INTRODUCTION

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In this, the clinical section of this volume, a wide range of new topics are developed from a Descriptive Psychological standpoint. These topics include a general framework for eclectic psychotherapy; clinical assessment; the therapeutic relationship; therapeutic approaches to bulimic, adolescent, and manic individuals; and community-based interventions for chronically mentally ill persons. In this introduction, we shall present a brief overview of each of these contributions.

A CONCEPTUAL FRAMEWORK FOR ECLECTIC PSYCHOTHERAPY

Bergner's "A Conceptual Framework for Eclectic Psychotherapy" presents a conceptual framework for the integration of existing theoretical approaches. Using the concepts of Pathology and Behavior, Bergner demonstrates that Descriptive Psychology provides the conceptual resources for integrating psychoanalytic, behavioral,

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cognitive, clientcentered, family systems, and other approaches into one larger conceptual framework.

In Descriptive Psychology, Pathology is any significant restriction in the ability of an individual to participate in the existing social practices of his or her community (Ossorio, 1985). Pathology on this view is disability or behavioral deficit. The conception here is roughly equivalent to what Freud might have said had he considered the obverse of his famous definition of mental health: pathology is the inability to love and/or to work.

How may we explain such behavioral deficits? Bergner's entree to this, following Ossorio (1985), is through the Descriptive Psychological conception of Behavior. The occurrence of any behavior (e.g., of John playing a trump card in a game of Bridge) is a complex state of affairs comprising, among other things, constituent states of affairs such as John making certain discriminations (e.g., hearts from diamonds), John's exercising certain competencies (e.g., of knowing how to play trump cards appropriately), John's wanting to bring about certain states of affairs (e.g., winning the trick), John's engaging in certain performances (e.g., laying down his card), and much more. If John is lacking anything which would be required to behave as he does—for example, if he lacked a knowledge of card suits or of any of the skills called for by the game—he would be restricted in his ability to play this game. Similarly, persons who lack the various knowledges, skills, physical characteristics, motivations and so forth entailed in participating in social practices will be restricted from participating in them.

Bergner then proceeds to present the Descriptive Psychological conception of psychotherapy as an enterprise whose fundamental objective is to enhance persons' ability to participate in available social practices. Our fundamental entree to this is via removing more specific deficits in persons' knowledge, skills, relational positions, etc., in such fashion that their behavior potential is increased. Traditional therapeutic modalities such as correcting maladaptive beliefs, enhancing interpersonal skills, altering persons' positions in their family systems, etc., may all be seen as straightforward attempts to ameliorate such deficits.

Bergner's paper concludes with a section wherein many classical forms of explanation are translated into forms that render conspicuous their subsumption within the present framework. Essentially, each such form of explanation is stripped of its metaphysical assumptions and technical language, and presented in a form which shows how it represents a special case of an attempt to remove behavioral deficits such as those detailed above.

THE MISS MARPLE MODEL OF PSYCHOLOGICAL ASSESSMENT

In this chapter, Zeiger uses the Agatha Christie detective, Miss Jane Marple, as a model for a particular method of doing psychological assessment. Miss Marple's method of doing detective work, and especially her way of eliciting information from unsuspecting informants, appears on the surface to be a rather loose, informal, intuitive one. Zeiger draws a parallel between this method and her own (and indeed many experienced clinicians') methods for gathering relevant information from clients. The central agenda of her paper is to demonstrate that underlying the apparent looseness of her own and Miss Marple's procedures is a rather systematic employment of a number of rigorous formal principles derived from Descriptive Psychology.

Zeiger distinguishes between procedural, conceptual and personal aspects of doing psychological assessment (and detective work). In terms of the procedural aspects, she notes how Miss Marple's and her own principal tool is ordinary conversation (cf. Ossorio, 1976). Such conversation takes place in ordinary English rather than a forbidding technical language. It occurs in the context of a relationship where the therapist (detective) is operating out of a disarming, even self-effacing low power position, and is creating an atmosphere of utter safety for the revealer of information. Finally, it involves the subtle elicitation of the reasons the speaker has for opening up, and an employment of these reasons to encourage further disclosure. In such a conversation, Zeiger notes, people will commonly reveal a great deal.

The conceptual aspect of assessment has to do with the ways in which the information gathered is put together into some coherent and useful account of the crime or the human problem. Zeiger argues that Miss Marple, like herself and some other Descriptive therapists, is engaging in individual case formulation here. That is, she is dropping the details and fitting the information into some larger recognizable pattern which fits the specifics of the particular case. Zeiger, like Ossorio before her, places heavy emphasis on the therapist being a person capable of *pattern recognition*, and of having a large repertoire of patterns derived from other persons, literature, oneself, recurrent types of situations, the culture, and more, which he or she can bring to bear as the situation requires. In this section, Zeiger further notes how Miss Marple, unlike Sherlock Holmes, relies principally on observation, not logical deduction, to discern these critical patterns.

Finally, Zeiger discusses the personal aspects of detective work and psychotherapy. She stresses the importance of regarding one's own Personal Characteristics as one's "tool kit", i.e. as the set of all of the abilities, knowledges, values, traits, interests, embodiments and more which one can bring to bear in the optimum performance of one's job. Zeiger stresses the importance of assessing these so as to be fully aware of the strengths one has to draw upon (and conversely, the limitations within which one must operate).

THE POSITIVE THERAPEUTIC RELATIONSHIP: AN ACCREDITATION PERSPECTIVE

The third article in this clinical section considers yet another topic from a Descriptive Psychological point of view, that of the relationship between therapists and their clients. Essentially, the paper makes a recommendation that takes its place alongside other recommendations about how one ought to conduct therapeutic relationships. Previous authors have made such well-known recommendations as that therapists ought to conduct themselves as blank screens onto which patients may project their transference distortions, as unconditional accepters of clients, as social reinforcement issuers, as collaborators in an effort to establish the empirical validity of patients' beliefs, and as persons who have joined and accommodated to the folkways of the family system. The recommendation in this chapter is that therapists enact the role of *accreditor* vis-a-vis clients.

Bergner and Stagg's paper builds upon a very central notion in the Descriptive Psychological approach to psychotherapy, that of an "accreditation ceremony" (Garfinkel, 1957; Ossorio, 1976). In a formal version of such a ceremony, such as the investiture of a judge or the ordination of a clergyman, one person acts by virtue of his or her position to confirm another person in a new position in some community. This new position, or "status", is such that the confirmed individual now enjoys expanded eligibilities for participation in that community. In this paper, Bergner and Staggs explore the considerable power and benefit inherent in engaging clients in therapeutic relationships that are ongoing, informal versions of such accreditation.

Just as one might in ordinary life informally assign another the status of one's "one and only", "trusted friend", or "wise consultant", so one can, in the context of the therapeutic relationship, assign to the client certain statuses. The statuses recommended by Bergner and Staggs include one who is acceptable, who makes sense, whose best interests come first, who is significant, who already has strengths, who is to be given the benefit of the doubt, who is an ally and collaborator, who is

an agent, and who is a fellow status assigner. The force of such assignments, if carried out in a compelling way and accepted by the client, is that the client comes to assign these statuses to self and thus gains significant behavior potential. Bergner and Staggs also discuss such matters as ensuring that statuses are recognized and accepted by clients, therapists conducting themselves in such a fashion as to maximize the likelihood of client's accepting these statuses, and restoring lost therapist status on those occasions where the client degrades or devalues the therapist.

PERSONALITY AND MANIC STATES

It is taken as a given by most mental health professionals today that mania is a biochemical illness. Wechsler in this chapter does not deny that biology plays an important role here, but cites a number of facts about manic persons which indicate that mania could not be merely a biochemical illness. For example, biochemical accounts cannot handle the specificity of manic behavior. There are no synapses, Wechsler notes, for acts such as buying Mercedes-Benz automobiles and helicopters. Further, biochemical accounts have a hard time accounting for the variable nature of manic cycles. Third, such accounts cannot account for the fact that many performances of manics (e.g., buying helicopters) do not differ from those of normals or from those of persons diagnosed with other disorders.

In this chapter, Wechsler presents an extremely important psychological account of mania to complement the biological one. It is revealing, he notes, to focus not on the performances of manic persons but on the *significance* of their actions. When a manic speeds in his car, for example, this performance is not different from that of many normals. What is likely to be different from the normal person, however, is the significance of what he is doing. The manic individual is likely in this behavior to be making a status claim of a highly unrealistic and grandiose sort. For example, he may be making a claim that, like James Bond, he is "above the law." The act of speeding is for him a grand self-affirmation, a statement to the world to the effect that "this is who I am."

What would lead an individual to self-affirm in such an unrealistic fashion? Consider an individual whose self-concept is such that he cannot afford any loss of status (at least in certain spheres of his life). Such a loss of status is for him unthinkable. Should such an individual be threatened with such a loss of status (e.g., his wife divorces him or he loses his job), he simply must find a way to self-affirm to avoid the unthinkable status loss. If, however, he is unsuccessful in all realistic

attempts to self-affirm, he may resort to other, less realistic ways. It is the desperate, feverish pursuit of such unrealistic status claims that win for our individual the label of "manic" from the mental health community.

Wechsler demonstrates that this account does an excellent job of accounting for all of the well-documented symptoms of mania. For example, euphoria, far from being a mysterious endogenous mood which causes behavior to occur, is seen in this account as the natural outcome of self-affirmation and sudden new status enhancement. Irritability, to cite a second example, may be seen as an individual's reaction to the attempts of others to call his status claims into question.

Hopefully, Wechsler's excellent work will be in the vanguard of a renewed recognition in the clinical field that the biochemical theory is only a partial one, and that a complete account which does justice to all the facts of mania must include an account of its psychological intelligibility.

PSYCHOTHERAPY WITH ADOLESCENTS AND THEIR FAMILIES

Status dynamic psychotherapists, like those of a number of other schools, place relatively little emphasis on traditional diagnostic categories. Rather, they utilize a much more individualized approach in which they look for the patterns present in each particular case, and do an Individual Case Formulation. However, patterns do recur, and therapists who have a command of these recurrent patterns are at great advantage with respect to being able to recognize and respond to them. In this chapter, Roberts presents some of the fruits of her work with adolescents by presenting a number of patterns which recur in adolescent cases.

After reviewing several basic Descriptive Psychological concepts as background, Roberts discusses three common general patterns of concern in adolescent cases, those of rebellion, identity, and status change. With respect to rebellion, she first notes that there is considerable evidence that the traditional belief that rebellion is an inevitable feature of adolescence is false. However, the appearance of rebellion is created insofar as there are often family patterns wherein parents provide circumstances which give adolescents reason to be less than cooperative. They do such things as ignore the intrinsic wants and interests of their children, overreact to isolated incidents of bad behavior, and assign them nonviable statuses within the family. Reactions to such unfortunate parental practices include adolescents

"kicking off the traces", engaging in "mutiny", "winning by losing", trying to be somebody, and acting primarily as a representative of a peer group in which they have viable status. All of these will have the appearance of "rebellion", but that description of the problem is not particularly illuminating.

Another frequent class of adolescent presenting concerns are usually conceived as identity problems. Roberts again cites evidence to the effect that identity problems are not characteristic of normal adolescents. She also criticizes the traditional conception of identity and adopts the position that identity is a critic's distinction which has to do essentially with a person not exhibiting the sort of personal consistency that a way of life and a culture require of a person. She goes on to cite a number of patterns where such inconsistency is an issue. For example, in a pattern she terms "anything goes", there is a failure on the part of adolescents to restrict themselves to reasons relevant to a member of a particular group. In "incompatible values", the adolescent fails to acquire status in any non-family group because subscription to family values effectively precludes this. In "ineligible", disqualifying familial status assignments render the adolescent ineligible for participation in extrafamilial groups.

The third class of common problems has to do with status change—with the transition from the status of "child" to that of "adult". Here, both the adolescent and the family struggle with what Roberts captures in the notion of a "utility function". Adolescents typically have begun to place great value on adult behaviors which offer considerably more behavior potential, but have appraised their probability of success at these as relatively low. Thus, at times they will attempt these adult behaviors, but at other times they will retreat to child behaviors that, although they offer less behavior potential, adolescents are quite sure they can enact successfully. The result is a considerable amount of doubt, vacillation, and confusion on the part of both the adolescent and the family.

The remainder of the paper is concerned with two things. The first of these is a brief consideration of the concept of a family as a natural group marked by mutual trust, respect, support, and affection. Roberts notes that very frequently a focus of therapy with adolescents must be to get the family of the adolescent to be such a group and to forsake their more self-indulgent, mutually degrading, and mistrustful ways. The final focus of the paper is on the presentation of a number of images and exercises designed to help families and their adolescents ameliorate all of the problematic patterns which Roberts has described.

A BULIMIC LIFE PATTERN

An excellent companion piece for Roberts' treatment of adolescents is Marshall's groundbreaking work on the intelligibility and treatment of bulimia. The latter is typically a pattern which develops in adolescence and which illustrates many of the patterns which Roberts develops.

Marshall begins her account of bulimia by noting the typical pattern of parenting which sets it up. The parents of future bulimics are typically coercive, heavily focussed on injunctions which ignore the intrinsic loves and interests of their child, and extremely concerned with appearances. They indoctrinate their children with attitudes such as "You must win and be number one in the eyes of the world or you are nothing", "What matters is conventionally recognized achievement and success", and "What you want doesn't matter."

The pre-bulimic individual is not a self status assigner. Rather, she is a person who subscribes heavily to her family's standards. She buys into the parental canons and modes of treatment and becomes very self-coercive and very given to an enormous preoccupation with appearing good (thin, achieving, "number one") in the eyes of the world. She, like them, disregards her own intrinsic loves and interests and achieves few actor satisfactions.

At some point, however, the pre-bulimic begins to resist the coercive, personally disregarding ways of her parents. She begins to self-affirm in terms of what she wants, but her self-affirmation is a covert one—she secretly binges. In binging, she simultaneously rejects the choice principles of her family and acts spontaneously on the basis simply of what she wants. However, the bulimic individual remains a subscriber to family values, and soon recoils from this orgy of self-affirmation and reinstates the old coercive parental standards. She purges—undoes her binge—and reinstates the self-coercive, appearance-seeking regime that is her primary mode of regulating self. Subsequently, things go along in this predominant mode until the next "Actor rebellion."

In binging, not only is the bulimic resisting her own coercive, disregarding regime, but her actions may have further significances. She may also be doing such things as nurturing and comforting herself, compensating for disappointments in relationships, blocking awareness of negative emotions, and more. All of these are also Actor affirmations.

Finally, Marshall presents an excellent set of therapeutic recommendations. She emphasizes two primary therapeutic goals: (a) helping the person to shift from the coercive, self-disregarding, appearance-oriented approach to critic function described above to one where she is an

appreciator and functional regulator of herself; and (b) helping the bulimic person to become more of an Actor, i.e., an individual who acts on her spontaneous desires and intrinsic wants and loves, rather than always acting to look good in the eyes of some supposed audience. Finally, Marshall offers a large number of specific intervention strategies for bringing about these goals.

THE DROPPED OUT

We noted above that the Descriptive conception of pathology is that of a significant restriction in the ability of a person to participate in the available social practices of his or her community. The traditional approach to helping persons in pathological states, exemplified in all of the chapters just discussed, is that of helping persons to alter their Personal Characteristics, especially their knowledge, abilities, and motivational priorities. In his chapter, Orvik discusses a different approach to pathology: if persons in pathological states are unable to participate in their communities, then it might behoove us to think about how we might change these *communities* so that such persons might better participate.

Following a review of the Descriptive concepts of Pathology and Community, Orvik presents what he terms the "Community Access Model" of treatment. In this model, he relates, "the point of treatment is to restore the client's access to a significant set of Practices lost to the client, and, equivalently, to Status in communities in whose context they are performed." Among the interventions suggested by the Community Access Model are, for example, bringing about what Orvik terms "practice-contingent access" for the client—here, the requirements of the practice are modified so they are no longer problematical for a particular client or for clients like him. An example of this is given where Orvik himself informs a store clerk that a 19 year old client, Ralph, is "just learning to do money," and the clerk creatively modifies the requirements of the practice of making a purchase in such a way that Ralph can succeed and learn.

A second intervention described by Orvik is that of instituting "alternative access" to a social practice. Alternative access involves the establishment of a specialized version of a Practice, segregated from the Community, in response to the likelihood that a client deficit can't be removed or adjusted for in the community. An example of such an intervention would be the institution of a "movie night" for chronically mentally ill clients in which they would meet as a group to view a movie. The point of the intervention would be both to make participation in this desirable social practice available and also to provide a

situation where barriers to participation in the ordinary social practice (e.g., inability to maintain silence during the movie) might be modified.

A third form of intervention might involve doing various sorts of things to address the problem of pathological status—i.e., the problem of chronically mentally ill persons having acquired a status in the community which is enormously disqualifying, even at times where their factual limitations do not warrant such disqualification. Various forms of community education programs on mental illness would be one way to address such a destructive state of affairs.

In the final section of his paper, Orvik discusses specific applications of his Community Access Model to treatment planning, program development, and evaluation. The central focus in all of these activities, on this model, would be the question of community participation. Thus, for example, if art therapy or music therapy were suggested by a treatment planner or program developer, the criterion for their acceptance would be whether or not they could enhance clients' access to and participation in the community. If no such pragmatic upshots could be discerned, these therapies would not be adopted.

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