

Form and Function in Psychotherapy

A large, stylized, multi-layered flower graphic in shades of purple and pink, centered on a dark background. The flower has many layers of petals, creating a sense of depth and complexity. The colors transition from a deep purple at the center to a lighter pink at the edges. The overall effect is ethereal and artistic.

Albert Rothenberg

The Creative Process in Psychotherapy

Form and Function in Psychotherapy

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By the Same Author

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The Index to Scientific Writings on Creativity:
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The Index to Scientific Writings on Creativity:
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Form and Function in Psychotherapy

The following verbatim interchange¹ occurred at the end of a female patient's fifth psychotherapy session (P = patient; Th = therapist):

P: Well I . . . well I know for one thing that I, at least as I am now, unless something would just completely go off, that I . . . could *never* take my own life. Goodness knows, I . . . I'd . . . I am just not made that way.

TH: Mm-hmm.

P: And that's the pity of it, 'cause I'm sure I'd have done it fifty times by now.

TH: Really!

P: Not . . . I . . . I can't ever think . . . specifically in terms of . . . suicide. I can just feel awful sorry for myself and wish I were dead. But —

TH: Does that mean that during this past week or two you have, on occasion, had feelings that were so painful that it seemed to you —

P: Yeah, I just .. as I lay awake . . . [at] night and couldn't . . . just couldn't see *any* direction out of it, and . . . then I wished that there would be some way that I could go to sleep and never wake up in the morning.

TH: Oh yeah.

P: But it didn't occur to me to go out and turn the gas on.

TH: Mm-hmm.

P: I mean . . . if I ever am faced with a realistic possibility like that, then I . . .

TH: Yeah.

P: ... know what the decision is.

TH: I don't think you should be alarmed.²

Hearing this from a patient we, however, might well be alarmed. It is likely, of course, that the therapist is really also alarmed and that his quick reassurance is probably directed both at himself and the patient as he listens to her manifestly denied but nevertheless threatening references to suicidal intent. Should he, or we, be seriously alarmed at hearing such content of dialogue in a therapy session? After all, suicide is a serious risk of mental and emotional illness and we must —although committed to understanding the meaning of a patient's communications —be ready to act to prevent suicide and the end of a patient's life and therapy.

To answer the question about whether to be alarmed, all but the most impulsive and risk-taking therapist would, I assume, want to know more. Certainly that seems a reasonable request, but my next question then is: What type of information would be most helpful? Would it be necessary to know the patient's history, diagnosis, and the kind of material that would help to construct a detailed psychodynamic formulation of her difficulties? Of course, all that would be helpful, would be used in treatment, and might directly answer the initial question. But I doubt it. Primarily, such material would add more *content* to the information we already have and this content could not clarify the circumstances under which the above interchange occurred. It

would not, in other words, give information about the context in which the patient's remarks were made and would not therefore enable us to follow the *form or structure* of the therapy session. A focus on the form would, I believe, give a better answer to the question than content information alone. For example, a key to my answer may be partially derived from formal information I have already provided that the interchange occurred at the end of a therapy session. More information about the session itself, therefore, will be necessary. Before providing it, however, I want to clarify what I mean by a focus on form or structure (I shall use these two terms interchangeably throughout).

Form or structure in psychotherapy is the same as in any creative activity.³ Form consists of the shape or organization of something rather than of the material of which it is composed.⁴ It includes the patient's tone of voice, posture, and facial expressions and, more important, the patterns, sequences, and organization of communications and interactions. It consists of the manner and method of production —the container, so to speak, rather than the contained. In artistic fields, form or structure consists of patterns, sequences, and organization in the same way. In poetry, there are formal composition types such as lyrics, ballads, sonnets, epics, as well as formal general features such as stanza, rhythm, rhyme, and tropes. In visual art, there are also formal composition types such as abstract and realistic, and formal general features such as color, pattern, and composition. With regard

to music, formal features are almost too numerous to list. Indeed, for this reason, music is sometimes considered to be virtually a purely formal type of art. “All art constantly aspires towards the condition of music,” said Walter Pater⁵ and by this he meant that art aspires to be primarily, or completely, a matter of form. Scientific theories and discoveries also have formal properties that I shall go into later.

Although Pater’s statement is probably overblown, at least as far as aesthetic appreciation is concerned, a focus on form is a significant aspect of the creative process in all fields. This focus on form includes both janusian and homospatial processes, which are formally oriented, and it has other characteristics as well. In the course of a creative activity, a mental focus on the formal features of the material —be it words and sentences, tones and phrases, paints, clay and physical objects, or mathematical formulae and atomic behavior—is a creative psychological operation that helps determine both content and form of the created product. It is an aesthetic maxim — and a correct one, I believe—that form and content are highly interrelated in a final created product, each determining and influencing the other. This is also the case in a broad manner throughout the creative process, but there a focus on form often takes primacy and functions to determine and generate new content along the way.

To illustrate this primacy of focus on form, I shall describe a sequence

from the poetic creative process of Richard Wilbur. This concerned the creation of his poem entitled "Running."⁶ The data were derived from a series of interviews and procedures carried out with Mr. Wilbur during the several week period that he wrote it.

This poem was composed in three parts as follows: (1) 1933 (North Caldwell, N.J.); (2) Patriot's Day (Wellesley, Mass.); (3) Dodwells Hill Road (Cummington, Mass.). In the first part, the poem describes a young boy's happy experience of running on a farm; the second part depicts this boy grown up and watching the annual Boston marathon race together with his son; the third and last part focuses on him as a maturing narrator attempting to run with the impediments of aging and "passing on" his happy childhood memories to a new generation of boys. The poem was based on Wilbur's own boyhood experiences on his family farm in New Jersey and his adult experience at his house in Massachusetts.

His initial idea consisted of the phrase, "at rest within his run," a simultaneous antithesis and janusian formulation. This was later used as a phrase in the final poem. Through both information collected in the intensive series of interviews and a systematic testing procedure yielding the author's direct associations to words and phrases both deleted and added to the poem in the course of writing,⁷ I had been able to determine that one of the unconscious conflicts connected with the poem was Mr. Wilbur's experience

of being razzed in a school locker room as a boy because of having no hair on his legs.

After his initial idea, the first lines for the poem he wrote were the following:

Past Rickard's house, past Goodman's house I ran
Down the dirt drive and where
The sloping curve began
Went breakneck on and ran into the air,

Seeing the ground beneath me gold and blurred
Which with two lopes I spurred
Then with a perfect third
Spanked

The poet wrote this fragment all at one sitting, then stopped and returned to it later. In this portion, there is already an exquisite focus on the sound and rhythm of words and phrases, such as the rhymes between “ran” and “began,” “where” and “air,” “blurred,” “spurred,” and “third”; the alliteration of “Seeing,” “spurred,” and “Spanked”; the assonance of “sloping” and “loped”; the development of cadence and repetition. There is little here, however, that connects with the poet being teased about the hair on his legs and, in essence, his manhood. It was in his next writing session that his focus on the formal feature of rhyme helped to generate an important piece of content in the poem related to that conflict. Focused on improving the sound features of the beginning, he worked on adding a new first line. He therefore

needed another rhyming word to lead up to the rhymes he had initially constructed for the first stanza—the end words “where” and “air” — and tried “aware” as follows:

Thinking of happiness, once more I race
Down the cart-road past Rickard’s house, aware

This rhyme construction, although it was not used in the final poem, started the poet on a new idea, “Thinking of happiness,” that he explicitly used in the poem. He moved it to the last line of the first section as the following: . . . and with delighted strain/Sprinted across the flat/By the bull-pen, and up the lane./Thinking of happiness, I think of that.” The idea of “Thinking of happiness” became an explicit theme of the entire poem emphasizing the gratification of his achieved mastery in running. This celebration of his achievement was a psychological compensation for damaging effects of the boyhood teasing.

The final version of the first part of the poem was as follows:

What were we playing? Was it prisoner’s base?
I ran with whacking Keds
Down the cart-road past Rickard’s place,
And where it dropped beside the tractor-sheds

Leapt out into the air above a blurred
Terrain, through jolted light,
Took two hard lopes, and at the third
Spanked off a hummock-side exactly right,

And made the turn, and with delighted strain
Sprinted across the flat
By the bull-pen, and up the lane.
Thinking of happiness, I think of that.

Such use of rhyme, alliteration — note the introduction of the “k” sounds in “whacking Keds,” which were suggested by the name “Rickard” and placed in the line before —and other formal devices to suggest and generate aesthetic and emotional content is characteristic of the poetic creative process. Rather than starting with clearly defined ideas, emotions, or meanings and fitting them into a poetic structure consisting of sound associations, rhythms, and images, poets focus on the latter in order to clarify, suggest, and determine the former to some degree. This has been shown over and over again to me by constant shifts in sequence during the creative process and the construction of parts in sometimes radically different order than presented in the final product. An early rhyming phrase in a sequence is often conceived after a later one is composed, use of a particular meter and rhythm in a line leads to extensive modification of earlier portions of the poem, and phrases and images are constantly shifted around. This shifting of sequences is not simply a matter of the poet’s changing his mind or deciding on a different way of presenting the material for greater clarity, as in expository writing; it is a focus on sequence both for aesthetic reasons and for its own sake. It is a focus on sequence because of the meanings and ideas sequence introduces and suggests.

The focus on form operates during the creative process in music, visual arts, other forms of literature, performing arts, as well as in science and other fields of creative activity, as I shall illustrate later in this chapter. Now, let us return to the verbatim material of the psychotherapy session quoted at the beginning of this chapter and see how this focus on form can help to answer the question I raised. Some further contextual information will be necessary, as follows: The 25-year-old patient came to therapy because of difficulties in obtaining sexual satisfaction with her husband. He was a fulltime law student and they had been married for two years. Initially, she and her husband (Bill in the following) had sought help from their pastor, but after several interviews both were referred by the pastor to individual psychotherapists. Up to the point of the excerpted fifth weekly session I presented, the patient had complained mildly of the therapist's nondirectiveness and talked of her difficulties in achieving orgasm in intercourse. She also began to reveal some dissatisfaction with her husband.

With respect to the formal factor of sequence, a psychotherapy session can be broadly divided into beginning, middle, and end. The material I presented above occurred, as I said, at the end of the session, and was the culmination of a series of interactions between the patient and therapist. Such a presentation at the end of a session could possibly represent a revelation of suicidal preoccupations that the patient has held back until the end, or it could be a response to something the therapist has introduced earlier. Often,

however, the presentation of anxiety-provoking material of any kind at the end of a session derives from a patient's concerns about endings of any sort and difficulties with any kind of separation. At the other pole of the sequence, material presented by the patient at the beginning of the session — anxiety-provoking or not —tends to reflect issues related to taking initiative. Also, it always reflects the patient's initial preconscious concerns. These concerns are derived both from experiences during the interim between sessions and from feelings and thoughts about the immediately preceding session with the therapist. Therefore, let us look at the differently toned interchange at the very beginning of this session to see what light it can shed about the end:

P: I think I'll have to buy some Air-Wick and put it in the corridor outside your office. Have you noticed that odor?

TH: Smells bad, does it?

P: Ooohh —understatement. Each week I keep trying to see how long I can hold my breath going along there. And I can never quite get through it.

TH: Mmm.

P: But, very nasty atmosphere. I have wished this week, as I did last, that the interviews were at a different time in the week, because it seems like such stress and strain comes in between. And then by the time I get here I'm kinda calm and collected again. It doesn't seem useless, but it's in these more trying periods I've wished that I could get things out of my system then.

TH: How would it be different if it were at a different time?⁸

The interaction at the very beginning of the session and in the few minutes following, brief as it is, gives some possible clue to the way the session might unfold and to the meaning of the patient's veiled suicidal threat at the end. Although we can assume that there most assuredly was an odor in the hall, the fact that the patient brings that up at the very beginning out of a possible universe of discourse has meaning. From the therapist's reaction, it is clear that she is neither hallucinating nor inebriated and, most pertinent to the form, *she has not brought this up in any of the four previous sessions*. Most probably, she is experiencing preconscious or conscious negative feelings toward the therapist or the therapy and her immediate reference to the bad smell indicates the idea: "This therapy [you] stinks."

If this is so, why does the patient feel this way? The next clue is that, after referring to the odor, she states that she would like to have her sessions at a different time. Notably, she does not say that she would like the sessions to be at a particular other day and hour, but at times when she is upset. The therapist, in other words, is not with her at a point when she feels upset. The suggestion is that he is not with her enough, and by extension, therefore, that she would like him to be with her all the time. Why might this be an issue for her and what does it have to do with her negative feelings toward the therapy? Why is it an issue at this particular time? The next sequence of interaction provides further clues and a probable answer to these questions:

P: I don't know whether it's just that it's bound to coincide like that, that during the week after an interview, things'll happen, or whether it's just happened that way so far, but . . .

TH: Hmm.

P: ... seems like both times I get here when I'm, oh, over most of it.
And it's kind of a false security . . .

TH: Mm —hmm.

P: . . . 'cause I thought I'd hit the lowest depths last week. But I —

TH: But there are still lower ones, hunh?

P: —guess I haven't. Yeah, a few other untried places.

TH: What happened this week?

P: I'm afraid now there're going to be quite a few. It's . . . oh, just . . .

TH: You mean you have a feeling that it's going to get *worse*?

P: Well, I just don't know. I think that it gets worse so that it seems to involve Bill more. And as he gets into his, then we both seem to be in it together. And while we knew there'd be bad moments, just the fact that they are seeming to coincide isn't good. And yet I think it's probably natural. And if we can just get through 'em, it . . . [long pause] I think he is probably going to cancel the rest of his therapy . . . partly because of time and partly because he thinks it's too disturbing now.

TH: Hmmm.

P: And I can see part of it, but . . .

TH: How many did he have?

P: He just had one.

TH: That's enough.⁹

The patient says that her husband is planning not to continue with his own therapy. Listening for a pattern in this sequence—recognizing that there will be connections among thematic elements at the beginning of a therapy session—should lead the therapist to pay particular attention to what the patient has just said. The husband deciding not to continue with his therapy is a factor that can explain the two earlier themes. The patient has first complained about the therapy (“odor”), and then about the fact that she doesn’t see the therapist enough. Or, at least not at the right times. The immediate reason for these feelings may very well be the husband’s behavior. He feels free to drop out of therapy, but she somehow wants, or is expected to, continue. She finds, in fact, that she needs to see the therapist more. She must feel a good deal of resentment about both her husband’s behavior and the constraining effect of her own felt need at that point. Of pertinence with respect to the question of later suicidal potential, she speaks at this early point in the session of being at the “lowest depths” but, in response to the therapist’s searching question, she makes no allusions at all to suicide and even suggests that she hasn’t experienced the full depth or all the features, i.e., “a few untried places,” of depression.

Unfortunately, the therapist does not recognize the form or pattern of

these themes at this point and in the next portion of the session he goes on to ask primarily about concrete details pertaining to the husband's therapist. She volunteers that her husband has used the excuse of facing bar exams and being afraid of any "emotional letdown" as the reason for not pursuing therapy. In response, the therapist asks rather mildly about her feelings by questioning whether she is disappointed. Her first reaction is mild as well; she says, "In a way, yes." Then, in describing the disturbances between herself and her husband, she says: "It seems like I have to about go off my nut before he actually figures out that something disturbs me." Although the patient is explicitly describing her husband, her remark at that point might well pertain to the therapist's mild or minimal recognition of her distress.

During the remainder of the session, and in response to the therapist's clarifying questions and urging, the patient goes on to describe the particular conflicts that occurred between her husband and herself during the previous week: He didn't give full attention to her birthday, he made her feel guilty about expressing her feelings and characteristically wouldn't express his own, and he spent a lot of time on a variety of activities but very little on studying for his bar exam. At one point halfway through, after the therapist tries to explore her feelings about divorce, she shifts to the therapy and indicates that she experiences emotional stress and strain, as follows:

P: And I think that possibly there might be, just in going on with these, that it's going to be a very difficult end of the year. And, I'm —

TH: I didn't quite understand, have you asked yourself whether you should stop too . . . the therapy?

P: No, not really seriously considering it, 'cause I feel like now I'm just in the middle of it, that it'd —you can't go either direction. I mean I can't back up by myself.

TH: Mm-hmm.

P: And that if I can just hang on. And I have gotten so much out of it, particularly the last couple of times, stuff that broadened. . . . I'm very grateful that you were nondirective 'cause if you told me some of this stuff, naturally I can build up my defenses so fast. But I have some of it, when it sinks in under my own thought processes.

TH: Can you point to anything that you mean especially that seemed —

P: Well, just the general fact that I thought I saw myself and knew myself, but I didn't. I mean we analyze so much ourselves and I thought I could pretty well size up the kind of person I was, and everything. But I don't think I was able to do that; I'm beginning to get a little idea, but that's a ghastly experience —

TH: I just wondered, that's a ghastly . . . hunh?

P: Getting to see yourself as others see you is kinda demoralizing.

TH: Really! What —

P: Some of it.

TH: What have you seen that you don't like the looks of?¹⁰

Focusing on form and structure in this excerpt supports the contention that the patient has been resentful about her husband's stopping therapy

throughout. The patient's positive statements about her therapy follow immediately after the therapist's recognition that she herself has had thoughts about stopping. Just as with the earlier negative statements, the positive statement here should not be taken literally and as a matter of content alone. Although she may very well have positive feelings about the therapy, the sequence indicates an immediate feeling of relief generated by the therapist's preceding question. His open recognition that she might have considered stopping therapy must have helped her to feel less trapped and also less guilty about any negative feelings toward him and the therapy. That this feeling and not an enthusiasm for the therapy is predominant is further evidenced by her lighting on the one factor that she constantly complained about previously, the therapist's nondirectiveness. It seems unlikely that she would have changed her mind about those complaints so quickly, especially since the therapist has just done the contrary and been somewhat active and directive in his question. Also, it would appear that the therapist himself is appropriately unconvinced, since he asks her for details about what she has gained. At this point, he seems focused on the form and sequence of the interaction and has better understanding.

Although the therapist here has apparently reversed some of the problematic effects of his missing the meaning in earlier sequences, the persistence of the theme into the middle portion of the session and the fact that he has not yet acknowledged (or recognized?) the theme of her active

resentment about her husband's stopping has pertinence to the suicidal threat appearing at the end. In the remainder of the session, the patient talks primarily about how her husband is not sufficiently concerned with her feelings or needs. At one point, she and the therapist touch again on the husband's stopping therapy, but the therapist only tells her there is not much she can do about it.

Then, pursuing the matter of the husband's insensitivity and lack of emotional responsiveness toward the end of the session, the therapist, who is still focused primarily on the content, suggests there may be a connection to the patient's dissatisfaction with sexual intercourse. This produces the following material and interchange, which immediately precedes and leads up to the section containing the suicide threat I quoted at the beginning of the chapter:

P: And we haven't had intercourse since . . . well, I guess a week ago Sunday, or some time like that. And it . . . w . . . the idea of it still just is . . . completely repulsive to *me*.

TH: Mm-hmm. . . . I guess we have to recognize that your having come into treatment *has* in some sense stirred these things up.

P: Yeah.

TH: I mean before you said you just weren't interested, and now —

P: Yeah.

TH: —it's actually a little repulsive. But I don't think that should alarm you.

P: I have a feeling that it just may go to the very depths . . . before we got out of it,
but I want to know how far I am from the bottom.

TH: Yeah.

P: Is there any way of telling how long this goes on?

TH: No. No, I don't think so.

P: I feel in some small way as though there's *some* progress, but-

TH: I certainly sympathize with your feeling that it might be better if you could
have more frequent interviews. Unfortunately, we can't.

P: Yeah, well, actually I couldn't either, from a time standpoint.

TH: I see.

P: I think —well, I don't know. I used to think that, when these things would bother
me if I were home an afternoon, like I usually am on Friday, I could sorta get
them out of my system by myself.

TH: Oh, yeah.

P: But I never could, and I just got into a—

TH: Just fretted and stewed about it, yeah.

P: —depressed, morbid kind of thinking, which I don't think was healthful.

TH: Yeah, but I think our attitude should be that we'll accomplish what we can —in
the time we have, hmmm?

P: I was so concerned about the depression — and I had been about his, too —

never knowing how far a person can go on, how much of it you can take before you do just crack. And I still don't know, but I —

TH: I don't think you should be concerned about your basic stability.

P: I *have* been very concerned about it.

TH: About *yours*?

P: Yes.

TH: [softly] What do you mean?

P: Well, I just —

TH: You've been scared?

P: Yeah, I've really been awfully scared.

TH: What do you think by that?¹¹

The patient's answer to this awkwardly phrased question is at the beginning of this chapter. Here, then, is the specific sequence leading up to the patient's veiled threats of suicide. After bringing up her basic feelings about sexual intercourse with her husband, the therapist both minimizes their intensity (she: "completely repulsive"; he: "a little repulsive") and frightens her about the therapy by saying that treatment has *stirred up* her distressful feelings of repulsion. As she then increases the intensity of her distress and complaint, he shifts to the time issue she brought up at the beginning of the session. In his change of wording to "more frequent interviews" he has

apparently come to realize that she actually wanted more time with him. It seems to be too late, however. Instead of having consistently followed the form and structure of the patient's utterances, and instead of recognizing underlying feelings and thereby accepting them as they arise, the issue has changed. In bringing up more frequent interviews at this point, the therapist is responding to the patient's threat and aggression. She is now demanding help and response from him just as she probably does with her withholding husband. His guilty apology that he cannot see her more often is rejected by her with a competitive reference to her own time commitments, and then followed by continued magnification of the intensity and seriousness of her distress.

We are now in a position to answer the question about whether her allusions to suicide should alarm us. The therapist has at no point recognized the patient's feelings of jealousy and competition with her husband, although the sequences suggested them throughout the session. These feelings, we may assume, are directly or indirectly connected with her repulsion for sexual intercourse with him. In light of this lack of recognition, and also of any recognition of connections between her hostility to her husband and hostility to the therapist, we can answer with a fair degree of confidence. The patient alludes to suicide at the end of the session in order—consciously or preconsciously—to get a rise out of the therapist. His intended reassurances both about her feelings of revulsion about intercourse and about feeling

alarmed are experienced by her as a need to apply further emotional pressure.

Her very final comment of the session, after the therapist's statement given at the beginning of this chapter that she shouldn't be alarmed, is "Thanks, I consider you an authority." To which he, catching the hostility in this remark, says: "A hot potato! I'll see you next week." We can say that this patient is motivated to disturb the therapist but is very likely not at the actual verge of committing suicide at this point.¹² We can also say that, by missing the significant meanings contained in the form and sequence of this session, such as difficulties with dependency, jealousy, and hostility, the therapist was not helpful enough to the patient. Her suicidal threat was also her indication that she hadn't been helped.

It might now be argued that what I am calling a focus on form and structure is none other than awareness of transference, concern with process material, or a method of stressing the here and now. Why, the argument might go, is it so important to recognize sequence specifically or even to comment on it right away? Can't the therapist pick up such factors as the patient's hostility in other ways? After all, he did ask about her disappointment, about stopping therapy, and recognized her hostility to him at the very end of the hour. The first answer to this argument is that it is possible to get at hostility in other ways, but the lack of attention to sequence

results in the missing of feelings *when they arise and are felt by the patient*. This patient was concerned about her feelings of hostility from the start and she felt that it was unacceptable to express them. The therapist's lack of recognition and response at the time she felt hostile must have made her feel that these feelings were as unacceptable to him as they were to herself and others. As for eventually recognizing the hostility at the end of that hour or in subsequent ones, that surely is a creditable and effective possibility, but it runs the risk of coming too late. The second answer is more extensive and it concerns the nature of the psychotherapeutic enterprise.

FORM AND STRUCTURE AS A BASIS OF TREATMENT

Focus on form and structure is important because it derives from the character of psychotherapeutic treatment. Inclusive of factors of transference, stress on the here and now, and attention to process, but more encompassing than any of these, form and structure are foundations from which many treatment effects derive. First and foremost, most types of psychotherapy consist of a structural agreement between at least two persons, one of whom is a patient needing help and the other a therapist skilled in helping. These persons mutually agree to spend a designated time together for the purpose of alleviating the difficulties of one of them, the patient. Because the time agreed upon is designated as to duration and periodicity it has specific structure and form.

Designation of this structure (I shall drop the term “form” for the moment because it tends to suggest “formal psychotherapy”) as the sole vehicle for treatment is itself a major factor in the therapeutic effect. That is to say that deciding that regular meetings of particular duration and frequency will take place and that the therapist will do nothing else with respect to the patient, i.e., *will take no action in the patient’s real world*, and carrying out this decision to the letter, will have far-reaching therapeutic consequences. Setting up such a structure provides the patient with a trial domain in which he can reproduce and work out interpersonal difficulties or else, as Arlow states it, come to realize that interpersonal difficulties are intrapsychic.¹³ A patient can display to the therapist and to himself the full range of problematic thoughts and actions and both can assess the reality of their effects.¹⁴ When change seems necessary, the patient can try out new ways of thinking and behaving without fear of lasting consequences. The therapist is neither parent nor sibling, nor employer, lover, wife, husband, child, nor anyone else who can effect real consequences in the patient’s life. Through the therapist’s behavior within the structure he constantly makes clear to the patient that he will have no such effect even though the patient — because of difficulties, emotional scars, and dependency — may constantly want and try to get the therapist to do so.

A primary feature of the therapist’s action is to show the patient this critical paradox of the therapeutic situation. Although patient and therapist

have contracted only for a defined structure, with the patient's benefit as the primary goal, the patient repeatedly tries (usually unconsciously) to subvert that very structure. A patient does this by attempting to get love and commitment from the therapist, by trying to get him to intervene in the patient's difficulties with other people, and by otherwise attempting to get him to solve his problems rather than doing that himself. Also, the patient comes late to therapy, misses therapy sessions, calls the therapist outside of designated times, and otherwise tests the therapist's commitment to the principle and agreement about structure. Almost invariably, a patient tests whether a therapist accepts or rejects his explicit and implicit thoughts or behavior on the basis of alterations in structure. Telling interesting and important stories and bringing up disturbing feelings just as a session is about to close are instances of such testing. If a therapist resists and does not extend the length of those sessions, he maintains the therapy as a trial domain where the patient's behavior, whether negative or positive, has no concrete or real consequences.

Attempts by the patient to alter the structural agreement are matters to be looked at and understood because the agreement was designed primarily to help the patient. Understanding deviations, therefore, aids in clarifying ubiquitous self-defeating tendencies. When the therapist is responsible for altering the structure by actions ranging from necessary ones, such as going on vacation or falling ill, to problematic ones, such as coming late for

appointments, falling asleep in sessions, or actively intervening in a patient's life, he influences the experience of a trial domain. Although it is best for the therapist to introduce as little alteration as possible, when necessary interruptions occur, it is important for the therapist and patient together to consider their impact on the therapy. Patients properly have feelings about such interruptions and may often experience them, realistically or unrealistically, as produced by their own behavior.

There are exceptions and limits to the principle of a structured trial domain. Both soon and late, there are consequences in the real world, but these are produced by the patient's behavioral changes and not the direct action or intervention on the patient's behalf by the therapist.¹⁵ Also, inflexibility of structure can become so artificial that it has no impact or meaning. Nonetheless, as a result of experiences within the therapeutic structure, the patient alters his perception of himself and others and hopefully brings about positive real consequences.

As for the nature of the structure decided upon, 50- or 45-minute sessions have, of course, been traditionally used in individual psychotherapy. Although there is nothing magical about that duration of time, experience has shown it to be workable for exploratory therapy. Other time periods may surely be used, but it is important to note that different forms and structures, as well as different types of sequences, result from 30-, or from 15-minute,

sessions and from session frequencies of one, or two, or three, or four times weekly.

Development of transference, the appearance of insight, the expression and acceptance of feelings, and understanding of the effects of the past on the present, all depend on and in some degree arise from the structural nature of psychotherapy. Transference develops and is recognized in part because of the lack of real consequences and the reliability of the structure. Patient insight into transference and the effects of the past on the present derives from awareness of the discrepancies between wishes or expectations and the nature of the structural contract. Also, acceptance and expression of feelings are promoted by the structure's essential neutrality. In those therapies in which structure is not specifically contracted or fixed, exploration and working-through are seldom possible or desired because a trial domain of interpersonal behavior is not established. In these therapies, transference often is unexplored and, sometimes, is unexplorable because too many spillovers into real consequences occur. The therapist provides variable lengths of time, gives directives and advice, and otherwise does not delimit the therapeutic structure. However, even in these, there are some implicit limits on time and therapist involvement that constitute variable degrees of structure. Interpretation, insight, and some important working-through frequently occurs.

Because of the structural nature of psychotherapy, the unfolding structure or form of each therapy session requires special focus and attention. The sequence and pattern of communications within the session provide an understanding of the patient's interpersonal responses and intrapsychic preconscious and unconscious meanings. Also, sequences and patterns between therapy sessions, such as when a therapist makes a mistake at the end of one session and the patient begins the next session vaguely angry and complaining, require attention and possible interpretive intervention. Broader patterns involving the beginning, middle, and end phases of therapy are reflective of the patient's characteristic ways of experiencing the phenomena of encounter, growth, and separation, respectively. When the therapist intervenes on the basis of his understanding of such structural factors or, going further, when he points out such sequences and patterns to the patient together with an interpretation, he is focusing on structure or form to generate meaning in a therapeutic creative process.

A young female patient whose therapist was about to go on vacation, for example, began a therapy session talking about her anger and fury at a florist who had been taking care of her plants. She herself had been away from home and the florist had put her plants in a greenhouse, used a pesticide, and they died. While listening to her continuing vituperation, the therapist thought there might be some connection with angry feelings about his upcoming vacation but little she said suggested any direct relationship. He felt baffled by

her furious diatribes but, picking up on the plant care issue, he simply commented that she seemed concerned about caring “today.” Without a moment’s hesitation, the patient then became angry at him. She said that he was wrong and she was only reporting on the events in her life since the last therapy session.

Then, she shifted to describe a recent discussion she had had with a male friend and reported his comments in detail. At one point in the discussion, she said, she became very annoyed at him because he was just “making conversation.” Noting that the patient shifted to talk about this young man immediately after his comment, the therapist surmised a connection with this complaint. He commented that she seemed to feel that he too had just been making conversation earlier but he knew she really *was* concerned about caring and being cared for. In response, the patient became thoughtful and then began to talk about her angry feelings about the therapist’s lack of care and impending vacation. The focus on the sequence of the patient’s productions had therefore provided understanding which, when conveyed to the patient, allowed her to talk about her problematic concerns in a mutually collaborative creative process.

In another instance, an adolescent male patient spent the early portion of a session on a series of complaints: not being able to sleep; feeling he had to come to therapy that day; having to sit in the therapist’s office. Thinking there

was something more to what was going on, the therapist said that he understood that the patient felt like complaining but didn't know what he was really complaining about that day. At that, the patient became angry at the therapist and denied that he was complaining at all. Moreover, he had been told that he complained too much all his life and he couldn't take any more of that. He shifted to talk about another topic and his anger dissipated by the end of the session. However, he missed the next appointment.

When he returned for the following scheduled time, he began by stating that he had missed the previous session because he had slept late. Listening for some moments to the patient's elaborations of the excuse, the therapist then asked if he had continued to be bothered about the topic of complaining in the earlier session. At first denying any connection between the previous session and his sleeping late, he later returned to the topic and spoke of a feeling that he should never complain at all. Also, he talked of all the difficulties that complaining had brought him in his life. At one point in the account, he made a fleeting reference to his mother, and the therapist asked whether the feeling about complaining was connected with her. For a brief moment, the patient hesitated and then said that he guessed he could have said "yes" to that question right away. Noting the hesitation in reply to his question, the therapist asked whether the reason the patient paused was that he was afraid that saying "yes" would be *a complaint against his mother*. To this, the patient immediately replied "maybe" but in later sessions he

returned to this intervention and acknowledged its validity and importance.

In this example, the therapist focused on the meaning of sequences both between sessions and within the session itself. Although his exploratory focus on the intersession sequence of missing an appointment after being angry at the therapist may seem somewhat routine to an experienced practitioner, it nevertheless is one of the potentially creative actions of everyday psychotherapy. More complex intersession sequences, such as when a patient comes into a session sad or anxious or angry because of something touched on but not discussed in the session immediately previous, are a greater therapeutic and creative challenge.

With regard to the sequence within the session, the therapist realized that the patient's hesitation in response to his question had a specific meaning for the topic itself. The patient could not at first answer the therapist's question about the connection between fear of complaining and the patient's mother because the answer itself would comprise a forbidden complaint. In this way, the therapist's focus on the form and structure revealed a preconscious concern, generated further content, and helped the patient experience both his feelings and his anxiety about them in the here-and-now trial domain of therapy. Later, in Chapter VII, I shall provide another illustration of a therapist's focus on form and structure within a therapy session in my discussion of the form-related factor of articulation.

FOCUS ON FORM AND STRUCTURE IN CREATIVE PROCESSES

In the carrying out of psychotherapy, the focus on form and structure is, of course, continuous and far more extensive than provided by the foregoing short examples. In other creative activities, this focus is also extensive and serves to generate meaning and content throughout the creative process. As I stated earlier, a focus on form and structure operates in a wide range of creative activities and therefore has numerous types of manifestations. With respect to other types of literature beside poetry, novelist John Hersey told me that there came a point in the writing of every novel when he had “a distinct sense of its shape.” When I asked him then whether he could draw the shape of the particular novel in progress we were talking about, he said that he thought that he could do so. With a pencil, he traced a series of vertical lines producing an undulating shape. I thought right away that these lines described an emotional pattern, and I suggested that. Agreeing, he said he thought the shape corresponded to a flow of tension and release but also there was a matter of expansion and contraction of scope and significance. In some portions of the novel, wide geographical areas were included, more people appeared, and events were built on and compounded. Alternately, there was restriction of locales, of people, and of plot. His sense of the shape guided the production of content. Noticing that the separated lines in the overall shape he drew also looked like rhythmic beats, I asked him whether there was also an auditory quality to the shape he described. He thought that

this might be so because he often found himself mouthing sentences as he worked. There might be a cumulative sound effect.

Playwright Arthur Miller spoke of visualizing a specific geometric pattern in the early phase of writing a play. This conception gave him what he specifically called the “structure” of the play. Elaborating on this, he told me that structure was the first problem he always had to solve in the writing of plays. Other playwright research subjects spoke of similar types of general patterns as critical guiding factors at both early and continuing phases of the writing of a play.

To return to poetry, “Beat” poet Michael McClure told me he deliberately used a rhyming sequence in order to help him to recapture forgotten childhood memories. A final poem, in clear-cut “Beat” style, became a series of childhood memories framed by rhyme. On the other end of the stylistic spectrum, poet and novelist Robert Penn Warren described a focus on the sounds of words and phrases as a key generative factor in composing poetry. Pointing to the back of his throat as the locus of the sound he made and heard, he overenunciated various possibilities of poetic lines. As I clarified this process with him, he told me that it was the muscular play of his mouth and throat that had a good deal to do with his feeling for the sound. There was a sense of movement in the sound that represented an emotion to be conveyed. Words and phrases suggested by the movement were

coordinated with meaning and used in a particular poem. So important and generative was this focus on sound and formal properties of words and phrases that Warren practiced it by reading poems of other poets and trying different types of locutions for particular lines. With trial word changes, he changed rhythms and sounds and thereby studied how the other poet had achieved his effects.

With regard to primacy of form in other creative fields, Mies's landmark study of Beethoven's creative process, based on a careful and extensive analysis of composition notebooks, indicates the generative function of Beethoven's focus on pattern and sequence. Mies concluded: "I consider that in the work of the great masters . . . nothing short of the right form will release the desired content."¹⁶ Analysis of musical composition by other musicologists such as Meyer and Epperson¹⁷ and by composer Leonard Bernstein¹⁸ support this conclusion, although they would substitute the terms "meaning" or "musical symbol" for Mies's term "content." Together with sequence, formal factors of repetition, inversion, transformation, symmetry, and asymmetry are generative foci throughout the musical composition process.¹⁹

In visual art, focus on pattern and form is clearly evident in the artworks of the twentieth century. In abstract art particularly, forms are presented or manipulated in geometric and "pure" shapes and relationships in order to

generate content and meaning.²⁰ Prior to the modern emphasis, however, artists have always looked at shapes and tones projected onto imaginary planes in order to develop subject matter. For example, Leonardo da Vinci described the process as follows: “When you look at a wall spotted with stains, or with a mixture of stones, if you have to devise some scene, you may discover a resemblance to various landscapes, beautified with mountains, rivers, rocks, trees, plains, wide valleys, and hills in varied arrangement; or again you may see battles and figures in action; or strange faces and costumes, and an endless variety of objects. . . .”²¹

In science, form and structure also are generative in creative thinking. Scientists engaged in theory building and construction speak constantly of the guiding principle of elegance. This principle is not important simply for aesthetic pleasure but because of its usefulness in producing empirically appropriate formulations. For these scientists, elegance or formal simplicity is used as a major criterion for acceptance or rejection of various types of explanations and formulations. Allan Cormack, Nobel Prize discoverer of the CAT scan X-ray procedure, described the operation of this factor to me in the following verbatim comment:

Once you start being abstract and removing all kinds of things from reality—that is to say, if you do in the abstract what I do in mathematics—the abstractions are just as beautiful [as in art] and I find them more satisfactory. . . . It’s this business of economy of means. . . . I think there’s a great deal of satisfaction in seeing ideas put together or related. And there

is a structural thing there just as much as in sculpture or painting or anything of that sort —form and economy of means. . . . Very often in biology you say, “If such-and-such went that way, will this go that way?” Very often the reason you ask why is because you found the previous thing to be attractive somehow.²²

And the creative mathematician Poincare documented the guiding function of this factor in the following way:

Now, what are the mathematical entities to which we attribute this character of beauty and elegance, which are capable of developing in us a kind of esthetic emotion? Those whose elements are harmoniously arranged so that the mind can, without effort, take in the whole without neglecting the details. This harmony is at once a satisfaction to our esthetic requirements, and an assistance to the mind which it supports and guides. At the same time, by setting before our eyes a well- ordered whole, it gives a presentiment of a mathematical law.²³

As Holton and others have shown, the formal factor of symmetry also plays an important role in creative theorizing and the construction of experiments.²⁴ Einstein, for instance, criticized the theoretical “asymmetry” of the Maxwell theory he was supplanting in the very first line of his first (1905) paper on relativity theory, and his overall theory of relativity has been characterized as a theory of symmetry.²⁵ Pierre Curie, scientific theorist and co-discoverer of radium, asserted that: “When certain causes produce certain effects, the elements of symmetry of causes must be found in effects produced.”²⁶ Regardless of whether this assertion is valid or, as Chalmers has tried to show,²⁷ useful, the comment indicates the importance of symmetry in

guiding Curie's own thought.

Such thinking has, in fact, proved dramatically useful in modern particle physics. To cite a recent example, McMorris states, "It is . . . striking that in particle physics the aesthetic element of symmetry was employed to predict some as yet unobserved member, the Ω -[omega hyperon, negatively charged] and η^0 [eta meson, neutrally charged], which were subsequently discovered. The whole exercise involved an appeal, not only to the elaborate SU(3) symmetry theory, but to unsophisticated symmetry of actual, regular geometrical arrangements."²⁸

Detailed and specific structural patterns also guide and generate substance of scientific thought. Gruber has carefully documented the important function of the image of the "tree of nature" in Charles Darwin's development of the theory of evolution.²⁹ Throughout his notebooks, Darwin over and over drew a picture of a branching tree, making extensive notes and affixing labels to its various parts. Many points in the theory of evolution grew out of this structure, as Gruber enumerates in the following: "the fortuitousness of life, the irregularity of the panorama of nature, the explosiveness of growth and the necessity to bridle it so as to keep the number of species constant. . . . And, most important, the fundamental duality that at any time some must live and others die."³⁰

Focus on form and structure, though ubiquitous in creative processes, is an approach to producing creative effects; it is not a sufficient cause. Form and content must be made to interrelate with, and complement, each other and an exclusive preoccupation with form would not accomplish that goal. Furthermore, none of my discussion here should be construed to suggest that content is of little importance in creative work or that creative persons are not vitally concerned with conveying substance. The substance or statement of a work of art is a critical feature of its value and the substance of a scientific creation is vital to its meaning and effective use. In psychotherapy, the content both of inner experience—including fantasies, thoughts, affects, motivations—and of interpersonal relationships must be understood, accepted, or modified to produce a therapeutic effect. In all types of creative activities, however, a focus on form and structure serves to reveal unseen and often previously unknown connections between elements of content. At the same time, this focus serves to produce connections where none were present, or at least apparent, before. Excessive focus on form and structure can occur and can produce sterile and uncreative effects in any endeavor. Sometimes, in psychotherapy, an excessive focus on form and structure can produce premature connecting and thereby obscure preconscious and unconscious meanings or even enhance patient defensiveness. It can serve defensive purposes for the therapist as well. By and large, however, the psychotherapist focuses on form in order to understand underlying meanings

and facilitate the creative process, just as other creative persons do.

Notes

1. From John Dollard and Frank Auld, Jr., *Scoring Human Motives*, New Haven: Yale University Press, 1959. References to patient's and therapist's tone of voice in the original transcript have been deleted in the quotation here. Other minor editorial changes have also been made for clarity.
2. *Ibid.*, p. 290.
3. For an interesting discussion of the psychological basis of form from a psychoanalytic point of view, see Gilbert J. Rose, *The Power of Form*, New York: International Universities Press, 1980. Rose's analysis pertains primarily to aesthetic form and does not include the focus on psychotherapy presented here.
4. *Webster's Third International New Dictionary*, Springfield, Mass.: G. & C. Merriam Co., 1965.
5. Walter Pater, *The Renaissance (1893)*, edited by Donald L. Hill, Berkeley: University of California Press, 1980, p. 106.
6. Richard Wilbur, "Running," *Walking to Sleep. New Poems and Translations*, New York: Harcourt, Brace and World, 1963, pp. 26-29.
7. A special word association task was constructed and administered to Mr. Wilbur in a separate procedure. To construct the task, all manuscript versions of the poem were analyzed by the investigator and words that had been either deleted or added during the course of composing the poem were compiled. Both types of words were randomly arrayed, along with unchanged "chaff words from the poem as well as randomly chosen words from sources other than the poem, and constructed into a word association test protocol. In administering this test, the words on the protocol were each stated aloud and the subject was instructed to give the first word, image, or series of words that came to mind. Responses were tape recorded and speed of response separately measured. Both content and speed of response to all types of stimulus words were compared. This procedure is designated "The Poet's Own Poem (P.O.P.) Test," Research Scientist Career Development

Award Application No. MH 2 3621, National Institute of Mental Health, Washington, D C., 1969.

8. Dollard and Auld, *op. cit.*, pp. 226, 228.

9. *Ibid.*, pp. 228, 230.

10. *Ibid.*, pp. 250, 252.

11. *Ibid.*, pp. 284, 286, 288.

12. The patient did not commit suicide after this session but no final outcome is reported by Dollard and Auld.

13. Jacob A. Arlow, "Interpretation and Psychoanalytic Psychotherapy: A Clinical Illustration," in Evelyn A. Schwaber (ed), *The Transference in Psychotherapy: Clinical Management*, New York: International Universities Press, 1985, pp. 103-120.

14. The psychoanalytic injunction that a patient is to tell the analyst everything that comes to mind — without censorship or fear of retribution — within the period of the analytic hour, was first responsible for establishing this structural principle. Other therapies not explicitly using free association also provide a structured trial domain.

15. The requirements of third-party payment and, in the case of hospitalized patients, state and federal government regulations produce some therapist action on the patient's behalf in the form of filling out forms, sending reports, etc. However, these are not usually of a magnitude to affect the trial domain in a significant way. When such requirements do have a significant effect, they must be dealt with in the therapy or they will subvert treatment.

16. Paul Mies, *Beethoven's Sketches. An Analysis of His Style Based on a Study of His Sketch-Books*, translated by Doris L. MacKinnon, New York: Dover Publications, 1974, p. 69.

17. Leonard Meyer, *Emotion and Meaning in Music*, Chicago: University of Chicago Press, 1956; Gordon Epperson, *The Musical Symbol*, Ames: Iowa State University Press, 1967.

18. Leonard Bernstein, *The Unanswered Question*, Cambridge: Harvard University Press, 1976.
19. Cf. *ibid.*, p. 153; Bernstein states that formal transformations *are* meaning.
20. I am not here using the term “form” in visual art in the traditional sense of shape as opposed to color, but I include a focus on color relationships as a part of the primary concern with form.
21. Pamela Taylor (ed), *The Notebooks of Leonardo da Vinci*, New York: New American Library, 1960, p. 57.
22. Popper and other philosophers of science relate elegance to simplicity, and they, in turn, consider simplicity to be a factor only in aiding testability of a theory. However, creative scientists use principles of elegance and simplicity in their thinking during the course of the creative process in order to *generate* the theories and discoveries themselves. See Karl Popper, *Conjectures and Refutations*, New York: Harper Torchbooks, 1965, pp. 61, 241; *The Logic of Scientific Discovery*, New York: Harper Torchbooks, 1968, pp. 136-145.
23. Henri Poincare, *Science and Method*, Francis Maitland (trans), New York: Dover Press, 1952, p. 59.
24. Gerald Holton, “On Trying to Understand Scientific Genius,” *Thematic Origins of Scientific Thought. Kepler to Einstein*, Cambridge: Harvard University Press, 1973, pp. 362ff; A. F. Chalmers, “Curie’s Principle,” *British Journal for the Philosophy of Science*, 21(1970): 1 3 3-148; M. N. McMorris, “Aesthetic Elements in Scientific Theories,” *Main Currents*, 26(1970):82-96. A recent work on symmetry in physics gives many examples of the importance of this principle in having guided particular formulations and discoveries; it also describes the principle of symmetry in the fundamental workings of the Universe. See A. Zee, *Fearful Symmetry*, New York: Macmillan, 1986.
25. Gerald Holton, *The Advancement of Science and Its Burdens*, Cambridge: Cambridge University Press, 1986, pp. 86-87.
26. Pierre Curie (1894), quoted in Chalmers, *op. cit.*, p. 133.
27. *Ibid.*

[28.](#) McMorris, *op. cit.*, p. 88.

[29.](#) Howard E. Gruber, "Darwin's 'Tree of Nature' and Other Images of Wide Scope," in Judith Wechsler (ed.), *On Aesthetics in Science*, Cambridge: M.I.T. Press, 1978, pp. 121-140.

[30.](#) *Ibid.*, p. 127.