munication skills, the section is vulnerable in that some techniques are dealt with in an excessively cursory manner which could result in their inappropriate use by inexperienced group leaders. Finally, and at the risk of closing on a pedantic point, the printing and format could be improved significantly.

The criticism does not by any means outweigh the value of the book. The author has developed a delightfully positive program that is effective, inexpensive, and enjoyable.


Reviewed by: Larry Eberlein
Department of Educational Psychology
University of Alberta

One of the most rapidly developing areas in American law is the relationship of the law to psychological and counselling services and the rights of consumers to the protection of the law when staff of public institutions tinker with human behavior. Whenever people are confined or required to attend an institution (schools, correctional facilities, hospitals or other mental health units) all the programs are designed in some way to modify behavior. This book then speaks to all participants in these programs and not only to those involved in a so-called “behavior modification” program.

The citation of legal authority in the book reflects mostly lower court decisions which are probably in keeping with the tenor of our times and the spirit of the recent Supreme Court decisions. The author speaks of trends in the law and encourages consumers to “raise many questions about a proposed program — not to defeat efforts at treatment, but rather to make it the very best possible.”

The key to reading the book for a person concerned but without special background in law and ethics lies in the questions asked at the end of each chapter. The book follows the logic of a treatment program and discusses in turn the decision to intervene; the client consent required; the strategy and goals set by the institution and therapist; the problem of motivation and the requirements of accountability, including supervision, control and records. The following represents a small sampling of questions that the author raises about each aspect of a treatment program. It is recommended that every practitioner apply the majority of these questions and the 100 others in the book to their own personal and institutional programs:

Are the rules under which you operate written down in objective terms? (p. 16)
If you use psychotherapy, can you show positive progress after a period of, for example, six months, in case a court inquires? (p. 56)
Does the goal involve changing a behavior that is actually constitutionally permissible? (p. 70)
Could you explain to a court, in terms of effectiveness, the difference between your aversive strategy and punishment? (p. 87)
Is information obtained without violating the privacy of the potential client? (p. 124)

The answer of the practitioner, whether yes or no, should lead that individual to inquire about why the answer is important — thus, the value for every “helper” working in the public sector.


Reviewed by: J. W. Vargo
Faculty of Rehabilitation Medicine
University of Alberta

If you have ever had the good fortune to watch master therapists such as Fritz Perls, Carl Rogers, or Virginia Satir work with clients, you probably marvelled at their artistic wizardry in fostering productive change. In *Magic I*, Bandler and Grinder attempt to make explicit, the verbal tools and techniques that are implicit in the methods of successful therapists. Although nonverbal behavior is very important in psychotherapy, the authors stress that this book deals with verbal communication only. (They are presently working on a companion volume which will deal with nonverbal techniques).

The model presented (called a Meta-model) is based on the principles of language documented by linguists, particularly those in the field of linguistics known as transformational grammar. Briefly stated, this approach states that language provides us with a shorthand for describing experience and, further, that the shorthand we use necessarily distorts the experience. However, the distortion is not a problem in itself: the problem arises when we come to believe that the shorthand expression of the experience is the experience. More specifically, the major postulates of the Meta-model, as applied to psychotherapy, are as follows:

1. Each of us creates a representation or model of the world in which we live.
2. The model is based on our experiences.
3. The model is expressed in language.
4. The model influences what choices we see ourselves having.

5. Because no two people have exactly the same experiences, each of us has a somewhat different model of the world (reality).

6. All behavior, even the most bizarre, makes sense when viewed through the behaver's model.

7. Growth is blocked when our model of reality presents us with little or no choice and when we mistakenly believe that our model of reality is reality.

8. Growth is facilitated when we trade limiting models of reality for models which offer us more behavioral options.

Underlying these postulates is the premise that human behavior can be described by rules, and that the rules which "best fit" human behavior are those advanced by the transformational grammarians. In accordance with the above postulates, the strategy of therapy, then, becomes "... to identify, challenge and expand the impoverished and limiting portions of the individual's model of the world". (p. 176)

The first task of the therapist is to learn to identify the ways in which clients mistake their model of reality for actual reality. The authors outline many of these, most of which fall under one of three major categories: Generalization, Deletion, and Distortion.

1. Generalization refers to the mechanism by which parts of the model become separated from the original experience and replace the class of which the experience is but one example. For instance, a child who fears his mother may generalize this experience into the rule "Women are to be feared" and grows up unable to develop intimate relationships with women. Changing generalizations assists the client in reducing the number of obstacles that result from the impoverished distinctions available from this present model (e.g. "All women are like mother").

2. Deletion equals selective attention. For instance, a person who feels unloved may unconsciously block or tune out messages of love from others, thereby strengthening the image of being unloved. Recognizing deletions helps the client regain a fuller portrayal of his experiences.

3. Distortions refer to the cognitive altering of experiences to make them consistent with one's model of reality. For example, a person whose model dictates that people cannot be trusted may interpret all the actions of others as being selfishly motivated ("What does he want from me?") and thus creating a self-fulfilling prophecy. Clarifying distortions helps the client reconnect his model of experience with the actual experiences.

To help the reader learn to identify and challenge the limitations in a client's model, the authors provide a number of exercises and the suggestion that each of us practice on our own models. They also recommend that the reader conduct his own analysis of the two lengthy psychotherapy transcripts presented in Chapter Five before reading the running commentaries of what the therapist said and why.

I believe the model of therapy presented by Bandler and Grinder has enormous possibilities in helping the practicing therapist become more effective regardless of his theoretical orientation. However, this is heavy stuff. To fully understand it requires an understanding of symbolic logic and transformational grammar, and although the authors include an outline of the latter in an appendix, Magic I is very difficult to read. If you want to utilize this book to its full potential, you will probably have to read it many times along with some of the suggested readings in the annotated bibliography. After that, it's a matter of practice, practice, practice.