Looking Back
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When I co-founded *Gestalt Review* with Edwin Nevis nearly twenty years ago, one of our primary foci was to encourage more research by Gestalt-oriented professionals. In order to do so we published four issues per year, and we used a blind peer review process to make our journal more attractive to academicians for whom tenure and pay are dependent on publishing in journals with this format. We also had a section of each issue dedicated to research (overseen by Professors Ansel Woldt of Kent State University and Iris Foder of New York University). Yet, despite our best efforts, we were unable to generate enough submissions to keep this section alive. A few years later, we tried a different approach. We created our first research conference at the Gestalt International Study Center in Massachusetts, USA. Although the turnout was adequate and the research presentations interesting, nothing much came of this effort. In fact, we did not have another research conference until 2013. It was well attended by dedicated Gestalt researchers and the presentations were first class. It was this conference which helped create the energy for future ones (two have already been scheduled) and many of the papers in this book. It appears that Gestalt practitioners lack of interest in research has done an about face.

The reasons for the historical lack of interest in research by Gestalt practitioners are well known. The first is the scarcity of Gestalt-oriented professors in traditional academic institutions. Our organizational life from the start has been conducted in institutes (Melnick, 2013). Thus, we were never under the "publish or perish" pressure of many therapeutic traditions. Second, our phenomenological values and approach has led us to reject – or at least be deeply suspicious of – quantitative research. There were many reasons for this. For example, as a result of academic pressure for professors to publish one or two research studies per year, *patients* were often gleaned from introductory psychology students needing to participate in a study in order to complete course requirements, and *therapists* from the ranks of first year clinical psychology graduate students. In addition, *treatment* was defined as anything that could be conducted within an academic year. No wonder we were suspicious of research. Third, many Gestalt practitioners practiced outside traditional definitions of *psychotherapist*. Licensure and advanced degrees, at least until recently, were of less interest to Gestaltists. Many did not have the incentive to complete research-based Master's theses or Ph.D. dissertations.

Much has changed. First, psychotherapy has become mainstream. The profession has also become deeply regulated. The evidence-based movement that demands that treatment be based on research results has taken control of the therapeutic profession. Spurred by the insurance industry which seeks to deconstruct complex psychological phenomena into simplistic constructs, it seems, to many of us, to be more concerned with cost containment than with change and development.

One result is that insurance companies are controlling more and more who gets to see whom. This restriction on psychotherapy that originally began in the United States has been spreading throughout the world. Also, psychotherapists are now being pushed towards licensure. Insurance companies and governments will not pay for unlicensed psychotherapists, and in some countries one has to be trained in a specific *school*—most often psychoanalytic or cognitive behavioral— to be seen as legitimate and insurance reimbursable. Potential patients, if forced to choose

between a therapist for whom a third party will pay 50-100% of treatment versus one for whom a third party pays nothing, will most often take the first choice. This cultural shift, while troublesome, has helped to mobilize Gestalt practitioners to seek licensure.

With licensure comes the commitment of acquiring advanced degrees and, for many, of doing a research project. More and more institutes in Europe are demanding a master's degree as part of their therapist certification process. Of equal importance, the definition of what is acceptable research has broadened. The age of qualitative research is upon us, thus allowing Gestalt therapists to conduct research in a way that is much more in line with our values and way of viewing the world. Furthermore, quantitative research has become more sophisticated, resulting in much more believable results. And last, advances in neurological research have resulted in findings that tend to support the basic Gestalt belief that growth and change emerge through awareness and relationship (Lehrer, 2008). An example of how this change has impacted the Gestalt world is the recently edited book *Gestalt Therapy Around the World* (O'Leary, 2013). Each chapter has a section on research. This focus would have been unheard of just a few years ago.

I am very pleased by the proliferation of Gestalt-based research, the support our approach is receiving from neurological exploration, and the acknowledgement from thought-based approaches that emotions, awareness, and relationship matter deeply. However, there is one other area that I believe has been neglected and might add support to the Gestalt method as a research supported approach to psychotherapy. This involves a looking back and reinterpretation of past research through a Gestalt lens. I would like to do this in the remainder of this chapter using two of my own research projects as examples. But first, I would like to provide a little background.

A Little About Me
While I was in graduate school in the late 1960s and early 1970s, we had begun to move away from Freud, and humanism was emerging. The focus was less about what was going on inside the person's head, and more about what was going on within the person/environment field. The primary proponent of the behavioristic approach was B.F. Skinner who focused on reinforcement schedules and contingencies. This led to Behavior Therapy and, ultimately, Cognitive Behavior Therapy, which for many is still the gold standard for evidence-based support.

As a young graduate student I fell in love with this approach and did my first research project working with children with developmental disabilities using *skinner boxes* (Melnick, 1972). When my major professor died unexpectedly, I decided to transfer universities to study with well- known behavior therapy researchers (cf., Kanfer, F. and Phillips, 1970). (As an aside, it was about this time that I became acquainted with Gestalt therapy theory by a supervisor who was studying at the Gestalt Institute of Cleveland). Upon completion of my Ph.D., I was hired to teach in the Psychology Department of the University of Kentucky, primarily in the area of behavior modification. My dissertation involved using that modality to help shy males feel more comfortable with females (Melnick, 1973). I'll tell more about this later.

By this time my identity as a Gestalt practitioner and theorist was forming. The research I was conducting did not have the power for change that I experienced in my own psychotherapy or even in my research with groups that was more in line with Gestalt principles (c.f. Bednar,

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Melnick, & Kaul, 1974; Crews & Melnick, 1976). Eventually I left the academic environment, and for many years, the world of research.

This self-imposed exile changed during the mid-1980s when Donna Demuth, a friend and colleague, approached me about her concerns about nuclear war. It should be noted that during this time, the threat of nuclear war was high. For example, a majority of people believed that it would happen in their lifetime (Fiske, et al, 1983). Eventually we decided to conduct research on the impact that fear of a nuclear holocaust would have on families. We ended up conducting a very complex qualitative study that spanned nearly six years (Demuth & Melnick, 1998). Not surprisingly, looking back over my doctoral dissertation and research on the impact of nuclear war on families, I find that the word "Gestalt" does not appear.

While participating in the research conference that stimulated this book, I began recollecting my research past, and I realized that both pieces of research were supportive of a Gestalt perspective. I also came to believe that looking at past research through a Gestalt lens might provide supportive evidence for the therapeutic efficacy of the Gestalt approach. I would like to apply this method–of looking at past research through a Gestalt frame–in the remainder of this chapter, using my own research. I hope it will stimulate you, the reader, to do the same.

Research Project One
As a doctoral student I wanted to do research that went beyond the narrow *one session* studies so prevalent during this time period and work with people who had real problems. In those days, assertiveness training was a popular focus of therapy and research so I decided to work with shy college age males who were awkward and unassertive around women. I developed a complex and, in hindsight, overly ambitious design that involved teaching males to be more competent in talking to women. (See Appendix A.)

To summarize briefly, the primary treatment groups differed in the following ways. One group only observed competent male/female contact; another group practiced interacting with a female surrogate for four sessions (simulated dating interaction); and two other groups first practiced and then watched themselves afterwards on videotape, with one group also receiving coaching. The results were complex and discussing them in full goes beyond the intent of this article. However, I would like to summarize the results below.

In general, groups that practiced having conversations with women and received feedback by watching their interactions via video-tape did better on most post study measures than the ones who just observed others, and the ones that just practiced. I concluded that practice with feedback leads to increased self-monitoring (awareness) and, thus, to better positive change.

In hindsight, the results support our Gestalt theory of change being paradoxical in nature (Beisser, 2004). As we become aware of what we are doing, we experience choice, and change naturally occurs. It also supports our notion that for change to *stick*, it must live in the body, in the cells, and in the muscles. One does not change by reading or thinking or even discussing (as my control groups did), but by doing. The results also support our notion of *experiment* that involves both a doing and feedback (Melnick, 1980). This concept of feedback has been articulated by Zinker (1978) in his concept of grading that helps create a behavior that stretches

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the individual to increase his or her learning, while not making it too easy or too hard.

During the years following this study, I slowly drifted away from research and became more interested in theory development. My interest also moved away from individuals to larger systems such as couples, groups, organizations and communities, and social change in addition to psychotherapy. In fact, I believed that my inclination toward research had been extinguished. This shifted when a group of us began meeting around the concerns of how a potential nuclear holocaust would impact families. We created a research design and began engaging families for the study. Some of our colleagues wanted to know if we had psychiatric backup; others implied that suicide was a potential outcome of having this conversation, and still others who agreed to be interviewed would *forget* and miss the meeting.

Most, rather than exploring if talking about it would help, believed that talking about it would hurt. In fact, this view was supported by much of the analytically oriented literature of the time that suggested that repression and suppression were healthy responses to nuclear threat (c.f. Lifton, 1967). It should be noted here how different this is to the Gestalt notion of dealing with trauma with awareness and support.

Our Design
Ultimately, twenty-one families including 35 adults and 38 children were interviewed, with at least one child in each family having to be between the ages of 10 and 14. The small size of the sample reflects the difficulty we faced in recruiting families willing to be interviewed. All prospective parents were given, in advance, a description of the study and of the procedures. The major tool was a structured family interview designed to provide safety for family members exploring their feelings about nuclear war.

The format was relatively clear. Using a funnel design, the interview moved from concrete personal questions to questions about the world in general, and eventually questions about a potential nuclear war. We started by first attempting to develop a trusting climate by making verbal contact with each individual family member. After filling out a series of questions, each family member was handed an 8" x 11" piece of paper with a large circle on it and given access to a wide range of drawing materials. Using a mandala format (a way to present factual information while demonstrating the interconnectedness of all things), each member was asked to draw their concerns about the world. We then directed them to talk about themselves regarding a series of topics ranging from current events to nuclear issues. The last instruction in this series was extremely powerful and provocative: "Talk to each other about what you would do if you were to learn that a nuclear bomb would be dropped in your city in a few hours." Finally they were given a large (17" x 24") piece of paper and asked as a family to draw a mandala picture of their hopes for the world. At the end of the session they were asked to comment, thanked, and debriefed. Three weeks later they were asked to fill out a post-interview questionnaire.

In addition to the videotapes, we used a series of pre- and post-questionnaires as well as rating scales of family interactions while drawing together.

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Results and Discussion

Findings from Follow up
Review of the videotapes and process notes revealed that, on the whole, families were able to remain focused and involved during the interview. We were surprised about the willingness of the families to talk about the issues. They talked, cried, and expressed anger and sorrow. They created wonderful drawings which reflected their worry and their hopes. More importantly they engaged each other creating powerful, contactful encounters.

The most important result was that talking about it did not hurt. Parents and children alike reported the experience to be positive with no adverse reactions. We found this to be true at the end of the interview, from the response to post-interview questionnaires, and during follow up phone calls with parents one year later. Not one family member reported the discussion as being too upsetting, nor did parents report children showing behavior signs of anxiety or depression afterwards.

Concern and worry was carried by *every member of the family*. We had originally thought that families might have a "designated worrier," someone who would carry the concern for the family. This was not the case. Each family member carried worry—only often differently. Our rich sources of data (questionnaires, process notes, and drawings) allowed us a more in-depth evaluation of each person's level of concern. For example, we found that many family members who expressed a low degree of concern on questionnaires had drawings that were rated high on anxiety measures. Some expressed anxiety verbally, some non-verbally and some in their drawings, but each worried.

Each family was able to find its own unique coping style. Each seemed to grapple with the threat of nuclear war in different ways. Rhythms were developed in which families moved from thought to affect, despair to hope, reality to fantasy, laughter to tears and back to laughter again. Each family seemed to have an internal, homeostatic mechanism which allowed it to deal with this issue in a creative, respectful manner. What support for our uniqueness of human experience and the Gestalt concept of creative adjustment!

Our families reported increased closeness and cohesiveness as a result of the interview process. Also, the parents reported that they had learned more about family members—particularly their children. Our Gestalt notions of the power of contact, of raising awareness, of the creation of support for an emerging figure are just a few that this study illuminated.

Looking back, I am pleased that we are generating research that looks at the efficacy of our approach. But my own refocusing on my past research makes me wonder how much more is out there that supports our approach.

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Appendix A

METHOD

The following account summarizes the method employed. A complete description of instructions, questionnaires, rating categories, role-playing tasks, and other details is available in Melnick (1971).

Subjects

Fifty-nine male undergraduates were recruited from introductory psychology classes at the University of Cincinnati. The *S*s had a mean age of 19.4 yr .(range 17-23 yr.). On the basis of their responses to a screening questionnaire, *S*s were accepted for the study if: (*a*) they were dating less than twice a week; (*b*) dating sufficiently they felt uncomfortable in social situations with members of the opposite sex; and (*c*) they expressed an interest in changing in order to date successfully. Of 78 male students who expressed an interest in the study, 60 were accepted. Three *S*s dropped out of the experiment, 2 during the first week and 1 during the fourth week. The first 2 were replaced.

Design and Procedure

The 59 *S*s were randomly assigned to two control and four experimental conditions. All groups contained 10 *S*s except for group SO, which contained 9.

A 2 x 6 factorial design was employed in the study. Separate analyses were performed on each of the dependent measures. Three measures (Factor 1) obtained at the pretreatment and post-treatment phases of the experiment (Factor 2) were the main dependent variables. The six different experimental conditions represented the treatment factors. Additional analyses were performed on the self-report measures. A further description of the design is shown in Table 1.

Dependent Variables

Simulated dating interaction (SDI). All *S*s participated, pre- and post-treatment, in a 4-min., audiotaped SDI. It began with S being asked to wait alone in a room with an attractive female confederate until another room was vacant. At the completion of the experiment, all *S*s were told that their interactions had been tape recorded, that the female *S*s were, in fact, confederates, and why deception had been used.

Situation Test (ST). Before and after treatment, all *S*s were given the ST. It consisted of two equated forms, each containing 10 social situations. The ST was adopted from a test developed by Rehm and Marston (1968) which employed audiotaped situations. In the present study, the situations were videotaped. The items were presented by a male voice describing a situation involving a girl (e.g., You are on a date and have just come out of a theater after seeing a movie. You ask your date what she would like to do since it is early and she replies…). A female then appeared on the videotape monitor and read a line of dialogue to which *S* was asked to respond aloud (e.g., Oh, I don't know, it's up to you). The *S*s were told that their responses would be audiotaped and were asked to respond as if they were in a real-life situation.

Adjective Checklist (ACL). Portions of the Gough Adjective Checklist (Gough & Heilbrun, 1965) were administered before and after treatment to all *S*s. Three male graduate students in clinical

psychology indicated whether they thought each adjective would be indicative of a positive or negative self-concept if used by a male college student to describe himself. Of the adjectives which had attained perfect rater agreement, 100 positive and 100 negative adjectives were chosen. The pre-administration of the SDI, ST, and ACL occurred 1 wk. prior to the beginning of treatment. The post-administration occurred 1 wk. following the conclusion of treatment.

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REPLICATION TECHNIQUES IN MODIFYING DATING BEHAVIOR
TABLE 1
DESIGN AND PROCEDURE

Group	Pre-test	Post-test	Time in therapy	Allotment of therapy time
No-treatment control (NT)	Yes	Yes	None	None
Therapy control (THER)	Yes	Yes	Four 40 min. sessions	The *S* discusses feelings with female therapist.
Vicarious conditioning (VIC)	Yes	Yes	Four 40 min. sessions	The *S* observes video recording of male and female engaged in date-like behavior.
Participant modeling (PM	Yes	Yes	Four 40 min. sessions	5 min. of videotape observation (same as Group VIC), 5 min. of live guided participation, and 30 min. of non-monitored participation.
Participant modeling and self-observation (SO)	Yes	Yes	Four 40 min. sessions	Same as Group PM except *S* spends last 14 min. viewing videotape of just-completed behavior.
Participant modeling, self-observation and reinforcement (REIN)	Yes	Yes	Four 40 min. sessions	Same as Group SO except *S* receives 10 systematic reinforcements during self-observation.

Other measures. In addition to the screening questionnaire, a session questionnaire was filled out after each treatment session, a take-home questionnaire was filled out once a week by *S*s in the NT group, and a post-treatment questionnaire was completed by all *S*s at the end of the study. The session questionnaire included items inquiring about *S'*s feelings of self-confidence in situations involving females, feelings about himself, level of anxiety when interacting with girls, amount of effort expended to meet girls, and responses to the just-completed session. The take-home questionnaire was similar to the session questionnaire, but it excluded questionnaire items which were concerned with the treatment sessions. The post-treatment questionnaire, in addition to the questions listed on the session questionnaire, inquired about *S*s perception of the procedure, number of dates *S* had during the study, predictions as to amount of interactions he will have with girls in the future, changes in ability to evaluate his performance, reasonableness of treatment approach, and degree of confidence that the experiment was what it claimed to be.

The ST was also used as a measure of anxiety. Response latencies and speech disturbance ratios (cf. Mahl, 1956) were computed for *S*'s responses to the last nine items to both pre- and post-administrations of the ST (Melnick, 1973, pp. 52-53).

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