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Degradation, Accreditation, and Rites of Passage

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ACROSS CULTURES, changes in the life cycle that involve a clear alteration in status or behavior potential are often marked by formal ceremonies that Van Gennep (1960) calls rites of passage. In his classic work he distinguishes three phases of these ceremonies: the rites of separation, transition, and incorporation, each of which signifies steps in the process of moving from one social world to another. Some of these ceremonies concern the already accomplished passage from world to world and stand as the symbol of that achievement. The performance of other of these rites attempts to precipitate or accomplish this transition, to actually bridge the worlds through demonstration of the appropriate competence, rather than simply to symbolize the deed. The later rites correspond in linguistics to what Austin (1975) has called the *performatives*, in which the "saying" is literally the "doing" of the act, as in, "I now pronounce you husband and wife," uttered during appropriate circumstances by a duly sanctioned person. Rituals that have clear performative aspects, such as those that serve as the topics of this essay, may be of interest to the provider of psychological assessment and therapy services in that the *effective* application of these rituals implies a change in the behavior potential of the persons who go through them successfully. My intention here is to present a conceptualization of the ways in which the structures of certain classes of performative rites of passage, specifically degradation and accreditation ceremonies, can be useful in work with certain people seeking psychotherapy. I have employed this conceptualization in clarifying the significance of certain events in the lives of some of my clients, including aspects of their lives as clients. Accordingly, these concepts are strategic in guiding some of my actions in psychotherapy.

This essay will illustrate aspects of the logic of changes in personal state through a formulation of what I take to be already commonly witnessed and practiced actions. My concern here is to be explicit, in ordinary descriptive language, about behavioral structures that can be found implicitly in a variety of schools of diagnosis and therapy. My goal here is not to present novel diagnostic and therapeutic concepts, but rather to clarify and emphasize acts that many therapists already perform irrespective of their theoretical commitments.

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DEGRADATION

In writing about the sociology of moral indignation, Harold Garfinkel (1967) has explicated a paradigm case of the degradation ceremony (Ossorio, 1978). This ceremony is a social practice in which a person loses eligibility (relationships that confer status or behavior potential) in a particular community, which corresponds to saying that the range of his action and responsibility narrows. An important point to hold in mind is that in degradation actual or potential status is taken away. Actions that the person under other circumstances might have been able to perform are actions from which he is now excluded.

In his paradigm, Garfinkel presents three preconditions and two sets of actions that characterize the *successful* degradation ceremony. The preconditions are:

(1) There is a community of persons who adhere to a set of values required for membership in good standing.

(2) There are the roles of denouncer, witness, and perpetrator.

(3) The denouncer and witness are in good standing in the community and act as its representatives.

The actions that comprise the degradation are:

(1) The denouncer tells the witness that the perpetrator has committed an act which is described in such a way that the act is clearly seen as a violation of community values. For example, the distinctions between "appropriation" and "theft," "killing" and "murder," illustrate possible options for describing certain actions. Whereas a community's standards in relation to acts of appropriation and killing may be unclear, ordinarily these actions would be understood as violations if redescribed as theft and murder.

(2) The denouncer claims, *with effect*, that the perpetrator's violation is a genuine expression of his or her character, and not something to be otherwise explained or excused. In making this claim the denouncer indicates that the perpetrator is not and perhaps never was a member in good standing in the community and can accordingly only participate in a restricted fashion, if at all.

This conception can be collapsed to fewer than three principal players because the three roles are methodological and can potentially be enacted by one person. Certainly two people can do this to each other. In the standard example of the sergeant dressed out in front of the troops and busted to civilian, what was formalized above is done in public. But it can also be accomplished quietly, discreetly, silently, ambiguously, or perhaps unconsciously. The significant issue is whether the degradation is accepted by the principals and the community involved. If the degradation is not accepted, it is ineffective. Although Garfinkel's formal paradigm refers to a historical event that can be remembered as the time the perpetrator was removed from position, it can also serve as a conceptual device for understanding a variety of related events happening over an indefinite period. The boundaries of the concept are obscure because it may serve as a redescription of certain social practices within which the explicit idea of degradation is not usually applied. Also, there are many cases where the person affected does not even know that he has been *de-graded*; for him even a conjectural fall from a more comfortable status may be unthinkable while using the concepts he applies to himself. This is simply the logical reminder that people make appraisals of themselves and their worlds within a domain and context of concepts they feel are fitting to their self-assigned status. Hence it is reasonable, although perhaps incorrect, for some people to honestly assert that they cannot perceive themselves and their world differently than they do.

My central interest in this writing is with those cases in which the person, consciously or not, acts as one who has been effectively shunted to the outside of some valued community. It should be understood that the

concept of community referred to here consists of *any* group of social individuals who can be identified as sharing a set of values esteemed by the perpetrator. More specifically, the community of persons may be defined in relation to the assemblage of values associated with particular social roles, so that a degradation may have an effect on certain social practices of the individual but not on others. For example, a person may demonstrate full membership in the community of some profession while exhibiting his or her ineligibilities only in relation to members of the other sex. Because it is aspects of social roles that are altered by degradation, it is useful to consider that while some social roles have a contingent relation on a person's other roles and relevant powers and dispositions, others may be relatively independent and thus unperturbed by disturbance elsewhere in his or her life. This would indicate a great variety in patterns of ineligibility that comprise the effect of the various possible degradations.

Some of the implications of this notion of role contingency are worth developing. Possible among contingent relations linking a person's various social roles include: dependence, complementarity, inhibition, and antagonism. This indicates a logic or grammar of why specific changes in certain aspects of a person's life have an irregular although systemic effect on other aspects. Consider, for a simplified example, the set of relations between the social roles of "father" and "masculine/sexual." The ordinary manifestation of a person's being both a father and a sexual being is the inhibition or underplaying of the sexual role in actions between father and daughter. If the system is disrupted by degradation of the man's role as father, while his eligibilities in the sexual role remain intact, then the appearance or expansion of a sexual component in the man's relations to his daughter would be unsurprising (whether she is provocative or not). In this manner, the various facts of contingency constitute a value-laden (hence motivational) format or status dynamic.

Returning to the central theme, it is a common clinical observation to see persons who enact degradations on themselves, seemingly alone. Such people are often noticed performing self-discrediting acts; the attendant wails and moans are almost a celebration of their degradation. Some of them seem to say that any community that would recognize them as a member would be one they would refuse to join. For these persons, their own personal conduct seems too base to ever match the exquisite values they claim. This kind of degradation follows from the person's aspiring to membership in a community that he cannot reach—and, in fact, one that may not exist. Here the self-denouncement may be an attempt to demonstrate a competence to deal in the values of that unrealistically desired community. On the other hand, some patients who commonly draw attention to their sense of having been degraded seem to do so for defensive purposes. In some of these cases, the self-denouncement is part of an attempt to abdicate the responsibilities that they find inappropriate for a person of their poor status. When this defensive shirking of responsibility becomes a matter of style it often appears in response to the pressure of other people's high expectations, expectations that the self-denouncer feels he cannot live up to. His claim of covert inadequacy may make us wonder why others feel that he could do more than he does. Sometimes he can. His apparent passivity needs to be seen as action rather than inaction before he is likely to recognize his "passive" moves as intentional.

Degradation ordinarily has a negative effect on the consciousness of the perpetrator. He is commonly seen by himself and by others as intermittently anxious and depressed; in defining the boundaries of his world he may occasionally appear paranoid and obsessive. Sometimes, in avoiding things about which he assumes his ineligibility, he will act hysterically. Primarily, that which makes him a "patient" rather than an "agent" (Harre and Secord, 1972) will follow from the facts of his particular ineligibilities and the ways he views them

as significant. As with most other behavior issues, the patient will act both cognizantly and unconsciously in relation to all aspects of his degradation.

Persons who have been degraded often complain about their feelings of rejection and inferiority. From these feelings may come a chronic exhibition of anxiety when they are in the company of members of the valued community (of which the therapist may be a member). The initial and often subsequent encounters with degraded people are usually awkward, and their recognition of this stiltedness intensifies whatever anxiety is present. The dance of gestural and speech rhythm intrinsic to social meetings is broken; the actions of the characters are askew. Here the characters feel this lack of syncrasy as their awkwardness.

Degradation is usually accompanied by an almost automatic social isolation and its attendant, loneliness; and loneliness, as Sullivan (1953) has eloquently articulated, may be an even more powerful motivator than anxiety. Hence the self-deprecating and ingratiating acts of the degraded lonely, who long to be part of the valued community but feel they can only achieve this by enacting the roles they think the community has provided for them.

In addition to all this, the degraded often act conservatively in maintaining the coherence provided by their degradation. They often distort favorable appraisals of themselves into unfavorable ones; they demean themselves and undo rewards. Seeing them as persons who have undergone degradation may be useful in deciphering their responses to certain ambiguous situations. For example, a client who saw himself as unworthy described his habit of lagging behind while walking with friends, getting farther and farther away, until he would think himself ditched and so not bother to try and catch up. With this client, as with others, it was crucial to recognize that although the degradation was an event of the past, its significance rested on its being something *actively* maintained in the present.

A particular style of "outsiders" fantasy may be typical of these excluded people. Their degradation may be revealed in fantasies of being lepers, gangsters, untouchables, and the like. They seem more likely to imagine themselves tainted and criminal rather than revolutionary, because in reaction to their values they see themselves more in terms of personal failure than in terms of political estrangement. Often, and as a result of the degradation, they do not see themselves as even eligible to criticize the standards they are failing, and in not having that option they are often in rigid agreement with those offended values. The denouncer, whether self or other, is held in the perpetrator's mind as correct in the spirit of the denouncement.

Because the degraded see themselves as standing on the outside, it is understandable that their ranks will be full of people who have been given by their culture historically ready-made positions outside of respect. Many examples speak to this point: people whose sexual behavior is unconventional seem especially vulnerable; chauvinisms of age, sex, race, and class are similarly likely to generate this condition. Further, it is easy to see how degradation can be an 'inherited' characteristic: children who recognize their parents as occupying some unfortunate status may see themselves as "born to lose."

I will now introduce specific examples of historical events or personal attributes that were experienced by some of my clients, more or less consciously, as significant degradations. One patient was told by his loud and drunken father that his mother, when younger, had been a whore. This revelation confirmed his belief that his already poorly developed social skills resulted from an inherited deficiency. Another patient was often told by her parents and early teachers that she was brain damaged and retarded, and she felt that she was so despite her complex, highly grammatical, and elegant descriptions of her limitations. (She now has a PhD in counseling.) One black client's exclusive prep school and social club affiliations left him without black peers, vulnerable to a social group in which he knew he

was a sort of token, and with limited access to the folkways and opportunities of his white peers. Another client's tumor-ridden testicles were removed when he was twelve, leaving him with a high voice and a sense that he could never qualify as a man among men. Finally, one client's depressed and bitter mother was incapable of providing her with love although she later appeared to shower the client's younger sister with affection. My client felt that if her own mother couldn't love her she couldn't really be of any value.

Clearly these few examples are limited descriptions in otherwise complex psychodynamics. But in each case, when the above facts were coordinated with the patient's more extensive history and symptomatology, they proved significant in understanding the low self-esteem and depression each of these persons exhibited. Effective degradation usually implies a lowering in self-esteem and the covariant experience of depression as a consequence of the loss of behavior potential or eligibility. The guilt that may attend the depression is sometimes an expression of personal denouncement for the fact of the loss. Although the patient may feel that he *cannot* be different, he may know fully well that he *ought* to be.

In some of the above cases the concept of degradation was explicitly introduced into the therapy as a way of allowing the client to act as the therapist's ally in gathering evidence as to the appropriateness of the concept in understanding the patient's condition. Here the open presentation of diagnostic concepts has a place in establishing a working therapeutic alliance. As will be later developed, part of the intent in presenting diagnostic concepts within the therapy is for the client to be approached as a *reasonable* narrator of his past and present condition.

The concept of degradation being applied here does not correspond to atrophy, decay, or other notions of disused or unused eligibility that can perhaps be remedied through a pedagogical stance of instruction and practice (although this too might be needed). Here degradation means actual barriers and the like: taboos, defenses, identifications, and other structures, personal and social, that limit a person's access to behaviors that *otherwise* he or she would be eligible to perform. To underscore this point, the various manifestations of the degradation can be observed in the ways in which the person affected sets excluding limits on actions that in some fashion *ought* to be his (e.g., if only he hadn't disobeyed orders, or if only he weren't so inferior, stupid, ugly, strange, etc.).

The effects of degradation should be differentiated from the effects of masochism, though there is an essential kinship between them, as some masochists are master participants in the dramatic art of degradation. As Reik (1941) and others (see, for example, Panken, 1973) have indicated, the masochist seeks to master degradation and humiliation, to blunt its edge, and in so doing demonstrate his or her superiority over it. The masochist does not suffer degradation so much as he transcends it. This implies a sort of desire for immunity from the degrading acts of others, ceremonially performed with a surprise triumph of orgasm or similar release. The truly degraded character has neither this aim nor this option; he suffers his punishment not to overcome it, but because he feels it is deserved. The masochist may want his action and responsibility to narrow at another's direction, whereas the degraded person sees his eligibility as *already* restricted whether he desires it or not. This should clarify the reason that the specific acts of the masochist may take place within an attempted degradation. The histrionics of the masochist, the perversion as ritual, provide a sense of immediacy. Masochists feel that ritual and ceremony, much like religious acts, are effective, and they expect a change in psychological state to accompany their performances.

But even though masochism ordinarily represents an attempt at mastery over degradation, sometimes the masochist will fail and end up simply degraded. When such failure occurs, depression often results. For

example, a divinity student obsessed with the near-religious nature of the masochistic acts he practiced, often inexplicably found himself depressed until he realized that the various sadists he encountered were sometimes more powerfully effective in their role than he would wish.

The concept of degradation presented so far rests on the idea of potential or actual status that is taken away. A closely related form of degradation occurs when a person does not reach the same developmental level as those who would otherwise be considered peers have reached. This is the case whenever the rite of passage appropriate to some period is missed or failed. Here the range of examples is vast, spanning from the physiological to the social, from delayed puberty to unreceived promotion and tenure.

Accreditation

Accreditation is the polar opposite of degradation, with the role of accreditor taking the place of the denouncer and thereby transforming the common conceptual scheme. Although this essay is principally concerned with accreditation as a method which undoes degradation, this undoing is not the general social function of accreditation ceremonies. Accreditation ceremonies occur as part of a person's increase in status in certain communities and regularly appear as more or less formal initiation rites into the new or previously forbidden domain.

When a person successfully gains status through accreditation (or other means), he or she sees the world in a fundamentally different way than before the status change. The accreditation is manifested in the person's ability to encounter certain elements in his world as options and opportunities, whereas before he would have viewed these elements as something else, if he saw them at all. A person is eligible to serve as an accreditor when he is in a position to effectively reveal or generate this status increase.

About the degradation ceremony, a crucial question an observer might ask is whether the degradation is deserved. This is of therapeutic significance because one of the possible roles of the therapist is that of accreditor. If the therapist accepts the degradation of his client as deserved, he sees and accordingly treats this patient as one outside the valued community. In this context, therapeutic efforts that smacked of accreditation would risk being a sham. But if the therapist, as a member in good standing in the valued community, sees his client's degradation as not deserved, he can in a sense perform a ceremony of accreditation. To the extent that the therapist's own life history might confirm the fact of brotherhood, common dilemma, or other common ground with the patient, it can be an open part of the therapy's subject matter. The patient, in accepting degradation, has probably suffered the penalty of isolation from peers and chums, those significant others whose histories, if known, would perhaps undo the peculiar strangeness that he feels in the absence of corrective social knowledge and exchange. Much like an initiation in which the secrets of life are revealed, the therapist, in offering facts of his own life, makes essential and perhaps desired knowledge available. Of course this is the familiar advocacy of self-disclosure, full of peril and likely to interfere with the transference (or correct it).

Just as degradation is to be distinguished from unused eligibility, so undoing the undeserved degradation is different from rehabilitation. The target of undeserved degradation is analogous to the innocent thrown in jail, who suffers a spurious although painful punishment. The unfortunate twist to the therapist's dilemma is that he might be the only one who considers the victim not guilty, while the 'prisoner' himself may loudly demonstrate a conviction of personal guilt and general unworthiness.

So how is degradation to be undone? As always, the therapist must be aware of how his actions reflect his words. The therapist must do more than merely say why the degradation was unfair, incorrect, or no longer in effect; he must *treat* the client accordingly. To the extent that the client

perceives that the therapist holds him in esteem and sees the therapist as a competent representative of the relevant valued community, the client may have an opportunity to increase the range of his behavior. But the patient must, in some way, come to share aspects of the therapist's "vision" if his status is to change. This transformation is no simple matter. At stake is a redefinition of life, and the patient must have real evidence as grounds for seeing as accurate the therapist's appraisals of those behaviors for which the patient has condemned himself. Both therapist and client must *agree* on their subject matters. It is, of course, understood that the therapist's vision of his client's status may change during the course of the therapy. For accreditation to be possible, what must *not* change is the sense that the client's degradation is somehow unfair, incorrect, or abusive.

A methodology useful for enacting accreditation can be found in the related social practices of moral dialogue (Arendt, 1958; Cavell, 1969; Pitkin, 1972) and negotiation (Ossorio, 1970). These practices set the stage for status change and acceptance. Although the mere successful practice of moral discourse and negotiation can be therapeutic, the achievement of such an encounter between therapist and client has no guaranteed end. The specific issues, complex and sometimes obscure, must still be accurately identified and dealt with, and that is not ordinarily easy to accomplish.

What makes the concepts of moral dialogue and negotiation especially attractive for paradigms of therapeutic exchange is that both concepts directly involve mutual encounter. Moral dialogue is an activity by which the involved persons attempt to accurately reveal their positions, while negotiation concerns practices of calibrating those judgments through appeal to shared standards. Negotiation is thus conducted on the presupposition that both individuals have the competence to make judgments about the matters at hand, and that both persons wish to act with a common attention to the relevance of what they say. The therapist may have to provoke negotiation because, as a result of degradation, the client may not feel eligible to participate in such an encounter.

In any case, for accreditation to suggest itself as a goal in therapy, the therapist must in some manner recognize and convey that his client is in fact more eligible than he may believe himself to be. Essentially, it is the accuracy of these recognitions that will be up for negotiation.

For example, early in therapy, a male homosexual patient was narrating his history as one of failure, concluding that he had really accomplished nothing. After he had described a ten-year intimate relationship with a man older than he, I suggested that he had experienced ten years of intimacy and that he should consider that an accomplishment. At first he was surprised by this notion. While he saw homosexuality as a nonpathologic orientation for most other homosexuals, he considered his own homosexual adjustment to be essentially compensatory. My intention in focusing on this relationship was to stress the issue of successful intimacy over the issue of compensation. His sexual adjustment *was*, in fact, a compensatory one, but he had *also* been successful, in a fashion, at achieving intimacy. He had no interest in changing his sexual orientation and so his undermining concern with compensation was not the value I wished to affirm during that period of treatment. The affirmation that intimacy was valuable (something he already believed) and respected by the therapist created, in part, a common framework in which the various significances of the relationship could be negotiated.

Once the client finds himself engaged in negotiation, he is also in a position to test the reality of his degradation. Should negotiation occur, then the therapist, by that fact, is in a position to remind the client of the social context they both inhabit and generate. This, in itself, may weaken the patient's claim of being outside the valued community.

It is around and during moments of negotiation that there is opportunity for ther-

apeutic redescription. Entering these periods will often create considerable anxiety, as the patient may feel himself on shaky and unfamiliar ground while seeing himself through his therapist's eyes as somehow respectable. It is likely that he will avoid the anomaly of this encounter: 'knowing his place,' he may panic and quickly attempt to undo or redefine the situation.

When, defensively, the patient tries to shift around, he exhibits some of the vital elements that demonstrate how he keeps himself in his place. Here the neurotic paradox intrudes, for despite the anguish, he is at home in his at least partially self-imposed exile. Any 'analysis of the resistance' must take into consideration that acting degraded makes sense to the patient, and for the sake of his sanity he will not easily give it up. The patient must begin to doubt not the reasonableness of his position but its accuracy, because the transition from patient to agent rests on the extent to which responsibility is accepted for these defensive actions. Here, it is important that the patient see himself reflected in his therapist's treatment as mistaken rather than without reason, because being reasonable is both a paraphrase and a prerequisite for enacting negotiation. Being wrong is a negotiable status, whereas being crazy well serves desires to abdicate responsibility.

Because of status changes that may be required before negotiation or moral dialogue can begin, the simple recognition that one is involved in these actions can serve as an accreditation. This is the case because learning to engage in these social practices can serve as part of a rite of passage from a world in which these things are not done into one in which they are.

But there are hazards involved in these procedures. Since there is a real risk that a failure in negotiation will further degrade the client, the accuracy of the therapist's appraisals is crucial. The patient must be prepared to negotiate, which is also to say that there must *be* shared standards. Further, the patient must have a competence to deal with these values because this competency is a prerequisite for negotiation.

When the psychological treatment, as a form of accreditation ceremony, is successful, the various strands of its development will often follow the stages of separation, transition, and incorporation, which Van Gennep (1960) notes as the structure of rites of passage. Because these stages constitute a logically sequential description of what happens when a person goes from one social world to another, it is not surprising that they can be identified as common features in therapeutic progress, even though overlapped and intermixed.

In the treatment of undeserved degradation, Van Gennep's rites of separation often correspond to articulating the patient's past view of himself as a puppet (which he never in fact was) and pointing out his responsibility to act as more than that. Clarifying and redescribing the patient's biography, so that his behavior appears understandable, is the goal of this stage. During these periods the patient becomes reoriented to his past. But he must also come to see that this history no longer provides him with an excuse. This sort of work is common to many psychotherapies.

If the rite of separation is accomplished, the patient, having renounced certain aspects of his previous self-understanding, finds himself adrift and in transition. What Van Gennep calls the rites of transition refers to the period in which the person separated from previous world or role faces a sudden vacuum. He goes from having *found* himself with values to a period in which he must *find* values by newly receiving them or by creating or recreating them. He may be in a better position to do this now than previously—but if he fails to make this transition, he faces depression, apathy, or recondemnation.

Across cultures, the rites of transition have traditionally been a risky and marginal domain (Douglas, 1966) because the person located there has neither the routines of his past nor the accreditation of new status from which to generate action and comfort. During this often very troubled period, dialogue with the therapist may be the patient's only clear reference

point. This is a crucial period of personal experiment, the focus of which is the acquisition or discovery of the behavior potential needed for mastery of more positive social roles.

During termination of therapy, one client mentioned that a particularly effective method for changing position and role had been pretending that he was competent and worthy of respect. He was surprised at how it became progressively easier to feel respectable, until finally respectability became an integral enough part of his history for him to find it authentic. The heuristics of this example involve the notion that in order for the transition of roles to occur, the client must, in some manner, recognize his potential, and whether "authentic" or not, must successfully behave as members of the valued reference group do. The "rites of incorporation" involve the final recognition not only that the patient, now agent, can perform in the ways of the valued group, but also that he is a member of that group. A therapy constructed of negotiation and moral dialogue can serve these ends well.

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