationships.

Conclusion

We hope that this foray into an aesthetic approach to psychotherapy will incite interest in what we see as the vast possibilities opened by such a perspective. When we approach psychotherapy from an artistic perspective, and treat psychotherapy itself as a kind of art, then the nature of experience becomes clarified: experience being inherently inchoate and ungraspable, it can nonetheless be realized through a medium of formal expression. We then become more aware of how formal and stylistic issues organize the content of psychotherapeutic experience. Our attention expands so we are no longer concerned just with interpreting *what* an experience is, but also with examining the “surface” issues of *how* the experience is. Examining this area offers insights into practical matters of technique, which we have illustrated by a literary analysis of beginnings and a musical analysis of endings in psychotherapy.

When we adopt an aesthetic perspective, we become concerned not just with accuracy but also with vision. When we do this, it is no longer sufficient to remain only in the pragmatic realm of *what to do* with a client, but also *how to be* with a client. This is not a question of turning mindlessly intuitive; the aesthetic perspective teaches us how to improve our methods of expression through rigorous analysis and mastery of techniques which pure pragmatics may ignore. Intuition, though, is also an important ability to develop for an artist, scientist, therapist, or client. A good mathematician gets a “feel” for how to approach a problem, then subjects that feeling to rigorous analysis. Therapists need a similar mix of structured rules and creative freedom. The different methods by which artists train artists to go beyond imitation into expressiveness could also be helpful in moving the training of psychotherapists beyond what is conveyed in a treatment manual; an aesthetic perspective can help direct us toward domains where intuition and creativity arise in the context of rigorous formal technique.

Form and process, structure and content, thinking and feeling must all combine if we wish to create not only satisfying works of art, but also satisfying lives. Each of our client’s lives, each of their stories, can be approached as a potential work of art. Good therapists exercise their craft by combining a knowledge of the structure of human experience with a creative intuition about finding the best processes to assist clients to shape the experiences of their lives into more fulfilling forms. But how do therapists or clients move from craftsmanship to art? Here Dewey (1934/1987) provides us with the wisdom of the aesthetic perspective, advising us that

Craftsmanship to be artistic in the final sense must be “loving”; it must care deeply for the subject matter upon which skill is exercised. (p. 210)

It is not possible to apply creative techniques derived from aesthetics without critical judgment; the purpose of critical judgment, though, is to help us learn how to more fully *appreciate* a piece of art. This is the essence of psychotherapy: learning to appreciate our own and our clients' experiences every single moment, moment by moment. Such appreciation is the basic form of empathy we rely on for psychotherapy to exercise its healing art. In psychotherapy, the art we gaze at, listen to, and touch is not a museum piece but the basic stuff of our client's lives: the art of human experience.

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