CLINICAL TOPICS:

Contributions to the Conceptualization and Treatment of

Adolescent-Family Problems,
Bulimia,
Chronic Mental Illness,
and Mania

ADVANCES IN
DESCRIPTIVE PSYCHOLOGY
Series

SERIES EDITOR

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FOREWORD

Clinical Topics marks a transition in the life of the *Advances in Descriptive Psychology* series. These volumes are the official publications of the Society for Descriptive Psychology through its subsidiary, the Descriptive Psychology Press. When the series was conceived in 1979-80, it was seen as an opportunity to bring together in one place the foundational papers on Descriptive Psychology that Peter Ossorio had originally made available through a series of technical reports for the Linguistic Research Institute, and also as an opportunity for Society members to share with each other their progress in applying Descriptive Psychology to significant topics both within psychology, as normally conceived, and to areas such as artificial intelligence, spirituality, and other domains outside the typical conception of psychology. As the Society's official publication, we gave priority to publishing whatever of

merit Society members were doing, without great concern for the thematic coherence of single volumes. The fundamental criterion was that the piece represented a genuine advance in Descriptive Psychology.

Often, in fact, we were able to produce volumes in which two or three themes predominated, but as we (and here I must acknowledge a great debt to my series co-editor, Thomas Mitchell and to Mary McDermott Shideler, Raymond Bergner, Anthony Putman, and Mary Roberts—all of whom have been extraordinarily supportive in the task of developing the series) have worked on the series in this past 12 years, it has become apparent that volumes began to cohere around a limited number of themes and that the usefulness of the volumes, both within Descriptive Psychology and also to the interested behavioral scientists and practitioners, would be enhanced by explicitly developing thematic volumes.

Clinical Topics is in fact a transitional volume in that growth. Its fundamental focus is on papers that develop the conceptual framework for significant areas of clinical practice (the papers in Section II by Holmes and by Roberts are primarily conceptual) and for treatments of issues in assessment, psychopathology, and therapy from a Descriptive point of view (Section III). But we have chosen to include two papers in this volume that would not be included had we adhered narrowly to the thematic organization around clinical topics. The first is Mary McDermott Shideler's account of the founding of the Society for Descriptive Psychology. We felt that this was a timely publication, following the 10th anniversary annual meeting in 1989, and one of general interest to readers who may be coming to Descriptive Psychology for the first time. The second is Bretscher & Bergner's paper on "Relational qualities as facts in mate selection decisions". This paper is an empirical examination of the utility of the conceptualization of the fundamental characteristics of friendship and love relationships by Davis and Todd (1982) that built explicitly on Descriptive Psychology resources. While difficulties in relationships and their break up is probably the single most relevant factor to the seeking of mental health counseling, we would not suggest that this paper makes a direct contribution to clinical issues in relationships. Rather its inclusion in the volume is justified by merit—it is a contribution to Descriptive Psychology in its evaluation of the empirical power of relationship characteristics vs. similarity to predict mate-selection decisions—and by the fact that it had been accepted for publication in the series during 1988 and should not be made to wait any longer for publication.

During 1991-92, we expect to make final the transition in the nature of the *Advances* series. Dr. H. Joel Jeffrey, Department of Computer Science at the University of Northern Illinois, will edit Volume 7 which

will have a single theme. Also the Descriptive Psychology Press looks forward to publishing its first monograph, Mary McDermott Shideler's *Spirituality: An Approach through Descriptive Psychology*, in 1992. And we anticipate having a volume on a Descriptive Psychological approach to the diagnosis and treatment of the major psychopathologies from Raymond Bergner in the near future. We look forward to a future of expanding opportunities to publish contributions to knowledge.

Finally it is my great pleasure to acknowledge the care and dedication with which Mary Roberts and Ray Bergner have approached the task of editing *Clinical Topics*. They have brought to this work their own breadth of clinical experience and their determination to achieve a high level of conceptual coherence in the applications of Descriptive Psychology to the various topics. Their careful feedback has enriched the insights and clarity of expression of several of these papers and has made the end product more delightful to read and more useful to us all. Thank you.

Keith E. Davis
July 15, 1991
Columbia, SC

CORRECTION: *Advances in Descriptive Psychology*, Volume 5, p. 82, lines 10 and 11 should read: "knowledge in computer-implementable form (e.g. Tempey, 1970) or rigorously formalizing ..." The reference is to an unpublished research report, available from the author.

PART I

HISTORICAL OVERVIEW

THE FOUNDING OF THE SOCIETY FOR DESCRIPTIVE PSYCHOLOGY: AN INSIDE STORY

Mary McDermott Shideler

The Society for Descriptive Psychology originated in a conversation around Carolyn and Paul Zeiger's dining-room table in November of 1978. The participants were Keith Davis, Carolyn Zeiger, and me.

How did we come together? To choose arbitrarily a starting point: In 1961, Keith joined the faculty of the University of Colorado in Boulder, and there met Peter Ossorio, although, quoting Keith, "He and I did not talk much until 1963-1964 when I was working on a paper on the perception of intent."

About that time, 1963 or 1964, Carolyn—an undergraduate economics major—became intrigued with the work of the Austrian economists

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Ludwig von Mises and Murray Rothbart, and spoke of them to Keith. To take up the tale in her own words:

> Keith encouraged me to take a course with Peter Ossorio, who—he felt—would speak to my interest in the question "What are the essential characteristics of human behavior?"
>
> Consequently, I had the interesting historical distinction of having been in class the day Pete made up the paradigm for Intentional Action. Straining to see the blackboard from the back of the room, I decided to take a seat in the front row so that I could figure out whether this guy was a genius or a nutcase. Having concluded that he was probably pretty smart, I continued to study with him throughout my stay at CU.
>
> After receiving my B.A. magna cum laude in psychology, I was Dr. Ossorio's "Lady Friday" research assistant/secretary until I decided I might as well get a Ph.D. myself instead of working for graduate students like Tom Mitchell and Dick Comtois for the rest of my life. Pete was my doctoral dissertation advisor, and post-graduate supervisor for my licensure as a psychologist. I was the first self-described Descriptive Psychologist licensed in Colorado.

To take up my own story, in 1973, my then-husband and I went to Peter for marital counseling. After a couple of months or so, Peter began introducing me to Descriptive Psychology via the behavior formula. Enthralled by its possibilities, I started to study it seriously, reading first an early version of *"What Actually Happens"*, then other of Peter's works. I took notes on them as I sat in the hall outside his office, waiting for my appointments. One day, Wynn Schwartz came out of his office to talk with me, and discovering what I was about, offered me the use of a desk in the office that he shared with Lane Lasater. It was Wynn who persuaded me to overcome Peter's objections to my auditing some of his courses. (Peter said that I already knew everything that would be presented there, which was emphatically not the case.) Thus I was introduced to that graduate group, and they generously took me in.

As those students began to graduate, I became aware that after they left, they seemed to have little contact with what others were researching and how they were applying Descriptive Psychology in their various fields. That concerned me to the point where as opportunity arose, I kept dropping the suggestion that there ought to be something along the line of a newsletter to keep Peter's former students in touch with one another. In the fall of 1978, I mentioned the idea to Carolyn, who responded—tinder to my hitherto ineffectual spark—that Keith had had a similar idea. She proposed that since he would be in the area within a few weeks, we should get together to discuss the possibilities.

So we did, gathering around her dining-room table one November morning. The first item on our informal agenda was the newsletter. The second, urged by Keith, was a collection of papers to be published annually. Third came the question who should sponsor these undertakings. The notion that we should send out a newsletter under our own names did not appeal to any of us. The obvious answer seemed to be the formation of a society, beginning with former colleagues and students of Peter's, many of whom Keith and Carolyn already knew from their long association with Peter.

During the next days, they called a number of their friends, and learned that several of those who lived in Boulder would be at home during the Christmas holidays, and others from out of town were planning to be here. All were interested in the formation of a society. Meanwhile, Carolyn and I conferred with a business manager about the legal and business formalities involved in organizing a non-profit society. Among us, we set the date, time, and place for founding the Society for Descriptive Psychology, a name preferred over the original "Society of Descriptive Psychologists" because some of us were not psychologists at all.

Three weeks or so after that first meeting of Carolyn, Keith, and me, and with the groundwork firmly laid, we told Peter what we were doing. Thus far we had refrained, remembering all too well that some scholars have established professional societies to further their own work and status. We wanted to make utterly clear for all time that this project had been initiated and was being carried out not by Peter himself but by students of Descriptive Psychology. Moreover, low be it spoken, rightly or wrongly we thought that we could be more efficient than Peter in coping with the spadework of organization.

Keith took on the journal project. I agreed to edit the newsletter for a year, with Carolyn as the managing editor.

On December 27, 1978, sixteen people met in my living room at High Haven, and formally established the Society for Descriptive Psychology. They were—in reverse alphabetical order:

Paul Zeiger
Carolyn Zeiger
Walter Torres
Mary McDermott Shideler
Cory Sapin
Mary Kathleen Roberts
Lisa Putman
Anthony Putman
Peter Ossorio
Kate Marshall
George Kelling
John Forward
Jerry Felknor
Catherine Felknor
Keith Davis
Earlene Busch

Six others, who could not be present, had signified their commitment to the enterprise:

Dan Popov	Lane Lasater
Tom Mitchell	Sonja Holt
Jane Littmann	Lawrence Aylesworth

Unanimously, Peter was elected permanent Honorary President, and for one-year terms, as President Keith Davis, as President-Elect Tom Mitchell, and as Vice President George Kelling. Carolyn Zeiger was elected Executive Secretary and Paul Zeiger, Treasurer, both for three-year terms. Carolyn, Earlene Busch, and I were delegated to confer with lawyers on articles of incorporation as a non-profit organization, and on bylaws. We set the dates, August 20-24, 1979, and the place, Boulder, for the first of what we hoped would become annual conferences.

That conference was reported in the first issue of the *Descriptive Psychology Bulletin*, but no notice was taken there of a fact that, looking back, was symbolic of our outreach beyond our immediate circle. Among the participants was a person who, never having heard of Peter or Descriptive Psychology, came out of mere curiosity in response to the notice that Carolyn had written and that we had distributed to unlikely as well as likely prospects. Since then we have had other members and visitors from beyond our initial group, an indication of the widening influence of Descriptive Psychology. But the first was Jan Vanderburgh, who became a member of the Society and worked closely with Peter until her death.

Meanwhile, as Keith has written me:

> In May of 1979, I discovered that a fraternity brother of mine from Duke, Herbert Johnson, was the publisher of a series of *Advances in* —, annual or biannual volumes in sociology, business/economics, and psychology. He owned the JAI Press, and was eager to add another series to his small line-up of psychology volumes, and so *Advances in Descriptive Psychology* was born.

The second issue of the *Bulletin* came out in the fall of 1979. In mid-December, less than a year from our founding, Keith, Tom, Carolyn and Paul, Peter, Jan Vanderburgh, and I, and perhaps another person or two, met—again at High Haven—for two or three days of work editing the papers that had been submitted for inclusion in the first volume of *Advances in Descriptive Psychology*. Again quoting Keith:

> The first volume of *Advances* was published in July, 1981. I promptly became appreciative of the need for editorial help for the development of our own editorial policies and practices to supplement the APA Manual. Tom Mitchell was an indispensable co-editor of the series and of Volumes 2 and 4. His help with the style

sheet and his bibliographic work for the series allowed us to achieve a consistency of style and reference that would not have been possible without his effort.

Since then we have gone through tribulations and triumphs, with—God willing—more triumphs to come, and doubtless more tribulations. I look back with amazement upon how simply and almost casually our Society was born, and how far it has come.

PART II

CONCEPTUAL FOUNDATIONS

INTRODUCTION

Mary K. Roberts and Raymond M. Bergner

If you are a practicing therapist and this is your first exposure to Descriptive Psychology, it may be almost reflexive to skip over a section entitled "Conceptual Foundations," and go directly to the "Clinical Topics" section. This "reflex" is generally developed through the repeated experience of working your way through papers by traditional academic psychologists, only to find that they have little to offer in terms of concepts or methodologies useful in clinical practice. It is not that way with Descriptive Psychology.

Although this volume is divided into a "conceptual" section and a "clinical" section, Descriptive Psychologists are not divided into an academic group concerned primarily with conceptualizing versus a clinical group concerned primarily with practicing. The papers in the "Clinical Topics" section reflect a concern with conceptual adequacy that is characteristic of the community of Descriptive Psychologists as a whole; the papers in this section illustrate the way in which Descriptive conceptualizations are designed to be used by persons. Each of the

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papers in this section contain concepts that have direct clinical applicability, as will be demonstrated below.

THE STATUS OF PERSONS, OR WHO WAS THAT MASKED METAPHOR?

In the opening paper of the section, Holmes examines the traditional scientific view of man and the world as machines, beginning with Descartes' dream of the world as a gigantic machine. He shows how the machine metaphor developed and dominated Western thought for almost 400 years, and reviews some of the destructive behavioral consequences of treating persons as less than persons.

Holmes contrasts the mechanistic view of people with the Descriptive Psychology concept of a Person, that is, an individual whose history is paradigmatically a history of deliberate action (Ossorio, 1978). He reviews some of the positive differences the articulation of the Person Concept can make to increasing our behavior potential.

The clinical applicability of Holmes' central thesis is succinctly captured in a basic policy followed by Descriptive therapists: "Treat people as persons." Treating people as persons contrasts with any of the traditional theoretical ways of treating clients, for example, as organisms, id/ego/superegos, objects in need of reinforcement, and so forth, and may make a significant difference in increasing a client's behavior potential (cf. Ossorio, 1976).

COMPANIONS OF UNCERTAIN STATUS

Imaginary companions of childhood, ghostly companions of widowhood, take-away apparitions, and others are examined by Roberts in the second paper of the section. The paper originated with her work with a number of elderly clients who continued to "see" their deceased spouses, and her desire to be able to make sense of the experience for them.

Imaginary companions have been the focus of media attention recently, in the form of Hobbes of the comic strip *Calvin and Hobbes*, the coyote angel in the movie *The Milagro Beanfield War*, and the baseball team in the movie *Field of Dreams*. Such companions raise some interesting questions: What kind of phenomena are these? When is there a point in having a relationship to a companion who isn't purely and simply real? What status can individuals of this sort have in a person's real world? Under what conditions would such companions appear? Roberts addresses each of these questions in turn, and presents

a paradigm case formulation to provide access to the range of cases of imaginary companions.

In addition to delineating some of the conceptual possibilities, Roberts looks at some empirical questions about imaginary companions: To whom do companions appear, how often, and for how long? What is the relation of an imaginary companion to pathology? She reviews the literature to provide a picture of what actually happens with three kinds of imaginary companions. Her conceptualization and the facts she presents may be used by therapists to deal more sensitively and competently with clients who have "companions of uncertain status."

ON THE OUTSIDE LOOKING IN: A CONCEPTUALIZATION OF ADOLESCENCE

The third paper in the section represents the application of a set of fundamental Descriptive Psychology concepts—status, person, and behavior—to the topic of adolescence (cf. Ossorio, 1985). Readers accustomed to formulations of development in terms of a sequence of developmental stages, or discussions of adolescence primarily in terms of identity formation, will notice that the paper does not follow this traditional approach. Roberts' goal is to provide a comprehensive framework in which all the facts and possible facts about adolescence in any culture have a place. To do so, she uses the notions of status change and rational development.

The paper ends with an examination of the concept of identity. As Roberts explains, if we say that a person has a "solid identity," we are using a double negative to say that the person has no serious identity problems. Identity is therefore a Critic's notion, and as such is not part of a fundamental formulation of the *phenomenon* of adolescence.

The use of her conceptualization of adolescence is demonstrated in a companion paper, "Psychotherapy with Adolescents and their Families: A Status Dynamic Approach," included in the clinical section of this volume. The psychotherapy paper illustrates the kind of understanding and behavior potential her formulation of adolescence opens up for therapists, teenagers, and their families.

RELATIONAL QUALITIES AS FACTORS IN MATE SELECTION DECISIONS

The final paper in the section explores the applicability of the paradigm case formulations of friendship and romantic love presented by Davis and Todd (1982, 1985) to decisions about marriage. Bretscher and Bergner treat 12 of the sub-relationships identified by Davis and Todd

as reasons for choosing another person as a life partner, and examine similarity, complementarity, and rewardingness (traditional factors in the psychological literature) as additional reasons.

Bretscher and Bergner examine how much each of these reasons count with people today, and which of these reasons count the most. They find that 11 of the 12 Davis and Todd factors are rated by people as very important to them in considering future mates, and as more important than the reasons of similarity, complementarity, and rewardingness.

Bretscher and Bergner also examine this set of reasons to see which are differentiating in the decision to make a commitment to marriage or to terminate a relationship. They report that five of the Davis and Todd factors successfully discriminate relationships that are terminated from those that are chosen, while only similarity from the traditional triad does so.

A therapist operating in terms of concepts that matter to people may obviously be more effective in helping clients than a therapist operating in terms of theoretical categories that are not meaningful to people. The Bretscher and Bergner study is a demonstration of the salience of one Descriptive Psychology formulation to people in making decisions about becoming engaged, marrying, or breaking-up. But as seen in the papers in this section, it is characteristic of Descriptive Psychology to offer formulations that are salient and may be used effectively.

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THE STATUS OF PERSONS OR WHO WAS THAT MASKED METAPHOR?

James R. Holmes

ABSTRACT

In the present paper, the development of mechanistic metaphors in behavioral science during the past three hundred years is described briefly. The ways in which metaphors can both illuminate and obscure our view of persons and their behavior is discussed. Ossorio's (1969) formulation of a person as an individual whose history is paradigmatically a history of deliberate action is introduced as a substantial departure from attempts to identify the nature of man. A number of the possible effects of having this formulation are proposed and discussed.

Ossorio (1966) has described a person as an individual whose history is paradigmatically a history of deliberate action. This formulation represents a fundamental departure from previous attempts to describe the nature of man. In fact, it does not attempt to say what the nature

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of man is or even to say that man has a nature. In the present paper, I shall discuss this description of persons and the significance it has.

Ossorio (1976) has said that status does not determine what the facts are, but it does determine how the facts count. Thus, the status of persons will determine how the facts about persons will count. This issue is not a trivial matter. The status or place persons are assigned in the world will determine how it is appropriate to treat persons.

THE DEGRADATION OF MAN

The images of man developed over the past 400 years may be viewed as a series of degradations of the status of persons. In his book, *Images of Man in Psychological Research*, Shotter (1975) describes what might be viewed as the degradation of human beings that has occurred during the past three to four hundred years of philosophical and scientific thought. Prior to Copernicus and Galileo, man stood at the center of the universe. The sun and other heavenly bodies rotated around the earth. Man, possessed of an immortal soul and created in the image of God, was the measure of all things. It was man's world in which to act and make things happen, and man stood at the center of the universe (Shotter, 1975).

Therefore, it was a rude shock to learn from Copernicus and Galileo that the world was only a minor planet which rotates around the sun which, in turn, is only one of many suns in solar systems which make up virtually countless galaxies. Hobbes, Descartes and Newton then introduced the notion that man, the world and the universe were like machines in that their motion was determined by forces which could be calculated. Whether out of genuine belief or fear of the inquisition, Descartes and Newton did maintain the concept of a spiritual domain and a spiritual aspect of man (Turbayne, 1970). Thus, in the 17th and 18th century, while man was no longer at the center of the universe, he was still created by and in the image of God and possessed an immortal soul. He was a unique creation.

In 1859, Darwin (Irvine & Irvine, 1956) seemed to dissolve completely the distinction between man and animals so that man came to be viewed by science as simply a complex animal or organism. At the beginning of the 20th century, Freud (1900, 1904) furthered the degradation with the concept that much if not all of the behavior of man is determined by unconscious instinctual forces of physiological origin. Man was, therefore, reduced to the status of an organism with movements determined by mechanisms over which man had little control. It was thought that organisms would also be reduced to an assemblage of

physical particles whose motion was to be determined by the laws of physics (Turbayne, 1970).

This mechanistic and deterministic view of the nature of man seems to be a result of the widespread and rather complete acceptance of the machine metaphor introduced by Descartes. I shall discuss the way in which this metaphor has become so dominant and pervasive, at least in the Western World, that Descartes and Newton, the other major developer of this metaphor, have been described as having established a church more powerful than that founded by Peter and Paul (Turbayne, 1970). First, however, we need to consider how metaphors develop and how they may be useful.

DEVELOPMENT AND USE OF METAPHOR

In the *Myth of Metaphor*, Turbayne has presented an illuminating and worthwhile description of the nature and development of metaphor and the applications of metaphor in the development of science. In fact, one of the ways in which we might characterize the history of science is to describe it as a record of attempts to apply metaphors to objects and processes. Metaphors have also been used by theologians, poets, and philosophers for a variety of purposes. The invention of a metaphor full of illustrative power is the achievement of genius. Many metaphors, including the machine metaphor, have contributed significantly to our understanding of and effectiveness in dealing with the world. As we shall see, however, there is a difference between using a metaphor and being deceived or trapped by a metaphor.

The invention of a metaphor involves representing a set of facts regarding one category of objects or processes as though they belonged to another category. For example, if we say metaphorically that man is a wolf, we are giving men and wolves the same name, but we are also fusing the characteristics of men and wolves and assigning the characteristics of wolves to men. We are aware that men are not literally wolves. There would be no point to speaking of a metaphor if we were not aware of this duality. However, we act as if men are like or at least as if men share some of the characteristics of wolves to illustrate and emphasize some characteristics of men such as being predatory or merciless.

Examples of metaphors used by theologians, poets, and scientists are familiar to most of us. Theologians have used the relationship of father and child as a metaphor for the relation of God and man. Poets speak of sleep taking flight or of stars as mansions. Attributing memory to computers has become such a common phrase that we may be in danger

of losing sight of the fact that characterizing computers in this way is a metaphor.

In general, we can make good use of metaphors without being trapped by them. For example, aeronautical engineers say the airplane crashed because of metal fatigue although they know the metal did not become weary. Poets speak of the cloak of darkness but do not try to unbutton the cloak or use it to keep warm. Again, it should be noted that often metaphor is the work of genius and may serve to illuminate and enrich our understanding of the world.

DEVELOPMENT OF THE MACHINE METAPHOR

Turbayne's (1970) analysis of the use of metaphor focuses primarily on the development of the mechanistic metaphor which has come to be viewed not as a metaphor but as scientific truth about the nature of man and the world. This dogma of man and the world being a type of machine is now identified with science. This image or metaphor has also been enthusiastically embraced by most psychologists in their theoretical and empirical endeavors (Shotter, 1975). To question it is to engage in heresy (Turbayne, 1970).

I shall discuss the development and implications of this particular metaphor in some detail. If the mechanical model were simply a preoccupation of scientists or behavioral scientists, perhaps it could be dismissed as the idiosyncratic notions of a priesthood. However, the model has become a central tenet of the entire Western World, and the consequences of this pervasive image of man extend far beyond the domain of science.

Rene Descartes (Turbayne, 1970) is said to have had a dream on the night of November 10, 1619 which enabled him to see that he could describe the earth and generally the whole visible universe as if it were a machine in which there was nothing else to consider except the shape and motion of its parts. Subsequently, Descartes applied the machine metaphor to problems of physics, physiology, and psychology. Descartes viewed the human body as an earthly machine, and relationships like love as movements of animal spirits (Turbayne, 1970).

Newton used calculus and the concepts of attraction and repulsion to explain and calculate the movement of the planets, the motion of the moon, the effect of the moon on the tides, and the acceleration of bodies falling to the earth. The constituent elements of Newton's model were effects such as "bodies at rest" or "bodies in motion" and causes such as "power of going," "resistance," "attraction," "repulsion," and "impressed forces" (Turbayne, 1970). The ultimate goal of these early

model builders was to use the characteristics of machines to represent everything that was knowable in the world.

Newton (Turbayne, 1970) was careful to describe his causes as "manifest qualities" to distinguish them from "occult qualities." However, neither Newton nor any observer who has followed him has ever been able to find or directly observe any sort of force or energy at all. So called physical causes such as gravity, force, attraction, repulsion, energy, and resistance have never been observed by anyone at anytime. They were and are essentially occult forces introduced to account for certain observable events such as the movement of planets or the increased velocity of bodies as they fall toward the earth.

Here, it is worth noting that when primitive societies ascribe powers to clouds, rivers, mountains and rocks, we are amused and dismiss them as superstitious. However, when Descartes, Newton and their scientific heirs ascribe forces to bodies, it seems to make sense as a description of the world (Turbayne, 1970). Yet, both types of forces have the same metaphysical status. They are pure inventions of the person who introduced the metaphor. One set of forces is neither more nor less occult than the other.

One interesting aspect of Turbayne's analysis of metaphor is that we can see that the machine metaphor was itself a result of an even earlier cross-sorting of characteristics in which certain facts regarding persons were represented as facts about *machines* and *their* movements. The causal forces introduced to account for the movement of machines and later the motion of everything else were simple extensions of concepts used in describing persons and their behavior.

Turbayne says, "The machine metaphor is a mixed one using something man made," a machine such as a clock, "and something man did not make," the causal forces such as attraction, repulsion, and so forth which were said to cause the movement of machines (Turbayne, 1970, p. 56). Both aspects of the machine metaphor represent extensions of characteristics of persons to a new type of object, the machine.

More specifically, persons move objects by pushing or pulling them. Persons are the paradigm case of individuals who are attracted to or repulsed by each other. The behavior of persons which is designed to produce a particular result is the paradigm case of a cause-effect relationship. For example, I cause the chalk to go across the room and break by throwing it against the wall. In a monarchy, the king forces his subjects to submit and obey his rule. To say he has power over his subjects is not to say there is some causal factor called force or power. Instead, it is to say something about his position or relationship to his subjects. To say I am resisting going to the grocery store because I would rather watch a football game is not to suggest there is an entity

or force called resistance which prevents me from moving. It is to say something about my reasons for going or not going to the store.

A paraphrased and somewhat simplified version of one of Newton's laws of motion is that a body will move in the direction of an applied force unless another force is operating. This law is a direct extension of and represents a metaphorical use of a far older psychological principle which is that a person will do what the person has a reason to do unless the person has a better reason to do something else (Ossorio, 1976). This principle has been used throughout recorded history in our attempts to understand the behavior of persons. If a person does something we do not expect, we take it that the person must have had some stronger reason for doing the unexpected behavior. In a parallel fashion, the builders of the machine metaphor took it that if an object did not move as expected, there must have been some other force operating and set about devising ways to calculate the effects of those forces even though no one had ever directly observed a force.

The concepts of power, force, resistance, repulsion, attraction, and reasons for acting have been part of the concepts of persons and their behavior for much of recorded history. They predate modern science by several thousand years. They are concepts used by people in interacting with each other, in giving descriptions of themselves and others, and in evaluating their own behavior and the behavior of others. It is not surprising that an early metaphor builder extended familiar concepts to account for the movement of machines or other objects. If I force the rock to move by pushing it, it makes sense to describe the rock as forcing other rocks to move as it rolls down the hill. If we lose track of the original context, it is an easy move to begin to speak of rocks forcing other rocks to move or to speak of planets forcing other planets to move in their respective orbits or to speak of gravity "pulling" objects back to the ground. Thus, objects, as did machines at a later time, begin to take on some of the characteristics of persons.

Ortega y Gasset (1941) noted that technology has moved from the making and use of tools to the making and operation of machines. Tools are used by man to accomplish tasks more efficiently. Machines, on the other hand, do some of the things persons do. Therefore, the machine replaced the tool and, to a considerable degree, the man who used the tool. Many machines can carry out some or all of their operations without the constant or direct intervention of a person. For example, a person using various tools could calculate the time of day at a given location, but a relatively simple machine, the clock, will keep track of time with little intervention from a person and will free persons from the burden of having to calculate the time laboriously. Machines

were invented by persons to do some of the things persons do; that is, to stand in the place of a person.

In summary, the conceptualization and function of a machine is a direct extension of the concept of persons. The concept of a machine used by Descartes, Newton and their successors was itself developed metaphorically from behavioral concepts and principles which men had been using for thousands of years. These great "sort-crossers" were themselves victimized by a metaphor which had been handed down from previous generations. They were, of course, able to make good use of the concept of a machine to illuminate a wide range of previously obscure aspects of the world.

THE LIFE OF A METAPHOR

Turbayne (1970) says there are three stages in the life of a metaphor. At first, a word is simply misused. Such misuses are usually corrected when we hear them. Later, we begin to make believe or act as if instances of one type of phenomenon are in certain ways instances of another type. For example, in certain ways we act as if human beings are machines, as if forces reside in bodies or as if the Russian border is an iron curtain. Here, the metaphor is used with awareness to illustrate previously hidden or obscure aspects of some phenomenon. In the third stage, the original metaphor is hidden or masked, and we come to accept the "fact" that the two types of phenomena "really" are the same. Thus, we come to "see" that men really are machines, and there really are forces which reside in bodies. In this stage, we no longer make believe, and what before had been a model, is now taken for the thing modeled. Men come to be viewed as "really nothing more than complex machines."

We use the game of chess metaphorically to illustrate certain aspects of war. The metaphor serves as a filter or screen through which we can gain a particular perspective on the world or some aspect of it. The chess metaphor emphasizes the strategic aspects while suppressing the grimmer aspects of war (Turbayne, 1970). The metaphor may shift our attitude or perspective toward the world. Over time, the aspects that are stressed continue to be stressed, and the aspects unstressed continue to be unstressed. What was an occasional cross-sorting produced by the originator of the metaphor becomes the conventional sort, and the awareness that was part of the original use of the metaphor is lost. The new cross sort comes to be accepted as the way the world is. The old allocations are neglected, and the facts or how the facts are counted change. Once this shift has occurred, then war may come to be viewed simply as a game with all of the horror and carnage eliminated.

Once the awareness of the metaphor is lost, and we no longer are engaged in pretending, metaphors tend to become masks or disguises which hide rather than illuminate. Then, we are duped into believing that the model or metaphor is the way the world is rather than recognizing, as the originators of the metaphors may have done, that the metaphor is simply one way of allocating the facts or one way of describing the world.

MACHINE METAPHOR, PERSONS AND BEHAVIORAL SCIENCE

Mitchell (1987) characterized the history of psychology as consisting of the introduction of a series of metaphors that were then applied to persons and their behavior. The metaphors have included machines, animals, electric circuits, hydraulic pumps, telegraph systems, and computers. From its earliest days, psychology embraced the mechanical models derived from the metaphor introduced by Descartes and Newton.

It is interesting to note that by the end of the 19th Century there was little awareness that theorists were using a metaphor. An interesting historical anecdote concerning Brucke, one of Freud's instructors illustrates this point (Jones, 1955). When a student came into his lab, Brucke and the student pledged an oath to put into practice the solemn truth that no forces other than the common physical-chemical ones are active within the organism. In those cases which could not at the time be explained by these forces, one had to agree either to find the specific way or form of their action by means of the physical-mathematical method or assume other forces equal in dignity to the physical-chemical forces and reducible to the forces of attraction and repulsion (Jones, 1955, p. 30).

Not only had unobservable and essentially occult forces of the 17th Century become facts, but in the 19th and 20th Century, scientists were being asked to swear an oath of faith and loyalty (see Ossorio, 1981 for a discussion of the nonfalsifiability of basic laws of science). It is little wonder that Turbayne (1970) speaks of a church more powerful than that founded by Peter and Paul or that Ossorio (1969) speaks of the theology of determinism. What began as a metaphor (and a heretical one at that) became an orthodoxy of its own with its own priesthood, believers, and theology. Part of that theology was that physiological forces underlie and cause effects such as the movement of organisms including the organism man.

Freud's theoretical system did not deviate from these principles. Freud simply dispensed with a specific anatomical basis for the

deterministic forces which he said were operating in human beings. The models or images of man which have followed the Freudian model in the past hundred years have primarily been the latest type of machine invented by men together with the familiar notion of an underlying, unobservable and unfalsifiable force. If we cannot explain a phenomena by means of current forces, we "distinguish," that is invent, new forces such as drives, instincts, homeostasis, psychic energy, reinforcement, sensations, needs, and libido (Jones, 1955).

Kurt Vonnegut has said, "We are what we pretend to be so we had better be careful about what we pretend to be" (Shotter, 1975, p. 28). In the present discussion, I would rephrase Vonnegut's warning by saying we may become what we pretend to be so we had better be careful. If we pretend man is an object or animal, it may, in itself, be a relatively harmless pretense that is useful to biologists or physicists who are interested in certain limited aspects of the embodiment of persons. However, if we come to use the metaphor without awareness that it is a metaphor and treat people as though they "really" or "basically" are objects, animals or organisms, we may lose the ability to distinguish persons from objects, animals or, (in the vernacular of most of psychology) "organisms."

In some ways, it is difficult to take the above metaphors seriously. If someone (or something?) approached us and said, "All men are animals, and their behavior is determined by drives, instincts and other forces," we might be inclined to dismiss them simply as being self-contradictory. In effect, they would be negating their own status as a responsible person (Ossorio, 1978). Ordinarily, we do not take seriously the words uttered by an object such as a machine or an animal such as a parrot. An individual who claims to be a responsible scientist giving a report of something the scientist has discovered but says the discovery is that there are no individuals who are responsible for anything and that all behavior including the scientist's research and report of the findings is determined by physiological or other forces is in a self-contradicting and self-annihilating position. We engage in research because we have decided that research is a way of answering certain types of questions and because we are able to decide when the research has provided a satisfactory result for our purposes. To say then that scientists through research have discovered that persons do not make choices or that their behavior including the behavior of the persons doing the research is the result of some deterministic force or mechanism is ludicrous at best.

If, however, we take those making the claim seriously, we might well shoot them or at least lock them up. In effect, they are also suggesting we should be regarded and treated as animals or objects. Up to the

present time, objects and animals have occupied particular places or statuses in our world. That is, objects and animals can be bought, sold, destroyed, inherited, discarded, and so forth.

POSSIBLE CONSEQUENCES OF THE MACHINE METAPHOR

The social practice of slavery in the United States and elsewhere provides an informative though disturbing example of one group of people treating another group as either animals or objects. In this country, for more than two hundred years several million black people were regarded and treated as animals or objects that were the property of their owners to a significant degree. The status individuals have within a community determines what their eligibilities are and how it is appropriate to treat them. Thus, it was appropriate in the community in which slavery was an accepted social practice to buy, sell, destroy, inherit, and in other ways manage slaves as one would manage any other piece of property. To question such a practice would have been to violate the customs and principles of the community (Fredrickson, 1971; McKitnick, 1963).

It is not entirely clear that slave owners in the United States completely accepted (that is, lost awareness of) the metaphor in their treatment of blacks as animals. They were quite concerned about the possibility of slave rebellion, and the practice of having sexual intercourse with slaves was common and tolerated if not fully accepted (Jordan, 1968). Ordinarily, animals do not revolt, and sexual intercourse with animals was not a tolerated or acceptable practice in the antebellum South. As noted earlier, the awareness of the metaphor may be lost in the later stages of the development of a metaphor. The new set of characteristics tends to be viewed as the way the world is. A review of the literature on slavery written in the 1800's includes many scientific, religious, ethical, medical, and economic arguments that blacks really were animals or, at best, a sub-human species (McKitnick, 1963).

There are other examples of how the status of being a person can be acquired or lost in a community. Adolph Hitler and his followers made a determined attempt to assign Jews the status of an inferior or sub-human race with none of the characteristics or sensibilities of the "superior" Aryan race (Fest, 1973). The results of this attempt to assign a group of persons the status of non-persons or at best marginal persons are all too familiar.

A recent attempt to envision a world in which persons would be treated as organisms whose behavior is determined by external forces is provided by Skinner's (1971) now familiar book, *Beyond Freedom and*

Dignity. Skinner urges us to give up the illusion that we are individuals who engage in what we would term deliberate action and accept the "reality" that we are organisms whose behavior is determined by our history of reinforcement. Skinner's argument puts him in the self-contradictory position noted above. It is also not clear how or if there is a point to urging us to accept and adopt Skinner's explanation since our behavior, including our adopting a point of view, is supposed to be determined by our history of reinforcement. How could we choose to follow or not follow Skinner's scheme? If we are animals or machines, we do not have such choices or indeed any choice at all.

In psychology, the consequences of our preoccupation with various mechanical metaphors have been described, in considerable detail, by a number of critics (Mischel, 1969; Shotter, 1975; Ortega y Gasset, 1941; and Ossorio, 1978). In brief, the preoccupation has produced a behavioral science that is of parochial interest primarily to other behavioral scientists. For the most part, it has failed to increase our understanding of or effectiveness in dealing with significant social problems. Over the past hundred years, the facts and characteristics which distinguish persons from objects, machines, and organisms have tended to be lost or obscured by the various mechanical metaphors. As a result, we have been left with a behavioral science which lacks a systematic formulation of its principal subject matter, persons and their behavior (Ossorio, 1969).

One reason for our lack of progress in formulating the subject matter of behavioral science has been, as I have indicated above, our attempts to use various mechanical metaphors to try to identify or define the nature of man. When we lose sight of the fact that we have introduced a metaphor, we come to be victims of the metaphor and come to believe that men or persons really are machines, animals, or organisms. A further problem is that none of the mechanistic or organismic metaphors seem adequate to begin even to represent the range of facts and possible facts about persons and their behavior.

Finally, the whole attempt to define the nature of man may be what Ryle (1949) has termed a category mistake in that man may not have a nature. Here again, our preoccupation with mechanical or animal metaphors may be leading us to ask the wrong questions. It does make sense to ask what is the nature of an object, machine or organism. However, Ortega y Gasset (1941) has said that man is not a thing that has a nature; what he has is a history—a history of the behaviors he has chosen to engage in. Ossorio (1970) has said a person is paradigmatically an individual whose history is a history of deliberate action. Here, the focus is not on the nature of persons but on what they do, how they function. The focus is also not on finding some common denominator

which all cases of persons are said to have. In the past, a lowest common denominator approach has tended to reduce persons to physiological entities (Ossorio, 1969).

AN ALTERNATIVE TO THE MACHINE METAPHOR

Ossorio's (1971) approach in developing an alternative to the deterministic machine metaphors in behavioral science was to develop a conceptual framework within which all of the facts and possible facts about persons and their behavior could be represented. He did not begin by trying to describe the nature of man or to describe anything at all. Instead, he delineated a framework of concepts which could be used in giving descriptions of persons and their behavior and used by behavioral scientists in other ways to increase their understanding of and effectiveness in dealing with persons and their behavior. Through the use of conceptual-notational devices such as paradigm case formulation, parametric analysis and calculational systems, Ossorio has been able to develop a framework which can be used to represent whatever we know about persons (as well as what we do not know) without introducing polemic or theological propositions about the nature of man. In fact, as we shall see, there is nothing about the framework presented by Ossorio that even requires or limits a person to being a human being.

The conceptual framework developed by Ossorio has come to be characterized as Descriptive Psychology. Over the past 25 years, Ossorio and his colleagues have delineated a framework of concepts to represent persons, behavior, language, and reality. Formats for representing objects, processes, events, and states of affairs at any level of complexity or detail have been developed and applied to a variety of content areas (Shideler, 1988). Forms of behavior description which can be used to represent behavior at any level of complexity have been introduced and used to represent highly complex patterns of behavior. Parametric analyses have been developed which enable us to represent what we know about behavior and the similarities and differences among persons (Shideler, 1988).

The use of paradigm case formulations to represent subject matter in Descriptive Psychology is exemplified by the paradigm case formulation of a person. A paradigmatic or indubitable case of a person is an individual whose history is a history of deliberate action. If there ever was a case or instance of a person, an individual whose history is a history of deliberate action is one. This paradigm case is also the most complex case of a person. As we shall see, other cases of persons can

be identified and represented by deleting characteristics from the "full-blown" or paradigm case.

The use of parametric analysis in Descriptive Psychology is illustrated by the parametric analysis of behavior. The parameters of behavior include want, knowledge, know how or skills, performance, achievement, personal characteristics such as the traits or abilities the behavior is an expression of, and the significance of the behavior. To say that a person is engaged in deliberate action, is to assign certain values to the parameters listed above. It is to say the person not only has a reason for acting but also knows what she/he wants, is choosing that action over other actions, has the concepts, skills and other personal characteristics required for the action, and is participating in at least one social practice. It is also to say the person knows what she/he is doing, does it on purpose and is responsible for the behavior in question.

Assigning values to the parameters of behavior is one of the ways in which the framework of Descriptive Psychology can be used by persons who are engaged in describing behavior for research or other purposes. The parameters of behavior and the forms of behavior (Ossorio, 1978) which can be generated by using the parametric analysis as a calculational system can then be used to represent behavior at whatever level of complexity or detail is needed for a particular area of interest.

At this point, we can see more clearly why, earlier in the present paper, it made sense to say that Skinner and other advocates of deterministic metaphors were in a self-annihilating position. For example, when Skinner says behavior is determined by an individual's history of reinforcement rather than an expression of what a person wants, knows, and knows how to do in light of the person's circumstances and personal characteristics, he is engaging in deliberate action. Skinner is choosing one description over another, knows what he is doing, is doing it on purpose, is participating in the social practice of science as it has been done for generations, and is expressing his status as a psychologist. If he is not making a choice, does not know what he is doing, is doing it accidentally, and so forth, either we would not listen to him or we might take precautions to protect him from himself. Skinner and other behavior theorists are engaging in deliberate action in presenting a theory of behavior, and their theories of behavior must be capable of representing their own behavior as behavior theorists if their theories are to qualify as comprehensive theories of human behavior. In a similar fashion, Descartes and Newton were engaged in deliberate action when they presented their mechanical metaphor. Thus, they were engaged in a form of behavior which negated and could not be represented within their model of the nature of man.

One function of the concept of a person as an individual whose history is a history of deliberate action is that it serves as a reminder of the logical and necessary requirements for any of us to engage in, describe, evaluate, or be responsible for behavior. One result of the dominance of the machine metaphor over these many years is that the facts which distinguish persons and their behavior from machines or animals have been obscured. The formulation of persons as individuals whose history is paradigmatically a history of deliberate action is a reminder of how persons can be distinguished from animals and objects. As we shall see, the formulation can also be used to illustrate some of the ways in which animals and objects may be viewed as similar to persons, although the similarities may not be the ones we have come to expect.

In the remainder of this paper, I shall discuss some of the ways in which this formulation of the concept of a person might be used by persons in choosing what it is they are to do. The ultimate fate of any conceptual system will be decided by history and the choices which persons make, but I shall try to identify some of the possible differences this formulation might make.

CONTRIBUTIONS OF THE FORMULATION

Representing Human Knowledge

One result of Ossorio's articulation of the Person Concept is that the fragmentation of human knowledge which has developed in the past hundred years need not continue. Ortega y Gasset (1941) and Ossorio (1971) have commented on the fragmentation of universities and of knowledge generally into separate disciplines each with their own practices, customs, and languages. Up to the present time, there has been no obvious relationship between many academic or intellectual disciplines and no way of comparing them in any systematic way.

Science, philosophy, history, mathematics, literature, business and technology are all forms of behavior. More specifically, they are social practices or products of social practices developed by and for persons because they have a place in the lives of persons. One relationship all of these practices have is they are part of the ways of living of persons. The significance of these practices is the value they have to persons. Therefore, we can begin to compare and evaluate sciences, technologies, philosophies and other social practices in terms of what they contribute to the ways of living of persons.

The concept of a person provides a framework within which all of the facts and possible facts about persons and their behavior and, therefore,

everything else can be represented. More specifically, the parameters of a person and the parameters of behavior introduced by Ossorio provide a way of representing systematically all of the ways in which persons and behaviors can be similar or different (Ossorio, 1978). The social practice of biology is a form of behavior engaged in by a community of persons who have a more or less distinct set of basic objects, members, concepts, practices, choice principles and language (Shideler, 1988). As a social practice engaged in by a community of persons, biology can be described systematically and compared to other forms of behavior in terms of their basic objects, members, concepts, practices, choice principles and language. Therefore, the concept of a person provides a single conceptual framework within which all of human knowledge can be represented, compared, and evaluated by persons. Attempts to represent, compare and evaluate different fields of human endeavor or knowledge are also forms of behavior which are subject to being described, compared, and so forth.

Maintaining or Increasing the Status of Persons

Perhaps for the first time in history, we have a clear and coherent articulation of what it is to be a person. Paradigmatically, a person is an individual whose history is a history of deliberate action. That is to say, paradigmatically persons are individuals who (a) are choosing behaviors in light of what they want, know, and know how to do; (b) have finite knowledge and skills; (c) are acting in light of their appraisal of their circumstances; (d) are expressing personal characteristics; (e) have a history of choices; (f) may or may not know their behavior could be described and evaluated in more than one way by others; (g) are responsible for their own actions; (h) are participating in one or more social practices by engaging in the behavior; and (i) are trying to accomplish results which are intelligible in light of their circumstances and personal characteristics. It should be noted that the use of references to paradigmatic persons is meant to reflect the fact that persons are not always engaged in deliberate action. They may be asleep or unconscious or not aware of what they are doing at various times. Moreover, there are, as we shall see, cases on nonparadigmatic persons who lack or have limited capacities to engage in deliberate action.

There are a number of consequences which are likely to result from having a substantive and coherent formulation of what is involved in being a person:

1. We are less likely to be victimized by scientists, political leaders and others who attempt to degrade persons in general or particular groups of persons. We are reminded of the polemics of Nazi Germany

in which Jews were degraded systematically by descriptions of them as a sub-human species. They were often assigned the status of being less than persons and in many ways were treated as non-persons (Bauer 1982). As in the case of slavery, it became "appropriate" in Nazi Germany for ordinary people to assign Jews the status of marginal persons and treat them accordingly.

2. We are likely to approach tasks such as child rearing differently if we come to view children as having the status of incipient persons who need to be able to develop competence in making judgments from different perspectives and dealing with conflicts among those perspectives. If we are preparing children to acquire the status of adult persons and participate in the social practices of our communities, what sort of opportunities do we provide for children to participate in those social practices? We play board games with young children but do we allow them to keep score? We "allow" young children to do menial tasks such as washing dishes but do we involve them in planning or cooking meals? We punish children for misdeeds but do we involve them in deciding what they did wrong and what sanctions are appropriate for someone who committed the particular misdeed under the circumstances that prevailed at the time? Having a clear understanding of what is involved in being a paradigmatic person may put us in a better position to develop and evaluate the effectiveness of ways to prepare children for becoming adult paradigmatic persons.

3. Up to the present time, we have recognized as persons only those individuals who have the embodiment of homo sapiens, namely human beings. There is however, nothing about the concept of a person that requires persons to be human beings (Ossorio, 1978; Schwartz, 1982). Without too much difficulty, we can begin to think of examples of individuals who already are or could become capable of deliberate action although they do not have the embodiment of homo sapiens. Examples of such individuals would include certain mammals such as dolphins or great apes as well as computers and extra-terrestrial beings. To the degree that such individuals choose one behavior over another because it is that behavior, know what it is they are doing and therefore, are responsible for their behavior, those individuals would qualify as persons, albeit persons with a different type of embodiment than the persons we now recognize.

Given the articulation of the concept of a person introduced above, we may be able to begin to develop learning or other developmental histories which will enable us to develop computers, dolphins or great apes into paradigm case persons. Attempts to provide histories which will enable primates to develop language and concepts similar to those of persons have been in progress for a number of years (Schwartz,

1982). There are profound and complex questions regarding the ethical responsibilities that go with any such course of action. For example, would not a computer or a dolphin who is a person have civil rights?

4. The issue of what might be involved in dealing with and understanding extra-terrestrial "beings" or "persons" is open to all sorts of speculation as illustrated in our science fiction literature primarily because there are no reality limits on what we can say in the absence of instances of visitors from other worlds with whom we have been able to establish a relationship. The concept of a person and the concept of behavior articulated in Descriptive Psychology provide us with resources for recognizing and understanding persons who have very different personal characteristics including different embodiment (e.g. the embodiment of a six foot amoeba or no embodiment at all), abilities, knowledge, traits, attitudes, and so forth as well as the possibility of representing the different behavioral practices, customs, and choice principles which might be encountered in attempts to establish relationships with different types of persons. Being able to recognize individuals from other worlds as persons who are engaging in deliberate action and having a way of representing what we understand about their behavior would seem to be an essential step in developing a viable relationship with persons from other worlds. The resources for representing language, and reality concepts such as objects, processes, events, and states of affairs that are available in Descriptive Psychology would also be important resources for understanding different worlds and persons who have developed those worlds in various ways.

Thus, as we look and, perhaps travel beyond our own planet and solar system, we are in a better position to recognize, understand, negotiate with, and perhaps establish relationships with other persons with dissimilar or perhaps no embodiment. Their behavioral practices, personal characteristics, concepts, language principles and basic objects could be systematically mapped; ours could be shared as well.

5. It is also worth noting that animals and other living things besides the higher mammals noted above also may be viewed as persons but as persons with limited (as far as we know at this time) capacities. We might consider, therefore, what differences it would make in the lives of individual persons or to the survival of persons collectively to recognize animals and other living things as persons with reduced capacities. As noted earlier, we have tended to view persons as either complex animals or objects. Any attempt to assign persons the status of complex animals or objects requires us to discard characteristics of persons, particularly their ability to engage in deliberate action. Neither animals nor objects are capable of choosing to engage in behavior "X" because it is a case of "X." One mark of that inability is we do not hold

them accountable for their actions. We may kill mad dogs to prevent them from hurting others, but we do not hold them responsible, and we do not sue mountains for damages when parts of them fall on our houses.

On the other hand, we can view living things or objects as persons with reduced capacities without discarding any of their capacities. As noted above, the paradigm case of a person is an individual whose history is a history of deliberate action. As noted earlier, this formulation does not include any requirement that a person be a human being. Up to the present time, all of the individuals we recognize as persons have the embodiment of homo sapiens and are, therefore, human beings. However, we can generate cases of non-human persons by carrying out certain transformations on the paradigm case of a person. For example, delete the characteristic of choosing one behavior over another and we have the case of an animal. If we delete the capacity for independent action, we have the case of an object such as a lake or mountain.

The parameters of a person include traits, attitudes, interests, styles, abilities, values, knowledge, state, status and embodiment. Given this set of parameters and the related concept of deliberate action, we can identify systematically the differences and similarities between human beings and animals or objects. Therefore, we are in a position to provide detailed and informative answers to questions regarding those similarities and differences without resorting to polemic arguments which seem to reflect little but the philosophical predispositions of those involved in such disputes. Given the number and scope of the parameters listed above, it seems likely that having a mammalian embodiment does not, in itself, represent a high degree of similarity between types of individuals.

To some degree, we already treat many of our pets as cases of limited persons. We say the dog learned to retrieve the stick, and we praise him for it. We also speak of the cat as being inquisitive, aggressive, or independent. These descriptions are either derived from or represent extensions of the concepts we use in describing the behavior and personal characteristics of persons. In general, we do not have a second language or way of describing the behavior or the significance of the behavior of animals. Therefore, we use many of the same person concepts in our attempts to understand and deal effectively with animals. Here, we might recall the use of person concepts by the early "inventors" of the concept of a machine. The main difference in applying these descriptions to animals and objects or young children, who are not yet full fledged paradigm persons, is that, since these types

of individuals lack language, we do not have clear reality checks on the descriptions we give.

It is also doubtful that most people describing dogs as loyal or cars as faithful have the same expectations or make the same commitments in giving the description. For example, I do not ask or expect the dog to pick up the newspaper next week when I am out of town.

However, individuals do assign pets the status of at least limited persons, and often pets become "members of the family." The significance of such relationships can be profound. For persons with few other significant relationships, the relationships with this other "limited person" may make the difference between having a reason to live and not having a reason to live.

There are also interesting questions regarding our possible relationships to non-domestic animals. If we assign them the status of limited persons, how would our relationship to animals change? Perhaps of even more interest, how would the relationship of animals to human beings change? What could we learn from these persons about how to live in the world without destroying it? Could we care for them without "taking care of them" and changing their personal characteristics? How would our world be different if we had accorded animals the status of limited persons three hundred years ago rather than trying to treat persons as though they were complex animals or objects? These questions are complex, but the answers might well be of profound significance to us as "human being type" persons.

6. For some, it may require even more of a leap into unfamiliar territory to think of assigning the status of limited persons to other living things and objects. On the other hand, we do treat cars, favorite chairs, old coats, houses and mountains as though they are in some sense persons. The relationship of primitive societies to mountains and streams was referred to earlier. I have named two of the cars I "owned." The word "owned" has special emphasis here because, for a long time, I found I could not sell them or part with them even though they had become fairly expensive to operate.

I have talked with numerous people who have lived in Boulder, Colorado, where the mountains are immediately present as a backdrop for the city. They came to have a significant relationship with the mountains. When they left Boulder, the loss of the relationship to the mountains resulted in a significant depression. The mountains provided security and a perspective on the rest of the world.

The relationships to cars and mountains involved persons treating them, to some degree and in some ways, as persons. It also involved assigning them some of the characteristics of persons. In some ways, the cars and mountains became trusted and faithful companions. To some

degree, I and others developed an "I-thou" relationship rather than a "I-it" relationship with the car or the mountain and thereby increased the significance of our relationships to the "objects."

However, the issue here is not me and my car but the question of what place persons assign themselves and other individuals in the world. Only persons have the status of "status-assigners," and it is only persons who can determine what place other persons, including human and non-human persons, will have in their lives. Ossorio has not put man back at the center of the universe, but he has reminded us that persons are and always have been the measure of all things, since all things have the place that as persons we are able to give them. Thus, Ossorio has reminded us that it is our world to act and be in, as well as be responsible for.

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COMPANIONS OF UNCERTAIN STATUS

Mary Kathleen Roberts

ABSTRACT

Imaginary companions are conceptualized as phenomena of world + x construction and reconstruction, and parameters relevant to whether or not a person constructs a world with an imaginary someone are presented. Access to a range of cases of imaginary companions is provided using a paradigm case formulation, and empirical data about imaginary companions is reviewed.

> Who is the third who walks always beside you?
> When I count, there are only you and I together.
> (T. S. Eliot, 1963, p. 67)

In creating a world, a person sometimes goes beyond the bounds of the real world. His or her personal world is less restrictive than usual and includes the possibility of something non-ordinary. In each of the

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following examples, the person's world includes something that does not fit our usual constraints on what is real.

A young boy has several kings in his world. The kings live in back of the radiator where he can hear them arguing and chuckling together. Whenever he feels afraid, he has only to turn the valve of the radiator and they rush forth, giving him the courage to do whatever he needs to do (Wickes, 1966, p. 201).

A 63-year-old woman following the death of her husband often feels him lying beside her in bed. She is first aware of the heat of his body and then she turns to see him next to her. He says reassuring words to her, and his presence gives her great comfort (Sedman, 1966, p. 59).

A solitary sailor, seized by sickness during a storm, suddenly sees a tall man at the helm of his boat. He momentarily thinks that the tall man is a pirate, taking over his boat, but the tall man assures him that he is a pilot who will guide the boat safely through the storm (Slocum, 1905, p. 39).

In the introductory section below, I will highlight some of the difficulties that such companions raise in light of our concept of the real world.

THE REAL WORLD

Because everything has reality only insofar as it enters into human social practices, the real world is essentially a behavioral world. Physical objects like chairs and tables, atoms and planets, all exist as such because people have social practices and conceptual systems that involve distinguishing them from other objects and treating them accordingly.

People also distinguish "real" objects, processes, events, and states of affairs from "imaginary," "illusory," or "hallucinatory" ones and treat them accordingly. When a person appraises an object as being real, he or she is prepared to act in relation to that object. (Cf. "What a person takes to be real is what he is prepared to act on." [Ossorio, 1982, p. 22]) But if a person appraises an object as being an illusion or hallucination, he or she has made a judgment that it does not make sense to act in relation to that object.

Judgments about what is real and what is not are made within the limits of a person's understanding and in light of the particular norms, requirements, and social practices of the community within which the person is operating. What at one time persons take to be real they may later treat as illusory or mistaken, and *vice versa*.

Because of the complex network of relationships and regularities that holds among objects, processes, events, and states of affairs in the real

world, people may run into difficulties if they attempt to treat imaginary objects, processes, events, or states of affairs in the same ways that they would treat real ones. For example, if they are acting in relation to some object that is not in fact real, it is unlikely that they will be able to bring off the interrelated sets of behaviors that go with that object.

To illustrate this notion, Ossorio (1981c) uses the example of "feeding alfalfa to an imaginary elephant" (pp. 14-15). If Wil says that there is an elephant over there, and Gil looks over and sees a table, Gil may challenge Wil's description and require that Wil back up his claim by treating the elephant in appropriate ways, for example, by feeding him something. If Wil offers the elephant some paper and claims to be feeding him alfalfa, Gil will not accept this behavior as successfully backing up Wil's original claim. Wil's "elephant feeding" further violates the network of interrelationships that holds among states of affairs in the real world.

The logical interconnectedness of everything in the real world provides constraints on our behavior so that we cannot call something just any old thing and get away with it, and we cannot engage in just any old behavior and get away with it. Similarly in a given human game, the logical interconnections among players, elements, eligibilities, contingencies, and so forth (codified in the rules) provide constraints on our behavior. We cannot engage in just any old behavior and still be playing *that* game, because certain moves count as a violation of the rules.

The logical structure of the real world not only provides constraints on our behavior. It also makes our behavior possible. If there were no patterns, regularities or limits to the kinds of relationships that objects, processes, events, and states of affairs could enter into, human behavior would be literally impossible. (No rules, no game.) Behavior involves distinguishing one thing from another, and what distinguishes one sort of object or process from another is the kinds of relationships into which it can enter.

Accordingly, if Gil had heard some snuffling and had seen the paper disappearing from Wil's hand, Gil might have become a bit twitchy. It is unlikely that he could dismiss what he had heard and seen as merely a strange happening totally disconnected from everything else in the real world. Instead, he would take it either that *he* was hallucinating, or that the real world was a very different place than he had thought it to be.

To illustrate the significance that such an event may have in a person's world, Ossorio (1976) uses the image of a face materializing out of the wall and then receding (pp. 6-8). In discussing how such an experience can affect a person's whole world, he points out that seeing

the face as real is like introducing a contradiction into a logical system. It changes the interrelationships within the whole system and not merely within an isolated part. If the face is real and I can behave in relation to it (e.g., if I can quickly reach out and touch the face before it recedes), my entire world is changed.

Depending on a person's degree of appreciation of issues of totality and logical structure, he or she will be more or less sensitive to how such a contradiction may wipe out behavior potential. At the extreme, a contradiction in a logical system undermines everything because it reveals that the structure itself is unsound. (Cf. "What kind of world is this if a face can come out of the wall?") In less extreme instances, persons may continue to operate within a structure that has certain inconsistencies as long as they learn to manage these irregularities and compensate for them.

Like the "Face in the wall," imaginary companions violate some of the consistency requirements of the real world. For example, an object in the real world can generally be perceived by all persons suitably placed, with appropriate differences between persons depending on their positions relative to the object. But with imaginary companions, collective perception is the exception rather than the rule (although it does occur). Likewise, in the real world, objects that move away from us generally have to go somewhere, but imaginary companions need not be anywhere when they are not with us.

Because of such violations, behavioral scientists tend to dismiss imaginary companions as merely imaginary or hallucinatory, and correspondingly to take it that behavior in relation to such companions does not really make sense. Scientific explanations that reflect this approach (reviewed in Roberts, 1988) tend not to increase our understanding of the phenomena.

In this paper, rather than emphasizing the ways in which behavior towards an imaginary companion does not make sense, the focus will be on understanding the sense that such behavior *does* make. The fundamental difference that an imaginary companion can make in a person's real world will be explained, as well as the ways in which people manage the inconsistencies that such a companion creates.

CONCEPTUALIZATION

In the conceptualization presented here, I use the term "imaginary companion" as a generic term for such companions, and answer four questions about them:

1. What kind of phenomena are these?

2. When is there a point in having a relationship to a companion who isn't purely and simply *real*?
3. What status can individuals of this sort have in a person's real world?
4. Under what conditions would such companions appear?

World + x Construction

Persons are inherently world creators (cf. Roberts, 1985b). They not only construct worlds that give them behavior potential; they also routinely reconstruct those worlds in ways that give them more behavior potential. Such reformulation ordinarily occurs in response to a person's acquisition of new concepts and new social practices, in response to problem solving, and in response to the invention of new forms of behavior.

When a person invents a new form of behavior (e.g., a new game, art form, or conceptual-notational device), he or she may bring that invention to the larger community, demonstrate to others its viability as a social practice, and share it with them. The invention increases behavior potential for others as well as for its creator, and may also "call for far-reaching restructuring of our formulations of the world or parts or aspects of it" (Ossorio, 1982, p. 89).

In creating a new social practice, a person creates something out of nothing. Processes in the real world can be created out of nothing in this way, but objects ordinarily cannot be. For example, ordinarily a person cannot create a companion out of thin air and expect to demonstrate its viability to others. Reality constraints on real world construction prevent us from simply making objects up.

Sometimes a person may be in the right set of circumstances, however, and an imaginary companion may pop out (Athena-like) in his or her world. The creation of such a companion, like the invention of a new social practice, represents a world constructive or world reconstructive achievement that may bring with it a corresponding gain in behavior potential for its creator. In addition, the creation of the imaginary companion may call for some significant restructuring of the person's world to accommodate such a companion. At the very least the person must create a status that fits the kind of individual the new companion is.

In contrast to the invention of a new social practice, the creation of an imaginary companion is frequently not an achievement that a person can share with others. And although an imaginary companion may shake up some of its creator's notions about what is possible in the real world, it does not change our shared understanding of "the real world" in the

way that, for example, a significant scientific invention does (cf. Ossorio, 1978a, 1981b).

In inventing new social practices, persons are playing by the "rules of the game" for real world construction, and their inventions are therefore eligible to count as significant achievements within that game. But in creating imaginary companions, persons have gone outside the game, and hence their world construction counts differently.

Formally we may say that imaginary companions are phenomena of "world + x" construction and reconstruction. The x serves as a reminder that a person is operating outside the ordinary constraints of the real world in constructing this very specific aspect of his or her world. For convenience I will not repeat "world + x" throughout the paper, but the "+ x" is to be understood when I write of imaginary companions as world constructive and reconstructive phenomena.

Circumstances and Behavior Potential

Among the states of affairs that a person formulates as elements of his or her real world are the circumstances that provide that person with opportunities, limitations, and motivations for behavior. (Cf. "A person's circumstances provide reasons and opportunities to engage in one behavior rather than another." [Ossorio, 1982, p. 20]) The social practices that there are in a person's community are included in his or her circumstances. Without the availability of these behavior patterns, a person would not be able to behave at all.

The particular individuals with whom a person interacts are also included in a person's circumstances. Because so many social practices are joint enterprises that can only be engaged in with another person, the presence or absence of appropriate partners and fellow participants makes a difference in which social practices a person has the opportunity to participate. And because different people offer different opportunities and evoke different potentials in a person, the particular individuals in a person's world make a difference in what potentials get actualized when a person participates in social practices.

A person's circumstances also encompass the relationships that a person has to these individuals. Obviously the kind of relationship that exists between two people affects what possibilities they offer and what they evoke in each other. Depending on what relationship they stand in to each other, different potentials will come to the fore and be actualized.

States of affairs like having good fortune, wanting someone to confide in, facing an irreplaceable loss, being near death, and others are also counted among a person's circumstances. Each of these states of affairs offers a set of possibilities and limitations for behavior.

Last but not least for our purposes, imaginary companions may be classified as being included in a person's circumstances. The concept of a person's circumstances is usually a cover term for a range of ordinary real world facts like social practices, fellow participants, relationships, states of affairs, and so forth, but imaginary companions may be admitted as a special category. Like a person's other circumstances, an imaginary companion provides a person with reasons and opportunities for behavior.

Having placed imaginary companions among a person's circumstances, we may note that there is a point in having an imaginary companion when a person in the circumstances he or she is in has more behavior potential with that imaginary companion than without. This statement leaves open the question of whether persons' circumstances are generally adverse or generally positive when they have companions. It merely states that to have an imaginary companion is normally to have more behavior potential in whatever circumstances one is in. Both deficit-type explanations (e.g., "It's no wonder she feels his presence; she'd be lost without him.") and enhancement-type explanations (e.g., "His radiator kings bring out the best in him.") may be appropriate in accounting for imaginary companions.

The statement also involves no presumption of motivation. It does not say that persons are motivated to increase their behavior potential and therefore have imaginary companions. Rather, persons find themselves in circumstances that include individuals of this sort, and then do not choose less behavior potential rather than more. (Cf. "A person will not choose to actualize less behavior potential rather than more." [Ossorio, 1982, p. 56])

Reality

To understand the special place an imaginary companion may have in relation to a person's circumstances and real world, we need a concept more fundamental than the notion of the real world. In Descriptive Psychology, that concept is the concept of reality. Formally, reality is "the boundary condition on our possible behaviors" (Ossorio, 1978b, p. 35).

The basic reality question is simply "What can you get away with by way of behavior?" "Can you treat something as being so and carry it off successfully?" Rather than talking about a person's behavioral possibilities by reference to the circumstances that provide persons with possibilities, we use the concept of reality to talk directly about behavioral possibilities and limitations.

If we remove imaginary companions from embeddedness in a real world and look at only certain of a person's interactions with an

imaginary companion from the perspective of "Can he or she carry off the interactions?", imaginary companions may seem no different than real companions. Imaginary companions are real in the sense that they can be seen, and by some standards (or in some ways) persons can interact successfully with these companions.

But within the context of a person's real world, we cannot treat imaginary companions as simply real because they do not pass the consistency checks of the real world. Instead, imaginary companions may paradigmatically be given a status of "real but not like other real objects."[1] A person whose world includes such a status needs to learn to manage the complexities that the status creates. Because behavior towards an object that is "real but not in the way other things are real" hinges on in what ways the object is real and in what ways it is not, a person needs to be able to make and act on these distinctions. If a person is unable to do so, derision and ridicule by others may squelch the imaginary companion.

Lest this seem like a difficult or remarkable achievement, it should be noted that normal 3-5 year old children are able to do so. For example, a child would probably not take Gil up on his challenge to treat an imaginary elephant as fully real. If Gil said "I don't see an elephant," a child might reply, "Of course not. He's only there for me." The child's remark would not be a disclaimer to the effect that the elephant is not real, but rather a statement of fact about how the elephant differs from other real things.

If a person insisted that the imaginary elephant was fully real (e.g., that there was no difference in reality status between the imaginary elephant and the kitchen table), we would say that that person was distorting reality. But is a person distorting reality if he or she distinguishes imaginary objects from ordinary real objects, and only behaves in ways that are appropriate for each kind of object? As long as a person has an ordinary degree of contact with our common reality, it may be more accurate to say that a person who behaves toward an imaginary friend has expanded his or her real world by adding an additional category of reality. (Of course this is not an option under an ideology that says that the ordinary real world is all there is.)

A person who expands his or her world in this way has a hybrid world made up primarily of ordinary real objects, but with one or more non-ordinary real objects included as well. This is a fundamentally different world from the one in which the majority of us operate. To illustrate the extent of the difference, consider a person who was matter-of-fact about seeing a face pop out of the wall. That person's world would already have to be very different from the world we know. Likewise a world in which an imaginary companion can pop in on a person is

considerably less restrictive than the homebound, tables-chairs-and-apples world with which most of us are familiar.

Without the distinction between reality and the real world, we would be limited to the tables-chairs-and-apples world and have to explain away imaginary companion phenomena. But with the pragmatic notion of reality, we are able to account for the kind of place that an imaginary companion may have in relation to the real world.

Parameters for World + x Construction

A variety of facts about a person's life situation (being-in-the-world) is relevant to the appearance, maintenance, and disappearance of imaginary companions. In order to deal with these facts in an organized and systematic way, a parametric analysis will be presented. (This conceptual-notational device, and also the paradigm case formulation to be used below, are discussed systematically by Ossorio [1981a].) This parametric analysis is not set forth as the only analysis that could be given. But it is set forth here as being adequate, in a way that no other formulation has been to date, for systematizing the range of facts relevant to whether or not a person constructs a world with an imaginary companion.

Each of the parameters specifies one of the ways in which one life situation can be the same as or different from another life situation with respect to the potentiality for having an imaginary companion. The parameters are:

1. Extent to which real world requirements for the systematic connectedness of everything press upon a person
2. Gain in behavior potential that comes from having a relationship to an imaginary companion
3. Degree to which circumstances facilitate the creation and maintenance of a companion

Particular instances of being-in-the-world-with-an-imaginary-companion (or without one) may be differentiated by designating values for each of the parameters above. For example, in sketching in values for the parameters in the case of the young boy whose world included radiator kings, we may note that:

1. The relative incompleteness of a young child's world allows for some leeway when it comes to the coherence requirement. Moreover, these particular companions involve minimal violation of the consistency requirement because they are so closely associated with ordinary physical objects and processes.

2. The faith-enhancing nature of the companions frees the boy to do as well as he can, and enables him to succeed when he might not otherwise if his self-confidence were not increased in this way.
3. The presence of the old-fashioned steam radiator, as well as exposure to tales of genies and their powers, may have facilitated the creation of these companions. Parental prohibitions over turning the radiator valves may have been contributory, too.

We may also take advantage of the explanatory power of the parametric analysis in understanding empirical data about imaginary companions. For example, a study by Olson, Suddeth, Peterson, and Egelhoff (1985) revealed notably high incidence rates for visual hallucinations of a deceased spouse among widows in nursing homes (see Appendix D). In light of the parametric analysis, the Olson et al. results are not surprising. A woman in a nursing home generally does not have much behavior potential. Thus, if her spouse is present with her in any sense, he will bring to her a significant increase in possibilities. And because requirements for real world consistency are relaxed significantly when a person is institutionalized, there is little to keep a widow in a nursing home from seeing her dead husband.

Finally the question posed above, "Under what conditions would imaginary companions appear?" may be answered using the parametric analysis. Companions appear when the balance of the parametric values is in a favorable direction, and they are most likely to appear when the balance is in an extremely favorable direction. That is, when the real world requirements for the interrelatedness of everything are unusually relaxed or temporarily lifted; when a person's gain in behavior potential from a relation to an imaginary companion is maximal; and when circumstances are optimally conducive to companion formation.

Paradigm Case Formulation

Imaginary companions may appear in the worlds of children, bereaved persons, the dying, and so forth. In order to provide formal and systematic access to a variety of cases of world + x construction, a paradigm case formulation will be presented below. The formulation involves three Paradigm Cases: an imaginary companion of childhood, a ghostly companion, and a take-away apparition.

Each of the Paradigm Cases identifies some portion of the cases of imaginary companions, but there is a range of other cases that are related to, but different from, each Paradigm Case in potentially important ways. These additional cases are represented as transformations of the appropriate Paradigm Case. Taken together, the Paradigm

Cases and their transformations systematize the range of cases of imaginary companions in a way that has not been done before.

The paradigm case formulation presented below does not provide exhaustive access to all possible cases of imaginary companions. For example, the formulation does not specifically provide access to cases where imaginary companions appear in the worlds of hospitalized persons (cf. Goldstein, 1976). Formal access is also not provided to cases where companions appear to sailors, mountaineers, and explorers (cf. Lilly, 1956; Solomon, Leiderman, Mendelson, and Wexler, 1957; La Barre, 1975; Siegel, 1977; Seifert and Clarke, 1979). If there were a pragmatic reason to do so, the formulation could easily be extended to include these cases.

In conjunction with presenting the paradigm case formulation, empirical data stratified along the lines of the Paradigm Cases and their transformations will be presented (cf. Ossorio, 1981a, p. 91 on the PCF stratified sampling design). Because research on imaginary companions has not been guided by a systematic formulation of this sort, it is not possible at present to report data relevant to each group of cases. Some empirical data is available for selected groups of cases, however, and this is reported below. In addition, conceptual and empirical issues unique to specific groups of cases are discussed.

IMAGINARY COMPANIONS OF CHILDHOOD

The phenomenon of imaginary companions of childhood has fascinated American psychologists since the turn of the century, and has been the subject of a variety of empirical and clinical studies. Appendix A lists the major quantitative studies on imaginary companions since 1907, and Appendix B presents the major case studies since 1894. The early studies are included not merely for historical interest. They are also of value because their authors attempted to give a full description of the phenomenon, independent of any theoretical system. These descriptions were useful in formulating the range of cases of childhood imaginary companions.

Paradigm Case

Observational studies of children place the first appearance of imaginary companions between 2½-3½ years of age, with 93% of companions appearing before age 4 (Ames & Learned, 1946; Svendsen, 1934). The first appearance of a companion to a child is usually sudden and unexpected (Hurlock & Burstein, 1932; Svendsen, 1934). The child does not decide to create a companion, but rather, a companion "comes . . . just naturally" (Vostrovsky, 1895, p. 396, quoting a child).

Once an imaginary companion has appeared in a young child's world, the child begins to exploit the new behavior potential that comes from having that relationship. The child may engage in animated conversations with his or her companion, or they may enter into active physical play together. This is not a matter of a child fantasizing in his or her head. Rather, a child "carries out the same activities and plays the same games as with a real playmate" (Bender & Vogel, 1941, p. 64).

In talking or playing with the companion, the child actually sees and hears the imaginary friend. As Harvey (1918)[2] notes, imaginary playmates "can be seen and heard as vividly as if they were living children" (p. 7). Hurlock and Burstein (1932) reach the same conclusion, stating that "in most cases, this comrade can be seen and heard as if he were real" (p. 388).

In fact, there was no question that children see or hear their companions until Despert (1940, 1948) objected to the notion of normal children "hallucinating." Wishing to disavow the idea that the experience of normal children was in any way comparable to that of schizophrenics, in her influential papers she stated emphatically that there was no evidence of true hallucinations or delusions in the normal preschoolers she studied. Although some subsequent writers followed Despert's lead, excluding imaginary companions from the category of childhood hallucination (e.g., Eisenberg, 1962; Rothstein, 1981), others continue to include imaginary companions as hallucinatory phenomena (e.g., Weiner, 1961; Siegel, 1977).

If the child sees, hears, and plays with the companion, what status does the child give to the companion? Adult recollections of imaginary companions indicate that children see the companion as real. Vostrovsky (1895) found that 81% of her respondents "speak definitely, in some way, of the reality of these companions to them" (p. 397). Hurlock and Burstein (1932) found that "as many as 81% of the girls and 60% of the boys testify that the playmate was real to them" (p. 386). Nagera (1969) quotes a 9-year-old's succinct appraisal of her companion: "I invented her . . . of course, she was real" (p. 191). Notice that the child recognizes a difference between an imaginary companion and a flesh and blood companion, but this is not grounds for denying reality to the "invented" one.

Parents of young children for the most part accept and may even encourage children's interactions with their companions (Svendsen, 1934; Manosevitz et al., 1973). While accepting a child's companion, parents also enforce some constraints on what the child can say about the companion. For example, if the plants are found uprooted and the child says "Mary [my companion] did it," the parents will hold the child accountable. Specifically, what the child says about the companion

cannot generally be used to evade the rules that hold in the parents' household. But as long as the companion is not used for purposes of evasion, parents seem to respect whatever place the companion has in the child's world (Munroe, 1894; Green, 1922; Svendsen, 1934).

Although parents generally respect the claims that children make concerning their companions, sometimes they may fail to appreciate the significance of a young child's behavior. Harvey (1918) gives the example of a child named Alice, whose companion May was squashed to death when Alice's mother inadvertently sat on her.

> Miss Alice says that she screamed, and did her best to keep her mother from sitting down in the chair, but her mother laughed, not seeing anything in the chair, and sat down. Miss Alice was terribly distressed, and cried for half a day, but May was dead and never reappeared. (p. 15)

The majority of companions do not suffer death by squashing. Instead, they seem to vanish uneventfully about the time that the child begins school (Smith, 1904; Hurlock & Burstein, 1932; Svendsen, 1934; Ames & Learned, 1946). Martin (1915) quotes a college student whose description of his companions' departure is fairly typical: "When they finally ceased one by one to come to see me I often regretted their absence and wondered what had become of them" (p. 253).

Range of Cases

In the Paradigm Case just presented, an imaginary companion appears to a young child, can be seen and heard by the child, and is interacted with openly over a period of time. Parents respect whatever place the companion has in the child's world, and the companion enables the child to "do his own thing" in a way that the child couldn't otherwise. The companion disappears about the time that the child starts school. Additional cases of interest are identified by the following set of transformations.

T1. Allow for a child to have more than one imaginary companion.

Sometimes the child's first companion may serve essentially as a wedge, opening the door for other companions. The child's first companion may violate real world requirements only minimally, and may offer the child an opportunity to practice maneuvering in a world with an imaginary companion. Once the child has learned to manage in a world-with-a-companion, the child then is free to construct the kinds of companions who will give him or her the most behavior potential.

Green (1922), for example, describes a 3-year-old boy who initially had a companion named Mary. "Mary was a very vague and indefinite

being" (p. 24). Within a few weeks however, Mary had acquired an imaginary mother who became the more salient companion for the boy. Svendsen (1934) suggests that such "elaboration along family lines occurs more frequently than parents are aware" (p. 994).

T2. *Change the nature of the behavior potential associated with the companion from primarily expressive to primarily adaptive.*

Companions arise not only when a child needs some additional reality in order to have fun and express himself, but also when a child needs some additional reality in order to operate effectively in the adult world. There is a variety of circumstances in a child's life where a companion can be adaptive, but observers have focused on the role that imaginary companions may play in moral development (e.g., Munroe, 1894; Swett, 1910; Sperling, 1954; Fraiberg, 1959; Nagera, 1969).

In a situation where the child is struggling with a desire to do something he or she knows is wrong, an imaginary companion may suddenly materialize on the scene. The companion may add sufficient weight on the side of "Do what's right" so that the young child gives ethical reasons appropriate priority without needing a reminder from his or her parents. Alternately, the companion may appear as the one who wants to "do the deed." The child is then in a position to remind the companion of ethical reasons for not doing it, and the two may negotiate the reasons for and against the behavior. Such companions help the child learn to use relevant perspectives in making judgments, and acquire competence in making his or her own decisions.

T3. *Eliminate the requirement that the child play openly with the companion.*

Children sometimes tend to play secretly with their companion rather than openly. One reason for this is the danger of ridicule by siblings or playmates, which is painful to a child and can also result in a quick death for an imaginary companion. Harvey (1918) describes an instance where an older sister eavesdropped on her younger sister's conversation with her imaginary friend McGunty, and gleefully related the conversation to the family. The younger sister was never able to see McGunty again. "She tried as hard as she could to bring McGunty back, and was very lonesome without her . . . but McGunty's disappearance was permanent" (p. 21). Her sister's ridicule made it impossible for the child to carry off the relation to her companion anymore.

T4. Allow the first appearance of the imaginary companion to occur after a child has started school.

By the time a child starts school, we expect that child to have enough of a world so that the usual real world requirements would prevent the emergence of an imaginary companion. Thus, presumably a companion would need to offer an unusually good opportunity, or life would have to be relatively intolerable, to allow a school-age child to create and accept an imaginary companion.

Nonetheless, retrospective studies with adults indicate that it is not uncommon for companions to appear to older children. Hurlock & Burstein (1932) report that among girls, the most frequently reported time for companion appearance is between the ages of 5 and 7, and for boys, the most frequently reported time is after the age of 10 (p. 388). Nagera (1969) also notes that in his own direct observations of children, ages 9½-10 seem to be a second peak time for imaginary companions (p. 167).

T5. Allow the relationship with the companion to continue after the start of school.

Although research "shows" that imaginary companions disappear when children start school, some researchers do not believe that that is an accurate picture of what actually happens with childhood companions. For example, Ames and Learned (1946) state their personal conviction as follows:

> Though our present data do not yield this information, we believe that both imaginary animal and imaginary human companions continue in many children during the years from 5 to 10. As a rule these companions are kept entirely secret, or are shared with some other child, but are not divulged to parents. (p. 153)

Ames and Learned do not say what happens to covert companions after the child turns 10, but other writers have observed that imaginary companions may persist into adulthood. Harvey (1918) discusses three cases where imaginary companions from childhood continued to be visually present to young adults, and Hurlock and Burstein (1932) report that among high school and college students they studied, "one-fourth of the girls and almost half of the boys have maintained this friendship up to the present time" (p. 389).

Children Who Have Imaginary Companions

Imaginary companions are not a rare phenomena. Estimates of the frequency of imaginary companions vary from 13% to 28% or higher,

depending on the range of cases included by researchers (see Appendix A). Some of the early studies found that girls were more likely to have imaginary companions than boys, but the more recent studies (Schaefer, 1969; Manosevitz et al., 1973) indicate that boys and girls have an equal incidence of imaginary companions. Researchers have also looked at a range of personal characteristics to try to create a profile of a child likely to have an imaginary companion, but no such personality profile emerges across studies (Jersild, 1968, p. 396).

Analysis

The existence of a Paradigm Case companion in a child's world is not surprising, given that: (a) Parents allow a young child relative freedom from real world requirements when it comes to imaginary companions; (b) the companion increases the child's behavior potential; and (c) circumstances such as lacking playmates are conducive to companion appearance.

The disappearance of the Paradigm Case companion with the start of school also makes sense in light of increased parental constraints and changes in the child's circumstances. The start of school traditionally marks a transition point for children and their parents. It is the point where the child needs to leave the protection of home and adapt to the demands of the larger community. In anticipation of this break, parents may naturally increase their requirements on the child to speak and act in realistic ways. They may no longer give the school age child the same leeway as a younger child when it comes to imaginary companions.

At the same time, flesh and blood playmates become available to a child through school. To the extent that children value their imaginary companions because they are fun to play with, children may realize the same value with living children. In such cases, school playmates may take the place of the imaginary ones. The circumstance that brought forth the imaginary companion (i.e., no one with whom to play) no longer exists, and the imaginary companion vanishes.

While Paradigm Case companions depart at the start of school, some imaginary companions do *not* depart at this time, as codified in T5 above. In understanding cases where the companion does *not* disappear, notice that a companion may be born of lack of playmates, but offer the child different behavioral possibilities from those that later become available in relation to his or her schoolmates. In this case the imaginary companion will not disappear just because "real" playmates are now available. In accordance with the maxim that a person will not choose to actualize less behavior potential rather than more, the child will naturally maintain both sets of relationships and enjoy the potentials each offers.

In addition, the child may have become attached to his or her imaginary companion, and have more behavior potential with the imaginary companion than with any substitute. Even though living playmates have become available to the schoolchild, they cannot take the place of the imaginary companion. (If this sounds a bit farfetched, it is worth noting that Hurlock and Burstein (1932) found that 39% of their respondents "actually preferred these phantom playmates to any real companions" [p. 386]).

The more important the behavior potential or relationship that the companion provides is to the child, the less likely that the companion will vanish because of situational changes or increased parental requirements. Instead, the companion will go underground. The child will cease to talk about the companion or play openly with him or her, thereby avoiding the possibility of derision for having an imaginary friend. But this also closes off the possibility of negotiation with parents or siblings about the companion's existence. The companion then becomes subject only to the ecology of the child's own world construction.

While some facilitation from circumstances may be required to create a companion, and some pressure from increased real world requirements may be required to eliminate one, very little is required to maintain one (cf. the Awkward Range for personal relationships, Ossorio, 1983). Whatever covert ways the child finds to continue to interact with his or her companion will tend to keep the companion real. Once undercover, the child's companion may become less salient to the child, but the relationship will tend to continue for whatever behavior potential it offers.

The fact that companions may continue to exist through the school years and beyond has been a source of concern to some psychologists. Questions have been raised as to whether "children who create and then maintain their imaginary companions for a period of years finally become schizophrenic" (Bender, 1954, p. 51). Are imaginary companions "a precursor of contact disturbances as found in schizophrenia" (Despert, 1948, p. 532)?

At face value, there is some grounds for concern. When people have imaginary companions, their real world is different from the ordinary real world within which most people live their lives. People with imaginary companions effectively are playing with a wild card that other people lack. It makes sense to ask "Is this wild card a vehicle for stability and reality contact, or is it a passbook to craziness?" *A priori*, we cannot say that it is one or the other.

Empirically what evidence there is suggests that an imaginary companion is generally a vehicle for stability. Bender (1954) did follow-ups in "early adulthood" on 14 people who had reported imaginary

companions during psychiatric hospitalizations in childhood. None of the 14 had ever become psychotic.

Further analysis shows why children with imaginary companions would tend not to become psychotic. Part of the disability evident in persons diagnosed as schizophrenic is the inability to assign statuses to themselves and others, or to appreciate how stages and options fit into larger social patterns (cf. Kantor, 1977; Roberts, 1985a). However, to have an imaginary companion the child must be able to create a script for that companion. Creating such a script requires some degree of skill at status assigning and some appreciation of social practices. By their very nature, the abilities reflected in the maintenance of an imaginary companion tend to set children apart from the schizophrenic category.

Of course there are no guarantees of success playing with a wild card, and things may not go well for the child with imaginary companions. Sometimes the child's relation to a companion may be a vehicle for pathology. In understanding why companions may become pathological, consider the situation where a child "adopts" a family in the neighborhood. The child gradually spends more and more time with his or her adoptive family, and gets more and more attached to them. Finally the child decides "I'd rather live over there," because the child has more status and behavior potential with the adoptive family than at home. Similarly, a child who creates an imaginary family or community may come to have more and more behavior potential with this imaginary group, and become absorbed with them to the exclusion of his or her own family, peer group, and others.

Several cases in the literature where the child's ongoing relationship with imaginary companions became pathological seem to be of this sort (Green, 1922, pp. 33-40; Wickes, 1966, pp. 171-174). In both cases, however, the children would have been diagnosed as neurotic rather than psychotic, and who is to say that these children would not have become more disturbed without their companions.

Even when children who have had imaginary companions go on to become psychotic, the imaginary companion may not be the vehicle for the loss of reality contact. Despert (1948) made the interesting observation that "in 2 children who had had imaginary companions prior to the onset of schizophrenia, the imaginary figures were not involved in the delusional structure" (p. 535). Her observation supports the notion that children become psychotic in spite of their imaginary companions rather than because of them.

GHOSTLY COMPANIONS

Lindemann (1944), in his classic paper on grief, notes that a person may continue to relate to a deceased person "not in terms of a religious

survival but in terms of an imaginary companion" (p. 142). In spite of this early recognition of the phenomenon, relatively little has been written about the origination, status, life span, range of cases, or incidence of ghostly companions. I was able to find only five reports of case studies dealing with such companions. Sedman (1966) describes the bereavement hallucinations of several British psychiatric inpatients; Matchett (1972) and Shen (1986) describe mourning hallucinations among Hopi Indians; MacDonald and Oden (1977) examine post-death visions among native Hawaiians; and Hoyt (1980-81) gives examples of mourning presences among psychotherapy outpatients.

The facts about ghostly companions presented below have been garnered primarily from the work of Rees (1971, 1975) and from studies of grief in non-psychiatric populations. Appendices C and D give an overview of the studies used. Most of these studies deal with the grief of widows and widowers, and I have taken a ghostly spouse as paradigmatic.

Paradigm Case

As with an imaginary companion in childhood, the first appearance of a deceased spouse seems to be involuntary and unexpected. It is not generally a matter of the surviving spouse trying to conjure up his or her deceased partner. Rather the deceased partner simply appears. Gorer (1965) offers an example from a 48-year-old shopkeeper:

> I was upstairs after the wife died and I was watching television for the first time after she died; and all of a sudden I could see my wife as plain as anything, sitting in one of those chairs. I flew downstairs and never went in that room again . . . . It was very frightening. (p. 57)

Because of the vivid detail and extreme clarity of such a vision, it may seem to the perceiver for a moment as if the deceased person had actually come back to life. In the example given, the experience is like seeing the "Face in the wall" ("What kind of world is this if the dead return?"). The vision is upsetting and disruptive to the person's sense of the world as an orderly place.

For the majority of adults who see such a vision, however, the experience apparently is not frightening or disruptive. Instead, they seem to welcome it and find it a source of comfort and solace. Rees (1971), in a study of the entire widowed population of a well-defined area in Wales, found that 78% of widowed persons who had visual hallucinations of the dead spouse felt helped by them, and 73% of widowed persons who had illusions of the deceased spouse's presence felt helped by this experience (p. 40).

On seeing the phantom spouse, some people have impulses to engage in behavior towards him or her. Such impulses may be resisted. Parkes (1970b), for example, describes a London widow who noted "If I didn't take a strong hold on myself I'd get talking to him" (p. 194). Other people, however, simply engage in behavior towards the spouse, speaking to him or her or hurrying home to be with their phantom partner (Rees, 1971; Parkes, 1972).

If a person engages in overt behavior toward a ghostly spouse, there is of course a risk of detection by others. People easily develop ways to deal with this risk. As an illustration, Glick, Weiss, and Parkes (1974) present the "cover story" of one of their Boston widows:

> My neighbor next door knocked at the door one day and I was talking a blue streak, yelling out as though Burt [her deceased husband] was in the bathroom. She says, "You got company?" I says, "No." She says, "Who are you talking to?" I says, "Oh, just my wandering thoughts again." (p. 148)

Once established, the relationship to a ghostly spouse may last a long time. Rees (1971), who interviewed widowed persons as long as 40 years post-bereavement, reports that post-bereavement hallucinations "often lasted many years but were most common during the first 10 years of widowhood" (p. 37). If the relation to a ghostly spouse is taken, for example, as the last 10 years of a 40 year marriage, this longevity may be less surprising.

Range of Cases

The description of a ghostly companion presented thus far may be taken as a Paradigm Case. In the Paradigm Case the deceased spouse appears unexpectedly, looking and sounding just as he or she did in life, and is a source of comfort to the surviving spouse. The surviving spouse interacts secretly with the phantom spouse, and their relationship endures over time. The transformations presented below identify a range of other cases that differ from the Paradigm Case in significant ways.

T1. Change the deceased person to a parent, grandparent, sibling, friend, or other relation.

Widowed persons are not the only ones to have ghostly companions. Children may continue to relate to their deceased parents, adolescents to their dead siblings, young adults to cherished grandparents, and so forth (Sherman & Beverly, 1924; Childers, 1931; Keeler, 1954; Balk, 1983; Hoyt, 1980-81).

T2. Change the embodiment of the deceased from his or her familiar human form to any form recognizable as embodying the deceased's spirit.

Just as the gods in ancient Greece could take on any shape they desired in interacting with mortals, the bereaved are not limited to human forms in embodying the spirits of their deceased relatives. One of my clients, a 75-year-old widow whose husband had died 3 years previously, occasionally felt the presence of a fine old dog by her bedside. She knew by the dog's loyalty and protectiveness that this was her husband, staying near her even though parted from her by death.

T3. Allow for some initial shock, fear, or discomfort on seeing the deceased, with the relationship only later becoming comfortable.

For a person to take the presence of a deceased spouse matter-of-factly, the person's world would already have to be different from the world most of us take for granted. Hence it would not be surprising if a person initially reacted with some discomfort to "seeing a ghost." But as long as a widow, for example, did not actively try to prevent reappearances of the ghost, she might "learn to love him." Even though the person's world initially had no place for this sort of phenomenon, the person might be able to restructure the world enough so that the ghostly spouse could have a place as a protector, guide, companion, or whatever.

T4. Change the initial experience to one of illusions of the deceased rather than hallucinations.

Sometimes a person's initial sense of the dead spouse's presence is not based on a hallucinatory experience, but rather on the misperception of some existing sight or sound. For example, a rustle of the curtains at night may be taken as the wife's nightgown, or a creak on the stairs as the husband's footfall. Although such misperceptions may be fleeting and easily corrected, they may help make the possibility of the dead spouse's presence real.

T5. Allow for awareness of the deceased's presence without seeing and/or without hearing him or her.

A person may experience the feeling that someone is present without actually seeing and hearing him or her. And when that someone is as familiar as a spouse, the person does not need to see or hear the other to identify with inner certainty who it is that is there. Accordingly, widowed persons often feel the presence of their deceased spouses

without seeing or hearing them. Notice that when this is the case, the spouse may be present without being placed in any particular position in space, as one widow describes: "He's not anywhere in particular, just around the place; it's a good feeling." (Parkes, 1972, p. 58)

T6. Eliminate the requirement that the surviving spouse engage in overt behavior towards the phantom spouse.

When the phantom spouse is present as described in T5, there may not be any behavior called for on the part of the surviving spouse. Like the extra companion who sometimes accompanies explorers, the ghostly spouse may help the living spouse master a sense of loneliness or danger but not invite interaction.

T7. Eliminate the requirement that the relationship is an enduring one.

Although relationships to ghostly companions tend to be long lasting, this is not necessary. Some may involve only a few brief encounters, and others may be of short duration, just long enough to help the surviving spouse through the initial adjustment to the loss. One of the widowed persons interviewed by Rees (1975) reported hearing "sounds of consolation for the first three months" (p. 69), but the relationship apparently ended after that.

Adults Who Have Ghostly Spouses

Based on the bereavement studies included in Appendix D, 10% seems to be a reasonable estimate of adults who "see," "hear," or "feel" their deceased spouse. A higher percentage of adults may have the experience included by T5, "Allow for awareness of the deceased's presence without seeing and/or without hearing him or her." As indicated by the bereavement studies summarized in Appendix C, slightly less than 50% seems to be a reasonable estimate of the proportion of widowed adults who have experienced the presence of their deceased spouse in some form or another.

Just as boys and girls have an equal likelihood of imaginary companions in childhood, men and women have an equal likelihood of ghostly companions as adults. The proportions of men and women reporting bereavement hallucinations or illusions of presence were comparable within each of three bereavement studies (Clayton, Halikas, & Maurice, 1971, p. 601; Rees, 1971, p. 38; Glick et al., 1974).

In addition to collecting frequency data, researchers have investigated the relationship between phantom spouses and a variety of factors in the lives of men and women. These factors include age, change of residence, suddenness of death, and others. Across all the studies, only

one factor—marital harmony—emerges consistently as contributing to the presence of a ghostly spouse. As the data of Marris (1958), Rees (1971), and Parkes (1972) show, marital harmony increases the likelihood of a ghostly spouse appearing.

One factor that has not been examined is the relationship between having an imaginary companion as a child and having a phantom spouse as an adult. It seems reasonable that the childhood experience would increase the likelihood of the bereavement experience, because a person who has learned to maneuver in a world + x as a child may more easily accept a ghostly spouse in his or her adult world. It would be interesting to have empirical data on the connection between imaginary companions of childhood and imaginary spouses of widowhood.

Analysis

Following the loss of a spouse, the natural reaction is world reconstruction to try to achieve a condition in which there is not a loss (Ossorio, 1975). As a result of such reconstructive efforts, a person may find himself or herself in a world in which a phantom spouse appears. If the person finds the appearance of the spouse helpful, he or she may create a special status for the envisioned spouse. This status may be one in which the spouse "is dead in body but not in spirit." Just as with childhood imaginary companions, if the person acts in any way whatever in relation to the ghostly spouse, and if the person learns to manage the complexities that having such a spouse creates, the ghostly spouse is likely to become an established part of his or her world.

When this is the case, the person does not have as great a loss of behavior potential. In some essential respects, things are as they would be if the spouse had not literally died. Because his or her spirit remains, the surviving spouse is able to preserve some of the possibilities that were uniquely shared with his or her life partner, but also to acknowledge the partner's bodily death.

In light of this analysis, it is not surprising that ghostly spouses are more likely when a marriage has been happy. To the extent that a couple had a good relationship, the surviving spouse has more behavior potential to lose when the partner dies, and more to gain back if the partner reappears in some form.

Concern has been expressed, however, about the adjustment of widows who continue to have affective ties to their deceased spouses. Glick et al. (1974) state that widows seem to have "special problems in recovery" when the dead husband's presence is "persistent and emotionally important" (p. 149). Likewise, Bornstein, Clayton, Halikas, Maurice, and Robins (1973) note that women who are depressed 13

months post-bereavement are more likely to have hallucinations than their non-depressed counterparts.

The issue of psychosis has also been raised in connection with phantom spouses, especially for those people who "see," "hear," or "feel" their deceased spouse. According to DSM-III-R, hallucinations are symptomatic of organic mental disorders, schizophrenia, affective disorders, or brief reactive psychoses, to name a few. Uncomplicated bereavement is noticeably lacking from the list of possibilities included under "hallucinations" in the DSM-III-R Symptom Index (American Psychiatric Association, 1987, pp. 538-539).

Some of these concerns are best understood against the background of Freudian theory. Freud, in his classic paper "Mourning and Melancholia," described the "work of mourning" in terms of the detachment of libido bit by bit from the lost object. According to Freud (1957), reality testing demands that all libido be withdrawn from its attachment to the object. The work of mourning is completed only when the ego has severed its attachment to the object and freed its libido. Freud noted, however, that this work is not accomplished without opposition. "This opposition can be so intense that a turning away from reality takes place and a clinging to the object through the medium of a hallucinatory wishful psychosis" (p. 244).

Are ghostly spouses a vehicle for unresolved grief, loss of reality contact, and psychosis? What evidence there is suggests that this is generally not the case. The evidence includes the following:

1. With only one exception, all the examples presented in this section are from non-psychiatric populations. (The exception is the 75-year-old woman to whom a fine old dog appeared.)
2. Parkes (1972) found almost no correlation (.08) between "difficulty in accepting the fact of loss" and a widow's sense of her husband's continued presence. Likewise he found a non-significant correlation (.22) between "difficulty in accepting the fact of loss" and illusions and hallucinations of the deceased husband during the first month after his death (p. 208). This data suggests that widows with ghostly spouses do not have any special difficulty accepting the fact of loss, and that their reality contact is not problematic in this way.
3. The researchers who express concern about the adjustment of widows with ghostly spouses also note that none of these widows is psychotic (Glick et al., 1974, p. 147; Bornstein et al., 1973, p. 566).
4. Widows and widowers themselves report that the experience of the phantom spouse is comforting and helpful (Rees, 1971, p. 40; Glick et al., 1974, p. 147; Olson et al., 1985, p. 545).

5. Persons are not distorting reality if they add an additional status ("dead in body but not in spirit") and only behave in ways that are appropriate to that status.

If a person accepts the Freudian theory that a person must sever his or her attachment to the deceased completely, then there is an issue of unresolved grief for people with phantom spouses. But another way to formulate the question of unresolved grief is to ask "Is the person trying to live and behave in the same way that he or she would if the deceased were alive?" Merely to replay an old way of life with a phantom spouse might well lead to problems in adjustment, including but not limited to depression.

The following image, known as "Putting on *Hamlet*," illustrates the problems of replaying an old way of life without an essential person (P. G. Ossorio, personal communication, 1984).

> A repertory company has been putting on *Hamlet* successfully for some months when the only man who plays Hamlet suddenly disappears. In spite of his disappearance, the company decides to continue to put on their well-rehearsed play. Although no one plays Hamlet, everyone goes on with the show just as if Hamlet were there. The result is that Hamlet is more noticeable by his absence than he ever was by his presence.

The alternative, of course, is for the company to put on a different play, a play that does not call for Hamlet. Likewise for persons with unresolved grief, the alternative is to "put on *Macbeth*" (i.e., any play that does not require the deceased person). Notice that this alternate play may include a special part for the dead person as a ghostly companion, but this part will be different in important respects from the part the person played while alive. To what extent widows and widowers with ghostly spouses "put on *Hamlet*" as opposed to putting on a different play is an empirical question. Its answer would increase our understanding of both normal and problematic uses of phantom companions.

TAKE-AWAY APPARITIONS

Visits by the dead, coming to "take away" the dying, have been reported all through history (Finucane, 1984). A classic essay on the subject was written in Victorian England by Frances Power Cobbe (1882), and a variety of case studies have been compiled since then by parapsychologists (Gurney & Myers, 1889, pp. 459-460; Myers, 1903, pp. 339-342; Bozzano, 1906; Hyslop, 1907, 1918a, 1918b; Barrett, 1926; Rogo, 1978).

The most recent studies involve large-scale surveys of physicians and nurses concerning their observations of deathbed visitors. Osis (1961) presents data on 135 cases in which dying persons in the United States are reported by their attending physician or nurse to have had hallucinations of persons. Osis and Haraldsson (1977) report data on 216 cases from the Northeastern United States and 255 cases from India.[3] In discussing these cases, Siegel (1980) notes the similarity between take-away apparitions and imaginary companions of childhood.

Paradigm Case

The following description of an Indian high school student, whose mother had died when he was 2 or 3 years old, may be taken as paradigmatic.

> He was conscious of his surroundings and talked to his father until the last moment. Then, with one hand holding his father's and the other pointing toward where he saw his mother, he said, "Don't you see my mother? See! My mother is calling." Then he died—stretching forward to his mother, almost falling out of bed. (Osis & Haraldsson, 1977, p. 99)

As illustrated in this case, people who see take-away apparitions generally maintain normal awareness of and response to their environment. Osis (1961) notes that in 79% of his cases, people "hallucinated only the apparition and otherwise normally perceived their surroundings" (p. 71). Osis and Haraldsson (1977) report that in 66% of their cases, persons maintained normal orientation for time and place (p. 103).

Particularly striking is the way in which dying persons may alternate their attention and conversation between an apparitional visitor and the living people at their bedside. Hyslop (1918b) gives the example of a school age child who "scowled a little impatiently [at her deceased grandmother] and said 'Yes, grandma, I'm coming, but wait a minute, please.' " The child then turned back to her family to say goodbye (p. 624).

There can be little doubt that take-away apparitions seem real to the dying. In fact, dying people may summon all their remaining strength to respond to such visitors. The person who has been too weak to talk may speak to the apparition in a voice "strong and clear," and the person too weak to lift himself in bed may rise "clear up from the pillow" to embrace such a visitor (Barrett, 1926, p. 47; Hyslop, 1918b, p. 611). In India persons on their deathbeds have been reported to

resist a take-away apparition with their last ounce of strength (Osis & Haraldsson, 1977, p. 67).

The dying may entreat the living to see their visitors, and be "surprised," "fretful," or even "indignant" when those around them cannot see them (Bozzano, 1906, p. 72; Cobbe, 1882, p. 256). They may become upset when the living inadvertently brush their visitors aside. Barrett (1926) cites an instance where a woman went to see her dying sister: "As she sat down on a chair by the bedside, the invalid exclaimed, 'Oh, don't J—! Oh, you have sent Mother away, she was sitting there!' and she continued to seem much distressed" (p. 30). (Apparently sitting on the dead is not fatal in the way that it is for childhood imaginary companions.)

Range of Cases

The Paradigm Case presented above helps to identify some portion of the cases of take-away apparitions. Each of the transformations introduced below picks out some additional cases and clarifies the way these cases differ from the Paradigm Case.

T1. Change the take-away apparition to a spouse, stranger, religious figure, or other eligible person.

Mothers are the most frequently seen take-away figures, but other relatives "appear" in the United States in the following order of frequency: spouse, offspring, sibling, and father (Osis, 1961). In addition, strangers may come to take away the dying, especially the reluctant ones, and religious figures may also be seen (Osis & Haraldsson, 1977).

T2. Add a vision of relevant objects or environments to the take-away experience.

Some people not only see apparitions coming to meet them. They also see the gateway through which they must pass ("The door is opening wider and wider, and when it is open wide I shall be going through it." [Barrett, 1926, p. 49]); the barrier that they must cross over ("Just wait, Mother, I am almost over. I can jump it. Wait, Mother." [Bozzano, 1906, p. 73]); or the vehicle that will carry them from this world ("Tom, bring the boat nearer; I can't get in." [Barrett, 1926, p. 33]).

People may even see the world to which they are going: "The dying wife was in full view of the two worlds at the same time, for she

described how the moving figures looked in the world beyond, as she directed her words to mortals in this world." (Bozzano, 1906, p. 73)

T3. Change the timing of the apparitional visitor.

The experience of a take-away apparition occurs not only *in articulo mortis*, but also in the hours and days prior to death. Osis and Haraldsson (1977) found that in the Northeastern United States only 9% of such visions occur at the moment of death, while 60% precede death by more than 24 hours (p. 216). In the days before death, apparitions may offer assurance that "I'll be here when you come"; apparitions may promise to guide the dying person through the coming transition; they may offer comfort and solace; they may nudge the living to "come on" and so forth.

A classic case in the literature is that of Daisy Dryden, a daughter of missionaries who died at age 10. For the three days prior to her death she was in the regular company of her younger brother, Allie, who had died seven months before. Whenever Daisy felt uncertain about how her life would be in the "next world," she would ask Allie, and he would explain to her about heaven (Hyslop, 1918a).

T4. Change the purpose of the apparition.

Not all apparitions seen in life-and-death situations welcome the dying. Sometimes the hallucinatory figure "rejects the patient and forbids him to enter post-mortem existence" (Osis, 1961, p. 74). Although not everyone would describe this as an instance of "rejection," the cases in which a person is sent back to life are an important subset in the paradigm case formulation.

T5. Allow for an outcome inconsistent with the purpose of the apparition.

Not too surprisingly, being sent back to life by an apparition does not guarantee that a person will live, and answering a call to death, even from one's mother, does not necessarily mean that a person will die. The outcome may be at variance with the vision (Osis & Haraldsson, 1977, p. 149).

People Who See Take-away Apparitions

Given that 13% to 28% of children have imaginary companions, and 10% of adults may "see" or "hear" their deceased spouses, it would be interesting to have data of this sort for take-away apparitions. Unfortunately, I was not able to find comparable data concerning what proportion of dying people see take-away apparitions. Available data,

however, does indicate that men and women are equally likely to have deathbed hallucinations (Osis, 1961, p. 48; Osis & Haraldsson, 1977, p. 74).

Analysis

When people approach graduation, they begin to lose their attachment to their high school or college world before their time there actually ends. Likewise, people approaching death begin to lose their attachment to this world before their time here comes to an end. By the time death is imminent, a person could hardly be related to the world in the same old way anymore (cf. Cumming & Henry, 1961). Ordinary real world requirements do not carry the same weight for the dying as for the living.

At the same time, being dead is unthinkable from an Actor perspective. People cannot really see themselves as having no further possibilities for behaving. The prospect of death creates a situation where a person has to have a world + x, that is, a world in which behavior will continue to be possible. (Cf. "If, for a given observer, the real world is such that it would leave him in an impossible position, he will not see it that way. Instead, he will see it as a world that does have a place for him, and he will act accordingly." [Ossorio, 1976, p. 12a])

Given these facts, it is not surprising that people *in extremis* construct worlds-with-imaginary-companions. At this point in life, a person who has a relationship to a take-away apparition has "everything to gain" by virtue of this relationship, and little to constrain him or her by way of real world requirements.

It is also not surprising that people see objects or worlds in addition to imaginary companions. Non-religious people may draw on universal symbols of transition and use them in their world + x construction at the time of death (e.g., a boat to carry the person over). Religious people, who already have guidelines about what the "next world" is like, may simply expand their current world construction to encompass that "next world," however they believe it to be.

In the Paradigm Case, persons at the moment of death "choose" the take-away apparition over the living people beside them. From the perspective of the dying, going with the take-away apparition is more to the point than staying with the living. From the perspective of the observers at the bedside, reaching out to the take-away apparition may represent a final self-affirming act, in which the person uses up all his or her remaining potential rather than dribbling it away.

In the days prior to death, take-away apparitions may be status-enhancing in a variety of other ways. For example, the apparition who promises "I'll be here" gives a person a connection to whatever is on

the other side, and hence behavior potential. The apparition wh promises to be a guide through the valley of death increases behavio potential, because a person has more possibilities with a guide wh knows the territory.

Apparitions also appear in situations of indecision and uncertainty, i which a person is faced with the issue of "Will I live? Will I die?" Recall how imaginary companions in childhood sometimes appear i situations of moral indecision. By suddenly materializing on the scen such companions help the child give appropriate weight to relevan circumstances and corresponding reasons in making his or her decisions Take-away apparitions may serve a similar function, frequentl reminding people "Your children need you," "You have unfinishe business," and so forth. Alternately, apparitions may invite the perso to leave behind all worldly cares, and the person may affirm for himsel his reasons for living. Dialogues with take-away apparitions tend to b short and to-the-point, clarifying whatever is most salient in a life-and death situation.

Take-away apparitions may also be part of a person's attempt to fac the reality of death. Being in the company of someone who ha departed is a simple way of claiming (some sort of) membership in th community of the dead, and may help make the imminence of deatl more real.

CONCLUSION

Imaginary companions were conceptualized as phenomena of world + x construction and reconstruction, and parameters relevant to whethe or not a person constructs a world with an imaginary someone wer presented. In addition, access to a range of cases of imaginary compan ions was provided via a paradigm case formulation. The formulatio involved three Paradigm Cases—an imaginary companion of childhood a ghostly companion, and a take-away apparition—each with its own se of transformations.

A paper on imaginary companions would not be complete withou some mention of the expressive companions of adults. Just as wit children's imaginary companions, some adult companions are purel expressive, enabling adults to "do their own thing" in a way that the could not do otherwise. In concluding, the visions of William Blake wil be mentioned as an example.

In the years from 1819-1825, Blake drew a series of portraits o historical figures who "appeared" before him. Varley, a fellow artist and friend who was present at these "sittings," reported that Blake could not control his visions, but rather had to draw whoever appeared. At times

Blake ran into difficulties, like those he encountered while drawing Sir William Wallace:

> Having drawn for some time, with the same care of hand and steadiness of eye, as if a living sitter had been before him, Blake stopt suddenly, and said, "I cannot finish him—Edward the First has stept in between him and me." (quoted in Keynes, 1971, p. 131).

Although nineteenth century accounts depict Blake as a lunatic in Bedlam (e.g., Boismont, 1860, pp. 86-88), modern Blake scholars take the position that Blake was "deliberately leading on his credulous friend" (Keynes, 1971, p. 134) and "humouring" Varley (Butlin, 1971, p. 58). Perhaps Blake simply had the great and famous for imaginary companions, and these relationships enabled him to do some extraordinary drawings.

The conceptualization of imaginary companions presented above is of sufficient scope, plausibility, and responsiveness to account for companions like Blake's "odd fellows" as well as the more mundane companions discussed above. Operating with this kind of understanding may make it possible to deal more sensitively and competently with children, the widowed, the dying, and others who have a companion of uncertain status.

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Appendix A
Empirical Studies of Imaginary Companions

Author(s)	Date	n	Data source(s)	Age Range	Incidence (%)
Brittain	1907	40	Repeated interviews	13-20	27.5
Hurlock & Burstein	1932	701	High school and college student questionnaire	15-40	27.5
Jersild, Markey, & Jersild	1933	400	Child interviews and school records	5-12	35.8
Svendsen	1934	119	Child, mother interviews and school records	3-16	13.4
Ames & Learned	1946	210	Parent interviews, behavioral observation, and clinic records	2-10	21.4
Schaefer	1969	800	High school student biographical inventory		18.3
Manosevitz, Prentice, & Wilson	1973	222	Parent questionnaire	3-5	28.4

Appendix B
Case Studies of Imaginary Companions

Author(s)	Date	Data source(s)	n	Explanation	Additional function(s)
Munroe	1894	Personal observation	1	Ethical ideal towards which child is striving	Provide entertainment
Vostrovsky	1895	Personal reminiscences and observation reports	46	Good playfellow; friend in need of help	Aggrandize the self
Swett	1910	Personal observation	1	Supporting actor in child's moral dramachild	Tempt, castigate the
Harvey	1918	Reports by psychology students	37	Idea that becomes as vivid as a percept	Provide playmates
Green	1922	Contact with normal children	5	Daydream	Permit expression of instinctive motives
Wickes	1927	Work as a school psychologist	24	Archetypal personification	Aid in the process of individuation
Harriman	1937	Reports by psychology students	6	Reflection of a creative impulse	Compensate for companion deprivation
Bender & Vogel	1941	Observations on a child psychiatric ward	14	Positive mechanism used in time of need	Compensate for deficits in parent-child relations
Piaget	1951	Personal observation	1	Symbolic game	Assimilate reality without the need to accomodate
Sperling	1954	Child psychoanalysis	1	Prestage [*sic*] of the superego	Preserve the illusion of omnipotence
Fraiberg	1959	Personal observation	2	Means for problem-solving	Master childhood fears; control naughty impulses

Appendix B (con't.)
Case Studies of Imaginary Companions

Author(s)	Date	Data source(s)	n	Explanation	Additional function(s)
Murphy	1962	Research on children's coping	1	Coping device	Provide support during mother's absence
Nagera	1969	Child assessment; adult psychoanalysis	10	Fantasy attempt at wish fulfillment	Compensate for losses; "prop" the superego
Bach	1971	Personal observation; adult psychoanalysis	3	Element in series of nipple-feces-penis-child	Preserve omnipotence; deny helplessness
Benson & Pryor	1973	Retrospective report; adolescent psychotherapy	2	Narcissistic guardian	Provide "self-mirroring with approval"
Myers	1976	Adult psychoanalysis	4	Splitting of the self-representations	Ward off anxiety
Klein	1985	Parental report	3	Transitional self	Externalize and mirror aspects of the self

Appendix C
Experience of the Dead Person's Presence

Author(s)	Date	n	Population	Incidence (%)	Mean time since death
Marris	1958	72	Young or middle-aged widows from London's East End	50	2 years
Hobson	1964	40	Widows in a small market town in the Midlands of England	80	[½-4 years]
Yamamoto, Okonogi, Iwasaki, & Yoshimura	1969	20	Tokyo widows of men killed in car accidents	90	42 days
Parkes	1970	22	London widows referred for longitudinal study by GP's	68 55	1 month 13 months
Rees	1971	293	Entire widowed population of a well-defined area in Wales:	47	[Up to 40 years]
		227	Widows	46	
		66	Widowers	50	
Parkes	1975	59	Widowed in Boston:	61	[2-4 years]
		18	Faced an unexpected death	19	
		41	Death with longer notice		
Balk	1983	33	Illinois teenagers who had lost a sibling	50	23.6 months
Olson, Suddeth, Peterson, & Egelhoff	1985	52	Residents of two NC nursing homes:	61	[Not given]
		46	Widows	33	
		6	Widowers		

Appendix D
Bereavement Hallucinations

Author(s)	Date	n	Population	Significant differences	Incidence[a] (%)
Gorer	1965	80	Cross section of Britishers who had lost a relative		7.5
Clayton, Desmarais, & Winokur	1968	40	Relatives of patients who died in St. Louis hospitals		7.5
Parkes	1970	22	London widows interviewed 1 month post-bereavement		9.1[b]
Rees	1971	293	Entire widowed population of a well-defined area in Wales	Widowed	14.0[b]
		226		<20 years	16.8
		67		>20 years	4.5
Clayton, Halikas, & Maurice	1971	109	Surviving spouses in St. Louis interviewed at 1 month		6.4
Bornstein, Clayton, Halikas, Maurice, & Robins	1973	92	Surviving spouses in St. Louis interviewed at 13 months		5.4
		16		Depressed	18.8
		76		Non-depressed	2.6
Glick, Weiss, & Parkes	1974	49	Young Boston widows studied longitudinally		10.0
Olson, Suddeth, Peterson, & Egelhoff	1985	46	Widows residing in two NC nursing homes (mean age = 80)		47.8[b]

[a] May include visual, auditory, and tactile hallucinations.

[b] Visual hallucinations only.

NOTES

1. The concept of "real but not like other real objects" may have a familiar ring to mathematicians. In solving quadratic equations such as $x^2 + 1 = 0$, mathematicians proceed as if there were a number i whose square is -1. Such numbers do not fit within the real number system because the squares of both positive and negative real numbers are positive. These numbers were once given the status of "imaginary," but because it makes sense to act on imaginary numbers, today they are given the status of "real but not like other real numbers."

2. Nathan A. Harvey was recognized as an authority in the field of imaginary companions for many years. It may have been more than coincidental that Mary C. Chase named her imaginary white rabbit "Harvey" when she wrote her play by that name in 1943/1944. Unfortunately Mrs. Chase is deceased, and her husband does not know where she got the name (Robert L. Chase, personal communication, June 1, 1987).

3. The studies by Osis (1961) and Osis and Haraldsson (1977) have been criticized for sampling bias. Osis had only a 6% response rate from 10,000 physicians and nurses surveyed nationally in 1959-1960, and a 20% response rate from 5000 physicians and nurses surveyed in the Northeastern United States in 1961-1964. The representativeness of the data for the U.S. population as a whole is not a particular problem here, however, because the data is used only to contribute to a fuller description of the phenomena.

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ON THE OUTSIDE LOOKING IN:
A CONCEPTUALIZATION OF ADOLESCENCE

Mary Kathleen Roberts

ABSTRACT

The aim of this paper is to provide a fundamental formulation of the phenomenon of adolescence. In order to achieve this aim, the concepts of status, rational behavior, and status change are presented. In light of these concepts, adolescence may be described in terms of the development of adult competence. A person paradigmatically develops from being a very limited individual (i.e., a child), in need of help from others to make appropriate choices, into a competent adult, capable of making effective discriminations, evaluations, and decisions on his or her own. Adolescence may also be described as a time of status change. A person develops from a child whose primary status is in the family into an adult who can take his or her place in society.

Leaders within the field of adolescent psychology have expressed concern about the adequacy of our understanding of adolescents. For example, Joan Lipsitz (1977), in her landmark book *Growing Up Forgotten*, concludes that "our research is not informed by a coherent

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sense of who young adolescents are" (p. 14). Joseph Adelson (1985), a leader in the field of adolescent research since the 1950s, cautions "it will avail us little to have our research grow exponentially if it is based on an essentially incorrect or incomplete understanding of the adolescent period" (p. 249).

The sensitivity to conceptual adequacy reflected in these quotes is in part the result of a series of studies revealing the glaring discrepancy between psychoanalytic theory and the reality of adolescent development. Articles on these studies have titles such as "The Stormy Decade: Fact or Fiction?" (Bandura, 1969), "Adolescent Turmoil: A Myth Revisited" (Oldham, 1978), and "Current Contradictions in Adolescent Theory" (Coleman, 1978). As a result of the studies and critiques, the consensus among researchers today is that "normal adolescent turmoil" and "inevitable identity crises" are fictions born of theory, having little to do with the reality of adolescence.

As Powers, Hauser, and Kilner (1989) note, when such concepts about adolescents were finally set aside, "researchers and clinicians were left with little coherent conception of positive mental health in adolescence" (p. 201). Unfortunately, many people simply continued to use the old fictions. For example, the notion of "adolescent turmoil" as a "normal conflict associated with maturing" still appears in DSM-III-R as the basis for differential diagnosis of Identity Disorder (American Psychiatric Association, 1987, p. 90).

Because a new, scientifically viable conceptualization of the phenomenon of adolescence is needed, the aim of this paper is to present one. In order to do so, the Person Concept (Ossorio, 1966, 1978b, 1985), an all-encompassing concept providing formal and systematic access to all the facts and possible facts about persons and their behavior, is used. In particular, the concepts of status, rational behavior, and status change, as articulated in the Person Concept, are used in understanding adolescents. The paper concludes with an examination of the concepts of identity and identity problems.

STATUS

> The concept of status can be formulated in terms of position, in terms of relationships, in terms of standards, in terms of reasons, and in terms of perspectives. (Ossorio, 1983, p. 37)

Position and Relationships

A community may be partially understood as a structure of related statuses (cf. Putman, 1981). A status is a position or place within the

structure, and a given status is distinguished in part by its relationships to all the other positions within the structure. What goes with each status is behavior potential, and also certain limitations on behavior potential, for an individual who embodies the status.

Adolescence is a general status within many life-size social structures that people have created, and it is interrelated with other general statuses like child, adult, elderly person, man, woman, and parent. These statuses vary in the amount and quality of behavior potential associated with them. For example, an individual in the position of a child will have less behavior potential than an individual who is an adult.

Adolescence is a transitional status between being a child and being an adult. During adolescence, persons paradigmatically finish acquiring the abilities they will need in order to enact the status of adult more or less competently when they become adults at the age designated by their communities.

Notice that the concept of status used here is much broader than the concept of social status or rank. A person's place on the social ladder (e.g., "rich kid") is only one of his or her statuses, and general statuses like child, adolescent, and adult cut across social classes.

A person with the status of adolescent is potentially a member of the "team" of adolescents. As a member of the team of adolescents, he or she automatically has a potential relationship to any member of the team of children and to any member of the team of adults. The person also has a potential relationship to the team of children as a whole and to the team of adults as a whole. The concept of status is a way of talking about this entire network of relationships.

Standards

Statuses are distinguished in part by the standards in terms of which an individual embodying the status is properly to be judged. A person's status determines (logically, normatively) how a behavior by an individual having that status counts within a given community, and therefore it determines *what* behavior it is.

The juvenile justice system is one place in our community where the different standards that go with different statuses is obvious. The community recognizes that teenagers may do things that reflect poor judgment partly because they have not yet acquired all the knowledge and abilities of adults. In general, the community handles criminal acts committed by a teenager differently than if they were committed by an adult, and does not necessarily hold the behavior to be an expression of the teenager's character. Juvenile records are sealed in recognition of

the fact that persons may do things as teenagers that they would not do as adults.

The juvenile justice system also includes the concept of a status offense (i.e., an act or activity that is illegal only for a minor). Examples of status offenses include running away from home and truancy. The status of juvenile determines that these acts are illegal and punishable by incarceration. In contrast, nothing an adult does will count as truancy.

The standards that go with a status may be used in making judgments about how good a job a person is doing at filling the status. For example, if teenagers in our culture seem insensitive to sexual changes and concerns, they may be judged to be out of touch with some of the natural interests of teenagers and hence failing in that respect at being teenagers.

The standards that evolve in a community for a given status may be more or less appropriate. Standards themselves may be criticized as being inappropriate or out of touch. For example, some people in the psychoanalytic community believe that "a relatively strong id confronts a relatively weak ego" in adolescence, resulting in a great deal of storm and stress (Freud, 1966, p. 140). Because of this belief, they may incorrectly judge a teenager who does not experience emotional turmoil as doing a poor job of being a teenager.

Because the norms that go with a status guide our behavior, inappropriate norms may lead us to treat individuals in inappropriate ways. For example, a therapist operating in light of *sturm und drang* standards may fail to provide needed help to an adolescent in a pathological state, because the pain with which the adolescent participates is taken to be nothing more than what is "normal" for an adolescent (cf. Masterson, 1968; Rutter, Graham, Chadwick, & Yule, 1976; Weiner & Del Gaudio, 1976; Offer, Ostrov, & Howard, 1981).

Reasons

A person evaluates elements in the world in terms of what is significant to someone in his or her position. For example, a parent may see the latest punk hair style as offensive, but a teenager may see it as offering an opportunity for fun and self-expression. These evaluations of the hair style are examples of appraisals, that is, descriptions that carry tautological motivational significance (cf. Ossorio, 1990). In making an appraisal, a person discriminates a relationship that he has to some element in the real world (e.g., offensive to me, fun for me), and this discrimination gives him a reason to act. To appraise the hair cut as offensive *is* to have a reason for not getting one, and to appraise it as self-expressive *is* to have a reason for getting one.

The concepts of making an appraisal and having a reason are logically connected to the concept of having a status. To be in a status is to stand in certain relationships to others in a given community, and to be eligible to stand in certain relationships. The appraisal of these relationships on actual occasions gives an individual reasons to act. A person's reasons for acting are therefore an expression of his or her status (standing in relationship to some part or aspect of the real world).

Particular individuals may of course have reasons that normatively do not go with their statuses. For example, an 8-year-old girl might be worried about getting good grades so that she could get a scholarship and save her parents from having to pay for her college education. In this case, the status of child makes a crucial difference in how both her behavior and her reasons for that behavior are counted. Because hers are not the values and concerns that ordinarily go with being a child, we would wonder why she was acting on these sorts of values and reasons.

Perspectives

Depending on a person's position, he or she will look at the world differently and be sensitized to different facts. We expect the outlook of a child or adolescent to be different from that of an adult. In fact these differences in perspective may be a source of humor. For example, consider a cartoon in which two boys, one about 6 years old and the other about 8, are standing in front of a drug store window. After scrutinizing one of the displays, one boy says to the other, "But why would anybody *want* to feel 10 years younger?"

A person's perspective may shift when his or her status changes. Part of the shift in perspective that may come with being an adolescent involves seeing one's behavior not only in the context of the family but also in the context of the larger community. Adolescents generally enlarge the context within which they are operating to include more of the facts that constitute reasons for adult members of the community. Adolescents may also enlarge the temporal context within which they are operating and look at their present behavior more in light of the future. To the extent that their outlook on life expands in these ways, the significance of what they are doing will change.

Things will also take on a different significance for adolescents if they take the position that "It's *my* life." They will have a different sensitivity to opportunities and constraints if they are running the show. In contrast, children are generally not fully responsible for running their own lives. To some extent children do what they are supposed to do, and adults provide a good deal of direction for them. The outlook of a

child on what happens to him or her will therefore be different from that of an adolescent.

The shift in significance that comes with adolescence has been described as the "Big Leagues Effect" (P. G. Ossorio, personal communication, 1984). Instead of just playing little league ball, teenagers have graduated to the minors and are on their way to major league play. The game is more for real now instead of being merely play or merely practice. The decisions that the teenager makes and how he or she plays the game matter in a way that they did not before.

Because a certain level of competence may be required to see the world as a Big League player, persons may graduate to the status of adolescent but still maintain the outlook of a child. To the extent that persons are unable to make the necessary perspective shift when they change status, they will not be sensitive to facts that constitute reasons for other adolescents. In this case, they may be judged to be behind their peers (i.e., still operating as "Little League players") in light of the standards that go with the status of "adolescent."

Conceptual Coordinates

Some of the relationships between the concepts of status, standards, reasons, and perspectives have been delineated and illustrated above. Although the concepts have been illustrated with examples from teenagers in the United States in the 1990s, examples could have been drawn from any place or any point in time.

A conceptualization of this sort contrasts with traditional theories that state specific "truths" about adolescents, like "the major goal of adolescence is separation from the family." Wanting to be separate from family is just one possible reason that an adolescent may have, and one that may not carry that much weight with some adolescents (cf. McDermott, Robillard, Char, Hsu, Tseng, & Ashton, 1983). Rather than stating such truths about adolescents, the conceptualization provides a structure in which the range of facts and possible facts about adolescents can be distinguished.

Having this sort of conceptualization is like having a set of coordinates (cf. Ossorio, 1978b, pp. 171-173). These conceptual coordinates may be used to systematize possible variations as well as similarities among individuals, among sexes, among cultures, over time, and so forth, with respect to adolescence. The concepts presented thus far could therefore be used to systematize facts about the status of adolescence in its own right. But because adolescence is a transitional status leading to adulthood, our understanding of adolescence may be increased to the extent that we have a more complete understanding of what is involved in being an adult.

RATIONAL BEHAVIOR

If I am an archetypal adult human being, then I have the competence to consider, weigh, and understand behaviors from each of the hedonic, prudential, ethical, and aesthetic perspectives, and further, to do this generally without deliberation. (Ossorio, 1982a, Chap. 4)

Circumstances, Reasons, and Perspectives

The concept of a person's circumstances is a cover term for a range of facts that are relevant to a person's behavioral choices. For example, the fact that someone is a late adolescent, the fact that the members of his family have run a lucrative business for several generations, the fact that he is gifted as an artist but lacks aptitude for business, and the fact that his parents expect him to follow in his father's footsteps, might all be included in a young man's circumstances.

Circumstances include all the states of affairs that provide opportunities, limitations, and motivations for behavior (cf. Ossorio, 1982b, pp. 33-35). A person formulates these states of affairs as aspects or elements in his or her world.

This formulation of circumstances is not merely classificatory. Persons do not distinguish the elements of their worlds simply as something out there, totally unrelated to themselves. Such distinctions would not give people any basis on which to act. Persons also do not see the elements in their worlds merely in terms of how it would be appropriate for someone (else) to treat elements like that. Such distinctions would not provide reasons for behaving in one way rather than another. Instead persons primarily evaluate their circumstances with regard to their personal relevance.

The personal relevance or significance of an individual's circumstances lies in what they give the individual reason to do or not to do. In considering the set of facts presented above about an adolescent, one question that arises is "Given these circumstances, what will the young man do?" The significance that these facts have for the young man is of interest because it determines (logically, tautologically) some of the reasons he has and some of the behaviors he will engage in.

Persons' reasons may be classified in four general categories: Hedonic, prudential, ethical, and aesthetic (cf. Ossorio, 1978a, pp. 84-86). If a person sees a situation as offering him an opportunity for pleasure, this appraisal gives him a hedonic reason. If a person evaluates a situation as personally advantageous, this appraisal gives him a prudential reason. If he perceives that the circumstances require him to fulfill a duty, this

appraisal reflects an ethical reason. And if he recognizes that the situation calls for him to do the "done thing," this appraisal provides him with an aesthetic reason.

Each of these appraisals involves seeing the situation in a different light. We may therefore identify four perspectives that correspond to the four kinds of reasons. To operate from a hedonic perspective is to be sensitive to pleasurable possibilities; to operate from a prudential perspective is to look out for one's own interests; to operate from an ethical perspective is to see situations from the viewpoint of what is the right thing to do; and to operate from an aesthetic perspective is be sensitive to what is artistically, socially or intellectually fitting.

Persons paradigmatically behave in light of all four perspectives simultaneously. Particular perspectives, however, may be more or less predominant with respect to what a person is doing on a given occasion. For example, a teenager may decide what concert to attend primarily in light of which music group he enjoys the most. In that situation, it is appropriate for his behavior to be responsive primarily to a hedonic point of view (although prudential, ethical, and/or aesthetic viewpoints may come into play as well). In contrast, if he decides what college to attend primarily in terms of where he can have the most fun, the choice would probably be ill-advised. In that situation, it is not generally appropriate to give that kind of priority to the hedonic perspective.

In situations where two or more perspectives are relevant to a significant degree, motivational conflict is possible. For example, the young man who is under pressure from his parents to enter the family business may appraise that he has an obligation as their son to do so. But he may also recognize that it is not in his best interests to pursue a career for which he lacks aptitude. In this case, he may be in conflict over what he has reason to do from an ethical point of view and what he has reason to do in light of prudential considerations.

Conflict is possible not only between perspectives, but also within each of the perspectives. For example, if the young man appraises that he would do well financially as the boss's son in the family business, he has a prudential reason to take advantage of this opportunity. This reason conflicts with the other prudential reason noted above: The young man knows that he is not good as a businessman, but he could probably be successful as an artist.

A person's total set of relevant circumstances and corresponding reasons operates as a set of logical constraints on what the person does in a particular situation. Ideally the behavior that the person enacts is responsive to this entire set of circumstances and reasons, in the way that the solution to a set of simultaneous equations fits the requirements of all the equations (cf. Ossorio, 1977, p. 140).

Of course, an ideal solution of this sort is rarely (if ever) possible, because a person has reasons both for and against a given behavior. When there is no behavior that satisfies all of an individual's reasons simultaneously, the person may give up some of the reasons that are less important to him or her and act in light of the reasons that carry more weight. A person's behavior is therefore responsive not only to *what* reasons he or she has, but also to the relative weights that these reasons carry with the person in the particular situation.

The relative weights assigned to various reasons will reflect both a person's status and his or her personal characteristics. For example, what carries weight with an adolescent will be different from what is important to an adult. And what is significant to one adolescent may not matter to another, depending on each adolescent's unique set of personal characteristics and circumstances.

Nothing in the preceding discussion should be taken to mean that a person lays out reasons, reflects on values, and thinks things over before acting. The concept of rational behavior in no way involves requirements of this sort. Persons paradigmatically appraise what the situation calls for and behave spontaneously, without deliberating about what to do. Of course if a person is stuck when it comes to making a particular decision, or the decision is of unusual difficulty or importance, a person may think things over. These qualifying conditions, however, reflect the fact that such deliberation normally is not necessary, and spontaneous rational behavior is the rule.

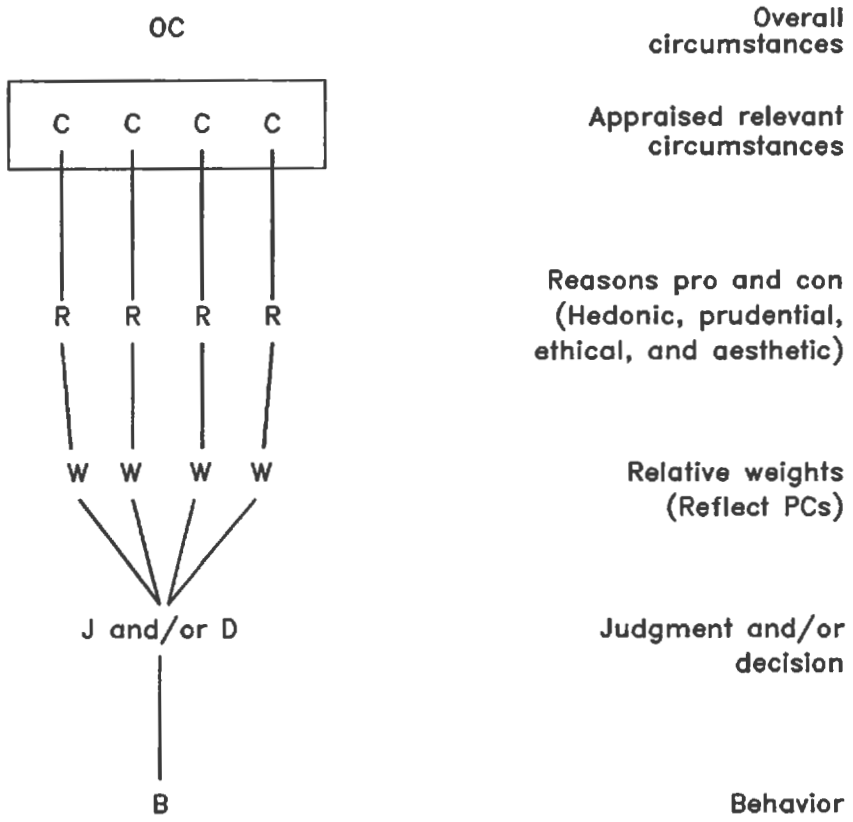
The Judgment Diagram

The concept of an adult paradigmatically acting in light of his or her total set of relevant circumstances and total set of (usually conflicting) reasons is represented in the Judgment Diagram (Figure 1). This conceptual-notational device presents the interrelationships between the concepts of circumstances, reasons, perspectives, and weights in a canonical form.

It may be used as a guide to criticize what was done or what was not done in a given situation (cf. Ossorio, 1978a, p. 90). In light of the Judgment Diagram, we may criticize an adult's behavior because:

1. He or she left out circumstances or facts that were relevant (i.e., that would have given the person reason to do something else).
2. He or she included circumstances or facts that were irrelevant.
3. He or she gave too much or too little weight to the reasons that were relevant.

Figure 1. The Judgment Diagram



The Judgment Diagram may also be used in analyzing the behavior of persons who are not yet fully competent at making rational decisions, for example, children and adolescents. We can reconstruct the decision that an adult would make in a given situation, and then compare a child's decision or an adolescent's decision in the same situation to see what kinds of facts the young person brings in or leaves out, and what weights he or she gives to different reasons.

For example, consider a situation in which a man is late for an appointment because he took the long way around to avoid a threatening crowd. The man did do something wrong, and the fact that he did it for good reason does not mitigate the fact that it was wrong. But most adults would judge that he did the *right* thing given the situation.

The situation called for him to give due weight to prudential reasons as well as ethical ones.

In contrast, elementary school children would be likely to judge that the man did the wrong thing. School children would tend to leave out the fact of the threatening crowd and give too much weight to the fact that being late is wrong. Piaget (1932) calls this "moral realism" and theorizes that children at the stage of moral realism take rules as absolute.

Piaget's notion that children take rules as absolute has a parallel in the Judgment Diagram: When a person is dealing with reasons, the reasons *are* absolute. But as the Diagram also illustrates, behaviors are situational. It is not possible to judge that a particular behavioral choice is the right or wrong one to make independently of the context in which it occurs.

Domains and Relevant Reasons

In the Judgment Diagram there is an "OC" indicating a person's overall set of circumstances, and a box of "C's" denoting those circumstances that a person appraises as relevant to what he or she is doing. This notation reflects the fact that not all of a person's circumstances will be relevant to every behavioral choice.

When persons evaluate their circumstances with regard to their significance for their behavior, they are operating within some domain. Consider, for example, a teenager playing baseball. Some of the circumstances within the domain of baseball that are relevant to the teenager's behavior include the fact that he's pitched the whole game and he's tiring; the fact that it's the middle of the ninth; the fact that the game is tied; and the fact that the batter up is a power hitter but a slow runner. Given these facts the teenager might decide to walk the batter deliberately.

There are some additional circumstances outside the domain of baseball that may be significant for the teenager's choice, however. These include the facts that the batter treated his date poorly last Saturday night, and the date was the pitcher's sister. Given these facts the teenager might decide to do his utmost to strike the batter out.

If the teenager tries to strike the batter out, his teammates may be angry that he has overlooked an important fact in the context of the game. ("Doesn't he know how good a hitter that guy is?") Or they may be angry that he has brought in facts from his personal life that are irrelevant to the game itself. ("What's he trying to do? Sacrifice the game for his kid sister?")

In order to be able to function competently in a given context (whether it be a family, a peer group, a personal relationship, a

profession, or other group), persons need to have the sensitivity to pick out those facts that are relevant to what they are doing within that domain, and that are relevant to the status from which they are operating. They also need to be able to restrict themselves to acting only on the facts that *are* relevant, without regard for any of the other reasons they might have.

In general the relevant facts and corresponding reasons will distribute across the hedonic, prudential, ethical, and aesthetic perspectives. Managing one's behavior in a given domain therefore calls for a person to be operating with the four perspectives discussed above.

Although the focus in this section has been on persons operating in limited domains and restricting the reasons they act on, there is obviously no limit to the range of facts that could be relevant to a person's behavior. The OC in the Judgment Diagram may include, if only schematically, the whole world and its past and future history in the case of a person "operating under the aspect of eternity." In fact persons may be criticized for operating only within limited contexts, that is, for not including a wide enough range of facts in their behavioral choices, with a corresponding lack of meaningfulness or effectiveness in their lives.

Competence, Character, and Discipline

Choosing wisely among behaviors on the basis of the four perspectives is an expression of a person's competence. Persons have to acquire the ability to use the four perspectives in making appraisals in the way that they have to acquire any other competence. (See Holt [1980, 1990] for a paradigm case formulation of what is involved in mastering the ethical perspective.)

To the extent that a person has mastered a given perspective, the person will routinely be able to recognize what a situation calls for in light of that perspective and act accordingly. (Cf. To the extent that a person has mastered the fundamentals of music, the person will routinely be able to hear what a song calls for in terms of melody, volume, and tempo, and respond accordingly.)

Mastery of the perspectives also involves being able to operate with all the perspectives simultaneously. Sometimes people have a grasp of each of the perspectives independently, but are unable to choose wisely within the full complexity of a situation. (Cf. A person may have a grasp of melody, volume, and tempo, but be unable to sing his or her own part in the presence of harmonious and/or dissonant voices.)

In addition to becoming competent in use of the perspectives, persons also normatively have to acquire other personal characteristics such that they are inclined to give appropriate weight to the reasons revealed by

each of the perspectives. The weights that are appropriate will depend in part on the domain (community) a person is operating within, and the person's status within that domain.

To the extent that a person possesses only those characteristics that are normative for an individual in a given status, his or her behavior will reflect precisely the weights that the particular set of reasons would carry for a person in that status. Such a person may be characterized as one of the Standard Normal Persons for that community (cf. Ossorio, 1983, pp. 27-28). For example, a "typical teenager" merely does what the situation calls for a teenager to do, and his or her behavior is responsive to the relative weights that a particular set of circumstances and reasons would carry for a teenager.

Of course persons also acquire differentiating characteristics. The weights that a person gives to the various reasons for and against a given behavior reflect some of his or her characteristics as an individual, as well as characteristics that are merely social (e.g., characteristics of a typical teenager in our society). Because the differential weights that an individual gives to a particular set of reasons reflect in part the individual's unique characteristics, behavior is an expression of a person's character as well as an expression of the person's status.

Persons may acquire some of their personality characteristics, including their competence in the use of the perspectives, through participation in the social practice of discipline. When a child or teenager makes a bad choice, parents may discipline the young person so that next time he or she can make a better choice.

The social practice of discipline may include describing the behavior as the wrong thing to do, correcting the child, providing a warning of possible consequences, and punishing the child. Options within each of these stages are presented in Figure 2. (See Kantor [1973] for a discussion of the social practice of discipline, and Kantor [1977] for a discussion of pathogenic forms of discipline.)

As an example, consider how a mother might discipline her teenage daughter who has recently become sexually active. Her daughter sees sex simply as pleasurable, and that appraisal gives her a reason to engage in it. But her mother is sensitive to the danger of her having an unwanted pregnancy. She may therefore correct her daughter's appraisal of sex as simply pleasurable and warn her about the risk of getting pregnant. She may give her new concepts (e.g., conception, fertile period) and new skills (e.g., "Have the boy use a condom" or "Let's get you on the pill") so that next time her daughter can act in light of the risk of pregnancy as well as the pleasure of sex.

Figure 2.
Stages in the Social Practice of Discipline

1. APPRAISAL of the action as wrongdoing
   Response to that appraisal
2. CORRECTION of the wrongdoing
   Options: a. Lay down the law
   b. Remind and advise
   (1) Teach proper distinctions
   (2) Teach proper skills
   (3) Remind/advise of the relevant reasons for choosing and/or the proper weighing of his reasons
   c. Other
   Response to that correction
3. WARNING of the consequences of certain actions
   Options: a. P1 says that *he* will bring the consequences upon P2.
   b. P1 says that the situation will have consequences for P2.
   c. Other
   Response to that warning
4. PUNISHMENT for wrongdoing
   Options: a. Retribution
   b. Deterrence
   c. Rehabilitation
   d. Degradation Ceremony
   e. Other
   Response to that punishment

Abbreviated from Kantor (1973), *The social practice of discipline*. Unpublished manuscript, University of Colorado, Boulder.

Disciplinarians may also allow the person being disciplined to justify his or her behavior. The young person may tell the parents what the situation *really* was; he or she may add some facts that change the picture. ("I know it's wrong to be late, but I gave my friend who was too drunk to drive a ride home.") The young person may also negotiate about the weights that should be attached to a particular reason. ("I know it counted that way when you were young, Mom, but it's just *not* that big of a deal today.") Discipline of this sort may result in an increase in a person's rational competence so that the person is empowered to make better appraisals and decisions in the future.

Of course when a child or teenager makes a bad choice, a parent may in essence take the position that the behavior is not to be excused or explained away by reference to inadequate concepts and skills, overlooked facts, or misweighed reasons. Instead the behavior is taken to be an act carried out by a particular sort of person (cf. Ossorio,

1978b, p. 48). In this case the disciplinarian criticizes the young person's character rather than his or her competence.

In the example of the teenage girl who has recently become sexually active, her mother may respond to her with punishing character appraisals like "You whore" or "You slut." Discipline of this sort does not contribute to a person's rational competence, although it may give a person reasons to behave differently in the future.

Paradigm Case Formulation

In Descriptive Psychology "paradigmatically" is a standard marker which indicates that what is being presented is to be understood as a Paradigm Case in a paradigm case formulation (cf. Ossorio, 1981, p. 94). This marker has been used in several places in this section. Examples include "an adult paradigmatically acts in light of his or her total set of relevant circumstances and total set of reasons," and "persons paradigmatically appraise what the situation calls for and behave spontaneously, without deliberating about what to do." Accordingly, these descriptions are to be understood as identifying a Paradigm Case of rational behavior.

Several transformations of the Paradigm Case have been mentioned. For example, persons may not act in light of their total set of relevant circumstances because they have not yet acquired the competence to manage the complexity of the whole set; because the situation calls for them to restrict themselves to only those reasons that are relevant in a limited domain; or because they have overlooked some significant facts.

Other transformations could be formally introduced, but this will not be done because the Paradigm Case is sufficient for the task at hand, that is, to understand the end point towards which the adolescent is developing. A person develops from being a very limited individual (i.e., a child), in need of help from others to make appropriate choices, into a competent adult, capable of making his or her own appraisals and decisions. The Paradigm Case of rational behavior presented in this section enables us to be clear about the abilities and values an adolescent needs to acquire in order to be rationally competent as an adult.

STATUS CHANGE

> Much of human . . . interaction can be understood adequately as maintaining particular statuses or as presenting, rejecting, or adjudicating claims to particular statuses. (Ossorio, 1978b, p. 150)

Competence and Status

The end point towards which the adolescent is developing involves more than just the possession of rational competence; it also involves the possession of a particular status. Although the possession of a status tends to go hand in hand with the possession of the competence necessary to enact that status, this is not necessarily the case.

Persons may be elevated to a status that they in fact lack the ability to discharge (e.g., the adolescent who is left in charge of the shop by an alcoholic boss). Persons may promote themselves to a status for which they do not yet have the relevant practice and experience (e.g., the 13-year-old who hasn't been behind the wheel of a car before, but who decides to take the family car for a ride around the block).

Persons may be competent, but others may refuse to grant them a status commensurate with that competence (e.g., the adolescent whose parents do not treat him as capable of making his own decisions). And persons may be competent, but fail to assign themselves a status that reflects their actual abilities (e.g., the teenager who does well academically but is surprised at what a "dumb kid" can do).

Adolescents need to acquire both the competence *and* the status of adults. An understanding of the dynamics of status acquisition and status change is therefore essential for an understanding of adolescence.

Status Assignment

Statuses within a given community are created, assigned, and accepted by persons. When a person is offered a new status, elements of both accreditation and degradation are generally involved (cf. Ossorio, 1978b, p. 145). The accreditation element of a status assignment involves an increase in status, that is, an increase in behavior potential. Symmetrically the degradation element involves loss of status, that is, loss of eligibilities to participate in the community in various ways.

Both accreditation and degradation are involved, for example, when a person is offered the status of "adult" by the other members of his or her community. The person becomes eligible to participate in new ways in the community (e.g., to vote, to hold an elected office), but the person also loses the eligibility for special allowances generally granted to teenagers (e.g., to have criminal acts handled by the juvenile justice system).

When a new status is assigned to a person, he or she will be treated accordingly. If the appropriate behavioral follow-through is missing, that calls for an explanation ("If you know I'm an adult, why do you keep treating me like a kid?"). The person will also be judged by the

standards that go with his or her new status ("If you want to be treated like an adult, then you'll have to be accountable like one.").

Acceptance and Negotiation of Statuses

When a person is assigned a status within a given domain or community, that opens up a range of behavioral options. In general, actualizing these possibilities depends upon a person accepting the status to which he or she has been assigned. (Cf. Once players have decided who's going to be the pitcher, who's going to be first baseman, and so forth, they're ready to play the game. But if the designated pitcher refuses to be the pitcher, the players can't play ball yet.)

Moreover, if persons accept statuses that are unsuitable or inappropriate for them, it is unlikely that the available options will be realized with normative success and satisfaction. Persons who are miscast are unlikely to be able to discharge their statuses well, and/or they are unlikely to find personal satisfaction in the enactment. (Cf. If the first baseman can't catch the ball, the game won't go well and everybody may end up frustrated.)

When questions arise about whether or not a status is appropriate or right for a given individual, persons may resolve these questions via negotiation. Negotiation is for the sake of making a good decision or a fitting status assignment (cf. Ossorio, 1978a, p. 118).

Negotiation paradigmatically takes place between persons who are rationally competent, i.e., between persons who are able to judge whether a decision is correct or whether a status is appropriate. In other words, negotiation paradigmatically takes place between adults. In an adult-adult relationship, there is a basic symmetry in that each person is equally eligible to assign, accept, reject, and negotiate statuses (cf. Roberts, 1985).

In contrast, there is an asymmetry in an adult-child relationship. Because of their dependence on adults, children to some extent have to accept whatever places adults accord them; they are not generally eligible to reject these places. Moreover, children are subject to discipline by adults for their status assignments.

Parents of course may allow a child to take a stand, justify his or her status assignments, defend them against criticism, make revisions independently, and so forth during the social practice of discipline. Children who are allowed to participate in discipline in these ways are being given the eligibility to assign, reject, and negotiate statuses. During discipline, however, if a child cannot see where an appraisal is incorrect, a judgment is bad, a choice is wrong, or a status assignment is not fitting, parents need to follow through with corrections, warnings,

and/or punishment to help the child acquire the perspective and judgment that the child lacks.

To the extent that parents do a good job of disciplining and educating their children, children will learn as much as it is reasonable to expect them to learn given their limitations. Often children will get to be as good as or better than their parents at making decisions and assigning statuses. (Cf. To the extent that a music teacher does a good job, his or her students develop musically until they are able to play as well as or better than the teacher.) The closer persons come to being equals to their parents in rational competence, the more they are likely to resent being treated as children (i.e., persons in need of discipline), and the more they may claim the status of adults (i.e., fellow negotiators).

When negotiation between adults ends in disagreement, adults respect the fact that a fellow adult may see the same situation differently, given who he or she is. Adults will account for their differences using personality descriptions, and they will not (normatively) try to lay down the law, warn, or punish each other over their different points of view. It is *this* treatment, and *this* status, that teenagers seek to obtain from their parents.

Unfortunately there may be an awkward period of time in which a teenager feels that he or she is eligible for the status of adult, but parents are unwilling to bestow it (sometimes because of doubts about the teenager's competence). Eventually, however, parents relinquish the status of disciplinarian and graduate their teenagers to adult status.

Acting as a Representative

Teenagers have opportunities to acquire status in a variety of groups other than their families, and they may begin to act as members or representatives of these other groups. For example, a teenage girl may try out being an attractive young woman. Insofar as she can, she spots opportunities to wear makeup, to flirt with boys, to go to dances, and so forth. She may begin to respond to the circumstances relevant to an attractive young woman in whatever ways she can.

The teenager may also start going out on job interviews. She may try to put herself in the frame of mind of a member of the work force, and begin to perceive things the way that a person with a job would. She may begin to act on the reasons that an employed person would have insofar as she can detect them.

In each case, the teenager tries out a new position in the community and begins to see the world from that perspective. Each new position that a teenager tries out offers a new set of relationships and possible relationships, for example, possibleboss, possibleboyfriend (cf. Ossorio, 1982b, p. 85). These relationships provide the teenager with new

reasons, reasons that go with being in each position and with being a member of the corresponding group.

In order for an adolescent to take advantage of the opportunities to be a member of a variety of groups, a certain level of rational competence may be required. The opportunities available generally require that a teenager be able to appraise and act on his or her relations and possiblerelations in new situations without parental guidance.

In addition, in order for an adolescent to increase his or her behavior potential beyond the family group, the person must be able to self-assign statuses. If a teenager does not self-assign the status in question (and hence is not *being* a sexually attractive person, a member of the work force, or whatever), the teenager's behavior will not be an authentic expression of the status.

In acting as a member of a given group, the teenager acts on those reasons that carry weight with a member of that group, without regard for any of the other reasons that he or she might have (cf. Ossorio, 1983, p. 36). For example, if a teenage girl is going out on a date and her mother says "Wear your boots," that is irrelevant to the girl in what she is doing. She may have that reason as a member of her family group, but as an attractive young woman, she rejects that reason. Likewise, if she is scheduled to work and her friends say "Don't miss the party tonight," that is irrelevant to what she's doing as a worker. She may have that reason as a member of her peer group, but as a member of the work force, she rejects that reason.

By exercising their status in each of the groups of which they are members, teenagers paradigmatically are acquiring both the competence and the personal characteristics that they will need as adult members of their communities. To the extent that they are successful, they learn to perceive and appraise circumstances in terms of the values and concerns that go with being a member of each group, and they learn to restrict themselves to the reasons that are relevant to a group member. Moreover, they learn to do it without thinking, so that it comes naturally.

Sometimes teenagers may self-assign a status but lack opportunities to enact that status. For example, a teenage girl may self-assign the status "attractive young woman," but her parents may restrict her opportunities to try out behaviors expressive of that status. Likewise a teenager may self-assign the status "member of the work force," but a lack of entry level jobs in his community may limit his opportunities to actualize that status.

Even in the absence of opportunities to actualize a status, a teenager may *be* an attractive young woman, a member of the work force, and so forth "on the inside." Teenagers may have enough of what it takes to

be members of these groups so that they can be described as "unemployed attractive young women" or "unemployed members of the work force" (cf. Ossorio, 1976, p. 149). The notion of "unemployed" serves as a reminder that all the teenager lacks is the job.

If the limitations on the teenager's opportunities are due primarily to coercive parents, the notion of "jailed peer group member" or "jailed attractive young woman" may be more apt than "unemployed" (P.G. Ossorio, personal communication, 1984). A teenager may outwardly conform to parental rules but inwardly affirm peer group values, thereby being a member of the peer group who's in jail. The notion of "jailed" serves as a reminder that as soon as the teenager gets out of confinement, he or she will act in accordance with the values and concerns that go with being a peer group member.

Conflict

Given the variety of groups of which the adolescent is a member (e.g., the family, the peer group, the school, religious institutions, and the wider society), the teenager may be faced with conflicting reasons for acting. For instance, a teenager from a fundamentalist Christian home may find that acting as a member of most of the peer groups available at public school involves acting on reasons contrary to his or her values as a Christian and as a family member. The teenager may be in conflict because of the incompatible values of family and peer groups (cf. Ossorio, 1983, p. 36).

The question may arise as to *which* group a teenager is most likely to act as a member of when there is conflict between groups. A set of principles is presented in Figure 3 in order to answer this question. In accordance with these principles, a teenager will act as a representative of the groups where he or she has the greatest behavior potential.

For example, in a family where there is mutual trust, respect, support, and affection, a teenager probably has a lot of status. Therefore the teenager will tend to act as a member in good standing of his or her family when its values conflict with other groups. In contrast, in a family characterized by mutual distrust and degradation, a teenager probably does not have a lot of status. If the teenager from the pathological family has status with a gang, he or she will tend of act as a representative of the gang (and may be described as "rebelling against the family").

Groups have relationships to each other. The family group itself has a status within the larger community; a gang has a status within the city; and so forth. Because of these interrelationships, teenagers may generate some interesting conflict combinations through their varied group memberships.

Figure 3.
Acting as a Representative

1. A person's behavior constitutes the exercise of his status within one or more of the groups of which he is a member.
2. A person will act as a member or as a representative of one or more of the groups of which he is a member.
3. A person exercises his status when he acts as a member or as a representative of a group.
4. The amount of status that a person exercises when he acts as a member or representative of a group depends on the behavior potential that goes with his status within that group.
5. The better the behavior potential that goes with a person's status within a given group, the more status he is exercising when he acts as a member or a representative of that group.
6. A person will not choose to actualize less behavior potential rather than more.
7. A person is most likely to act as a member or as a representative of that group within which he has the most status to exercise.

Prepared from notes on a seminar given by Peter G. Ossorio at the Linguistic Research Institute, March 26, 1981.

For example, if the family has high status within the community, then a teenager has high status in the community just by virtue of belonging to that family. If the teenager does not get much accreditation within the family, he still has the rest of society to be member of and may exercise whatever status he has that way. In this case, he may turn against the family but still operate as a member in good standing of the general community (e.g., the son of a successful, controlling politician who joins the Peace Corps instead of going to law school as his father planned for him). By contrast, if a family has low status within the community but accredits a teenager highly, that teenager is likely to be with the family against society.

Notice that higher social status in the community is not the same as more status (cf. Ossorio, 1976, p. 31). A person may be higher up on the social ladder but have less status than someone lower on the social ladder. In the example above, the "rich kid" may have less behavior potential than the "kid from the wrong side of the tracks."

More status is also not a matter of a greater number or a greater range of behaviors (cf. Ossorio, 1976, p. 36). A teenager may have a relatively limited set of possibilities within a given group, but if he or she values these possibilities highly, the teenager has a lot of behavior potential within that group. Conversely, if a teenager has a wide range

of possibilities of little value to him or her within a given group, the teenager does not have much behavior potential there.

Because the amount of status a teenager has in a given group reflects not only which behaviors the teenager is eligible for, but also how much value these behaviors have to him or her, predicting which group an adolescent is most likely to act as a representative of is not merely a matter of listing and counting behaviors. An observer needs to evaluate how much value these behaviors have to the adolescent.

Part of the value of a set of behaviors lies in providing access to further behaviors. (Cf. "In general, the value of preserving or creating some possibilities for further behavior takes decisive priority over the value of achieving any particular actualities." [Ossorio, 1982b, p. 57]) An observer needs to take into account both present actualities and future possibilities in assessing the value of a given set of behaviors to a teenager.

Because an observer's judgment about which group an adolescent has the most behavior potential within may be wrong, empirical predictions based on the principles in Figure 3 may also be wrong. The value of the principles, however, does not lie primarily in making empirical predictions. Instead the principles enable us to understand and make sense of some of the teenager's conflicts, choices, and behavior during a time of status change.

IDENTITY

> Erikson may have burdened us with misleading expectations of inevitable identity crises, but would anyone today consider discussing adolescent development without a central focus on the process of identity formation? (Weiner, 1985, p. 201)

Not only is "the process of identity formation" not a central focus of the preceding discussion of adolescent development; it is not even mentioned. However, because of the ubiquity of the notion of "identity" in discussions of adolescent development, some clarification as to why it is not mentioned here among fundamental concepts for understanding adolescence seems appropriate.

Developmental Tasks and Failures

A fundamental task for a developmental theory is understanding the phenomenon of infants becoming adults. A common way of approaching the task is to start with adults and then ask "How can a person fail to become a normal adult?" By taking the major ways people fail in becoming adults, a developmental framework can be generated in which avoidance of each of these failures is a developmental task. Erikson's

(1963) psychoanalytic formulation of eight stages, each with its own crisis, is of this sort.

Logically this approach is not wrong. However, the original selection of the ways of going wrong is more or less arbitrary. The ways of failing are culturally and historically relative. If psychologists try to universalize any particular set of ways people fail, they come across societies and time periods in which the framework is beside the point, because there is little risk of going wrong in the specified way.

The Elkin and Westley (1955) study is classic in this regard. Studying a suburban, well-to-do community in Montreal, they found that adolescents had no serious problems in terms of occupational choices or emancipation from authority figures. A number of other researchers in the 1960's and early 1970's reported similar results (see Petersen, 1988, for a review). In spite of Erikson's theory that a "normative crisis" was a *sine qua non* of healthy development, evidence from these studies indicated that "the great majority of adolescents in the general population experience no such identity crisis" (Coleman, 1978, p. 6).

Anthropological studies have shown that in other cultures as well, establishing one's individual identity is simply not an issue. For example, in Japan it is a given that we are born individuals, and the task of socialization is to draw us into interdependent relationships with others (Rohlen, 1976). Nonetheless, psychologists are reluctant to give up the notion of the "forming one's individual identity" in discussing adolescence in such cultures (cf. Mussen, Conger, & Kagan, 1979, p. 495). If we insist on understanding adolescents in terms of a failure that is not culturally relevant, we will not understand very many adolescents.

Identity as a Double Negative

Although identity problems certainly are not universal, in our culture people do talk about having "identity problems," and tend to think of an "identity" as something that gives a person unity over time. If a person doesn't "have one," the person is fragmented and inconsistent, and has to "acquire one" to be whole.

But can an identity be acquired? To acquire anything, a person already has to have an identity. Otherwise who is there to acquire it? Moreover, is an identity something people have? Is there some entity called "identity?" Obviously not. The term doesn't refer to anything, because there are no such things.

Then what is all the talk about? Identity is a Critic's notion, and has to do with the kind of consistency that a way of life and culture require of a person. A person has identity problems when he or she does not have the required consistency. The primary concept is identity problems, not identity.

For example, if an 8-year-old says "I'm going to be an astronaut", and the next week says "I'm going to be a policeman", nothing is wrong. We don't expect follow through to be there, because children are not in fact consistent enough. But if an 18-year-old shows too much of that, we say that "This teenager's too changeable. He doesn't know his own mind." If a teenager can't hold down a job, has a different love every week, and even his or her passions for music groups don't stay the same, we may say that person is "not all there," or more psychologically, "he has identity problems."

Identity problems reflect difficulties or failures in making long-term commitments. Identity problems can be subdivided into vocational problems, relational problems, avocational problems, and so forth. In each of these areas, some stability over time is expected.

If we say a person has a "normal identity", we are using a double negative ("not inconsistent") to say that the person has no serious identity problems. In other words, a person with a normal identity shows the required consistency in his or her way of life. From this point of view, it is easy to see that the notion of identity is not fundamental, and hence is not included among fundamental concepts in discussing development.

Moreover, in Descriptive Psychology, the concept of a person is available. A person is "an individual whose history is, paradigmatically, a history of deliberate action" (Ossorio, 1978a). Inherent in the notion of a life history is the notion of consistency over time. Therefore, nothing transcendental like "identity" needs to be "formed" in order to unify the fragments. Using the Person Concept, identity becomes redundant in most of its traditional uses.

CONCLUSION

The aim of this paper was to provide a coherent conceptualization of adolescence, one that has a place for all the facts and possible facts about adolescents. In order to achieve this aim, the concepts of status, rational behavior, and status change were presented.

In light of these concepts, adolescence may be described in terms of the development of adult competence. A person paradigmatically develops from being a very limited individual (i.e., a child), in need of help from others to make appropriate choices, into a competent adult, capable of making effective discriminations, evaluations, and decisions on his or her own. Adolescence may also be described as a time of status change. A person develops from a child whose primary status is in the family into an adult who can take his or her place in society.

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RELATIONAL QUALITIES AS FACTORS IN MATE SELECTION DECISIONS

Fred Bretscher and Raymond M. Bergner

ABSTRACT

The range of relationship factors that enter into persons' mate selection decisions has been insufficiently articulated. Similarity, rewardingness, and complementarity have been examined amply, while other factors have been ignored. In this research, 12 relationship factors, those articulated in Davis and Todd's (1982) analysis of romantic love, are examined as considerations in mate selection decisions. These include mutual advocacy, enjoyment, intimacy, understanding, exclusiveness, trust, acceptance, respect, authenticity, fascination, sexual desire, and giving the utmost. Two basic findings were obtained. First, all but one of the Davis and Todd factors were rated by subjects as very important to them in considering prospective mates, and as more important than similarity, complementarity, and rewardingness. Second, discriminant function analysis revealed that five of the Davis and Todd factors successfully discriminated which relationships subjects ultimately chose and which they terminated; only similarity among the traditional variables did so.

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Within psychology and sociology a substantial body of literature addresses itself to the general question of what factors lead persons to commit to intimate relationships with others. This research has examined four different types of factors historically. First, it has examined characteristics of the individual making the commitment decision. Here, for example, factors such as the individual's degree of desire for a close relationship (Murstein, 1986), his or her degree of social skillfulness (Shaver, Furman, and Buhrmester, 1985; Sprecher and McKinney, 1987), and his or her possession of certain "resources" (e.g., physical attractiveness, social status, financial well-being) (Murstein, 1986), have all been found to relate positively to mate selection.

Second, research in this area has also examined characteristics of the individual chosen. Henze and Hudson (1969) and Hoyt and Hudson (1981), for example, determined that characteristics such as dependable character, emotional stability, "education-intelligence" and good looks were all important to respondents in their pool. Buss (1985) and Buss and Barnes (1986) found that kindness and understanding, intelligence, and an exciting personality were important to respondents of both genders; a good earning capacity and a college education were more important to women than to men, while physical attractiveness was more important to men than to women.

Third, a number of circumstantial or environmental factors have been related to mate selection. For example, geographic proximity (Festinger, Schachter, and Back, 1950; Segal, 1974), "mere exposure" to another (Harrison, 1977; Zajonc, 1968), the availability of certain social settings such as colleges, workplaces, and parties which are especially conducive to meeting others (Kerckhoff, 1974; Murstein, 1970, 1986; Rosenblatt, 1974), familial and social network support for one's choice of partner (Lewis, 1973; Parks, Stan, and Eggert, 1983), and the presence or absence of available alternative relationships (Berscheid and Walster, 1978; Thibaut and Kelley, 1959) have all been related to decisions to commit to others.

The fourth and final type of factor investigated has to do with different aspects of the *relationships* existing between two partners. Here the focus has been on three different factors. The first of these is similarity between the partners (Burgess and Wallin, 1943; Buss and Barnes, 1986; Walster, Walster and Berscheid, 1978), and especially similarity with respect to attitudes (Byrne, 1971; Hinde, 1979). The second is complementarity between the partners, especially with respect to roles (Kerckhoff and Davis, 1962; Winch, 1974). The third relational factor is mutual rewardingness in the relationship, a state of affairs in which each individual in the relationship is rewarded by the other for his or her actions or personal characteristics. Studies here show that in

general greater rewards lead to greater commitment (Hinde, 1979; Johnson, 1978; Rusbult, 1980, 1983).

The focus of the present research is on the last of these types of variables, that of relationship factors insofar as these enter into mate selection decisions. Specifically, our question is this: with respect to relationship factors, do we merely choose another because that other is similar to us, complements us in certain ways, and is reinforcing to us? Or are there many other relational considerations which are commonly entertained by persons choosing life partners?

DAVIS AND TODD'S PARADIGM OF ROMANTIC LOVE

Davis and Todd (1982; see also Davis, 1985), in a series of studies on intimate relationships, produced a paradigm case formulation of romantic love. This is a conceptual formulation articulating what they found to be the 12 archetypal or paradigmatic aspects of romantic love relationships. Their methodology for arriving at this formulation consisted first in creating a paradigm case or model, and then subjecting this model to three empirical studies in which it was found that subjects did discriminate between love relationships and other relationships (especially friendships) along the lines predicted by the model. The 12 aspects emerging from this conceptual and empirical work as constitutive of romantic love are the following:

1. Mutual Enjoyment: a relational state of affairs in which partners generally enjoy each other's company and enjoy the things they do together.
2. Mutual Advocacy: a relational state of affairs in which partners are invested in each other's well-being and willing to take needed action to further or to champion the other's vital interests.
3. Giving the utmost: a relational state of affairs in which partners are willing to sacrifice, sometimes to an extreme degree, when the other is in need.
4. Mutual Acceptance: a relational state of affairs in which partners accept one another as they are, as contrasted with one in which partners try to change or make the other over into a different person.
5. Mutual Respect: a relational state of affairs in which each partner makes the general assumption that the other exercises good judgment in making life decisions.

6. Authenticity: a relational state of affairs in which partners feel free to be themselves in the relationship, in contrast with one in which partners feel required to play an impersonative role or inhibit expressions of their personal characteristics.
7. Mutual Understanding: a relational state of affairs in which partners know important things about each other such as why the other characteristically behaves and feels as he or she does, what is important to the other, and what are areas of sensitivity for the other.
8. Intimacy: a relational state of affairs in which partners confide in each other about deeply private, personal matters.
9. Mutual Fascination: a relational state of affairs in which partners are preoccupied with each other.
10. Mutual Exclusiveness: a relational state of affairs in which each partner has the status for the other of "one and only"; that is, each reserves this type of relating only for the other and would count it as a betrayal if the other had the same relationship to another person.
11. Mutual Trust: a relational state of affairs in which each partner believes that the other will not violate the relationship in any way; for example, by exploiting or betraying or attempting to hurt him or her.
12. Sexual Desire: a relational state of affairs in which partners desire physical intimacy with each other—they wish to touch and be touched and to engage in sexual intercourse.

Davis and Todd's primary interest was in articulating the nature of romantic love. However, when one examines the relational qualities which emerged from their work, all may be seen as plausible candidates for factors which people might strongly consider in deciding on a life partner. Can we trust each other? Can we be intimate? Are we sexually attracted to each other? Do we enjoy each other? Do we support each other? Do we truly accept each other?

The primary purpose of the present research is to determine the extent to which Davis and Todd's 12 paradigm case features of romantic love are factors relevant to mate selection decisions. If so, they may serve to enrich our understanding of the relational bases of such decisions. In addition to evaluating these factors in an absolute sense, their importance relative to the established factors of similarity, complementarity, and rewardingness will be examined. The question here is how well the Davis and Todd factors "stack up" with these

established ones in their importance to people and in their power to predict decisions to commit to or to terminate intimate relationships.

HYPOTHESES

1. Davis and Todd's 12 paradigmatic aspects of love (PAL) will all be rated by subjects as "very important" in their mate selection decisions (operationalized here as receiving a rating of at least 7 on a 9 point Likert scale, where 1 represents "unimportant", 5 represents "moderately important" and 9 represents "absolutely essential."
2. Subjects will rate PAL factors more important in their mate selection decisions than similarity, complementarity, and rewardingness.
3. PAL factors will successfully discriminate love relationships which progress to marriage from those which are terminated.
4. PAL factors will discriminate between relationships progressing to marriage and those terminated better than similarity, complementarity, and rewardingness.

METHODS

Subjects

A total of 76 subjects were solicited from a subject pool at a midwestern state university for this research. Requirements for participation in the research, clearly stated on initial sign up sheets and then restated by the experimenter prior to questionnaire administration, were (a) that subjects be currently married or engaged, and (b) that they had at some point, by their own decision, terminated a romantic relationship which they considered a very important one.

Materials

A questionnaire entitled "Factors in Intimate Relationships" (FIR) was created for this research. This questionnaire defined, described and gave examples of the following relationship variables: Enjoyment, Exclusiveness, Complementarity, Sexual Desire, Intimacy, Authenticity, Trust, Fascination, Giving the Utmost, Rewardingness, Acceptance, Advocacy, Similarity, Respect, and Understanding. Following the description of each separate factor, the questionnaire called for subjects

to rate their relationships with (a) their spouse or betrothed, and (b) the previous partner with whom they had personally terminated an important relationship, on how well the description of the factor fit these relationships at the time they decided to commit to or to terminate them.

For example, the item pertaining to Exclusiveness reads as follows: "In some relationships, we have a sense that we want to have this kind of a special relationship *only* with this partner. We regard this partner as our 'one and only.' We wish to form a sort of 'two person community' in which no one else is allowed in—no one else is allowed to relate to us in just the way that this person is. While we may continue other friendships just as before, there is a specialness to the relationship with our romantic partner which is unique to it and reserved for it only." To cite one further example, the narrative for Intimacy reads as follows: "In some relationships, we feel free to confide openly in each other. We are able to disclose intimate and personal experiences and feelings to each other. We feel we can really talk to each other, really open up to each other about deeply personal matters."

Following each such description, the FIR questionnaire calls for the current and past relationships to be rated, at the time of the commitment (or termination) decision, on the factor described. Six questions are posed. The first four pertain to the degree to which a given factor was present or absent in a given relationship, the last two to the importance assigned to the factor in any decision to select a mate. The questions posed are the following:

1. "At the time you decided to marry your current spouse or betrothed, to what degree did this description fit your reaction to him or her?"
2. "At the time you decided to marry your current spouse or fiance, to what degree did this description seem to fit his or her reaction to you?"
3. "At the time you decided to end your previous important relationship, to what degree did this description fit your reaction to that person?"
4. "At the time you decided to end your previous important relationship, to what degree did this description seem to fit his or her reaction to you?"
5. "In general, in making a decision to get married how important is it to you that you feel an at least reasonable degree of _____ (factor) for your partner?"

6. "In general, in making a decision to get married, how important is it to you that your partner feel an at least reasonable degree of _____ (factor) for you?"

The identical procedure is employed for all 15 factors in the FIR. All items are rated on a 9-point Likert type scale, with the extreme points designated "Did not fit" (#1) and "Fit very well" (#9) for the discrimination items; and "Unimportant" (#1) and "Absolutely essential" (#9) for the importance items (see Table 1 for FIR descriptions of each of the 15 factors).

Table 1
FIR Factor Descriptions

1. Enjoyment.
In some relationships, partners *enjoy* each other. That is, they enjoy being together—enjoy being in the company of the other. Even though there may be times of conflict, of boredom, or of tension in the relationship, for the most part, the experience of being with each other is an enjoyable one.

2. Exclusiveness.
In some relationships, we have a sense that we want to have this kind of a special relationship *only* with this partner. We regard this partner as our "one and only." We wish to form a sort of "two person community" in which no one else is allowed in—no one else is allowed to relate to us in just the way that this person is. While we may continue other friendships just as before, there is a specialness to the relationship with our romantic partner which is unique to it and reserved for it only.

3. Complementarity.
In some relationships, we find that our partners have personal characteristics which, while they are different from our own, help them to balance us off in certain ways (while we in turn balance them off). For example, where we may be more logical, they may be more emotional (or vice versa). Or, where we might be more adventurous and risk-taking, they may be more careful and cautious (or vice versa). Or, where we might be more outgoing, they might be more reserved with other people (or vice versa). In these or other ways, we find that our partners *complement or provide a balance* for us.

4. Sexual Desire.
In some relationships, there are strong feelings of sexual desire for each other. Whether the partners actually become sexually intimate or whether they do not, there is still a strong desire to touch and be touched, to hold each other, and to engage in sexual intercourse.

5. Mutual Confiding (Intimacy).
In some relationships, we feel *free to confide openly in each other.* We are able to disclose intimate and personal experiences and feelings to each other. We feel we can "really talk to each other", really "open up to each other" about deeply personal matters.

Table 1 (con't)
FIR Factor Descriptions

6. Ability to be Ourselves (Authenticity).
In some relationships, we feel *free to be ourselves* with our partners. We do not feel like we have to play a role, wear a mask, or hold back from being the way we really are. We feel like we can just relax and be the person that we really are when we are with them.

7. Mutual Trust.
In some relationships, we have a basic sense that we can *trust* each other—that we can count on each other not to betray or violate the relationship that we have. We confidently believe, for example, that neither of us will be sexually unfaithful, or lie about important matters, or reveal secrets or other personal information that we may have shared, or use or take advantage of each other.

8. Preoccupation (Fascination).
In some relationships, we find ourselves *preoccupied* with each other. That is, we find ourselves thinking about the other a great deal. He or she is on our mind a lot, perhaps even at times when we should be thinking about other things.

9. Mutual Support/Assistance.
In some relationships, we have a sense that each of us is *genuinely interested in supporting and assisting the other.* When one of us is hurt or suffers some misfortune or failure, we have a sense that the other cares about this. We have a sense that we can count on each other to be there, and to be there *willingly*, in times of need, trouble, or personal distress.

10. Mutual Rewardingness.
In some relationships, partners are *rewarding* of each other. That is, they respond to things that the other does, or ways that they are, in rewarding ways. For example, if one of them were to accomplish something, the other is likely to praise or positively acknowledge the accomplishment. Or, if one of them were to look nice on a given evening, the other would be likely to remark how nice he or she looked. Or, if one of them were to do something for the other, the other would be likely to thank him or her sincerely for what he or she has done.

11. Mutual Acceptance.
In some relationships, we have the sense that we are *accepted* by the other just as we are. Even though our partners may at times object to certain *actions* of ours (e.g., to our smoking or driving too fast or being late), we do not get the sense that they want us to be *different persons*. Rather, our sense in the relationship is that we are basically accepted as the person we are.

12. Mutual Advocacy.
In some relationships, we have a sense that each of us has a strong personal investment in the well-being of the other. We have a sense that we are "on each other's side", that we are "in each other's corner" in the sense that we are really interested in, and willing to do things to further each other's career or other personal goals. We are willing to make efforts on each other's behalf in order to help each other to achieve our personal goals and desires.

Table 1 (con't.)
FIR Factor Descriptions

13. Similarity.
In some relationships, we find that we are *like* or *similar to* our partners in a lot of ways. For example, we might find that we want similar things out of life, that we have similar values, that we tend to enjoy the same things, that we often have the same reaction to other people and events, or that we have many common interests.

14. Mutual Respect.
In some relationships, we have the sense that each of us *respects* the other. We consider each other worthy of esteem and high regard. This respect might be based on a variety of factors. We might, for example, respect each other's judgment—consider each other to be persons who make good sound decisions. Or we might respect each other as moral persons who are honest, who will usually do the right thing even if there are pressures to do otherwise, and who will do things for the right reasons. Whatever the particular reasons might be, however, we find that each of us has a basic respect for the other.

15. Understanding.
In some relationships, we *understand* each other. In other words, we know things about the other such as what is important to the other, and why the other does the things that he or she does. We understand the reasoning and the feelings that are behind the other's actions, and are not puzzled or confused by each other. If the other is troubled or moody, we are likely to be able to make a good guess as to what is bothering him or her. We know what "makes each other tick."

Ratings were obtained not only of subjects' reactions to their partners (e.g., whether the subject trusted the partner), but of partners' perceived reactions to the subjects (e.g., whether the partner seemed to trust the subject). This was the case for all factors except Similarity and Complementarity, which describe reciprocal relationships. Thus the resultant number of factors examined was not 15, but 28.

Procedures

Subjects were brought in groups of approximately 8 to 10 to an experimental room. All were first reminded of the requirements for participation, given an opportunity to withdraw if they did not meet them, and given a written statement informing them of their rights as subjects. The experimenter read these rights aloud to subjects to ensure that they were aware of them.

Following this, the Factors in Intimate Relationships inventory was administered. This required an average of around 35 minutes for subjects to complete. At the conclusion of this, subjects were encour-

aged to state any questions or concerns that they had, and these were addressed.

RESULTS

Subject Characteristics

The 76 subjects who participated in this research ranged in age from 18 to 43, with a mean age of 22.5, and a standard deviation of 6.52. Unfortunately, despite strenuous efforts on the part of the first author, we were able to obtain only 10 male subjects. Thus, in the total sample, 66 of the 76 subjects were female. To determine if the 10 male subjects were comparable to their female counterparts, their importance rankings were correlated with those of the female subjects; the Spearman correlation coefficient between these two sets of rankings was .84. It was not possible to do such a comparison for the discrimination power rankings inasmuch as these were based upon a discriminant function analysis, and it was not possible to do such an analysis on only 10 male subjects.

Importance Ratings of PAL Factors

It was hypothesized that, on a Likert scale where the verbal designation for #1 was "Unimportant", for #5 was "moderately important," and for #9 was "Absolutely essential," that all 24 of the PAL factors would receive a rating of 7 or above. In fact, 22 out of the 24 factors received a rating of 7.5 or greater (see Table 2). The 15 highest rated PAL factors received mean importance ratings of 8.0 or greater, while the next 7 received mean ratings of 7.5 to 7.99. Especially noteworthy were means for variables such as Trusting one's partner (8.82), Being Trusted by the partner (8.80), Being Authentic in the relationship (8.68), Partner Authenticity (8.65), Partner being Intimate (8.59), and Being Intimate with the partner (8.57). Only Partner Fascination with you (6.6), and Fascination with partner (6.1) received mean ratings below 7.0.

Importance Ratings of PAL vs. Traditional Factors

When all 28 factors (24 PAL and 4 traditional) were rank ordered by their mean importance rating, the 22 highest ranked factors were all PAL factors (see Table 2). Number 23 was Rewarding one's partner, number 24 was Being Rewarded by One's Partner, number 25 was Similarity with one's partner, and number 26 was Complementarity With One's Partner.

Table 2
Importance Rankings, Means, and Standard Deviations

1.	Trusting one's partner	(8.82; .51).
2.	Being Trusted by one's partner	(8.80; .59).
3.	Being Authentic in the relationship	(8.68; .57).
4.	Partner being Authentic	(8.64; .56).
5.	Partner being Intimate	(8.59; .75).
6.	Being Intimate toward partner	(8.57; .77).
7.	Being Enjoyed by one's partner	(8.47; .76).
8.	Being Respected by partner	(8.45; .66).
9.	Enjoying one's partner	(8.45; .79).
10.	Partner Giving the Utmost	(8.42; .74).
11.	Respecting one's partner	(8.41; .64).
12.	Giving Utmost to partner	(8.39; .82).
13.	Being Accepted by partner	(8.24; .99).
14.	Accepting one's partner	(8.14; 1.05).
15.	Advocacy toward partner	(8.07; .88).
16.	Partner being Advocate	(7.99; .90).
17.	Understanding partner	(7.92; 1.02).
18.	Being Understood by partner	(7.88; 1.17).
19.	Being Sexually Desired	(7.86; 1.06).
20.	Sexual Desire for partner	(7.74; 1.14).
21.	Exclusiveness towards partner	(7.67; 1.26).
22.	Partner Exclusiveness toward self	(7.66; 1.26).
23.	Rewarding toward partner	(7.63; 1.11).
24.	Being Rewarded by partner	(7.59; 1.26).
25.	Similarity	(7.25; 1.52).
26.	Complementarity	(6.79; 1.75).
27.	Partner Fascination	(6.25; 1.45).
28.	Fascination with partner	(6.09; 1.36).

Discrimination Ability of PAL Factors

In order to determine which of the 28 factors studied would successfully discriminate between those relationships which progressed to marital commitment and those which did not, a stepwise discriminant function analysis was performed. A forward selection process using this procedure examines each of the factors and selects that one which best discriminates between the two relationships as measured by Wilkes lambda. That factor is then removed from consideration. The remaining factors are examined and the best discriminating of these is selected and removed. This continues until all of the factors which are statistically significant in their ability to discriminate are determined.

Since not all of the 28 factors were significant, and yet we wished to rank order them in terms of their discriminating ability, a backward stepwise discriminant function analysis was performed once the forward analysis had determined all of the significant factors. The backward elimination process does exactly the opposite of the forward selection. It first selects the one factor which is least discriminating between the two relationships, as measured by Wilkes lambda. That factor is then removed. The next least discriminating is then selected and removed, and so on. This continues until all of the factors which are not significant in their ability to discriminate are selected and removed. The results of the forward selection and the backward elimination were combined in order to rank the factors according to their ability to discriminate relationships progressing to commitment from those not so progressing. A significance level of $p<.05$ was employed.

Of the 24 factors comprising the PAL, five proved significant in their ability to discriminate relationships progressing to commitment from relationships terminated. In order of their discriminating ability, these were: (1) Exclusiveness towards one's partner; (2) Advocacy from one's partner; (3) Enjoyment of one's partner; (4) Trust from one's partner; and (5) Authenticity in relation to one's partner.

Discrimination Ability of PAL vs. Traditional Factors.

The five PAL factors just listed were also the five most discriminating of all the factors studied. Only one of the traditional factors, Similarity, achieved statistical significance at the $p<.05$ level, and it was ranked number 6 in its ability to discriminate.

As noted above, the employment of the forward and backward discriminant function analysis permitted the ranking of all 28 factors, regardless of whether they achieved statistical significance or not. These rankings may be seen in Table 3. In the total rankings, Similarity ranked number 6, Rewardingness towards one's partner ranked number 9, Rewardingness from one's partner ranked number 15, and Complementarity ranked number 26.

DISCUSSION

The central thesis of this study was that existing research on relationship factors in mate selection decisions has been too narrow in its focus. We predicted that the relationship qualities outlined in Davis and Todd's paradigm case formulation of romantic love would serve to enrich our picture of the complex, multiple relational factors entering

Table 3
Discrimination Ability Rankings

1.	Being Exclusive to one's partner	
2.	Partner being an Advocate for one	
3.	Enjoying one's partner	Significant at $p<.05$
4.	Being Trusted by one's partner	
5.	Being Authentic in the relationship	
6.	Similarity between partners	
7.	Trusting one's partner	
8.	Being Advocate for partner	
9.	Rewarding partner	
10.	Partner Giving the Utmost	
11.	Intimacy with partner	
12.	Sexual Desire for partner	
13.	Being Enjoyed by partner	
14.	Being Respected by partner	
15.	Being Rewarded by partner	
16.	Partner being Exclusive	
17.	Understanding one's partner	
18.	Partner being Intimate	
19.	Accepting one's partner	
20.	Being Accepted by partner	
21.	Partner being Authentic in relationship	
22.	Being Sexually Desired by partner	
23.	Partner being Fascinated	
24.	Fascination with partner	
25.	Being Understood by partner	
26.	Complementarity between partners	
27.	Giving the Utmost to partner	
28.	Respect for partner	

into such decisions. In general, the results obtained in this research are supportive of this contention.

Importance Findings

As noted in the Results section, subjects rated 22 of the 24 PAL factors presented to them at a mean level of 7.5 or greater, on a scale where 9 represented an endorsement of the factor as "Absolutely Essential." Further, when rating the importance of PAL factors relative to Similarity, Complementarity, and Rewardingness, the 22 highest ranked factors were all PAL factors.

Overall, the importance data obtained in this research indicate that, when subjects review various factors and ask themselves the question, "How important is it, if I am to make a permanent commitment to

another, that an at least reasonable degree of this element be present in my relationship?", they overwhelmingly endorse both the absolute importance of PAL factors and their relative importance vis-a-vis such historically established factors as Similarity, Complementarity, and Rewardingness.

Discrimination Findings

Five out of the 24 PAL factors achieved statistical significance in their ability to discriminate between romantic relationships which progress to marital commitment and those which do not: Exclusiveness (toward partner), Advocacy (from partner), Enjoyment (toward partner), Trust (from partner), and Authenticity (toward partner). While it is disappointing that not more of the PAL factors proved significant, still over 20% of them, more than four times what one would expect on the basis of chance alone, did achieve such significance.

Of the traditional variables, only Similarity achieved statistical significance in its ability to discriminate relations chosen from those renounced, and it was ranked only sixth, ranking lower than five of the PAL factors. Rewardingness towards the partner was ranked 9th, Rewardingness from the partner 15th, and Complementarity 26th.

The overall picture emerging here is that, relative to the PAL factors, one of the three historically emphasized factors ranks fairly high in its predictive ability, two others rank in the middle range, and one ranks rather low. This suggests an overall state of affairs in which the PAL factors more than hold their own with respect to traditionally emphasized relationship quality variables, and should be considered in future accounts of this area.

Retrospective Nature of the Data

In this study, subjects were asked to recall two relationships, that with their current spouse (or betrothed) and that with a partner with whom they decided to terminate the relationship, at two previous times in their lives. The retrospective nature of this task creates the possibility that subjects will provide less than veridical information, especially the possibility that they will retrospectively reduce dissonance by justifying the paths which they took and did not take.

However, there is strong reason to conclude that such dissonance reduction was not a significant factor in the results obtained. First of all, if this were operative to any appreciable extent, then many more differences in the discrimination tests should have been observed. In fact, however, only 6 out of the 28 factors proved significant discriminators. Subjects were in the majority of cases not rating the chosen and the renounced relationships significantly differently on these dimen-

sions. Second, the existence of retrospective dissonance reduction would primarily affect the discrimination ratings, not the importance ratings. On the latter, subjects were asked to provide a rating of how important the various factors were to them *in general at the present time*, not at some time in the past.

Female Dominance of Subject Pool

We regarded it as unfortunate that the balance of subjects lay so heavily in favor of females (66 females, 10 males). To avoid this imbalance, sign-up sheets for the research were posted for an extra month, and special solicitations for males were made; both measures proved unsuccessful in attracting sufficient male subjects. The resulting imbalance renders generalization of the findings to males somewhat tenuous. As noted previously, however, we did examine whether or not the data for the ten males looked appreciably different from that for females. The one figure we were able to obtain here, a Spearman correlation of .84 between male and female importance rankings, is suggestive that males and females are quite similar in what is important to them.

Differences Between Discrimination and Importance Rankings

In general, there was a low moderate degree of agreement between the rankings based on discrimination ability and those based on importance ($r = .27$). However, there were in certain cases significant differences between the two sets of rankings. For example, Similarity, the factor with the greatest discrepancy, was ranked 6th out of 28 in its ability to discriminate chosen from renounced relationships, but 25th out of 28 in its perceived importance. Further, partner's Authenticity in the relationship, which ranked 4th in perceived importance, ranked only 21st in discrimination ability.

There are three possible explanations for these discrepancies. First, certain factors might in fact be important to persons, but they may not be aware of how important such factors are to them, and thus unable to report this. This could result in a relatively high discrimination ranking but a relatively low importance ranking, such as in the case of Similarity. Second, certain factors may be very important to persons but be present in equal degrees in relationships which they continue and in ones which they terminate. Indeed, such factors might constitute *sine qua nons* for these persons to enter into any relationship, and thus would not discriminate between relations pursued and those forsworn. This could result in a relatively high importance ranking but a relatively low discrimination ranking, such as the case of the partner being Authentic. Third, the importance ratings in this research exhibited a

very limited range, thus reducing the meaningfulness of any correlations or any close differences in rank based on them.

Conclusion

These findings, especially those for importance, provide support for the contention that a much more complex, articulated picture of the relationship factors that go into mate selection decisions is needed. The paradigm case formulation of love developed by Davis and Todd (1982) provides such a picture, embodying 22 variables which were rated by subjects as extremely important to them in an absolute sense, and as more important to them in making mate selection decisions than factors traditionally stressed in the mate selection literature. Davis and Todd's formulation also provided a number of variables which proved to be significant discriminators between romantic relationships which progress to marriage and ones which are terminated. We hope that future investigators in the area of mate selection will include and further examine these most promising factors.

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PART III

CLINICAL TOPICS

INTRODUCTION

Raymond M. Bergner and Mary K. Roberts

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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A CONCEPTUAL FRAMEWORK FOR ECLECTIC PSYCHOTHERAPY

Raymond M. Bergner

ABSTRACT

In this paper, a Descriptive Psychologically based framework for an eclectic approach to psychopathology and psychotherapy will be introduced. The paper comprises four parts. First, Ossorio's definition of pathology and some clarifications of this will be presented. Second, the parametric formulation of behavior will be reviewed, and the ways in which it can be used as the conceptual basis for an eclectic framework will be shown. Third, a pragmatic view of the nature of therapy, one which follows directly from the deficit model of pathology, will be outlined. Fourth, many favored explanatory forms of our historically dominant theories of pathology and therapy will be shown to constitute special cases within the present superordinate, eclectic framework.

In this paper, a Descriptive Psychologically based superordinate conceptual framework for psychopathology and psychotherapy will be presented. Within this conceptual framework, psychoanalytic, behavior-

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al, cognitive, family systems, and other explanations which are currently viewed as divergent and incompatible will be integrated and rendered both conceptually coherent and compatible in practice. Thus, the present framework will be shown to constitute a rational basis for an integrated eclectic approach to psychopathology and psychotherapy.

The paper will be organized in the following way. First, Ossorio's (1985) deficit model of pathology will be reviewed. Second, the parametric formulation of behavior and the way in which this may serve as a conceptual basis for eclecticism will be presented. Third, a pragmatic view of the nature of therapy, one which follows logically from the deficit model of pathology, will be introduced. Fourth and finally, a demonstration will be provided that favored explanatory forms of our dominant theories of psychopathology constitute special cases within the present superordinate framework.

THE DEFICIT MODEL OF PATHOLOGICAL STATES

Ossorio (1985) has defined "pathological state" in the following way: "When a person is in a pathological state there is a significant restriction on his ability (a) to engage in deliberate action and, equivalently, (b) to participate in the social practices of the community" (Ossorio, 1985). In the paragraphs to follow, the meaning of these definitions will be clarified by considering separately each of their various elements.

Significant Restriction in Ability

Pathology implies some degree of "can't" and not merely of "won't". It implies some significant degree of restriction in ability, and not merely refusal or unwillingness. It is this element of disability that distinguishes pathology from phenomena such as immorality, nonconformity, or malingering, all of which imply refusal or unwillingness to behave in certain ways, but not inability to do so. This element also serves to distinguish pathology from circumstantially imposed limitations which are placed on persons, such as those imposed by poverty, racial discrimination, or subjection to debilitating familial treatment.

Deliberate Action

The first, deliberate action version of this definition states that pathology is a significant restriction on one's ability to "behave" in the full sense of that term—to engage in some behavior B, knowing that one is doing B rather than other behaviors which one distinguishes, and having chosen B as being the thing to do from among a set of distinguished behavioral alternatives. In the vernacular, we characterize such

behavior as "knowing what you're doing and doing it on purpose" (Ossorio, 1985). Logically, pathology here becomes a matter of being unable in some significant measure (a) to know what one is doing and/or (b) to control (initiate or restrain) one's behavior. These criteria lead us to regard persons such as the anorexic, who seems unable either to control her behavior or to know what she is doing, as pathological; while we do not so regard the person who, in a planned and calculated manner, goes on a hunger strike to support a cause.

"Participate"

"Participation" implies more than mere engagement in the overt public performances characteristic of some social practice. It implies also that one takes part in social practices with an at least minimal degree of appreciation and satisfaction. One who engages in the ordinary overt performances characteristic of some social practice (e.g., kissing one's spouse each morning) but who is significantly restricted from having this be other than "going through the motions" would not be counted a full participant here. Alienated overt performance, regardless of how "appropriate" it might be counted by an observer, is defective participation.

Social Practice

It is easiest to define "social practice" ostensively. Familiar social practices in everyday life include various games (e.g., baseball, chess), social customs (e.g., writing letters, conversing, dating), and vocational routines (e.g., typing, doing scientific experiments, writing computer programs). Social practices which arise frequently in therapeutic contexts include negotiating differences, mourning, lovemaking, problem solving, and various child rearing practices (disciplining, nurturing, guiding, etc.).

Social practices are the done things in a culture. They are learnable, teachable, doable, recognizable, public patterns of behavior (Ossorio, 1978, 1981b, 1982; Shideler, 1988). They are paradigmatically interpersonal, but may also be self-directed (think, for example, of doing a critique of oneself). Social practices are what there is to do in a culture. Just as, if one wants to play a game, one must select from the games that there are (or else invent a new one and get it accepted), so if one wants to do anything, one must select from the things that are done (or else invent new forms of behavior and get them accepted). Thus, any case of engaging in deliberate action will also be a case of praticipating in one or more social practices. Further, cases of significant restriction in the ability to engage in deliberate action will be equivalent to cases

of significant restriction in ability to engage in the social practices of a community—thus the equivalence between our two definitions.

This social practice definition suggests further ways in which a person might be behaviorally restricted. Just as one might be able to play baseball, but only very deficiently, so one might be able to participate in core social practices, but only very deficiently. For example, with respect to the social practice of negotiating differences, a person might be able to state his or her position, but then be significantly impaired in ability to defend and criticize, to give due consideration to arguments made by the other individual, and/or to agree to resolutions other than total capitulation by the other (Bergner, 1981).

Summary

To say that a person is pathological is to say that he or she has a significant restriction on his or her ability to engage in deliberate action and, equivalently, to participate in the social practices of the community. The forms which such restriction may take are various. A person might be significantly unable to initiate certain behaviors at all, to restrain enactment of these behaviors, to enact the behaviors in other than a very deficient way, to know what he or she is doing, to derive meaning or satisfaction from the behaviors, or some combination of the above. The overall conception presented here is not unlike what Freud might have come up with had he considered the obverse of his famous definition of mental health: pathology is "the inability to love and/or to work".

Advantages of These Definitions

Several things may be noted about these definitions of pathology. First, they make the identification of pathology a matter of *observation*, not of inference (in contrast with definitions which equate pathology with unobservable "inner" conditions). Second, they distinguish what the phenomenon of pathology is from what *causes* it, leaving the identification of pathology a separate matter from its explanation (in contrast with definitions of pathology with built-in etiological commitments). In practice, we do not have to decide whether or not a given case of paralysis, blindness, or depression is physically or psychologically engendered, or just what its precise etiology is, before we decide that it is a case of pathology. Third, the definitions underscore the point that the essence of pathology lies in *disability* or *deficit*, not in psychological or physical anomaly.

Psychological health is the absence of any significant inability to participate in the social practices of one's community (Ossorio, 1977). It is in effect a double negative concept meaning "not unhealthy" or

"not sick" (cf. Rosenhan and Seligman, 1989, p. 17). It is also the case that we can express notions having to do with being way beyond the mere fulfillment of this double negative standard (cf. Rosenhan and Seligman, 1989, pp. 18-21). We say, for example, that Jack is "a very psychologically healthy individual", indicating that he is particularly able to participate in social practices.

BEHAVIOR

Parametric Analysis

Wittgenstein (1953), in his famous analysis of the concept of a "game", established the now widely accepted position that many concepts are not definable. Instances of the same concept, he noted, often bear to each other only "family resemblances", not the universal necessary and sufficient conditions for their correct employment required for a rigorous definition. Thus, we must as scientists and as lay persons have means other than definitions for marking off empirical domains. One of these alternative means is parametric analysis (Ossorio, 1981c).

Parametric analysis may be illustrated briefly by recalling a familiar undefinable phenomenon often so handled, that of color. Recall: (a) A primary way to identify a given color is to specify "values" for three parameters or dimensions—its hue, its saturation, and its brightness. On the three dimensional coordinate system which is the "color pyramid", for example, when one gives values to each of these parameters, one identifies a specific location on the color pyramid, which location is a specific color. (b) A primary way to identify and articulate the ways in which one color is the same as, or different from, another, is again by resort to these three parameters ("Well, the hue is the same, but this red has greater saturation and brightness than that one."). (c) The relationship between color and its parameters is obviously not causal; there could be no sensible procedure, for example, of disconnecting hue from color and then reconnecting them causally.

In the same way that any color is specifiable via giving values to the three parameters of hue, saturation, and brightness, so any human behavior is specifiable via giving values (i.e., assigning specific content) to the following parameters (from Ossorio, 1985):

$$\langle B \rangle = \langle I, W, K, KH, P, A, PC, S \rangle$$

where

B = Behavior (e.g., the behavior of Jill playing a trump card)

I = Identity: the identity of the person whose behavior it is (e.g., Jill)

W = Want: the state of affairs which is to be brought about and which serves as a logical criterion for the success or failure of the behavior (e.g., winning the trick, winning the game)

K = Know: the distinctions which are being made and acted on; the concepts being acted on (e.g., trump vs. non-trump, hearts vs. diamonds vs. spades vs. clubs)

KH = Know-How: the competence that is being employed (e.g., competence at recognizing trumps, playing a trump card)

P = Performance: the process, or procedural aspects of the behavior, including all bodily postures, movements, and processes which are involved in the behavior (e.g., all of the physical processes involved in Jill recognizing which card to play and physically laying it down, which could in principle be described at any level of analysis appropriate to the behavior describer's needs—molar hand and arm events, finer muscular events, molecular brain and other central nervous system events, etc.).

A = Achievement: the outcome of the behavior; the difference that the behavior makes (e.g., winning the trick, winning the game)

PC = Personal Characteristics: the personal characteristics of which the behavior in question is an expression; these may include Powers (abilities, knowledge, values), Dispositions (traits, attitudes, interests, styles) or Derivatives (capacities, embodiments, states) (e.g., Jill's intelligence, knowledge of bridge, skill at playing it).

S = Significance: the more inclusive patterns of behavior enacted by virtue of enacting the behavior in question (e.g., by playing the trump card, Jill wins the trick; by winning the trick, she wins the game; by winning the game, she defeats her arch-rival, etc.)

To put this matter in another somewhat cumbersome but hopefully illuminating way, we can say: "The state of affairs which can be described simply as 'Jill playing the trump card' is the same as the totality of states of affairs which includes Jill's acting to accomplish purposes W1.....Wn, Jill's acting on discriminations K1.....Kn, Jill's exercising competencies K-H1.....K-Hn, Jill's engaging in performances P1.....Pn, Jill's achieving ends A1.....An, Jill's expressing person characteristics PC1.....PCn, and Jill's engaging in behavior having significances S1.....Sn." (Compare: "The state of affairs that can be

described simply as 'yellow' is the same as the totality of states of affairs which includes the having of Hue value Hn, Saturation value Sn, and Brightness value Bn.")

Parameters, as noted above, also serve to specify the ways in which one instance of a concept (e.g., a behavior or a color) can be the same as, or different from, another instance. If all of the values for two behaviors are identical, the behaviors are identical (cf., if hue, saturation and brightness are identical for two colors, they are the same color). If one or more values are different, the behaviors are different. For example, suppose that Terry and Pat engage in the same performance of uttering the words "I love you" to one another. However, the value of the W parameter for Terry is "to get Pat's money", while the value of the W parameter for Pat is "to express love for Terry". This parametric difference renders Terry's behavior a different behavior than Pat's. Colloquially, we characterize this difference by characterizing Terry's behavior as "gold-digging" and Pat's as "expressing love".

In principle, one could give an exhaustive description of any behavior by specifying all of the values of all of these parameters. In practice, however, on any given occasion we make descriptive commitments to those parameters which serve our purposes in the giving of that description. We commit (at least) to the W parameter when we want to describe what Terry is doing as gold-digging. We commit to the K parameter when we want to describe what Jill is doing as a case of treating a remark as a joke rather than an insult. We commit to the PC (Trait) parameter when we want to characterize Senator Doe's vote on a child care bill as an expression of political ambition, not humanitarianism.

EXPLANATIONS OF PATHOLOGY

A given behavior will not be available to a person when that behavior requires something (e.g, some knowledge, skill, or motive) that person does not have (Ossorio, 1985). In such a circumstance, the person will have a deficit in his or her ability to engage in this behavior. When the behavior itself is an important one (e.g., negotiating differences in key relationships, making love, or nurturing one's child) and this deficit is significant enough, we describe the person as being in a "pathological state" and we may explain the pathological state by reference to what is lacking.

For example, we might offer a *cognitive deficit* explanation: "He is restricted in his ability to engage in behavior B because B entails certain discriminations (K), and the making of such discriminations in turn presupposes the possession of certain knowledge or beliefs

(PC=Knowledge), and he lacks the latter." For example, "He is very restricted in his ability to disclose intimately to others because, on any given occasion, such disclosure would entail discriminating that another was trustworthy, and his fixed general belief that people are untrustworthy virtually precludes him from being able to see anyone in this way."

By way of further example, we might offer a *skill deficit* explanation: "She is restricted in her ability to engage in behavior B because B entails the exercise of a certain competency (K-H), and the exercise of this competency presupposes that she possess this competency (PC=Ability), but she does not possess it." For example, "She is restricted in her ability to provide guidance for her child because, on many occasions, this entails the exercise of competency at moral reasoning, and she is generally very unskilled at moral reasoning."

In yet other circumstances, we might offer a *motivational deficit* explanation: "He is restricted in his ability to engage in behavior B because, on any given occasion, B would entail wanting (W) to bring about state of affairs X, and this want would presuppose that, for him, X has motivational priority (PC=Value) over other possible ends, and he is unable in general to give X such motivational priority." For example, "He is significantly restricted in his ability to be emotionally supportive to her because, on any given occasion, this would entail some investment in her well-being, and he is generally so preemptively preoccupied with the reception of love and adulation to shore up his own esteem that he is unable to give motivational priority to her well-being."

To cite a final example, we might offer an *Embodiment* explanation: "She is restricted in her ability to engage in behavior B because on any given occasion the performance of B would entail certain physical processes (P) taking place, and this in turn would presuppose that she possess certain personal characteristics of a physical nature (PC=Embodiment); however, she does not possess these physical characteristics." For example, "She is significantly restricted in her ability to negotiate areas of intense conflict with others because the emotional restraint inherent in doing so entails certain hypothalamic processes occurring (e.g., those ventromedial hypothalamic nuclei events involved in the inhibition of rage [Bennett, 1982, pp. 139-140]); these processes occurring in turn requires the personal characteristic of her possessing a normally functioning hypothalamus; due to an industrial accident, however, she no longer possesses a normally functioning hypothalamus."

Existing theoretical explanations of psychopathology, viewed from the present perspective, all contain explicit or implicit explanations in terms of deficits in requisite behavioral parameters. Psychoanalytic, behavior-

al, cognitive-behavioral, client-centered, biological, and other theoretical explanations all contain within them, or consist entirely of accounts of why persons are unable to participate in terms of what it is they lack to be able to so participate. This proposition will be demonstrated at length in the final section of this paper.

PSYCHOTHERAPY

A person moves out of a pathological state, i.e., becomes able to behave in ways that he or she previously could not, when relevant personal deficits (in knowledge, skills, motivational priorities, embodiments, etc.) change in such fashion that the person is not restricted behaviorally as he or she was previously. The basic mission of psychotherapy is to so enhance an individual's ability to participate.

Direct Access

In order to accomplish this mission, the psychotherapist engages in actions logically calculated to alter *directly* (a) what an individual takes to be the case about self and world (PC=Knowledge, ameliorated by *cognitive* interventions, whose basic aim is to enable persons to acquire knowledge, beliefs, concepts, etc., requisite for enhanced participation); and/or (b) alter his or her competencies (PC=Ability, ameliorated by *skill-teaching* interventions, whose basic aim is to enable persons to acquire skills and competencies requisite for enhanced participation); and/or (c) alter his or her relationships to other elements of his or her world (PC=Status, ameliorated by *relational* interventions, whose basic aim is to enable persons to acquire relationships requisite for enhanced participation); and/or (d) alter his or her physical characteristics (PC=Embodiment, ameliorated usually by *biological* interventions, whose basic aim is to enable persons to acquire physical states of affairs requisite for enhanced participation).

Indirect Access

Therapists also engage in actions logically calculated to alter other states of affairs (e.g., motivational priorities, traits, attitudes, or states), but only *indirectly*. For example, changes in a person's motivational priorities (PC=Value) are a secondary consequence of changes in that person's knowledge (PC=Knowledge) and/or skills (PC=Ability) and/or relationships (PC=Status). Persons only want something different when their perception of what is the case, their competencies, and/or their relationships change. For example, if Jill is insufficiently motivated to address longstanding issues with her husband, there is no direct way to alter her motivation. However, if behind her lack of motivation is a

belief that it would be selfish to address her issues, we may directly intervene with cognitive measures (e.g., we might present an alternative view of this action for her consideration). Or, if behind her lack of motivation is a history of very unskilled and thus destructive attempts at conflict resolution, we may directly intervene with skill teaching measures (e.g., we might provide her with opportunities to observe skilled, constructive negotiators, engage her in practicing negotiation skills, and give her feedback about her performance).

CONNECTIONS TO EXISTING THEORETICAL EXPLANATIONS

Explanations which have recourse only to what an individual is lacking such that he or she is unable to behave in certain ways may be termed "first order explanations." However, explanatory matters rarely come to an end with first order explanations. Further explanations are required regarding why an individual has the particular deficits that he or she does have. If, for example, John cannot behave assertively because he lacks requisite beliefs or skills, why does he lack these beliefs or skills? The latter explanations I shall term "second order explanations." They are amenable to being stated in general, content-free form, different theories posing what amount to special cases of these more general forms. The following are some of the more common of these second order explanations. Individuals might lack some belief, skill, value, etc. requisite for behaving in a certain way (a) because their personal histories were such that this belief, skill, etc. was never acquired; and/or (b) because their (recent or distant) personal histories were such that they did acquire some other belief, skill, etc. which is incompatible with and effectively precludes the requisite one; and/or (c) because the having of the requisite knowledge, motive, etc. would place the person in what is for him or her an impossible position.

In this section, a number of basic forms of explanation from our most influential theories of psychopathology are presented. However, two operations have been performed on them. First, their metaphysical assumptions have been deleted. That is, all of their empirically undecidable assumptions—e.g., the existence of psychic energy systems, of deterministic influences, or of innate actualizing tendencies—have been dropped. Second, their technical languages have been deleted in favor of ordinary language translations (cf. Driscoll, 1984, 1987). The contention and the demonstration in this section is that, when one drops these commitments to empirical undecidables and technical language, the basic theoretical explanations contained in our prevailing theories of psychopathology can be paraphrased as *special cases* of

(a) first order explanations specifying *what* a person lacks such that he or she is limited in the ability to participate (e.g., requisite beliefs, skills, values, or physical characteristics); and (b) second order explanations articulating *why* the individual lacks what he or she does lack. Further, this demonstration should make clear the ways in which all of these explanations are rendered conceptually compatible by the present eclectic framework.

Theory: Psychoanalysis

Explanation #1: Repression and Denial

First order (cognitive deficit): A person may be restricted in her ability to engage in certain behaviors because she cannot recognize ("permit to conscious awareness") certain realities requisite for this behavior. Second order (form c): the individual cannot recognize these realities (must "repress" or "deny" them) because their recognition would place the individual in what is for her an impossible position. Specific content: their recognition would incur (or so the person believes) such formidable, unfaceable dangers as very severe moral self-censure ("superego punishment"), loss of love from a loved one, separation from a loved one, or genital mutilation ("castration") (Brenner, 1974, pp. 80-84; Freud, 1915/1963, pp. 104-115; A. Freud, 1936/1966, p. 109). An example of such an explanation would be the following: "She is unable to confront her husband about his physical and emotional abandonment of her because she cannot recognize either that she is being mistreated or that she is increasingly furious at him (first order). She cannot recognize her grievance and her fury because to do so would expose her to very severe moral self-censure and intense fear that she would lose her husband (second order)."

Explanation #2: Conflict

First order (motivational deficit): A person may be restricted in his ability to engage in certain behaviors because he cannot give the requisite motivational priority to (cf. "cannot free the requisite psychic energy to invest in") such behaviors. Second order (form b): the person cannot give such priority because his history was such that he has acquired a different motivational priority (cf. "is expending enormous quantities of psychic energy elsewhere") which is incompatible with and effectively preempts the value in question. Specific content: the incompatible motivational priority is a conflict which has the following form: the individual is strongly tempted to pursue certain things (cf. "has instinctual drives pressing for gratification"), especially certain sexual and aggressive things, but also has very powerful reasons,

especially prudential ("ego") and ethical ("superego") reasons, to refrain from pursuing these things (Brenner, 1974, pp. 184-190; Fenichel, 1945, p. 20; Freud, 1916-1917/1966, p. 360). For example: "He is almost completely unable to function in his college coursework because he is unable to give motivational priority to such activity (first order). He is unable to do so because he is preoccupied with a severe conflict (second order). Specifically, he is enraged at his father, and extremely tempted to express this rage, but he restricts himself from doing so because he would feel terribly guilty and he fears he would go too far and destroy his father, whom he also loves. He is at present enacting behaviors ('neurotic symptoms') which are simultaneously expressive of each of his conflicting wants ('compromise formations')." (NB: If awareness of this state of affairs would place him in what is for him an impossible position, then he will not be aware of this state of affairs, as per explanation #1.)

Explanation #3: Transference Distortion

First order (cognitive deficit): A person may be restricted in her ability to engage in certain behaviors because she cannot recognize certain realities requisite for this behavior ("cannot see reality in an undistorted way"). Second order (form b): the individual cannot recognize these realities because her personal history was such that she acquired other beliefs and expectations which are incompatible with and effectively preclude the requisite ones. Specific content: the individual cannot recognize certain facts about other persons because she has formed a priori, prejudicial expectations ("transference distortions") for certain classes of others (e.g., males or females) based on her earlier experiences with members of that class (e.g., her mother or father), and thus cannot realistically appraise members of this class (Freud, 1905/1953, p. 116; 1920/1961, pp. 12-13; Fromm-Reichmann, 1950, p. 97; Kohut, 1977). E.g., "She cannot disclose intimately to her husband because she does not believe he will treat her disclosures in a sensitive and trustworthy manner (first order); rather, she expects him to be like her father, who often betrayed her trust by using such disclosures against her (second order)."

Explanation #4: Eriksonian Developmental Arrest

First order (cognitive deficit): A person may be restricted in his ability to behave in certain ways because he lacks certain requisite beliefs ("senses"). Second order (types a and b): he may lack these beliefs because his history was such that he never acquired them sufficiently and was also such that he did acquire incompatible beliefs. Specific

content: Certain beliefs are requisite for a wide range of behaviors. For example, beliefs that the world can be counted on to be a place wherein one's needs and desires can be met ("basic trust"), that one has the fundamental power to make and implement choices ("autonomy"), or that one is a competent, adequate worker ("industry") are assumptions or beliefs implicit in an enormous range of behaviors (Erikson, 1963), and beliefs whose absence would impair or eliminate a person's ability to engage in these behaviors. Persons may lack such beliefs because their histories were such that they never acquired these beliefs but did acquire incompatible ones; e.g., histories of neglect and deprivation as an infant, histories of harsh subjection of their wills to parental authority, histories of societal failure to provide opportunities which matched their talents and inclinations, and many more. E.g., "He is chronically depressed and unable to take any initiatives to seek friends, a lover, or a new job because he is unable to see the world as a place where any initiative will bring him anything good or pleasurable (first order). From a long history of severe parental neglect and indifference, he formed the very fixed belief that the world is at heart a bleak, depriving, unsustaining place in which all personal efforts ultimately prove futile (second order)."

Theory: Behaviorism

Explanation #1: Behavioral Deficit and Maladaptive Behavior

First order (skill deficit): A person may be restricted in her ability to engage in certain behaviors because she lacks the requisite skills and competencies. Second order (types a and/or b): The individual may lack such skills or competencies because her personal history was such that she did not acquire these competencies and/or such that she did acquire other, incompatible competencies. Specific content: An individual may be unable to participate in some way because there are deficits in her "behavioral repertoire" (Bandura, 1969, p. 5; Liebert & Spiegler, 1987, p. 470). These deficits exist because the individual's history was one which was antithetical to the acquisition of "adaptive" behavior A (e.g., it did not reward A, actively punished A, or failed to provide opportunities to learn A through observation) and/or was conducive to the acquisition of incompatible, "maladaptive" behavior B (e.g., it did reward B, did provide opportunities to acquire B through observation, etc.) (Skinner, 1953/1965, p. 98; Bandura, 1969, p. 120). E.g., "She is unable to be straightforwardly and honestly assertive because she lacks assertive skills (first order); she lacks these because in her family of origin she was generally unsuccessful when she tried to be assertive and rarely observed others being assertive; further, she was partially

successful, and observed others being successful, by using more passive, indirect means of influence (second order)."

Explanation #2: Classical Conditioning of Anxiety

First order (cognitive deficit): A person may be restricted in his ability to engage in some behavior because he lacks a specific belief requisite for engagement in this behavior. Second order (form b): the individual's history was conducive to the acquisition of a conflicting belief which precludes the requisite one. Specific content: the individual is restricted in his ability to engage in certain behaviors because he is repeatedly unable to recognize that it is safe to do so, and the behavior requires this recognition. The incompatible, preemptive learned belief ("conditioned connection") is that the action in question is dangerous, which belief was acquired because certain events ("unconditioned, anxiety-eliciting stimuli and neutral stimuli") co-occurred in this person's life in such a way that something which is factually neither dangerous itself nor a signal of impending danger became perceived as a danger or a signal of impending danger (cf. Levis, 1985; Watson and Rayner, 1920; Wolpe and Lazarus, 1966, pp 17-18). E.g., "He is no longer able to drive a car because he can no longer believe that it is safe to do so (first order); rather, since the day when he had a devastating accident while driving, he has been profoundly in the grips of the frightening and unrealistic belief that driving a car is extremely dangerous (second order)."

Theory: Cognitive

Explanation #1: Cognitive Deficit and Cognitive Misconception

First order (cognitive deficit): A person may be significantly restricted in her ability to engage in certain behaviors because she lacks knowledge or beliefs requisite for these behaviors. Second order (form b): the individual's history was such that she acquired alternative beliefs which conflict with and preclude requisite ones (e.g., Beck, Rush, Shaw and Emery, 1979; Beck and Emery, 1985; Ellis, 1962, 1984; Raimy, 1975; Watzlawick, Weakland and Fish, 1974). Specific content: none; this explanatory form is itself a general one. The focus in cognitive explanations tends to be on the second order aspect—i.e., on the alternative maladaptive beliefs ("irrational ideas", "schemas", "misconceptions", "problem formulations", etc.) and their effects on behavior and emotions. E.g., "She is very restricted in her ability to form intimate relationships with men because she lacks the belief that such relationships could ever be secure and lasting (first order). Instead, based on several earlier relationships which ended very painfully, she is

gripped by a strong conviction that such relationships will always end painfully, which belief leads her to become fearful, distant, and critical as intimacy with a partner develops (second order)."

Explanation #2: Learned Helplessness

This explanation is a special case of the previous one. Specific content: an individual is significantly restricted in his ability to behave in some way because he lacks the specific belief that, in the face of actual or potential negative life events, he can act effectively to prevent or to master them (Bibring, 1953; Seligman, 1975). Instead, due to a history containing significant factual powerlessness to alter negative circumstances, he has formed the fixed belief that he is helpless to so act. E.g., "He is largely unable to address any differences with his wife because he does not believe that doing so would make any difference (first order). Rather, due to significant factual powerlessness earlier in his life, he formed the very fixed belief that he could not deter others such as his wife from doing anything they wanted to do, and so he has settled into a rather depressing marriage in which he virtually never voices any dissent or takes any initiative (second order)."

Explanation #3: Self-efficacy

This explanation, similar to the previous one, is a special case of the first order part of the general cognitive explanation. Specific content: A person might be unable to behave in a certain way because she lacks the specific requisite belief that, in the life sphere in question, she can through her behavior act effectively to bring about desired outcomes (Bandura, 1982). E.g., "She was not able to bring herself even to try out for the part she so desperately wanted because she lacked any faith that she had the acting skills which it called for (first order)."

Theory: Client Centered

Explanation #1: Self-estrangement

First order (cognitive deficit): An individual might be unable to behave in certain ways because he does not possess certain requisite knowledge for so acting. Second order (form c): the having of the knowledge in question would place the individual in what is for him an impossible position. Specific content: a person might be unable to behave in certain ways because he lacks the ability to discriminate and to generally know certain of his own loves, interests, values, and emotions ("is out of touch with his organismic valuing process"), and so cannot engage in actions which are based on these. Further, he may be

unable to know these desires, values, emotions, etc. because to know that he had them would violate his conception of what sort of person he is (his "self-concept"), which conception embodies standards for what it takes to be a worthwhile person ("conditions of worth"), and so cause him to feel utterly worthless (Rogers, 1959, pp. 226-228). E.g., "He is unable to negotiate with his parents about their intrusiveness and overprotection because he does not even realize he resents them (first order). He cannot recognize his resentment because this would violate his conception of himself as a loving and devoted son, and the loss of this conception would cause him to feel utterly worthless (second order)."

Explanation #2: Anxiety State

First order (motivational deficit): An individual might be unable to engage in certain actions because she is unable to give the actions in question motivational priority. Second order (form b): the individual has acquired an incompatible motivational priority which conflicts with and effectively preempts the requisite one. Specific content: The individual cannot give motivational priority to some form(s) of participation because she has a preemptive motivational priority which is the presence of a certain kind of serious imminent danger. This danger is the emerging recognition in herself of feelings or desires ("experiences") which seriously violate both her conception of herself and her standards for what it takes to be a person of worth, and thus create tremendous anxiety (Rogers, 1959, p. 201; 1980, pp. 211-214). E.g., "She has been largely unable to focus on her home or work responsibilities lately because she is preemptively preoccupied with a very serious threat (first order). Specifically, she is recognizing in herself a great deal of anger towards her husband; the recognition of this anger has made her intensely anxious since it threatens her whole conception of herself as a kind and loving person, and this conception has always been for her a vital source of feelings of personal worth and coherency (second order)."

Theory: Family Systems

Explanation: Family Process

First order (status deficit): A person may be unable to participate in certain ways because such participation entails being in certain relational positions vis-a-vis others, and the person lacks this requisite relatedness. Second order (form b): The person's history is such that he has acquired other relational positions which are incompatible with and effectively preclude the requisite ones. Specific content: A person may

not only lack viable relatedness, but also be involved in non-viable, debilitating relational positions vis-a-vis others. For example, he might be repeatedly subjected to simultaneous but mutually contradictory demands from key others (Bateson et. al., 1956; Hoffman, 1981, pp. 19-23), prematurely charged with parental roles and responsibilities (Boszormenyi- Nagy & Spark, 1973, pp. 151-166; Minuchin, 1974, pp. 97-98), or in some way misinvolved (e.g., as a go-between, scapegoat, or peacemaker) in the relational difficulties of two other persons (Bowen, 1966; Hoffman, 1981, pp. 105-155; Vogel and Bell, 1981). E.g., "He is unable to date, pursue friendships, or participate in high school activities because the extreme demands of his family situation preclude these (first order). His severely alcoholic parents have abdicated their parental responsibilities, and have charged him with their fulfillment. His life, beyond scraping by in school, is consumed by the fulfillment of parental, caretaking obligations towards his younger sisters and his disabled mother (second order)."

It should be noted that this form of explanation is not an explanation of psychopathology—i.e., of personal deficit or disability. It is, rather, an explanation of limitations on participation which are imposed by debilitating circumstances. However, two things should be mentioned here. First, often persons involved in such situations also have significant personal deficits, which deficits may have contributed to the creation and maintenance of the negative circumstances. For example, the parentified young man in this example may be restricted in his ability to assertively refuse others who make unreasonable demands on him. Second, persons who are not originally pathological may become so as a consequence of being subjected to such debilitating interpersonal circumstances. For example, a child who is prematurely and excessively forced into parental roles may fail to acquire many perspectives, values and skills required for normal peer relating, and emerge from this experience restricted in his or her ability to adopt other than caretaking roles vis-a-vis others (Bergner, 1982).

Conclusion

In this section, I have not attempted to consider existing theories in depth, to be exhaustive in my coverage of their explanatory forms, or to be exhaustive with respect to theories covered. The thrust rather has been to demonstrate that many basic explanatory forms of our most influential theories, when sketched out in ordinary language and without their metaphysical commitments, are recognizable as special cases of explanation which fit within the present superordinate framework. It may also be noted that therapeutic practices which represent cases of acting on these explanations (e.g., examining the evidential basis for a

maladaptive belief or role playing to address a skill deficit) are also consistent with this conceptual framework. Finally, it may be noted that when one has a grasp of this superordinate framework, one is not limited to the explanations provided by existing theories, but one has a conceptual apparatus which lends itself to the generation of further explanations. Ossorio, for example, has recently offered an explication of schizophrenia partially in terms of deficits with respect to the significance (S) parameter of the behavior formula (Ossorio, 1987).

FINAL CONSIDERATIONS

An Integrative, Not a Destructive, Framework

Over the course of many decades, theorists, practitioners, and researchers have produced numerous valuable accounts of psychopathology, as well as an ample body of research supportive of the validity of some of these accounts. They have also developed valuable therapeutic interventions, and considerable research supportive of the effectiveness of some of these interventions. While the present framework deletes the metaphysical elements and the technical language of certain approaches, it should be noted that it also attempts to *preserve*, not to destroy, the basic logic and sense of them. The framework is designed to be integrative, not destructive.

Summary

In this paper, a conceptual framework for an eclectic approach to psychopathology and psychotherapy has been proposed. The key elements of this framework have been (a) an elucidation of Ossorio's concepts of psychopathology and of behavior, (b) an integration of existing explanations of psychopathology utilizing these concepts; (c) a delineation of a logically consistent view of the nature of psychotherapy, and (d) a demonstration that many basic explanatory forms of dominant theories of psychopathology may be seen as special cases within the present superordinate framework.

Throughout the paper, numerous advantages of this framework have been cited. The framework integrates existing theoretical explanations of psychopathology and psychotherapy, thus providing a coherent conceptual foundation for an eclectic clinical practice. It does not merely integrate, but provides conceptual resources for generating new forms of explanation and clinical intervention. The framework is comprehensive, thus opening up expanded possibilities for explanation and intervention relative to existing theoretical approaches. It is couched in a language which is equivalent to a disambiguated and

refined version of ordinary language, thus providing a common language which all can understand, and into which worthwhile contributions of all may be translated. It provides a clear definition of the concept of pathology—one which implies a clear, positive therapeutic focus, leaves the explanation of pathology an open and separate matter from its definition, and avoids problems created by equating pathology with behavior. It provides a constructive, logically consistent view of the nature of psychotherapy. Finally, the framework is designed to preserve and integrate, not to destroy or replace, decades of valuable contributions to clinical theory, research, and practice.

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THE MISS MARPLE MODEL OF PSYCHOLOGICAL ASSESSMENT

Carolyn Allen Zeiger

ABSTRACT

The Agatha Christie detective, Miss Jane Marple, is used as a model for a particular method of doing psychological assessment. The paper demonstrates how this seemingly loose, intuitive, and informal approach is supported by a formal conceptual system. The underlying structure is delineated using concepts and tools from Descriptive Psychology. The model is articulated in terms of its procedural and conceptual features, as well as personal characteristics of the person using it.

My husband and I are not television watchers, but one snowy night a couple of years ago, we were stuck at home and turned on the BBC Mystery Series. Thereupon we discovered Miss Marple, Agatha Christie's octogenarian, amateur sleuth, who just happens to show up at the right places and solve murder mysteries. Although we enjoyed all the BBC mysteries, Miss Marple was different. In her cases, I figured

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out the mysteries. I knew what was going on. I couldn't believe it, because when it was a Sherlock Holmes mystery, I wouldn't get it.

The other experience I had with Miss Marple was a strong sense of identification with her. I felt a little foolish about it, but none the less I thought, "I work just like Miss Marple, which is why she makes sense to me!" I had been worrying about not being able to articulate the way I do psychotherapy. It had come up during a session with a client who was a psychotherapist herself. At the end of her second or third session she had confessed, "You know, I pay as much attention to how you work as I do to the results. I have been trying to figure out what it is you actually do. But I can't. We talk about this and that, and then suddenly out of nowhere you make a remark that goes straight to the heart of the matter, and my perspective shifts dramatically. Unfortunately, I can't figure out how you got there." Well, neither could I—even after twenty-five years of experience. So here is Miss Marple, sitting in her parlor saying this and that, seeming to change the topic three or four times, and suddenly there it is, right to the point. When I saw this, I said to myself, "See, she does it too. It works." I felt affirmed. Even though she is a fictional character, obviously she was created by a real person, and she is believable.

I became intrigued with the challenge of understanding her way of operating, and how to elucidate it using Descriptive Psychology. I wanted to show what it is she does, although she does it spontaneously and automatically, and how other people can learn to do the same thing—although not everybody, because it does take some talent and some experience in life, some richness in human experience.

Then I really got into it, because I figured that there was enough here that I could use it in training and supervision. So I'm warning you right now, there's a whole lot in here, and a lot more could be said. As I go through her way of talking and her way of operating, I'm also going to draw some parallels to psychological assessment. We'll look at these tricks of the detective trade and the psychological assessment trade, the kind of assessment you do when you're about to begin psychotherapy, as opposed to a formal assessment for other purposes.

We start with the paradigms for crime and psychological disturbance. In both cases, some kind of violence has been done to somebody, and somebody's pain—not necessarily that person's own—is bringing him or her in to ask for help. That's where you start in both cases. The detective confronts two problems: who committed the crime, and what shall be done about it when the culprit is known. How are you going to prove it, and are you going to turn the culprit in to the police, or what else might you do? And the psychologist confronts two related problems: what has gone wrong, and what shall be done about it when

that is known. So they're both confronting a pathological state that involves the individual and the larger community, whether it's a criminal or a personal situation.

As I see it, a detective's function is to understand what's going on, and then to bring out the best in people to resolve the situation for the better. (A mystery aficionado has admonished me that it's the *best* detectives, such as Miss Marple, who do this.) The significance of solving the mystery is to liberate people from the bondage of that pathological state. In Descriptive Psychological terms, we talk about "freeing up their behavior potential", that is, increasing the type and range of behaviors that they're capable of. In Eastern spiritual terms, we call it "untying their karmic knots".

Both Miss Marple and the psychologist set out to achieve a social and personal state of affairs that is just and also, if possible, compassionate. So I'm going to go through what Miss Marple does to answer the question, "Who committed the crime?", and I'm dividing it into *procedural*—how she goes about gathering information, *conceptual*—what she does with the information, how she makes sense of it, and *personal*—who she is, her person characteristics, which includes natural talent plus those qualities that can be acquired or learned as a skill.

PROCEDURAL

We're going to start with the procedural. First you have to get acquainted with Miss Marple. Let us begin with *A Murder Is Announced* in which Miss Marple has just come into a tearoom. There she happens upon one of the people who lives in the household where a murder was recently committed, and who was a witness of the murder. This is Miss Marple's big chance to sit down with her and gather some information.

What follows appears to be casual social chit-chat, in the course of which Miss Marple learns about everybody in the household and some of the neighbors as well. As the woman she is talking to becomes engrossed in her recollections, she begins to remember information that turns out to be crucial for solving the mystery.

So one of the things that Miss Marple does is *simply engage people in ordinary conversation*. It's a natural way of joining persons' worlds and disarming them. Both in interviewing witnesses and in psychotherapy, initially one is in an awkward situation. What do you *say*? How do you *start*? You start the way you start any conversation: you use a conversational format throughout; you use plain English; and you avoid unusual or technical language that would confuse people or make them

uncomfortable. Thus you learn what you need to know without the person's even being aware of telling you.

Another example of her procedures comes from *A Caribbean Mystery*. Miss Marple has been thrown off track in an investigation, but just keeps talking to the doctor who is involved, while she regroups:

> Internally, however, Miss Marple was far from being either cheerful or philosophical. She wanted a little time in which to think things out, but she was also determined to use her present opportunities to the fullest effect. [That's another benefit you get from this kind of hanging out and chatting.]
>
> She engaged Dr. Graham in conversation with an eagerness which she did not attempt to conceal. That kindly man, putting down her flow of talk to the natural loneliness of an old lady, exerted himself to divert her mind from the loss of the snapshot by conversing easily and pleasantly about life in St. Honoré, and the various interesting places perhaps Miss Marple might like to visit. He hardly knew himself how the conversation drifted back to Major Palgrave's decease (*A Caribbean Mystery*, p. 37).[1]

Good conversationalists find their way as they go along. A structured format isn't needed. Good conversation is a key to Miss Marple's work and to the therapist's. In another passage, she meditates on the power of conversation:

> Miss Marple lay thinking soberly and constructively of murder, and what, if her suspicions were correct, she could do about it. It wasn't going to be easy. She had one weapon and one weapon only—and that was conversation.
>
> Old ladies were given to a good deal of rambling conversation. People were bored by this, but certainly did not suspect them of ulterior motives. It would not be a case of asking direct questions. (Indeed she would have found it difficult to know what questions to ask!) It would be a question of finding out a little more about certain people (*Ibid*, pp. 40-41).

You start small and you build from there. An informal conversational style also allows you to slip past people's "defenses", as we say in the trade. That is, *at least* you don't trigger their reasons *not* to tell important information. You create a comfortable context in which a relationship can be built, and then you can discover and act on their reasons *for* telling. Descriptive Psychology uses ordinary conversation in psychotherapy as well as in its conceptual structure, so you don't have two different languages going on either in your head or as you're talking to the person.

Another thing we see in Miss Marple is an *innocuous self-presentation*. One of her lines that I love is, "A policeman asking questions is suspicious, but an old lady asking questions is just an old lady asking questions." (*A Murder Is Announced*, BBC production). She is also self-

effacing. She and others call her "a harmless old tabby". And she's a master at low-power moves.

Characteristically, high-power moves involve initiating, directing, controlling, and terminating, as contrasted with the low-power moves of carrying out, elaborating, supporting, or maintaining. As we all know, things can change drastically in the course of carrying something out, or through the support given or not given to the people who are in the high-power position. There's a great deal of power to be exerted when one operates in the low-power way. In their acculturation as women, even women like myself who are inclined to use high-power moves typically learn low-power moves as well. And Miss Marple uses them very effectively, particularly in dealing with the authorities. She's just an amateur, working with policemen and supervisors and detectives in a male world, and coming from a low-power position, she doesn't violate their expectations and thereby elicit direct opposition.

So, for example, one of the things I do is, when I talk to people on the phone, I introduce myself as "Dr. *Carolyn* Zeiger" I always put the "Carolyn" in there, and the moment a client walks in, I drop the "Dr." and just start chatting with them. This kind of move reduces the distance, and the difference between any kind of hierarchical statuses, and the difference in our worlds. And quite honestly, in terms of hierarchical status, women tend not to be taken as seriously as men anyway, so if you're a woman, make use of the fact! This way, it's easier for people to forget that I'm a doctor: I'm just a pleasant, friendly woman, and even being middle-aged, let alone aged, helps.

Again, in psychotherapy it's important to use the low-power position at the beginning with a client, by just being there in an unintrusive, reactive sort of way. When you're dealing with the authorities (people who for one reason or another have more authority or prestige than you do), you just move to the low-power position, and when you need to take direct action, wait for your chance to move into the high-power position.

Miss Marple is a *keen and constant observer*, and not only in the particular situation but of life in general. These observations add up over the years, constituting a library to draw from. She's a keen observer of life, taking in everything that's going on around her. In any assessment, this broad scope of observation is essential.

In Descriptive Psychology, we often use the paradigm of the Actor-Observer-Critic: the Actor performs spontaneously; the Observer notices and describes what is going on; the Critic appraises the Actor and Observer both positively and negatively. During an initial interview, you spend a lot of time being the Observer, simply noticing and describing what the Actor (client) says and does. And you want to be careful not

to move into the Critic role too soon, making appraisals before you've gathered enough information, either in your own head where you begin to shut off information that turns out to be crucial, or in the way that you treat people. If you move in too quickly, before someone feels really heard and understood, that person will feel discounted and cut off, and treated as somebody other than who they are. If you go off the track at this point, you will generate resistance.

Here we also note, in Descriptive Psychology terms, the sixth of the Maxims for Behavior Description: "A person acquires facts about the world primarily by observation, and secondarily by thought" (Shideler, 1988, p. 42). So observation is very important.

Another thing Miss Marple does is to *step into and join the person's world, and form a relationship with that person*. She does this very beautifully when, in the BBC production of *A Murder Is Announced*, she says to Miss Bunner, "I understand *everything* about lonely old ladies".

Murder and psychotherapy are emotionally charged situations, and people want to talk. They want to be in relationship to others. So you want to act on Maxim 3: "If a person has reason to do something, he will do it unless he has a stronger reason not to" (Shideler, 1988, p. 40). You're being very careful to avoid giving anybody stronger reasons not to talk about what they naturally want to talk about.

In addition, people want to talk in a situation where they are, or at least perceive themselves to be, safe. There's a little passage where Miss Marple is talking with a spinster and her elderly brother, and the woman starts:

> "The story I heard," began Miss Prescott, lowering her voice and looking carefully around.
>
> Miss Marple drew her chair a little closer. [Normally the brother is always there watching and disapproving of their gossiping. So this is Miss Marple's chance.] . . .
>
> "It seems," said Miss Prescott, "but of course I don't want to talk any scandal and I really know nothing about it—"
>
> "Oh, I quite understand," said Miss Marple.
>
> "It seems there was some scandal when his first wife was still alive! Apparently this woman, Lucky— such a name!—who I think was a cousin of his first wife, came out here and joined them and I think did some work with him on flowers or butterflies or whatever it was. And people talked a lot because they got on so well together—if you know what I mean."
>
> "People do notice things so much, don't they?" said Miss Marple (*A Caribbean Mystery*, p. 60)

It just goes on and on like that, as Miss Marple deftly pulls Miss Prescott in as she gets more and more comfortable. Here is somebody with whom really she is quite safe. In another place, they do it all non-

verbally around the disapproving brother by giving each other little looks that say, "We'll talk about this later".

Miss Marple also uses appropriate self-revelation to encourage the other person to do the same. She starts right in by saying, "Oh, my rheumatics!", which immediately says "You're free to talk about something very personal". She's not revealing anything that in psychotherapy would be considered inappropriate, but it's a way to make the contact that says you can feel free to talk about things that possibly are painful as well as personal.

Basically you're making moves that activate more rather than less of their reasons to talk to you, and to talk about what counts in that situation. Here another of the Maxims for Behavior Description is relevant: "If a person has two or more reasons for doing X, he has a stronger reason for doing X than if he only had one reason" (Shideler, 1988, pp. 40-41). So the more reasons you give them to talk, the more likely they're going to be forthcoming. As a part of this strategy, Miss Marple will bring in different themes from different directions as she teases out their reasons to tell all.

So Miss Marple *listens attentively, understands, and demonstrates her understanding and appreciation of the person's position or situation*. To do this effectively is a matter of getting in the habit of listening. You observe and you listen. And you can be either totally immersed or simply taking it in while you're doing something else. It can be as passive as simply listening out of politeness to somebody who isn't very interesting, but you're still taking in what he is saying. This is an aspect of the general quality of observing and listening in life. The important thing is to be *open* to what you are hearing.

Listening well involves knowing when to be Actor, when Observer, and when Critic. When do you simply "be and do spontaneously"? When do you sit back and "notice and describe"? And when do you begin to "make appraisals" about what it is that you're seeing or hearing or doing?

Total-immersion listening is what I call the Actor-type listening, and there's an old axiom in therapy that if you're bored during a session, something is wrong, because naturally you're absorbed in the exchange that's taking place. I consider psychotherapy a meditative state where nothing else distracts or disrupts the process or your experience of it. It's very spontaneous and unself-conscious.

There's also a kind of passive absorption, and I call this *Observer-type listening*, where you're registering what's happening, but that's about all. You're just taking note of it and describing what's going on. Often in a session, for example, you're really interacting with one person but there's somebody else in there—I think of a marital session I was doing

with a couple whose little boy was tearing around the office in the background. I ignored the child and kept my focus on the couple, who also ignored him. However, my peripheral awareness of his increasingly outrageous behavior, combined with the father's concomitant escalating demands on his wife, suddenly gave me a new insight into the conflict between the husband and wife. Just about then the boy began to really tear up the office, and I had to intervene.

It can be even more passive than this. You can be strolling down the street, as Miss Marple was in *A Pocket Full of Rye* when she heard children singing the nursery rhyme "A pocket full of rye". She was not even thinking about the mystery or the rhyme at all, but still she was taking this in, and later on, something clicked within her mind, and the nursery rhyme suddenly became the source of the image she used to understand what was behind a series of murders.

So *you use listening to gather information*. You also use it to form *a relationship* with the person. In forming a relationship, you demonstrate that you have listened carefully by acting in some way on what you have heard, thus showing what you're learned. This can be verbal or non-verbal, as in the little exchange where the two ladies looked at each other so as to say, "We'll take this up later", or "You and I understand that, even if other people don't".

People constantly tell Miss Marple that she's a good listener and very understanding. In one place, her informant, Miss Bunner, says, "Oh, you're so comfortable", and then at the end, she says, "She's *such* a good listener and *so* understanding". Her informants also tell her a great deal more than they mean to. I thought about this one for a long time: how does this come about? I have concluded that the key here is that she's genuinely and intrinsically interested in what people have to say. She's described as a gossipy old lady, but in fact, she cares about all these people very much. She's genuinely interested in them—who they are and why they do what they do. She's following what we call, in my spiritual tradition, her "dharma", that course in life that's right for *her*: unravelling murders, increasing people's behavior potential, liberating people from their karma. There's an integrity to that which is appealing to people. It's the recognition, "This is a real person sitting in front of me".

Miss Marple is coming from, acting upon, her highest level of significance, that which is really meaningful to her. She's doing what she loves to do and has the ability to do well. Watching the Olympics—you don't even have to know anything about the sport—have you ever felt the thrill of seeing people being wholly themselves? The genuineness of being who you are attracts people; it encourages them to talk to you.

She also *elicits people's reasons for cooperating, and she acts on those reasons*. This can be either a very gentle, subtle move, or it can be a forthright, strong-arm, move. The clues to their reasons for talking, for cooperating, may appear in their posture, their self-presentation, and what they don't say as well as what they do say. So you have to be able to read people. You also have to be able to draw people out in a way that doesn't look calculating.

To take an example from *Nemesis*: It is imperative that Miss Marple find out where a package has been sent, but the only person who can give her that information is the postmistress. Taking on the guise of a flustered, absent-minded old lady, Miss Marple inveigles the postmistress into telling her to whom it was addressed. Her approach here resembles an Erickson confusion-technique. It's also somewhat like strategic therapy: setting up paradoxical situations and so forth.

But she will actually go further than that. She had been brought up with a proper respect for truth, and by nature was truthful. Even so, in certain circumstances she would tell extremely plausible lies, such as saying that she already knows who has committed the crime—sometimes an effective way of setting bait.

Here we need to take into account the controversy about using strategic therapeutic moves, because we have to remember the importance of being guided by higher principles, and of paying attention to what it is we are doing. Whether we're doing psychotherapy or solving a murder mystery, we have to be clear on what we are doing. Otherwise the use of strategic moves is simply nosy or manipulative or even evil in its intent, or—whether we intended it or not—evil in its effects. We have to be guided by clear vision, principle, respect, and love and compassion. Even then, we can still go wrong and must take responsibility for that possibility. Such moves are a calculated risk.

One of the things I love about Miss Marple is her tremendous respect and compassion for the murderers themselves. After a murderer kills her own best friend because she has talked too much, she honestly grieves for her loss, and Miss Marple—knowing her to be the murderer—sits with her as she grieves. Nevertheless, Miss Marple goes on to prove her guilt and have her arrested.

In listening to discover people's reasons for cooperating, what to look for is their pain, their pride, their need to be right, their fear, their desire to change either themselves or other people, their devotion to the truth, their need for comfort, their desire to share their triumph or their joy. It's not easy to read people or ascertain their motives for doing what they do, and this is where sensitivity and practice and experience enter in. It's also a place where the images we use in

Descriptive Psychology are very helpful (Ossorio, 1976, passim), and I'll talk a bit more about them as we go on.

Further, you *don't have to be there and see everything with your own eyes*. You can gather information from other people's reports, even though they may not be directly involved or involved at all, because you don't have to have a great deal of information, or first-hand information. You just have to have *enough* to do what you need to do. In several mysteries, Miss Marple hadn't met most of the people involved, or wasn't present at the event, and one of the best examples of this is *Nemesis*. It's a marvelous story. There she is hired by somebody after he died—his letter is sent to her posthumously. One of the main figures had died ten years earlier, another one is in prison, and Miss Marple doesn't even know what she is supposed to be doing. Her employer merely sets her off by saying, "Let justice be done", and with only that for guidance, she has to figure out where to start and where she's going and all the rest of it, including what crime had been committed.

As psychotherapists, most of the time we aren't at the scene of the "crimes", although a lot of them are committed in my office, particularly by couples. They bring it right out for you to see. But in individual therapy, not only are they not bringing it out for you to see, they're trying to look better than they behave other places.

A final point on procedure is to *know your limits*. You have to know who you are and who you aren't, what you can do and what you can't do, and when to quit. At one point, after Miss Marple has taken on this man's request that she go out and do justice for him, and she's having difficulties, she settles herself into bed and speaks to his spirit.

> "I've done the best I could," she said.
>
> She spoke aloud with the air of addressing one who might easily be in the room. It is true that he might be anywhere, but even then there might be some telepathic or telephonic communication, and if so, she was going to speak definitely and to the point.
>
> "I've done all I could. The best according to my limitations, and I must now leave it up to you."
>
> With that she settled herself more comfortably, stretched out a hand, switched off the electric light, and went to sleep (*Nemesis*, p. 50).

And on another occasion when she was stymied:

> Miss Marple undressed, got into bed, read a few verses of Thomas à Kempis which she kept by her bed, then she turned out the light. In the darkness she sent up a prayer. One couldn't do everything oneself. One had to have help (*A Caribbean Mystery*, p. 159).

This reminder is here for the particular benefit of graduate students. The peace of mind that comes in acknowledging that we don't have total control or responsibility, and in asking for help from both earthly and other-earthly powers, is essential to maintaining our equilibrium—and to not screwing things up.

CONCEPTUAL

On the conceptual side, what we have Miss Marple doing is *individual case formulation* (Ossorio, 1986). She's gathering facts and seeing how they fit together, what patterns there are in people's person characteristics and their behavior, and how all these come together to help her answer four basic questions that in fact we ask all the time as we do psychological evaluation:

What sort of person would do X?
What reasons would the person have for doing X?
What relationship to a person, event, or object would this be an expression of?
With whom, or what, might the person have such a relationship?

We answer those, and we've gone a long way toward understanding who this person is and what's going on. In Descriptive Psychology, often we set up these questions in the form of behavior explanation formulas:

Psychodiagnostic formula: In *these* circumstances, it would take *that* kind of person to engage in *this* behavior. Circumstances and behavior are given; from these we draw conclusions about person characteristics.

Literary formula: In *these* circumstances, *this* kind of person would behave in *that* way. Circumstances and person characteristics are given, and from these we draw conclusions about behavior.

Situational formula: *This* kind of person would not behave in *this* way unless the circumstances were of *that* kind. Person characteristics and behavior are given; from these we draw conclusions about the circumstances (Shideler, 1988, pp. 91-92).

In each one are two givens; you are left to figure out the third. You see how handy it is to have that all spelled out so that you can really think it through.

Miss Marple is using *an observational model, not an inferential model.* Her way of operating or thinking about things is not making tight logical inferences to make accurate predictions: e.g., if A then B, then C must be true. I think of Sherlock Holmes that way—he's always pointing out, "It's obvious: if A then B then C". This kind of logic is

valuable, and Miss Marple uses it upon occasion, but it is not the key to her success.

Her focus is on making sense out of people's behavior, what people do and why they're doing it. She follows Peter Ossorio's frequent observation that the world makes sense and so do people. It's not a matter of shrugging your shoulders and saying, "People sure are strange" and "Life is mysterious". Instead, you're often finding yourself saying, "People are indeed strange, but they *are* comprehensible". The logic involved is the logic of human behavior, and Descriptive Psychology provides a logical system for making sense out of it.

To indicate more directly a little of what we have in Descriptive Psychology, it is "a set of systematically related distinctions designed to provide formal access to all the facts and possible facts about persons and behavior—and therefore about everything else"(Shideler, 1988). The phrase "provides formal access" is the key, because even though what I'm talking about is a very informal way of doing things (or so it appears), formal access makes available to us a tremendous amount of information.

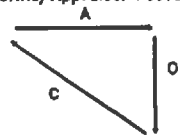
Fundamental to Descriptive Psychology is the Person Concept, and this chart suggests how much is involved in it, and how comprehensive and complex and systematically interrelated it is. You can see from this how you can take any one of these pieces, like the Actor-Observer-Critic or the Significance Diamond or the Judgement Diagram or the Perspectives, and simply by understanding that piece, you will understand a lot more. You don't have to have this whole diagram in your head. You don't even ever have to have seen it in order to be able to use any of these pieces competently.

In this approach, the *Observational Model*, you find a difference in the way things are put. It isn't "If this occurs, then that must follow". Instead, our statements take the form of "It's likely that —" or "Don't be surprised if —" or "People are inclined to —".

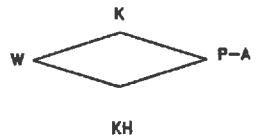
Observations are not simply imprinted tabula rasa fashion. They are always understood and remembered within a conceptual framework, and one of our most useful tools is the notion of the Standard Normal Person.

> The Standard Normal Person is the one who in every situation does just what the situation calls for, no more and no less, because he conforms merely to what could be expected in those circumstances. Compared with others in that culture, he is neither stingy nor profligate, aggressive nor submissive, diligent nor lazy, stupid nor brilliant. He does not do too much or too little of anything, or otherwise depart from the norms of that socio-cultural frame of reference. . . . Actual people are characterized by how far and in what direction they deviate from the standard normal person: "she is brave" means that she is more than ordinarily courageous; "He is old for his years", more mature than others of his age (Shideler, 1988, p. 217).

Actor, Observer/Describer, Critic/Appraiser Feedback Loop



The Diamond



Transition Rules
Basic Descriptive Units

ARTICULATION OF THE PERSON CONCEPT

PERSON CHARACTERISTICS		
Dispositions	**Powers**	**Derivatives**
Traits	Abilities	Embodiment
Attitudes	Knowledge	Capacities
Interests	Values	States
Style		

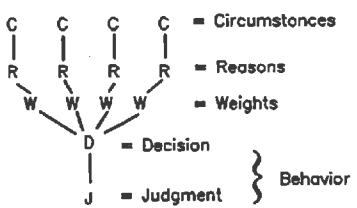
Behavior = Intentional Action = <I, W, K, KH, P, A, PC, S>
[Identity, Want, Know, Know–how, Performance, Achievement, Person Characteristics, Significance]
[I parameter = Identification, PC parameter = characterization]

STATE OF AFFAIRS CONCEPTUAL SYSTEM
- Objects
- Processes
- Events
- States of Affairs
- Relationships

→ Relationship Formula
→ Status Dynamics
- Self Concept
- Behavior Potential

LANGUAGE
Concept Locution Behavior

Judgment Diagram



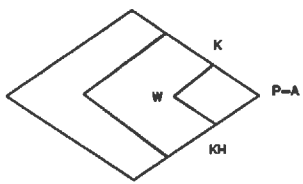
Justification Ladder

- Perspective
- Competence
- —
- Principle
- Theory
- Custom
- Judgment

Perspectives

- Hedonic
- Prudential
- Ethical
- Esthetic
  - artistic
  - intellectual
  - social
  - (spiritual?)

Significance (Symbolic) Behavior Diagram



With this norm before us, we can see the exceptions, the variations and details that make each person a real person yet still an instance of a particular pattern.

The novelist Charles Morgan gives us an example of this use which makes it very clear that in referring to the Standard Normal Person we are not talking about an Ideal Person:

> People were to him like the angles marked on his school protractor, some leaning to one side of the upright and some to the other. The upright was no better than the rest because it happened to be in the centre, but it was of use as a basis of measurement (Morgan, 1936, p. 21).

Miss Marple carefully notes those deviations and from there further notes deviations that fall into recognizable patterns. For example, in discussing a case with a police officer, she argues that the behavior pattern of a petty thief is not compatible with the behavior pattern of a calculating murderer. Patterns in human behavior reveal persons' reasons for doing what they do, which is to say, their motives.

Fundamental to doing case formulation using the observational model is pattern recognition. Once when Miss Marple is figuring out who she is and who she isn't, she says:

> I mean, I know what people are like because they remind me of certain other people I have known [in the villages where I have lived]. So I know something about their faults and some of their virtues. I know what kind of people they are (*Nemesis*, p. 49).

This is her trademark, pattern recognition, and I find I do the same thing, particularly in supervising other therapists. I just sit there listening for a while, and asking questions, and suddenly I say, "Oh, that reminds me of this client I had a few years ago", and I talk about that until I begin to see the pattern. And of course you do that with clients also, although most of the time you're doing it in your head. You're remembering that this is like so-and-so, and this is what it's like, and so forth.

The patterns you use don't necessarily come from real life. They can come from literature or poetry or movies or music—they just have to fit. In *Nemesis*, Miss Marple likens Clotilde, who killed her adopted daughter, to Clytemnestra, who killed her husband. People learn a great deal by reading. I think of a man who has led a very isolated life, spending little time with other people, but he reads extensively and watches movies, and has a repertoire of understanding about people that's astonishing given his history.

Looking for patterns, here are some places to look.

1. *In other people*: (a) You look for their *Person Characteristics*. A person with these kinds of characteristics is likely or not likely to do these kinds of things. Miss Marple says, "A petty thief isn't likely to suddenly move on to armed robbery and murder." A lonely spinster with no other close relationships will probably not gladly allow her beloved, adopted daughter to marry.

(b) You look at it in their *behavior over time*. People have habits and strong inclinations that are revealed by their behavior over time, and show you how they're apt to behave in the future. A person who has had four to six drinks a day for 20 years isn't likely to just quit without some imperative reason. A woman who has never argued with her husband isn't likely to start suddenly, and one who always has will keep on doing it. Remember the behavior formulas.

2. *In yourself*. Miss Marple knows, for example, that routinely she writes checks for seven pounds but not for seventeen. Consequently she quickly spots a forged check. So you look for patterns also in yourself. It's invaluable to know your own characteristic ways of reacting to people. When you notice that you're angry or sad or apprehensive around someone, you begin to ask yourself questions: "When have I felt like this before? What does it remind me of? What sort of person makes me feel like this?" When Miss Marple is explaining to the officials how she solved a mystery, one of them asks her what she felt in encountering a particular situation, and she replies:

> "It *was* feeling. It wasn't really, you know, logical deduction. It was based on a kind of emotional reaction or susceptibility to—well, I can only call it atmosphere."
>
> "Yes," said Wanstead, "there is atmosphere— atmosphere in houses, atmosphere in places, in the garden, in the forest . . ."
>
> "The three sisters. That is what I thought and felt and said to myself when I went in to The Old Manor House. I was so kindly received by Lavinia Glynne. There's something about the phrase—the three sisters—that springs up in your mind as sinister. It combines with the three sisters in Russian literature, the three witches on Macbeth's heath. It seemed to me there was an atmosphere there of sorrow, of deep-felt unhappiness, also an atmosphere of fear and a kind of struggling different atmosphere which I can only describe as an atmosphere of normality" (*Nemesis*, p. 25).

She was looking at her reactions to being in this house and around these people, and what was going on there, and relating all this to literary characters and events.

(3) You also look for patterns *in the relevant circumstances*, because circumstances connect to patterns, and circumstances tell you what patterns to look for. I think, for example, of stepmothers—a common pattern. If someone's a stepmother (the circumstances), you immediately know that she's outside the usual family system of spouse and

children and is powerless in many ways. What's more, she feels it. At the same time, everybody in the family is charging her with bringing the family together, being the mother, making it happen. She has no power but is asked to play a powerful role. So you can be expecting her to be feeling a lot of frustration and pain.

In Descriptive Psychology, we have a prescription for recognizing patterns, and we call it "Drop the details and look for the pattern" (Ossorio, 1986). This isn't always easy, and there's no particular technique that I know for doing it. More than anything else, you need practice and experience, and there's also some ability involved. There are people who can do this quite readily. (An excellent series of examples is contained in Roberts, 1990). Think also of the Myers-Briggs personality assessment: people who score high on the Sensing function look at the details, while those who prefer the Intuitive function see the patterns and the big picture, and grasp it immediately. Miss Marple is adept at pattern recognition.

Once you recognize the pattern that the facts fit, you gain an understanding of the situation, and a lot more about possible facts. Once Miss Marple recognizes that this petty thief is like Freddy Tyler of the loud ties, she begins to see other possible things that could be true about him. So a case might remind me of a client I saw a few years ago. However, the next step is to drop the details and see what the essential structure is, and then discern which facts actually fit and which don't. Just remember, you are using "drop the details" to do individual case formulation, not just working a pattern—which is one of the ways you can go wrong.

Fortunately, you don't have to be eighty years old, and grow up in an English village where you've been watching everything all your life, to be able to recognize and see patterns. In Descriptive Psychology, we've developed quite a repertoire of images that perform much the same function. For example, I think of a doctor who said to me, "You know, all my life I've wanted to be a doctor, and here I am, Dr. So-and-So with a big income, and I'm miserable. I can't figure it out because this is what I wanted more than anything, to be a doctor." My response was, "It's like The Two Mayors. There's the mayor who wants to be the mayor and have the authority and the prestige and the recognition and all that, and then there's the mayor who wants to do what the mayor does: get the work done, roll your sleeves up, take the rap when things go wrong, actually run a city" (Ossorio, 1976, pp. 30-31). This doctor hated doing what doctors do. We have lots of images like this in Descriptive Psychology that give us a library of patterns to draw on.

A caution here: when you see a possible pattern, whether you're a detective or psychologist, the temptation is to start filling in the blanks

to make it fit this model. This tendency to make things up operates at a very subtle level. Assumptions start coming into play as "facts" very easily. It's a real problem with theories. Miss Marple never does this. She is exceedingly careful in how she puts things, as when the police investigator says, "Somebody wanted to kill Miss Blacklock," and she says, "Well, it has the appearance of that" (*A Murder Is Announced*, p. 73). And on another occasion, when he says, "So I have to look for a Mr. X," she responds, "Or a Miss X or a Mrs. X" (*A Murder Is Announced*, BBC production).

Here the Descriptive Psychology cautionary slogan is "Don't make anything up", and I know that one of the things that Peter Ossorio, founder of Descriptive Psychology, learned years ago was that especially with beginning students, he has to say this louder and more often than just about anything else because it's such a temptation. In *Nemesis*, everybody is assuming that the murderer was a man because that person was wearing men's clothing, but when Miss Marple traces the parcel and finds that although it contains men's clothing, it was mailed by a woman, she is confirmed in her belief that the murderer was indeed not a man.

Clinicians violate this rule constantly, as do the official detectives whom Miss Marple often gently and indirectly corrects. In particular, this is the downfall of psychological theories: cf. Freud's dictum that if a woman wants to assert herself in the world, then it is assumed that she has "penis envy" and really wants to be a man.

When the facts don't fit the pattern, you want to discard the pattern, look for a new one, or keep looking for more data to see if perhaps this one is going to work. But you keep checking the fit. This is where your strength comes into play if you have a strong preference for using the Sensing function on the Myers-Briggs (the opposite to Intuition). You will be careful to check that the facts actually fit the pattern. Miss Marple doesn't just rely on her intuition. In sum, it is a matter of recognizing the pattern that fits the facts or what pattern the facts make, NOT fitting the data to the pattern.

One of the things that fascinates me about pattern recognition is that when you see the whole picture, you don't always know what the tip-off had been. Something has just clicked into place. Margery Allingham, in *Dancers in Mourning*, puts this beautifully:

> As the little piece of the jigsaw dropped into place, his mind jolted . . . his brain seemed suddenly to turn over in his head. It was a definite physical experience and was comparable to the process which takes place when an unexpected train in the underground station appears from what is apparently the wrong tunnel and the mind slips over and adjusts the phenomenon by turning the universe other side out, substituting in one kaleidoscopic second east for west (Allingham, 1937, p. 280).

Your whole view of things has now changed.

Then there's *the use of logical constraints to create boundaries for determining what's a possible explanation, and also to use them as tests for the validity of your explanations or descriptions*. Here's an example of Miss Marple's using logical constraints to set the boundaries. In explaining her solution of the *Nemesis* mystery, she says:

> There were certain things that must be, must logically be, I mean, because of what Mr Rafiel had indicated. There must be somewhere a victim and somewhere a murderer. Yes, a killer was indicated because that was the only liaison between Mr Rafiel and myself. There had been a murder in the West Indies. Both he and I had been involved in it, and all he knew of me was my connection with that. So it could not be any other type of crime. And it could not, either, be a casual crime. It must be deliberate crime. It must be, and show itself definitely to be, the handiwork of someone who had accepted evil—evil instead of good. There seemed to be two victims indicated. There must be someone who had been killed and there must be clearly a victim of injustice—a victim who had been accused of a crime he or she had not committed (*Nemesis*, p. 251).

So in case formulation, you aren't just floating around out there. There are constraints for determining what possible explanations there are. Even such constraints, however, can be violated or in error because in this case things aren't as they seem. The observation may be off base, or the facts be wrong or incomplete.

Another sort of logical constraint comes from the *Maxims for Behavior Description*, which provide general maxims for testing the validity of our descriptions of persons and their behavior. As my colleague Carl Sternberg says, "Maxims are instructions for how not to go wrong in making sense of people," and another colleague writes:

> We use terms like "right" and "wrong", "complete" and "incomplete", "rigorous" and "careless", "adequate" and "inadequate" for the purpose, "misleading" and "illuminating", and those maxims can guide us in making those judgements. They warn and remind us of the logical constraints on the completeness and coherence of the description. Further, we shall want to know if the description conforms to what is empirically observable (Shideler 1988, p. 69).

In addition to the general maxims, there are specific maxims for specific arenas such as solving murders. If you violate them in your investigation, you are likely to run into big trouble. Miss Marple has a number of these.

One is: "The obvious is so often right." That's a good one for therapists to remember, too, because we're very adept at coming up with a lot of complicated explanations when maybe the answer is sitting right in front of us. This reflects Maxim 1, "A person takes it that

things are as they seem unless he has reason enough not to." (See Table 1.) Miss Marple and we are careful to see if we have any reasons not to believe the obvious, as the danger for us is the consequent tendency to assume that things are *not* as they seem.

Table 1
Maxims for Behavior Description

Maxim 1:	A person takes it that things are as they seem, unless he has reason to think otherwise.
Maxim 2:	If a person recognizes an opportunity to get what he wants, he has a reason to try to get it.
Maxim 3:	If a person has a reason to do something, he will do it unless he has a stronger reason not to.
Maxim 4:	If a person has two or more reasons for doing X, he has a stronger reason for doing X than if he had only one of those reasons.
Maxim 5:	If a situation calls for a person to do something he cannot do, he will do something he can do—if he does anything at all.
Maxim 6:	A person acquires facts by observation (ultimately) and by thought (secondarily).
Maxim 7:	A person acquires concepts and skills by practice and experience in one or more social practices which involve the use of the concept or the exercise of the skill.
Maxim 8:	If a person has a given personal characteristic, he acquired it in one of the ways it can be acquired, i.e., by having the relevant prior capacity and the appropriate intervening history.
Maxim 9:	Given the relevant competence, behavior goes right if it does not go wrong in one of the ways that it can go wrong.

Another one is: "Nothing is impossible." "Murderers are so often unlikely," Miss Marple says. "They may be charming, likeable people."

"Nobody is beyond suspicion," one of my favorites, she taught to a rookie detective who was guarding the door at the scene of a crime. He says to her, "Of course, Miss Marple, you may come in. You are beyond suspicion." And she fixes him with a stern look, stops dead in her tracks, and says, "*Nobody* is beyond suspicion."

Others that we have covered already are: "One mustn't jump to conclusions" and "Don't make assumptions". There is also "Murderers just can't leave well enough alone"—which is very helpful to her.

If Miss Marple finds herself violating or acting contrary to any of these maxims, she knows she is heading into trouble. Psychologists also would do well to heed these same maxims.

Driscoll (1984) has compiled, added to, and elaborated on some Descriptive Psychology principles for doing assessments. They are great training tools because they enumerate some of the possible ways we could go wrong, which in itself is valuable.

To do case formulations, move from simple description to appraisals. Thus far, in case formulations, you have been observing and describing. Next you move from the stance of the Observer, merely describing, to the Critic stance, and begin appraising not only what you have observed but also the observations themselves.

One use of the Critic is to check on your own behavior, to look at what you are doing as the Actor and the Observer, and to critically evaluate the process itself and the results of it. What, why, and how are things going in the investigation or assessment? Are my descriptions complete and accurate? Miss Marple constantly checks herself. It sounds like an obvious and trivial point, but this is another important one, particularly both when you're learning and after you've been doing it for a while. My husband, a computer scientist, has asked me, "Do psychologists really do this?" I said, "Well, they do at the beginning, but I think they forget about it for a while. Then they realize that they don't know so much after all, and they begin hiring consultants again to talk over cases, asking, 'What am I doing wrong here, anyway?'"

In case formulation, you give significance descriptions to understand what motivates people, and to look at what the Actor is doing by doing whatever he is doing. We have our classic example in Descriptive Psychology of the guy in the rolling English countryside who's moving his arm up and down, and his hand is on a pump, and it's a water pump, and the water is going into the house, and there's poison in the water, and so what he's doing is poisoning the people in the house, and he knows that they're plotting to overthrow the government, so what he's really doing is saving the country (Ossorio, 1986). You move up that Significance ladder to understand what the person is doing by doing *that*. For example, a murderer: you think, how could a woman who adopted a girl as a child, murder her? What she was doing, in her mind, is protecting her precious child from being defiled by a man—a very different view, once you see the significance for her.

You have to *know the culture*. You must understand the significance of the behavior in that culture. Here we move into the Descriptive

Psychology concept of community and all that goes with that, and the ways it's been articulated by Putman and others (Putman, 1981). Miss Marple succeeds because she understands small towns in England, and upper class and lower class norms. If you're doing therapy with Japanese-Americans, you'd better know the difference between first-generation and second-generation, and of course, you need also to be able to take several perspectives on any one place, in terms of understanding the culture. In Boulder, Colorado, where I live, you can legitimately see it as a university town, a haven for high-tech entrepreneurs, and as it's been called in the press, "a yuppie, fern-bar town which is populated by drug-dealers and trust-funders", and all of those are accurate, though limited, descriptions.

There is some community that we understand well enough to know what behavior is normative for that community and what is a deviation from it, and that's the one we should serve. Miss Marple even has this subculture of murderers that she's interested in. She says at one point that she doesn't care for flashy murders committed by shallow, uninteresting people. In fact, she says that it's not her cup of tea. Myself, I do understand step-families; I don't understand the culture of drug and alcohol abusers.

We learn about cultures by participating in them. This happens mostly in the course of normal living with other people, during which we "acquire concepts and skills by practice (participation) and experience in one or more of the social practices (customary pursuits, usages) which call for the use of that concept or exercise of that skill" (Maxim 7). We also learn about cultures by instruction in schools or apprenticeships, and by reading or watching videos. All these are ways of participating in cultures.

There's a revealing incident in which Miss Marple becomes acquainted with a new suburb to her familiar village. She is not comfortable with this addition until she goes out and walks through the development, and is in and of it, and talks to the residents there. She moves out from her intimate knowledge of her own community to an understanding and appreciation of the new one. Here we are reminded of Maxim 5: "If a situation calls for a person to do something he cannot do, he will do something he can do—if he does anything at all." Thus Miss Marple starts with what she knows and builds upon that. We also can use our known culture to help us make sense out of a new one, gradually expanding from that base.

You use different perspectives. The Judgement Diagram (Shideler, 1988, p. 79) codifies four universal perspectives that give us reasons for doing what we do: the Hedonic, Prudential, Ethical, and Aesthetic, and these tell you a great deal about people's motives. Is their primary motive

pleasure or self-interest or ethical probity or achieving a sense of the fitness of things? There are also the perspectives that come from different roles, and a key to Miss Marple's way of operating is that she has a woman's perspective. A woman's world is typically the world of people and relationships, and understanding relationships is the foundation for her insights. Taking the woman's perspective, she thinks of things that men don't think of. She'll say, "Well, what about the children this woman abandoned years ago?"—none of the men had even thought about the children. Of course, the opposite is true, also. The men see things she doesn't see.

PERSON CHARACTERISTICS

Now we come to the great realm of Person Characteristics, which is like our crime-investigation kit. These can be assets or even things we think of as liabilities—here is Miss Marple, eighty years old, using her age as an asset. When she is puzzling over why she was selected by Mr. Rafiel in *Nemesis*, she goes through an inventory of her abilities. "Do I know anything about anything?" she asks herself, "Well, let me see: What do I know? Who am I? What am I like?" And she comes up with things like "I'm inquisitive and I do understand about people", and so forth and so on, and in the process of doing that while she was feeling completely lost, suddenly she sees a framework that she can use.

Natural talent plays an important part. Think of those of us who were "playground therapists", probably most of us who have gone into this field. People with problems, even complete strangers, gravitate to us and start revealing their deepest, darkest secrets. There are you, seven years old, and the other kids are hanging around telling you their problems. So there is some natural bent there. Miss Marple's natural gift is described by Mr. Rafiel, who posthumously hires her (by letter, not ghost!) to solve a crime. In his letter, Mr. Rafiel says to her,

> I have learnt one thing about a man whom I wish to employ. He has to have a flair. A flair for the particular job I want him to do. It is not knowledge, it is not experience. The only word that describes it fully is *flair*. A natural gift for doing a certain thing.
>
> You, my dear, if I may call you that, have a natural flair for justice, and that has led to your having a natural flair for crime (*Nemesis*, p. 25).

So people quite naturally bring murders to her.

Let us quickly review Miss Marple's Person Characteristics (see Figure 1), beginning with her *Dispositions*.

In *traits*, she is curious, scatter-brained, ruthless in pursuing justice, kindly, intelligent, patient, and respectful. Among her *attitudes* is her

suspicion of the official mind. Her *interests* are small-town life, relationships, solving murders. And her *style* is low-key, pleasant, friendly, harmless, and self-effacing. She is not, in fact, harmless, but her style is non-threatening.

With respect to *Powers*: among her *abilities*, she is a keen observer, she has an excellent memory, she is good at pattern recognition. She has an extensive *knowledge* of human relationships, village life, motives of murderers, how people work. Her central *values* are justice, propriety, consideration for others, stability and orderliness in social life.

Among the *Derivatives*, which affect or modify the powers and dispositions, are her *embodiment*—she is a female homo sapiens; her *capacities* include the potential for learning new concepts, facts, and skills, and for adapting to a variety of situations; conspicuous among her *states* are her physical infirmities.

Some of these qualities are innate potentials that have been developed over time. Others are acquired, consciously or unconsciously, by simply living in a world, and some can be acquired through training. As Maxim 8 says, "If a person has a given person characteristic, he acquired it in one of the ways it can be acquired, i.e., by having the relevant prior capacity and the appropriate intervening history."

It is essential for clinicians to take a piercing look at themselves, as Miss Marple did, to take this inventory of their tool box and thus determine how these characteristics can best be used to increase the behavior potential not only of others, but ourselves as well, in the process of "untying karmic knots". Our competence increases with our awareness. Even when we are experienced, the ability to use Descriptive Psychology gives us far greater access to the facts and possible facts about people, and is something you can pull out and work with in difficult cases or when you're just stuck and don't know why. For novices, it lays a foundation for acquiring the necessary skills and knowledge for doing our work.

As our competence at detective work or psychological assessment increases, the doing of it becomes more and more effortless and automatic: often Miss Marple looks as if she is just sitting there doing nothing. She and advanced clinicians may not use any of this conceptual structure self-consciously or deliberately. They just do what they do. They may not even be able to tell you what they're doing—which is why the Neurolinguistic Programming people studied persons like Virginia Satir who couldn't tell them what they were doing.

However, an observer can identify how the clinician or detective is using the Person Concept, the Maxims, and so on. It happens to me all the time with Descriptive Psychology—I realize that I have been operating with one of the maxims, or people will tell me that I'm using

Descriptive Psychology concepts even though I'm not familiar with those particular ones. Partly this is a matter of natural inclination, partly it is a result of study and work, partly of experience. In addition, Descriptive Psychology is an extremely valuable learning tool. Even when you're experienced, the ability to use the whole system to understand human behavior gives you far greater leverage. Your automatic behavior stops; you say, "Okay, let's get out that table with the Person Concept to see what new ideas we can come out with."

So for novices, it lays the foundation for acquiring the necessary skills and knowledge, and for advanced practitioners, it gives you that tool kit to use when you need it, which is truly more power to *all* people.

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NOTES

1. Since all quotations are to Agatha Christie's volumes, the references will be given by title and page numbers, not author and date.

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THE POSITIVE THERAPEUTIC RELATIONSHIP:
AN ACCREDITATION PERSPECTIVE

Raymond M. Bergner and Jeffrey Staggs

ABSTRACT

A positive therapeutic relationship may beneficially be enacted by the therapist assigning certain statuses to the client, and steadfastly treating him or her accordingly. These statuses 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. Therapists must ensure that their status assignments are both recognized and accepted by clients; and must present themselves in such a manner as to establish, maintain, and repair if necessary their own eligibility to function as assigners of such statuses.

In formal "accreditation ceremonies" (Garfinkel, 1957; Ossorio, 1978) such as the conferral of a doctoral degree 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 a community. This new position, or "status", is such that the confirmed individual now enjoys expanded

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eligibilities for participation in that community. In this paper, we explore the considerable power and benefit inherent in engaging clients in therapeutic relationships that are ongoing, informal versions of such accreditations.

THE NATURE OF ACCREDITING STATUS ASSIGNMENTS

Status and Behavior Potential

"Status" means "*position-in-relation-to*". The totality of a person's statuses is simply the totality of that person's positions in relation to everything, including himself or herself (Ossorio, 1976, 1982; Schwartz, 1979). For example, Joe may be a father to his child, a husband to his wife, a captain in the military, an adherent to his faith, his own harshest critic, a strong valuer of family loyalty, and an author of his own actions, among countless other relations to himself and his world.

Each of a person's various statuses corresponds to some behavior potential. That is, to be in any relational position is to have greater or lesser eligibility and/or opportunity to engage in certain behaviors. To be, for example, a captain in the military is to be eligible to give orders to those of lesser rank, to partake in officers club functions, and more. To be a husband to another ordinarily carries eligibilities and opportunities to relate sexually, to co-govern a family, to share experiences, to build a life together, and much more, with this other individual.

Sociological statuses such as "captain" and "husband" are especially clear instances of statuses which carry with them behavior potential. Less clear is the fact that personal attribute "labels", a class of concepts usually taken as designating qualities inhering "in" persons, also designate such statuses. Charlie Brown, in a Charles Schulz cartoon many years ago, appreciated this fact very well when he lamented that, "I'm a nothing, and she's a something, so I can't go over and have lunch with that pretty red-haired girl. Now, if I were a something and she were a nothing, I could go over there. Or if I were a nothing and she were a nothing, I could go over there. Or if I were a something and she were a something, I could go over there. But (sigh!), I'm a nothing and she's a something, so I can't go over and have lunch with her" (Schulz, 1968). Charlie Brown appreciates that his self-assigned "nothing" is not merely the description of some quality or lack thereof in himself, but also a status. This self-designation places or "locates" him somewhere in relation to others—in this instance, in a place of tremendous disqualification and ineligibility for relations with them (cf. Goffman, 1963, on stigmatizing labels).

In like manner, other personal characteristic concepts which persons employ to characterize themselves and others (e.g., "rational", "good", "trustworthy", "crazy", "sensitive", "indiscreet") are, when we examine them from this status perspective, seen to be not merely qualities but statuses. When we appraise Joe as a moral person, we are not merely taking it that he has a certain quality; we are also assigning him to a place or position such that we are prepared to treat him quite differently than Jack, whom we take to be morally corrupt. When we appraise ourselves as "crazy" or "irrational", we assign ourselves to a place that is quite different than "sane" or "rational", and we treat ourselves and our actions quite differently (e.g., we would, if we held ourselves rational, trust our judgments far more and act upon them with greater confidence than if we believed ourselves crazy).

Statuses May Be Assigned A Priori

Ordinarily, we assign statuses to others on the basis of observation. We observe Joe, and on the basis of our observations recognize that he has the statuses "captain" and "father", and assign to him the statuses "good man", "self-critical", and so forth.

However, it is possible to make status assignments a priori. A commonplace example of this occurs every day in jury trials. Jurors are explicitly instructed, prior to any observation, to regard defendants as "innocent until proven guilty". They are instructed to hold the defendant, a priori, innocent of charges, until and unless the evidence presented is such that they can have no reasonable doubt but that he or she is guilty.

A second example of an a priori status assignment is more directly relevant to our present concern with positive therapeutic relationships. Rogerian and many other psychotherapists, upon first meeting new clients, will assign the status "unconditionally acceptable" to them, and will treat them accordingly from the first moment that they enter the consultation room. Their position will not be the openly empirical, "Well, let's wait and see if this person seems acceptable to me". It will be the a priori, "As a human being, this person is unconditionally acceptable; I will hold him or her such to the degree that my own personal ability permits, and in the face of failure to do so, my first line of endeavor will be to expand my own personal tolerance."

Accrediting and Degrading Status Assignments

A status assignment is accrediting when its acceptance entails, or is equivalent to, the acceptance of expanded eligibilities and/or opportunities to participate in a community. Should Lucy in one of her five cent psychiatric sessions characterize Charlie Brown as a "something", and

should he be able to accept this characterization as real, his acceptance of this would entail an appraisal of himself as eligible for relationships with others he deems worthwhile ("somethings"). Should a therapy client, through experiencing a relationship in which she was unconditionally accepted, come to regard herself as unconditionally acceptable, her new self-regard would carry with it a perception of herself as eligible for acceptance from others.

A status assignment is degrading when its acceptance entails, or is equivalent to, the acceptance of diminished eligibilities and/or opportunities for participation in a community.

"Actions Speak Louder Than Words"

A woman is told that she is not going to die, but treated as a dying person; a child is told that he is coordinated, but treated as clumsy; a client is told that she is rational, but treated as one who is always misreading reality. In cases such as these, it is ordinarily the status assignment implicit in the treatment of the person which "speaks louder". It is this status assignment that is taken as the assigner's genuine one. It is this status assignment that is accepted by the other in those cases where such acceptance occurs.

In cases where verbalized status assignments and those implicit in treatment of another are congruent, it is ordinarily the latter which serve as the guarantor of the authenticity of the former, and not the other way around.

With respect to the therapeutic relationship, it is therefore imperative that therapists' actual views of their clients be accrediting ones, and that they *treat* clients in accrediting ways. When conditions are optimal, such treatment occurs quite smoothly, naturally, and automatically. We simply see our clients as acceptable, as making sense, as "somethings", etc., and naturally treat them accordingly.

When conditions are less than optimal, however, the enactment of a therapeutic relationship in which the therapist treats the client in accrediting ways may require considerable ingenuity and work. For example, a client reports that he has been sent by the courts for sexually abusing his child and, despite his facade of earnestness, it is easy to see that his attitude is quite cavalier and that he has come to therapy primarily to avoid court sanctions. The therapist's first reaction to him is nonaccepting, and this attitude will ordinarily be expressed in the therapist's behavior even if he or she tries to fake an accepting attitude. The therapist in such a case, if he or she is to be an accrediting relater, must do something to enable himself or herself to be able genuinely to regard and treat the client in an accrediting manner. One might, for example, actively *search* for a perspective on this client that would

enable one to accept the man. This might be accomplished by asking extensively about the man's personal history, current circumstances, phenomenology, and reasons for approaching his child sexually. The key thing will be that the therapist be able to get an understanding of this man that will enable him or her to accept the man (without condoning or excusing away his action). The therapist may learn, for example, that the man was himself abused, that he is radically ignorant of the implications of his actions for his child, that he does care for the child, that he has been drastically degraded as a person in other spheres of his life—any or all of which might enable the therapist to accept him better. Of course, searches for more charitable perspectives, examinations of our own untherapeutic reactions, and other measures designed to put ourselves in a more genuinely accrediting posture vis-a-vis the client will sometimes fail, and we will not be able to accept certain clients.

Section Conclusion

In a positive therapeutic relationship, the therapist makes a priori status assignments to the client that are accrediting in nature, and treats the client accordingly. Where Carl Rogers would recommend that the content of such accreditation have to do with the single status "unconditionally acceptable", we recommend that an accrediting therapeutic relationship be built around the multiple statuses delineated in the next section.

RECOMMENDED STATUS ASSIGNMENTS AROUND WHICH TO BUILD A POSITIVE THERAPEUTIC RELATIONSHIP

One Who Is Acceptable

To be unacceptable is to be ineligible for the acceptance of other persons. This self-assigned status is ordinarily based on individuals' beliefs that they possess characteristics which disqualify them for such acceptance—that they are evil or selfish or crazy or sexually perverse or inferior or unloving, etc. A therapeutic relationship in which the client is assigned the status "acceptable" (i.e., is accepted) is therefore accrediting. Further, it enhances the likelihood that our other interventions will be effective. Clients are more likely to listen to and cooperate with therapists who accept them than with ones who do not (Driscoll, 1984). Though their rationales are different, most other authors on the therapeutic relationship have stressed the importance of the therapist's

acceptance of the client (e.g., Beck et. al., 1979; Kohut, 1977; Meador and Rogers, 1984; Rogers, 1957, 1959; Wilson, 1984).

One Who Makes Sense

It is incalculably self-disqualifying to see oneself as making no sense. When people believe that their perceptions, emotions, judgments and decisions are either inadequately grounded in reality or without logical foundation, then they believe themselves to be unqualified for competent action. The degree to which such beliefs are personally undermining, undercutting as they are of all of one's judgments and behavior, can be staggering in certain cases.

In the therapeutic relationship, we recommend that the client be held *ineligible to make no sense*: every emotion, judgment, and action has a logic which is in principle reconstructible; every perception is an understandable way of looking at things. The client is eligible to be mistaken in his or her reasons, perceptions, and judgments, but not eligible to make no sense (Ossorio, 1976; Driscoll, 1984).

One Whose Best Interests Come First

Generally, persons who assign to themselves the status "unlovable" take it that they are not persons whose best interests could constitute the genuine concern and goal of another. If others' actions towards them seem positive, it cannot be because those others have their best interests at heart. There must be some explanation other than "because he or she cares for me", and these people will routinely generate such alternative explanations. In contrast, persons who believe they are lovable take it that they are eligible or worthy to have their best interests constitute the genuine concern and goal of other persons.

We recommend, therefore, that the therapist assign to the client the status of "one whose best interests come first in this relationship". The therapist's commitment is to conduct therapy first and foremost for the benefit of the client, not the benefit of society, the client's family, the therapist, or any other party (Ossorio, 1976; Driscoll, 1984). Such a therapeutic stance is an accreditation in which the status assignment has to do with lovability. A version of "you are lovable" is being enacted.

One Who Is Significant

To be insignificant is to be, like Charlie Brown, a "nothing" living in a world of "somethings", and to suffer the relational ineligibilities that he so aptly described. It is to be an unimportant "nobody", a "cipher", in a world peopled by important "somebodies". It is to live in an "I

don't count—you count" world. To assign genuinely to the client a place of importance and significance in one's life, then, is an accreditation.

One Who Is an Agent

We have seen numerous clients whose implicit view of themselves is that they are pawns of internal or external forces. They convey this in expressions like "something came over me", "I found myself doing such and such", "such and such made me do it", and the like; and these expressions permeate their descriptions of their actions. A "pawn of forces" (think, for example, of a puppet or a robot) is ineligible to engage in deliberate action. "It" is incapable of entertaining behavioral options and choosing from among them.

In contrast, to be an agent is to be eligible to entertain behavioral options and to choose from among them. To be an agent is to have control, albeit imperfect, of one's behavior. To be an agent is to have power. Thus, agency is included among the a priori status assignments that we recommend be included in the therapeutic relationship.

One Who Is To Be Given the Benefit of the Doubt

Within bounds of realism, therapists have options as to how to construe their clients. And these options differ in the degree of *charity* that they embody. For example, a mother who is overly concerned about her child's safety might be viewed by a psychotherapist either (a) as someone who harbors an unconscious hatred of her child, or (b) as someone who is utterly convinced that, for her, nothing so good as her child and their relationship can possibly be lasting. The relational recommendation here is: Treat the client as one who is to be given the benefit of the doubt (Ossorio, 1976). Given a choice among different ways of looking at a client, choose as a matter of policy the most charitable yet realistic possibility.

One Who Has Strengths

An individual who possessed no strengths—no enabling abilities, traits, ideas, motives, or positions of power—would be a completely helpless individual. He or she would not be qualified for the essential business of acting to better his or her own life. He (she) would be eligible for the help of others, but not for self-help. The therapist who undertook therapy with the implicit assumption that "This client is a helpless person, and we shall have to proceed from there" would be starting from an almost impossible position.

We recommend, therefore, that the therapist take it a priori that each client possesses strengths—that he or she possesses enabling abilities, traits, ideas, motives, roles, and/or positions of leverage (Driscoll, 1984).

The therapeutic task is one of *recognizing and mobilizing* these strengths not determining whether or not they exist.

One Who Is the Therapist's Ally and Collaborator

Being a member of a two-person community in which both person are pulling together and collaborating to accomplish a common goal i ordinarily accrediting in two ways. First, if the therapist is an estimabl person for the client, to be related to such an estimable person as hi or her ally and collaborator is itself status enhancing. Second, as the ol aphorism "two heads are better than one" implies, working in collabora tive alliance with another is usually more enabling than working alone Thus, treating the client as an ally and as a collaborator is recommend ed (cf. Beck et. al., 1979; Sweet, 1984).

"A priori status assignment" has a slightly different meaning here thar it does elsewhere. The best heuristic for conveying this would be the ac of casting someone in a play. We could say here: "Cast the client as ar ally and a collaborator in the therapeutic endeavor". It is not a cas here of assuming that they already are an ally, in the same sense tha they already are rational or acceptable, but rather of engaging in action that an ally would engage in, and then trying to see to it that the clien enacts reciprocal role behaviors (cf. making an opening move in a boar game). The client here may immediately enact the complementary role establishing an immediate alliance. Or the client may not do so, thu necessitating additional efforts to establish the alliance.

One Who Is Eligible to Assign Statuses to the Therapist

All that has been written thus far could be read as suggesting that the therapist hands down statuses from "on high"—that he or she hands them down from a position which is vastly superior to that of the "poor, lowly, ineligible client". This is not the spirit in which all of this is intended. In fact, to enact all of these suggestions in that spirit would have degrading implications.

One of the ways to avoid such an enactment of the therapeutic relationship is to see to it that the client is one who can assign statuses to the therapist (cf. Roberts, 1985, on mutual status assignment in I-Thou relationships). The recommendation here is that therapists not let themselves become too insulated from the opinions, views, and reactions of clients towards them. This might happen, for example, if a therapist misused the notion of transference in such a way that he or she regarded too few of the client's reactions as valid, realistic reactions to him or her. We recommend that therapists adopt a policy in this regard of taking things to be the way they seem to the client, unless

they have stronger reason to believe otherwise (Peek, personal communication, 1988).

Section Conclusion

In suggesting that all of these status assignments be made, we are not implying that all clients feels degraded in all of these ways. Clearly, they do not. However, even in those cases where clients do not feel so degraded, to eliminate any one of them from our therapeutic relationship would be a serious mistake. For example, even if a client already believed herself acceptable, we would obviously be remiss if we failed to regard and treat her thus. If another client believed that he made sense, we would obviously be remiss if we treated him as other than this. The elimination of any of the relational elements listed above (see also Table 1) presents the danger of a countertherapeutic, degrading relationship between therapist and client.

Table 1
Recommended Status Assignment
for a Positive Therapeutic Relationship

1. One who is acceptable.
2. One who makes sense.
3. One whose best interests come first in this relationship.
4. One who is significant.
5. One who is an agent.
6. One who is to be given the benefit of the doubt.
7. One who has strengths.
8. One who is the therapist's ally and collaborator.
9. One who is eligible to assign statuses to the therapist.

CLIENT RECOGNITION AND CLIENT ACCEPTANCE

Client Recognition of Accrediting Status Assignments

Clients must recognize that they are being treated as acceptable, rational, significant, etc., if accreditation is to take place. This does not mean that clients need be fully aware and fully able to articulate the nature of the status assignment. But if they remain totally blind to them, then there is no possibility of accepting them, and no possibility of accreditation and new behavior potential.

It is incumbent on the therapist, therefore, to pay some attention to whether or not such recognition is occurring. The best policy here is to assume that the client is recognizing how he or she is being treated, unless there are clear indications to the contrary. Rather than look for every little positive indication, we undertake a far more manageable task: we watch out for indications that our status assignments are not "registering", and then take appropriate action.

For example, we might get intimations from a client that our accepting actions towards him are regarded as role behavior only, as "acting like therapists are supposed to act", and little more. The client is not recognizing that in this relationship, he is truly accepted. In such circumstances, the therapist must do something to change this state of affairs. For example, he or she might address the matter directly: "It seems that your view of yourself is such right now that it's hard to believe that I actually accept you. You look at my behavior and you think, 'Well, he's acting accepting because that's the way therapists are supposed to act. It couldn't possibly mean that he genuinely accepts me.' I'd like you to watch for something. As you feel better and better about yourself, I'd like you to notice how it will come through more and more that I'm not just playing a role here, that my acceptance of you is just that—acceptance of you." This remark addresses the issue, legitimizes the disbelief, doesn't force anything on the client, suggests that general therapeutic progress will occur, and predicts that the fact of acceptance will "come through".

Client Acceptance of Accrediting Status Assignments

An accreditation is not accomplished until the status assignment is accepted by the client. Just as a job promotion may be refused, an Academy Award turned down, or a proposal of marriage refused, a therapist's accreditation may be rejected. The accreditation is then incomplete, and as yet unsuccessful.

Again it is incumbent on therapists to try to determine why status assignments have not been accepted, and to do what they can to have them accepted. Has the client simply assimilated all that has gone on to his or her negative self-concept (e.g., concluded that, "It's amazing how even a reject like me can be accepted by some people.")? Has the client not accepted the new statuses because they seem too threatening ("If I took it that I made sense, was really in control of my behavior, and had strengths, people would expect a lot more of me and hold me accountable—that is a frightening prospect.")? Has some key evidential basis for the current devalued status assignment been left untouched ("If only my therapist knew about my abortion, she wouldn't be so accepting.")? Has the client recognized that acceptance of the ther-

apist's accreditations would create troublesome dislocations in other key relationships (e.g., "If I took it that my best interests did indeed count, would this jeopardize my relationship with my rather narcissistic spouse?"). These and numerous other possibilites, many of which are suggested by considerations in the preceding pages, might be examined and, when they prove fruitful, acted upon to remediate them and bring accreditation to completion.

THERAPIST ELIGIBILITY

In order to function effectively as a status assigner, the therapist must be eligible in the client's eyes to do so. He or she must possess the requisite statuses to be a therapeutic status assigner. The most important of these *therapist statuses* are the following.

Credible

If the therapist's status assignments are to be believed, the client must find him or her believable (Driscoll, 1984; Frank, 1963; Wilson, 1984). In the present context, this means that the client must regard the therapist as an *honest and competent status assigner*. Therefore, lying, self-denigration, lack of professionalism, incessant positivity or negativity (who believes a movie critic who likes everything?), undue tentativeness, and other actions that would undercut therapist credibility must be avoided.

His or Her "Own Person"

It is important for clients to see their therapists as their "own persons". That is, they need to see their therapists as persons who are free, able, and willing to "tell it like it is", whether this be positive or negative, to agree or disagree, to cooperate or confront, and to set self-respecting limits on what they will do and will not do in relation to the client. Where this is absent—e.g., where the therapist is perceived as *having* to be always nice and agreeable—the therapist's reactions to the client will not be perceived as legitimate affirmations of the client's status.

One Who is Eligible to Criticize the Culture

The therapist would ideally be, in the eyes of the client, one who is eligible to criticize and even to disqualify the culture itself as a legitimate assigner of certain statuses. In our experience, one good path to this status can be achieved by the therapist presenting himself or herself as a person who embodies and takes seriously the higher and more enduring values of a culture (cf. Edward Albee, the playwright,

who is an effective critic of America in part because he criticizes it in terms of its own original values). The therapist who makes appeal to values such as integrity, authenticity, responsibility, and justice presents himself or herself as "one of us", as a subscriber to the highest values of a culture, and, other things being equal, will ordinarily thereby function as a more effective critic of the culture in its unreasonable status assigning practices.

If the therapist can lay claim to such a position, he or she is empowered to do two things. First, he or she may engage in cultural criticism and disqualification. For example, with a female incest survivor, the therapist may successfully undermine the cultural status assignment which says: "You are a devalued, tainted person because you have had sexual contact with your father, even though it was against your will." Second, the therapist may act from this position to accredit the client as one who can also disqualify the society in its unreasonable status assigning practices. To pursue the same example, when the therapist negotiates with the incest survivor the reasonableness of regarding herself as a discredited person, the therapist treats her as someone who is herself eligible to undermine unreasonable cultural status assignments (Schwartz, 1979).

One Who Knows the Client

Most therapist accreditations can be dismissed by clients if they believe that the therapist does not really know or understand them. It is easy and commonplace for clients to dismiss accreditations with: "If my therapist really knew me, he (she) wouldn't find me so acceptable/rational/lovable/etc." Thus it is imperative that clients be known and know that they are known—that they assign to their therapists the status of "one who really knows and understands me". This point was made long ago by Carl Rogers (1957).

One Who Embodies the Statuses Being Assigned

It takes a therapist who is an acceptable, rational, significant, care-meriting, etc. person to enact the accreditations described in this paper. Should the therapist be regarded by the client as unacceptable, or irrational, or insignificant, etc., these perceptions will detract from the therapist's eligibility to enact these accreditations. To pursue but one example here, to the degree that a therapist is regarded by a client as irrational—as deficient with respect to making sound, reality-based judgments—to that degree this therapist is disqualified as a legitimate assigner of any status. (See Table 2 for a summary of the therapist statuses just enumerated.)

Table 2
Requisite Therapist Statuses

1. One who is credible.
2. One who is his or her "own person".
3. One who is eligible to criticize the culture.
4. One who knows the client.
5. One who embodies the statuses being assigned to the client.

Recovering from Client Disqualifications

In the preceding paragraphs, we have been speaking about establishing and maintaining certain statuses in the eyes of clients. Despite therapists' best efforts, however, clients will at times disqualify them as legitimate status assigners—will devalue them as unacceptable, unbelievable, irrational, etc. people. At such times, it is imperative that therapists recognize what has happened and take measures to try to restore their own lost status. Otherwise, both therapist and client lose.

For example, some clients will devalue and disqualify a therapist precisely because the latter accepts them. The logic of this devaluation is precisely that of W.C. Fields, who rejected an invitation to join a country club on grounds that he would never consider joining any club that would have the likes of him for a member. With a client who rejects the therapist on such grounds, the therapist might relate this W.C. Fields anecdote itself as a way to give the client the needed perspective to question and hopefully to undo his or her devaluation of the therapist (Ossorio, 1976).

CONCLUSION

The Danger of External Disconfirmation

As a general rule, it is desirable to accredit clients in such a way that other people are either unlikely or unable to disconfirm the new status. Two considerations are suggested in this regard. First, will the status assigned to a client be supported, or at least not disconfirmed, by others in his or her world? If so, we may proceed. Second, if disconfirmation seems likely, how may the client be insulated from this disconfirmation? For example, one client, a woman I shall call Jill, had a profound conviction of unlovability. This conviction was based primarily on a childhood in which she was both a family scapegoat and grossly rejected

by a very narcissistic mother. Further, continued rejection and blame at the hands of her mother served to perpetuate the conviction of unlovability. Aside from simply accepting her and putting her best interests first in the therapeutic relationship, one of the authors also worked very hard to erect a picture of reality in which Jill was portrayed as a "placeholder"; i.e., as someone who, regardless of her own merits or value, occupied a certain position in the family such that no matter who occupied it, that person would be scapegoated. Further, the simple notion that her rather damaged mother could not love, and that her failure to love Jill was therefore not in any sense a comment on Jill's lovability, was promoted over and over again in various ways throughout the therapy. In time, through these efforts to insulate Jill from her mother's degradations, she became relatively immune to them. Her mother was now substantially unable to undo the relational accreditations having to do with acceptability and lovability.

Enacting the Therapeutic Relationship is an Intervention

A classical issue in the field of psychotherapy concerns the relative importance of the therapeutic relationship, as opposed to therapeutic interventions, in effecting change. Four general positions have been taken on this issue. First, some theorists, most notably those with a client-centered orientation (e.g., Meador and Rogers, 1984; Rogers, 1957, 1959), have maintained that the therapeutic relationship is by itself both necessary and sufficient to effect therapeutic change. Secondly, certain behaviorists (e.g., Lang, Melamed, and Hart, 1970) and certain cognitive theorists (e.g., Ellis, 1984), have held essentially the opposite view—that a positive therapeutic relationship is neither necessary nor sufficient to produce therapeutic change. A third position, entertained by other cognitive (e.g., Beck et. al., 1979) and behavioral theorists (e.g., Sweet, 1984; Wilson, 1984) is that a positive therapeutic relationship represents a precondition—a sort of necessary, enabling, but itself noncausal medium—for therapeutic change. Fourth and finally, most psychoanalysts (e.g., Arlow, 1984; Kohut, 1977) and certain behavioral theorists (e.g., Lazarus, 1980; Liberman, 1969), have maintained that the enactment of a positive therapeutic relationship is itself a change-producing intervention, but one which in most cases must be supplemented by further interventions to produce therapeutic change. The therapeutic relationship for these theorists is necessary, but by itself insufficient, to effect comprehensive change.

Our own position is consistent with this last one. We maintain that the enactment of a positive therapeutic relationship as described above is *itself an intervention*. The position we have taken throughout this paper is that treating the client in accrediting ways is something a

therapist does to bring about therapeutic change. The therapist's relational behavior is instrumental behavior with a therapeutic end. As such, it qualifies as an intervention every bit as much as correcting a misconception or doing systematic desensitization. It is simply a subset of the set of all interventions in which the therapist engages.

Though a subset, this is a *necessary* subset. Our experience has been that, when a positive therapeutic relationship does not develop, positive therapeutic outcomes rarely ensue. The relative absence of such a relationship results both in failures to accredit the client and also in lessened effectiveness for our other interventions.

Finally, because our primary interest has been in therapeutic change, we have discussed the therapeutic relationship only insofar as it is *instrumental* in bringing about certain goals. We do not intend in so discussing it to minimize the fact that such a relationship also embodies certain *ethical* values (e.g., the Kantian injunction to treat every person as an end and not as a means). Nor do we intend to minimize the fact that the relationship we have described has *intrinsic value* as a personal relationship—it is, for those who can appreciate it, an end in itself, and not merely a means to some further end (cf. Roberts, 1985).

Modifying the Therapeutic Relationship for Specific Clients

We do not recommend that therapists alter the nature of the status assignments made for different clients. On the other hand, we do recommend that therapists alter the *mode of expression* of these status assignments (cf. Beck et. al., 1979, p. 46; Wilson, 1984). For example, where one might be relatively warm and forthcoming in one's expressions of acceptance for many clients, one would be ill-advised to do so with most paranoid clients (Bergner, 1985). The need in such cases would be to find ways to convey acceptance that would not threaten, arouse mistrust, or provoke any other untoward reaction in the paranoid client. We shall not multiply examples here. Suffice it to say that the way in which a status assignment is conveyed must take into account the personal characteristics of the client if we are to be successful accreditors.

Final Summary

In this paper, we have taken the position that a positive therapeutic relationship is an accreditation of the client. In this accreditation, the therapist assigns to the client certain a priori statuses of a highly affirming, entitling nature, and treats the client accordingly. These 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 eligible to assign statuses to the therapist.

In order for clients to accept these status assignments, they must regard the therapist as eligible to make them, and recognize how the therapist is treating them. Thus, therapists must present themselves in such a manner as to establish, maintain, and repair if necessary their own status in the eyes of their clients, and they must ensure that their status assignments are recognized by clients. An accreditation is successful and complete only when the client accepts the therapist's status assignments; i.e., assigns them to himself or herself.

The positive therapeutic relationship is a powerful intervention. The outcomes of this intervention, when all goes well, are senses on the part of our clients of fuller entitlement and ability to participate in society in meaningful, rewarding, and fulfilling ways.

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PERSONALITY AND MANIC STATES:
A STATUS DYNAMIC FORMULATION OF BIPOLAR DISORDER

Ralph Colton Wechsler

ABSTRACT

A psychological formulation of manic-depressive disorder is presented which complements the biological theories; biological theories alone cannot account for either the variability of the manic cycles or the specific nature of the manic's behaviors. Manics are proposed to have a self-concept which makes a loss of status unthinkable in certain domains of their lives. When such a loss occurs, the manic episode is a manifestation of the interaction between psychologically-determined efforts to recoup that status, through an escalating cycle of attempts at self-affirmation, and biologically-determined acceleration of thought and behavior. The personality characteristics of manics are directly related to the onset, course, symptomatology, and psychotherapy of the disorder.

The notion of a "mental disorder" immediately becomes problematic when distinctions between "brain" and "mind" are introduced. Descrip-

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tion on a biological level is put in opposition to description on a psychological level. Historically, one description has been given precedence, with accompanying denigration of the other. Bipolar disorder is one mental disorder where this state of affairs is particularly evident. It is labeled a "biochemical illness" and studied solely from the biological perspective; only passing acknowledgment is given to psychological factors. More adequate conceptualization at the psychological level of description is needed, conceptualization which at the same time overtly acknowledges the complementary biological level.

What follows attempts to do just that—develop a conceptualization that is consistent with the facts about people and their behavior that are observed for mania; the facts are both psychological and biological. I will be presenting a psychological formulation of mania and manic states that economically explains those facts. The formulation is offered as more useful than existing accounts in relating the disordered behaviors of people in manic states to their personality characteristics. I am proposing that manics have a particular kind of self-concept which leaves them vulnerable to losses of *status*. A person's self-concept operates as a summary formulation of his or her status (i.e., the person's "place" in his or her world). When such a loss of status occurs, the manic episode is a manifestation of the interaction between psychologically-determined efforts to recoup that status and physiologically-determined acceleration of thought and behavior.

The formulation builds from earlier work on manic states by Schwartz (1976) and is based upon *status dynamics*. The status dynamic approach is a way of describing why and what people do, via a systematic understanding of the logical relationships between the concepts of person, behavior, and reality (Ossorio, 1982).

PERSONALITY AND AFFECTIVE DISORDER

The causal relationship between personality and affective disorders is both controversial and complex (Akiskal, Hirschfeld, & Yerevanian, 1983; Widiger, 1989). The key issue is the hypothesized causal direction of the influence: Do personality characteristics predispose a person towards disturbances in mood or are the personality characteristics a consequence of the mood disturbance? Assuming they are not co-determined by some other factor(s), at least three general perspectives on the relationship between personality and affective disorders are possible.

The first perspective is the psychological, which includes both the psychoanalytic and the cognitive-behavioral accounts. The psychoanalytic account (Aleksandrowicz, 1980) hypothesizes that certain personality traits (e.g., narcissism) leave people vulnerable to affective episodes.

These traits are a consequence of developmental deficits or fixations. The cognitive-behavioral account hypothesizes that affective disorders result from particular learned maladaptive patterns of self-appraisal (Beck, 1976).

Second, an intermediate position remains noncommittal as to the direction of causal influence. This position maintains that personality, while not necessarily causally related to the affective disorder, nonetheless significantly influences the symptomatology or outcome. For example, the patient may have a concurrent personality disorder (e.g., borderline personality disorder), which significantly affects treatment compliance (Jamison, Gerner, & Goodwin, 1979).

The third perspective, the biological, considers personality to be either: (a) a prodromal form of the illness (i.e., a subthreshold expression of the genetic make-up), or, (b) a secondary consequence of the recurrent affective instability in the person's psychosocial development (Milden, 1984). The manic episodes themselves are construed as a consequence of an endogenous elevation in mood, which usually occurs spontaneously and often in conjunction with episodic depression in mood. The actual manic behaviors exhibited are considered epiphenomenal; they are only an expression of the changed mood, rather than having any significance in their own right.

Critical Examination of the Biological Perspective

Support for the biological perspective comes from several sources. First, the lack of effectiveness of psychotherapy and the relative effectiveness of medication have been cited as evidence for mania as merely a "physical" disorder. For example, Fieve (1975) states: "Mania and mental depression *must* [italics added] be due to biochemical causes handed down through the genes, since they are corrected so rapidly by chemical rather than by talking therapy" (p. 13). Second, genetic studies (Nurnberger & Gershon, 1984) also strongly support the role of heritable factors in the illness, perhaps more so than with any other major mental illness. For example, manics are significantly more likely to have relatives with manic-depressive illness than with other forms of depression (e.g., unipolar depression) or schizophrenia. Concordance rates in twin studies are also a source of supporting evidence. These rates simply express the correlation between the twin pairs for the presence or absence of the condition. For identical twins reared apart, the concordance rates range from approximately 0.6 to 0.8. Third, the reported "normality" of manic-depressives during the symptom free or "euthymic" period has been cited as support for the biological perspective (MacVane, Lange, Brown, & Zayat, 1978).

The exclusively biological approach to manic states can be criticized on a number of grounds, however. Two key issues are the variability of the manic cycles and the specificity of the manic symptoms. The frequency of episodes and the timing of onset within individuals cannot be accounted for by biological functioning alone (O'Connell, 1986). The nervous system's functioning is simply too regular to exhibit that much variability in episode sequencing. At the same time, the nervous system does not function at a sufficient level of detail to account for the highly specific things that people do in a manic state. If an endogenous euphoria makes a manic feel so good that he wants to sing, why not join the local barbershop quartet? Instead, the manic presents himself as a great operatic star as he bellows in the local supermarket. Furthermore, the nervous system has no synapses which decree the "denial" which is so prevalent in a manic state. No synapses exist which make the manic buy a Mercedes when he can only realistically afford to buy a Chevrolet.

When the apparent ineffectiveness of psychotherapy in treating manic states and the relative effectiveness of medications are considered more closely, three issues emerge. First, the variety of treatment outcomes possible, even when differing diagnostic criteria and treatment methods are controlled for in the studies, is not consistent with an exclusively biological view (O'Connell, 1986); other factors are clearly at work. Second, a variety of medications (e.g., lithium carbonate, carbamazepine, valproic acid, and clonazepam) all appear to be effective in treatment of manic states. Some of these medications have quite differing courses of action, suggesting that mania is not merely the product of a single biochemical process. Third, the apparent ineffectiveness of psychotherapy may be partially due to a poor understanding of mania (and therefore a failure to address the cogent psychological issues), rather than the failure of psychotherapy *per se* as an effective form of treatment.

When the findings from the genetic studies are examined more closely, the relationship between environmental and hereditary influences varies widely, depending upon the concordance rate used. By squaring the concordance rate, one can obtain a figure that expresses the percent of variance accounted for by the relationship. The figures range from 36% to 64% of the variance attributable to causes other than genetic. If a conservative concordance rate of 0.7 is selected, even this accounts for only 49% of the variance. Thus, we can conclude that, at best, genetic factors are only half the story. Any adequate formulation of mania must deal with environmental and psychological influences as well as hereditary (Reiss, Plomin, & Heatherington, 1991).

The last contention is that manic depressives are "normal" between their episodes. A careful review of the existing literature on this topic,

however, clearly leaves this conclusion open to question (Ludolph, Milden, & Lerner, 1988). The evidence suggests that a variety of abnormalities are present in the personalities of manic-depressives during periods of normal mood. In fact, manics' apparent inclination to affirm their normality and to deny their problems may be what gives the appearance of normal psychological functioning. For example, Donnelly, Murphy, and Goodwin (1976) compared Minnesota Multiphasic Personality Inventory profiles upon admission and after recovery (*M* interval = 5.8 months) for 17 unipolar and 17 bipolar depressives. They found evidence of a peculiar test response bias in the self-reports of the bipolars and concluded:

> Because bipolar groups characteristically give less manifest evidence of psychopathology on psychological assessment, it has been inferred that this group resembles normals more than the unipolar group. However, it is suggested that attenuation of psychopathology may represent successful denial of conflicts by activity or by other-directed behaviors often attributed to manic-depressives. (p. 236)

In a more recent study comparing management of self-esteem in remitted manics with unipolar depressives and normals, Winter and Neal (1985) found: "Bipolar patients have negative feelings of self which are not revealed in usual self-report inventories" (p. 282).

Thus, the jury is still out on the exact nature of the disorder and the personalities of those afflicted. Further prospective studies of high risk individuals (Beardslee, Bemporad, Keller, & Klerman, 1983) will ultimately be necessary to sort out this question. Premature closure only means that our clinical work with this population will be handicapped by the narrowness of our perspective. The relevant questions will not be asked and the existing theoretical explanations will become increasingly cumbersome as they attempt to account for the clinical phenomena. The formulation which follows seeks to broaden our field of vision, rather than narrow it.

A FORMULATION OF MANIC STATES

A Thought Experiment

Manic states exemplify more general notions about psychological states (Shideler, 1988) and, as such, cannot be understood simply from observing manic behaviors alone. The problems with trying to understand manic states solely from behavioral observation will become readily apparent in the following thought experiment. Imagine observing

ten people in the same room who are all in a manic state. Assume for a moment that questions of misdiagnosis do not arise.

First, you would observe that people in a manic state all do different things, that is, exhibit different "manic" behaviors. Scanning the room, you might perhaps observe one person talking on the phone and attempting to buy a helicopter; another loudly talking nonstop about whatever comes to mind (compact disks, Donald Duck, rutabagas, etc.); a third claiming to be Napoleon and reading travel brochures on Corsica; and so forth. Little commonality, if any, is apparent in what they literally do. This observation poses a problem, as we have agreed that each is indubitably in a manic state, and yet all are behaving differently.

If we attempt to understand the psychology of manic states by observation of manic behaviors alone, few regularities are readily apparent. What they have in common is not observable as a behavior; rather it is an achievement deficit. In other words, *what manics cannot do (by virtue of being in a manic state) is what they all have in common, rather than what they can do or actually do.* The implications of this deficit model (Ossorio, 1983/1985) will be explored shortly.

Second, you would also recognize, as you scanned the room of people in a manic state, that a person need not be in a manic state to engage in the same actions. For example, an actor in a theater may also claim to be Napoleon, as might someone at a Halloween party. The person attempting to buy a helicopter on the telephone might not be considered manic if he or she were a millionaire and actually had the financial resources to do just that. In other words, *a person does not have to be in a pathological state per se to engage in "manic" behavior.*

Third, people in other pathological states besides mania can engage in seemingly identical behaviors. For example, a person in a manic state may claim to be Napoleon, but so may a paranoid schizophrenic, a person with an acute toxic psychosis, or a person with central nervous system syphilis (Hoffman, 1982). Thus, *even if the behaviors appear alike with reference to their overt performance, they are dissimilar in being expressions of differing deficits and having different significance.*

The actual behavior of a person in a manic state depends on his or her personal characteristics, and will reflect certain limitations imposed by the manic state. Mania, as a type of pathological state, results in a systematic difference in the manic's *dispositions* and/or *powers*, that is, what he is inclined to do and/or is able to do. The net result is a significant restriction in the manic's behavior potential—literally the amount and kinds of behavior that can be engaged in.

Description of the Condition

If the behaviors *per se* do not provide an adequate account of manic states, then an alternative can be formulated which does. Because the manic state produces an indirect deficit (it alters how people do things, not what they do), the approach to understanding manic states is to go beyond the literal behaviors themselves to their meaning or their *significance* (Ossorio, 1969/1981). The question of significance asks: "What is the person doing by engaging in behavior X"? The person may be doing Y by doing X, such as quenching thirst by drinking water. Y is the significance of X, while X is the way that Y is done. In the case of manic behaviors, the same question of their significance can be asked.

Take, for example, a manic's behavior of driving his car at 90 miles per hour in a 55 mile per hour zone. You can ask: "What is he doing by doing that (i.e., by driving so fast)"? A series of answers are possible, starting perhaps with: "He's getting from one place to another more rapidly", and going to: "He's breaking the law." You can still ask: "What is he doing by breaking the law"? The end of the series comes when you reach the following description: "He's enacting a status that is above the law—he is acting as if the rules of the road do not apply to him." In effect, he is claiming a particular status and behaving in accordance with that status. For example, if he sees himself as "James Bond", he is simply doing those things that James Bond would do. The speed limit is not applicable to "Agent 007". The primary problem is that he is claiming a status that, in reality, he does not have.

Description of the person's behavior from the standpoint of the observer is of a different order. While the manic directs his behavior under the description of "Doing what I, James Bond, can do", the observer's description is of the manic's achievement. The *achievement description* (Ossorio, 1969/1981) of the behavior, in this case, "driving too fast", is that it is a *self-affirmation*, or the result of acting upon a particular self-affirmation. A self-affirmation is a form of *self-presentation* (Ossorio, 1976) and is a status claim made by a person about himself and maintained. This claim to have a certain status corresponds to having certain behavior potential, which the person attempts to actualize. Thus, *one aspect of what constitutes the condition of mania from the observer's perspective is that manic behaviors are self-affirmations.*

The second aspect comprising the observer's appraisal of the condition of mania is that the person's self-affirmations are unrealistic. This distortion of reality is what differentiates ordinary self-affirmation

from a manic's. The self-affirmation of the millionaire who attempts to buy a helicopter differs from that of the manic patient who attempts to do so. The millionaire can successfully claim to be a person who can afford to buy helicopters. The manic patient does not have the resources and, in effect, is insisting that he has the status he purports to have. Therefore, *the significance of manic behaviors is that they are self-affirmations; what makes them indicative of a pathological state is they are unrealistic and entail a distortion of reality.*

Explanation of the Condition

If the condition of mania is formulated as unrealistic self-affirmation, an explanation of the condition is required. In other words, the question then arises: What sort of circumstances would call for self-affirmation, or alternatively, motivate someone to enact a greater status? The answer is that a threatened degradation calls for self-affirmation. A degradation formally represents a reduction in status with a corresponding loss of behavior potential (Bergner, 1987; Garfinkel, 1957; Ossorio, 1971/1978; Schwartz, 1979). For example, in the military, to be reduced in rank from a sergeant to a private represents lower pay, exclusion from the noncommissioned officer's club, and an ineligibility to give orders.

Self-affirmation, in and of itself, does not lead to the development of a manic state. What is required are particular personal characteristics: (a) a self-concept such that a loss of status is so unacceptable as to be literally *unthinkable* (Ossorio, 1976) and (b) a physiology susceptible to activation. When a state of affairs is unthinkable for a person, he or she cannot experience that occurrence in the first person (i.e., as actually occurring). If the manic's self-concept makes a loss of status unthinkable, then the manic will distort reality to keep from seeing that such a loss has taken place; otherwise an impossible world (i.e., a world that does not have a place for the person) would be created. In other words, *if the condition of mania is construed as unrealistic self-affirmation, then the explanation of the condition is that the person's self-concept precludes a loss of status.*

A person is normally able to accept degradations. As a result of doing so, he or she will experience regret, sadness, or depression (the emotions which accompany perceiving oneself as having a lower status and a correspondingly reduced behavior potential). In the case of the manic, however, the course of events at this point is very different.

Should the person's self-concept preclude a loss of status, (i.e., it is unthinkable), only one outcome is possible. To self-affirm successfully in the face of a threatened degradation (i.e., to claim a status and be able to enact it successfully) presents no challenge to the person's

self-concept; how he or she conceives of himself or herself is maintained. Should the self-affirmation be unsuccessful, however, then that person is faced with an impossible situation. Since the individual cannot accept the status loss implicit in an actual degradation (i.e., it is unthinkable), the world will be seen some other way—a way such that the status loss seems nonexistent. An observer will consider this new way of seeing the world a distortion of reality, however.

THE LOGIC OF THE MANIC STATE

Once the logic of the manic state is grasped, it becomes a powerful heuristic for explaining a variety of clinical phenomena. In particular, the formulation elucidates: (a) why people get manic when they do, (b) why the clinical course goes the way it does, and (c) why the clinical symptoms take the form that they do. What follows will elaborate these issues.

Precipitants for Manic States

The frequent failure to observe precipitants for manic states has led researchers and clinicians alike to hypothesize an immutable biological process as their cause. Ambelas (1979) notes this phenomenon when he writes: "The deeply rooted ideas as to the genetic and biochemical aetiology of mania militate against doctors asking the relevant questions" (p. 19). In addition, much of the research which has been conducted examining life events and the course of bipolar disorder has been marked by "pervasive methodological flaws and theoretical limitations" (Ellicott, Hammen, Gitlin, Brown, and Jamison, 1990, p. 1194). The primary flaw has been the use of retrospective designs to identify life stresses and assess their impact on the course of bipolar disorder. Retrospective designs ask subjects to recall their life experiences and are subject to the vagaries of memory (including state dependent recall), whereas prospective designs study subjects over time as they are actually living through life events.

The evidence seems to be, nonetheless, that an identifiable stress has preceded most manic episodes, particularly when the better designed studies are examined. For example, Ellicott et al. (1990) prospectively studied 61 carefully diagnosed bipolar patients in an outpatient clinic over a two-year period. They found: "a significant association between life events and relapse or recurrence of the disorder. These effects could not be explained by differences in levels of medication or compliance" (p. 1194).

Life Stresses as Precipitants

The notion of "life stresses" is necessary but not sufficient in understanding precipitants for manic states. Merely identifying life stresses does not conceptually link these particular stresses to the disorder (either from the psychological or the biological perspectives). As Ambelas (1979) writes: "In virtually all of the cases reported, the stressful life event is one of a loss or a threat, but it is not easy to explain why such stresses should operate as precipitants for mania" (p. 20). Researchers have only now begun to examine more closely the meaning of the stressful life events to the individual (Hammen, Ellicott, Gitlin, & Jamison, 1989).

The work of Glassner, Haldipur, and Dessauersmith (1979) comes closest to the status dynamic account in grasping the significance of the life stresses precipitating mania. In their study, they classified life events occurring prior to the onset of manic episodes in their population according to whether they entailed "role loss". They write:

> A role loss . . . consists of removal from the primary social position(s) and concomitant activities that one uses to organize one's place in the world. Thus an exit or loss will not constitute a role loss for a person who: a) is able to maintain the role status despite the exit (e.g., when a widow finds a new partner or when a child leaves home but other children remain); b) replaces that role (e.g., when a widow joins her child's home); or c) considers the role unimportant or devalued prior to the loss. (p. 533)

Thus, the notion of "role loss" is conceptually quite similar to the notion of "status loss" which has been presented; each entails a substantial revision of the organizing dimensions of the person's world.

Status Losses as Precipitants

The key to understanding what precipitates manic states lies within the notion of threatened degradation in the present formulation. The logic of the manic state is insistence that such a status loss has not taken place. In trying to understand what constitutes the threatened degradation which is unthinkable for manics, several difficulties arise. One difficulty is that loss of status seems to be unthinkable in only certain *domains* or subsets of a person's total status (e.g., occupational functioning, fatherhood, or sexual attractiveness). A second difficulty is that degradations are often highly person-specific. A third difficulty is that what counts as a threatened degradation (an unthinkable state of affairs) for a person may be related to seemingly minor events in the

person's life. Mester (1986), in describing his psychotherapy of a manic patient, reports:

> At this stage of the therapeutic exploration Ron brought up his memories of the initiation of the manic reaction. According to his reconstruction, the sequence of events was as follows: one day during rifle-shooting exercises his sergeant severely criticized him for his poor performance; Ron reacted by feeling all of a sudden ablaze with enthusiasm and boundless energy, convinced at the time that he was the great diver he had always wanted to be. (p. 17)

In addition, manic episodes can arise from quite diverse sources. For example, mania has been associated with various drugs, infections, neoplasms, epilepsy, and metabolic disturbances (Krauthammer & Klerman, 1978; Stasiek & Zetlin, 1985). The euphoria observed may often be created by actual brain-based changes secondary to the physical disease process or the medications used to treat the illness. One could also conceive of cases where the mania is reactive to a status loss created by the medical condition itself. For example, the hard driving businessman who suffers a heart attack might be unable to face the sense of vulnerability or anticipated limitations in his new status as cardiac patient. Overall, the literature reports mania to be associated with a wide variety of circumstances, ranging from funerals (Rickarby, 1977) to weaning (Joyce, Rogers, & Anderson, 1981).

Clearly in a number of cases of mania, no precipitating event can be reported. The failure to elicit description of precipitants by self-report has been used to confirm the exclusively biological view of the disorder. Other ways of understanding this phenomenon are possible, however. One is that the self-report might simply overlook precipitating stresses or not recognize them as such. In fact, if a loss of status (in the relevant domains) is *unthinkable*, manics will not see a status loss as such until it is thinkable. Therefore, attempts to ascertain precipitants in an admitting interview or from a retrospective account during an euthymic period may be fruitless, even when the interviewer has the concept of status loss in mind.

Further complicating the identification of precipitants is the situation where certain states of the person's world as a whole can constitute unthinkable degradations. In those cases where circumstance itself constitutes the degradation, the person frequently has great difficulty accounting for the way he or she feels. The manic episode seems to occur out of nowhere and may reinforce the person's own belief that he is a helpless pawn of biochemistry alone. The whole episode is experienced as completely alien, since the person lacks the relevant concepts to discriminate the precipitants.

How "circumstances" create a degradation can be understood as follows. This situation can occasionally be discerned in late onset mania, where the person is suddenly (or gradually) confronted by his or her own mortality and the impossibility of reaching many of the most desired life goals. The crisis may come as the person begins to sense limitations. As long as these limitations can be explained away, the person's status is preserved intact; when they no longer can be explained away, life circumstances pose a "threatened degradation".

The person for whom this particular loss of status is not unthinkable might simply undergo a period of grieving or even a period of depression, as he or she begins to accept the limitations of being "middle-aged" (and to explore and appreciate the benefits). In the case of the person for whom such a loss is unthinkable, a manic state might result as the person attempts to self-affirm and thereby reject the degrading life circumstances that alter his place in the world. The person might, for example, frantically try to adopt the lifestyle of someone twenty years his junior, obtain a divorce, buy a sports car, join the health spa, and so on.

In identifying precipitants of manic states, clinicians need to listen to their patients' life stories with an open mind. Surprisingly subtle or seemingly minor events can constitute the threatened degradation. In other instances, the degradation is much more straightforward: the break-up of a relationship, a failure in life, or an intolerable frustration. Sex differences also seem to be present in determining arenas where a loss of status is unthinkable (Wechsler, 1983), with men apparently more sensitive to losses of status in occupational and heterosexual roles, and women more sensitive to losses related to their roles as spouse and caretaker.

In some cases, a particular person in the manic's life can be consistently cast in the role of a denouncer and is regularly associated with the onset of episodes. In other words, the manic has a particular vulnerability to threatened degradations by that person. Recent research on the emotional quality of families of bipolar disorder patients has indicated that certain families typified by high levels of "expressed emotion" are predictive of relapse (Miklowitz, Goldstein, Nuechterlein, Snyder, & Mintz, 1988). High expressed emotion families have an apparent tendency to "express critical, hostile, or overinvolved attitudes" (Koenigsberg & Handley, 1986, p. 1362), attitudes which can be construed as degrading in nature.

Clinicians will also frequently explain the onset of a manic episode as caused by the patient's "stopping taking lithium". The research seems to suggest, however, that manics relapse even when compliant with their medication. For example, Lieberman and Strauss (1984) report:

> The three patients met *DSM-III* criteria for major affective disorder, manic type. All were maintained on apparently adequate doses of medication, with serum lithium levels in the high-therapeutic range. Yet all relapsed, seemingly with contributions from specific environmental stresses. These stresses seemed to share one major feature: They involved patients' failures and frustrations in achieving sought-after goals. In each instance, the patients seemed to relapse in situations where they felt trapped in an activity that they perceived as conflicting acutely with their own hopes, yet which they could neither avoid nor put behind them. (p. 77)

The discontinuation of medications can also be construed as an attempted self-affirmation in its own right; the manic seeks to affirm a non-disabled status (with often disastrous consequences).

To conclude this discussion of what precipitates manic states, an attempt will be made to tie the empirical data presented back to the conceptual formulation. Recall that status in the generic sense corresponds to all of a person's relationships considered simultaneously, and that domains were specifications of some portion of this totality. What this means is that loss of status in particular domains is unthinkable. The size of the domain within which status loss is unthinkable probably reflects how serious the condition is, since it is correlated with how frequently a loss of status is likely to be encountered.

The Course of Manic Episodes

Escalation

The manic state is marked by an escalating series of self-affirmations, resulting from the failure to reject the original degradation and the successive failure of each subsequent attempt to do so. The attempts to self-affirm will become more frequent and involve greater and greater distortions of reality. The logic of the manic state is analogous to the dubious business practice of "kiting" checks. In kiting, a person will draw money on one account to cover a second account or a third account, despite there being insufficient funds in the first account. The process is inherently time-limited because the checks eventually clear the banks and begin to bounce. Morris (1970) defines a "kite" as: "any negotiable paper representing a fictitious transaction, as a bad check, used temporarily to sustain credit or to raise money" (p. 723). This definition can be paraphrased to fit the manic's situation: to "sustain status" (after a loss, if a loss of status is unthinkable) or to "raise status" (if low status is unthinkable), the manic engages in a similar spiral in an effort to avoid the unthinkable, building distortion upon distortion. The situation cannot be maintained indefinitely, as is the case with kiting checks. The checks written come back to the bank they were drawn on and it is the same with the statuses the manic had been

claiming. The manic state is not timeless. The course of a manic state waxes and wanes with the manic's ability to insist upon the state of affairs he claims to be the case.

De-escalation

The average manic state, if untreated by medications, lasts about three months (Clayton, 1981). This eventual resolution may occur, in part, because a person's ability to explain away facts is not infinite (nor is the supply of neurotransmitters). At some point, the manic can no longer create further distortions. The person eventually encounters a critical juncture where to attempt further self-affirmation would create some other condition—also unthinkable. Once this point is reached, the escalation abates and a process of de-escalation begins. The distortions simply cannot be maintained.

The terminal state of a manic episode (i.e., whether it ends in a period of normal mood or in a depression) probably depends greatly on the actual status of the person's world when he or she returns to it. If the person lost a great deal of behavior potential during the manic episode, then he or she is more likely to become depressed (Bergner, 1988). For example, if in the course of the manic episode you lost your job and family fortune, alienated your friends and neighbors, and acquired a venereal disease and criminal charges, then a depression is understandable. Some people may end up depressed as a consequence of eventually accepting the original degradation that precipitated the manic episode. Still others may simply end up in a state of normal mood, apparently accepting themselves and their world. The exact likelihood of a depression as an outcome of a manic episode is, therefore, quite person-specific and situation-specific.

The person whose state of remission involves so-called narcissistic defenses may preclude a depression by maintaining (insisting upon) a sense of self-importance. In fact, the narcissistic personality could be construed as the enactment of a subclinical status claim, particularly given the narcissist's preoccupation with issues of status. Other manics in remission appear to revert to a more depressive and compulsive character, burdened by strong demands for self-perfection. Implicit in such patterns of self-criticism are various subtle forms of status claims (Driscoll, 1981). For example, to evaluate oneself using perfection as the criterion is, in effect, to act as if perfection were within one's grasp (if one only tried hard enough).

The consensus in the literature is that mania tends to be a recurrent disorder, despite prophylactic treatment with lithium, although there is great variability in outcomes. The status formulation would account for

this phenomenon as follows. Individual differences in outcomes are attributable to: (a) the size and number of domains that are unthinkable, (b) how susceptible the person's self-concept is to change, (c) whether the person's self-concept permits compliance with pharmacological treatment, (d) historical events in the person's life (i.e., what fortunes or misfortunes befell him or her), and (e) the person's physiological state.

Symptoms of Manic States

Clinical observers generally describe three stages of mania (hypomania, acute mania, and delirious mania) and emphasize a triad of symptoms (elation, flight of ideas, and increased psychomotor activity) as present in all three stages, but differing quantitatively in each stage. Paul Hoch, a keen observer of psychopathology, writes: "It is extremely important to realize that practically all of the symptomatology shown can be explained quite logically on the basis of the alteration of the basic mood of the patient" (Strahl & Lewis, 1972, p. 453). The logic of his and others' positions is that the mood of the patient is elevated and the symptoms follow from that basic mood elevation.

Mood as a Consequence of Cognitive Appraisal

In contrast, the present formulation gives precedence to a cognitive change over an affective one; the affective state results from the more primary changes in cognition (at least initially in the episode). These changes in cognition may occur in conjunction with intense physiological activation or arousal. The attendant mood elevation in a manic state has its origin in the manic's attempts to enact (i.e., to claim) greater and greater statuses—the self-affirmations. The mood elevation is produced by the enactment of a particular status that is greater, albeit unrealistic. The reverse is not usually the case; a mood elevation alone does not produce the enactment of a greater status. If the basic condition of mania was merely an elevated mood, recall that you are left trying to explain the specificity of what manics do in a manic state.

The basis of an emotional behavior is the appraisal of a particular relationship which some element or elements of the world bears to oneself, that by its very nature carries emotional significance and that one has learned to act on without deliberation. A key element in emotional behavior is the particular appraisal being made (Ossorio, 1986/1990). For example, in the emotional behavior of guilt, an act is appraised as one of wrong-doing. With that recognition comes a learned tendency to penance or restitution.

The manic is also making an appraisal of himself and his standing in the world. The manic's mood is cognitively initiated, arising from his perception of his greater status and his attempted realization or enactment of that status. The direction of the mood change can be understood better if one examines the definition of "elation": "an exalted feeling arising typically from a sense of triumph, power, or relief" (Morris, 1970, p. 419). With the manic's enactment of his grandiose statuses (e.g., the "prophet", the "wealthy entrepreneur", or the "Nobel prize laureate") comes a corresponding shift in mood. Feeling elated is to be expected if one is such an omnipotent and/or omnipresent and/or omniscient personage.

Several other factors need to be considered to understand the elation resulting from the enactment of a greater status. First is the rate of status change; an exaggerated effect is likely when the status change occurs all at once rather than gradually. A manic need only think it for a status change to be the case. Such a status change has a shock effect; it produces some degree of disorientation, which interferes with the person's ability to function effectively, at least for the time being. Second, because the manic often seeks to enact very greatly elevated statuses, the euphoria is intensified. For example, the manic may go from a mere mortal to someone with God-like abilities or insights.

The symptoms of mania are expressions of the condition of mania (i.e., unrealistic self-affirmation) and are harmonious with the status claimed, rather than the mood per se. To support this contention, the diagnostic criteria for mania in the *DSM-III-R* (American Psychiatric Association [APA], 1987) will be discussed in light of the status dynamic formulation. One of the major criticisms of the *DSM-III-R* is its failure to provide much conceptual coherence for the condition. This failure increases the likelihood that people will not appreciate the logic and the unity of the disorder and turn to an exclusively biological description.

Mood Symptoms

First, the *DSM-III-R* identifies: "a distinct period of abnormally and persistently elevated, expansive, or irritable mood" (APA, 1987, p. 217). The "elevated mood" has been discussed previously as the result of claiming a greater status to avoid a threatened degradation. The cognitive discrimination made of greater status is the basis of the mood, not vice versa. The mood is the feeling or experience of perceiving the greater status, not the status itself.

The "expansive" mood can be similarly understood. Morris (1970) defines expansiveness as: "disposed to be open and generous; outgoing" (p. 461). This symptom, too, can be considered a primary effect of the

status claim; the person experiences a world (and probably a brain) which lacks the normal inhibitions and limitations. Self-criticism is reduced and spontaneity increases (i.e., *actor* functioning). Thus, the manic is expansive as he or she relates to others unfettered by social convention (or reality). The mood state of expansiveness is found in the earlier or milder stages of mania, when the status enactment can be more successful (Carlson & Goodwin, 1973).

The other descriptor is "irritable" mood. The irritability frequently found in a manic state may be an expectable response to the many provocations the manic perceives (in addition to being a nonspecific sign of neurologic dysfunction). These provocations arise from the inevitable conflict between how the manic sees himself or herself eligible to be treated and how the rest of the world does. Put more simply, in the case of the manic (as it probably is for everyone), not to be treated as yourself is a provocation. No wonder the manic is irritable when others do not treat him in accordance with his status claim. The rage evolves from the overwhelming nature of the provocations the manic indignantly perceives. The greater the status claimed, the greater the degree of provocation the manic experiences when unable to assert successfully the status. Imagine the humiliation of being placed in seclusion and physical restraints, just at the time when you are seeing yourself as omnipotent, and/or omniscient, and/or omnipresent.

Behavioral Symptoms

The *DSM-III-R* then lists a number of more "behavioral" symptoms of mania: "During the period of mood disturbance, at least three of the following symptoms have persisted (four if the mood is only irritable) and have been present to a significant degree" (APA, 1987, p. 217). These criteria seem to emphasize that irritability is a somewhat milder symptom of mood disturbance and fail to appreciate the logic of the disorder. In other words, the significance of the provocation experienced by the manic corresponds to the degree of hostility expressed.

The first behavioral (as opposed to mood) symptom is: "inflated self-esteem or grandiosity" (APA, 1987, p. 217). This symptom identifies the central conceptual element in the status dynamic formulation of manic states. The distortion of reality implicit in this symptom relates to the *insistence* by the manic that the world is a certain way. To the observer, the manic is unrealistic in the status accredited to himself or herself.

The second behavioral symptom of mania is: "decreased need for sleep, e.g., feels rested after only three hours of sleep" (APA, 1987, p. 217). This symptom is a direct effect of being in a manic state, where

the person continues to have the reality basis for the emotiona behavior, the threatened degradation. The corresponding emotiona behavior, self-affirmation, has not been successfully enacted, however Thus, the person continues to attempt to self-affirm, with the motiva tion to do so becoming increasingly preemptive as the successiv attempts are unsuccessful and the degradations accumulate. In othe words, the person's motivation to self-affirm becomes so strong that hi or her motivation to do anything which is not self-affirming pales b comparison. In regard to this symptom in particular, a direct link to th biological processes which underlie this state of activation is probabl for the manic. The manic's state of activation is extreme, for the perso is dealing with a "life or death" situation—an unthinkable (i.e., a impossible) world. The accompanying physiological arousal in a mani episode likely contributes to the reduced need for sleep.

The third behavioral symptom in the *DSM-III-R* is being overl talkative: "more talkative than usual or pressure to keep talking" (APA 1987, p. 217). This symptom can be viewed in a number of ways and ca arise in a variety of clinical contexts (e.g., an amphetamine abuser). Th manic's over-talkativeness may represent a filibuster of sorts, a unwillingness to give anyone else a chance to break in and ruin thing (R. Bergner, personal communication, January, 1991). In addition, th act of speaking itself is a self-affirmation and the person may tal excessively because to do so reflects his or her lofty status. What th manic has to say is perceived as supremely important; granting th world audience to one's omniscience is part of the self-affirmation Thus, being overly talkative can be a secondary symptom resulting fron acting on the status claim.

The greater the status claimed, the greater the presumed eligibility t speak one's mind. For example, the person who claims the status o "Socrates" thus becomes an expert in all fields, and may proceed t expound on them. Keep in mind that the manic may not literall attempt an impersonation of Socrates himself; what he claims instea is that status in the world personified by someone like Socrates—a wis man whose abilities and insights threatened those around him. Th manic may then construe the lithium carbonate which is being foiste on him as the modern day equivalent of "hemlock".

The fourth behavioral symptom listed is: "flight of ideas or subjectiv experience that thoughts are racing" (APA, 1987, p. 217). The phrasin of this description raises an important issue about the confuse perspectives in the actual diagnostic criteria. The criteria include bot the actor's perspective ("subjective experience that thoughts are racing") and the observer-describer's perspective ("flight of ideas"). Th essential feature of the manic's thoughts are their rapidity. The rat

may increase to the point where the thinking may accurately be described as incoherent.

Flight of ideas corresponds closely to the increased motor activity observed in manic states. As a primary effect of the status claim, the person's preemptive motivation to self-affirm might lead to pressured thoughts about how to self-affirm. The symptom is probably intensified by the change in status and the corresponding increase in eligibility. The person becomes eligible to think about much more as his greater status in the world faces him with a greater variety of choices. What you have to think about is a part of your behavior potential. For a moment, imagine yourself winning the state lottery. You might also momentarily experience racing thoughts as you pondered the myriad options to spend your suddenly bestowed wealth (Porsches, the Riviera, the stock market, the Internal Revenue Service, etc.).

From the newly claimed status, the manic suddenly can think about a great deal he could not before; new realms are now open and available for consideration. For example, by claiming the status of "President", the manic now must be occupied with various plans for world peace, national security, economic policy, and so on. He begins to consider what one would consider if one actually occupied that role. The manic may even begin to act accordingly by, for example, sending off telegrams to the press to disseminate his policies.

The fifth symptom listed in the *DSM-III-R* is: "distractibility, i.e., attention too easily drawn to unimportant or irrelevant external stimuli" (APA, 1987, p. 217). The manic's monitoring functions have been somehow rendered ineffective, for he fails to discriminate effectively and appropriately among stimuli. This impairment may stem from several causes. First, the manic needs to function less in the role of critical observer of the world, to permit the basic distortions of reality which deny the status losses. To insist the losses have not occurred, the manic must observe and describe the world, but not evaluate the veracity of those descriptions. The manic's insistence on a certain version of the world results from this active process of actor functioning, as he or she turns away from certain facts. Second, avenues for self-affirmation and avoidance of the inevitable degradation are constantly sought, which may lead the manic to skip away from one thought that leads to degradation and towards another thought that leads to self-affirmation. Third, the distractibility likely also directly reflects the elevated levels of arousal and poor control over processing of information concomitant with the manic state.

The sixth symptom addresses the increased psychomotor activity that is characteristic of mania: "increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation"

(APA, 1987, p. 217). The psychomotor activity can be directed or undirected and either a primary or a secondary effect of the status claim. As a primary effect, the psychomotor agitation might arise directly from the escalating spiral of attempts at self-affirmation. The overactivity is produced by the preemptive motivation to self-affirm, the decreasing ability to do so realistically, and an increasing likelihood that each attempt at self-affirmation will be unsuccessful. As a secondary effect, the increase in activity results from acting on a particular status claim or the elevated status more generally.

The manic now becomes able to do a great deal that he or she might not have been able (i.e., eligible) to do previously. By adopting the status, the person becomes freed from any number of social constraints, self-doubts, and roles which had previous limited his activity. Instead, the manic simply begins acting with great passion on the status claimed at the moment.

The exact nature of the manic's involvement depends on what is important and available to him or her. The lowly clerk who becomes manic may claim the status of "corporate president" and frantically act accordingly, directing perceived subordinates, faxing memos, and ostentatiously parking in his boss's space. The manic episode in college may take the form of exaggerated scholarly endeavors: the thousand page treatise of gibberish turned in at the end of the semester, the harangue unleashed during the professor's lecture, or simply dropping out of school (for someone with such great powers has little to learn from others). The manic whose sexual activity increases may simply be acting on the perceived eligibilities of the status claimed. For example, the person whose manic episode was precipitated by a rejection by a girlfriend may attempt to enact the status of a "stud" and become highly sexually active on that basis; having sex is simply what studs do.

The seventh behavioral symptom in the *DSM-III-R* pertains to the poor judgment exhibited in a manic state. Manics are said to manifest: "excessive involvement in pleasurable activities which have a high potential for painful consequences, e.g., the person engages in unrestrained buying sprees, sexual indiscretions, or foolish business investments" (APA, 1987, p. 217). This description of the manic's activities as "unrestrained", "indiscreet", or "foolish" is clearly from the observer's perspective in the role of the critic. As observers and clinicians, we generate similar descriptions of the manic's behaviors: grandiose, showing poor judgment, unrealistic, impulsive, short-sighted, et cetera. These terms are, in fact, our status assignments reflecting our appraisal that the behavior entails a distortion of reality. The manic, attempting to self affirm, insists upon a certain status and then treats the world accordingly. This "treating the world accordingly" is what we

as clinicians call "psychotic behavior" or behavior that entails a distortion of reality.

From the manic's perspective, such action is simply being oneself, and attempting to act in accordance with the status claimed. If you are a millionaire and price is no object, why not buy what you wish? If you are beautiful and desirable, why not achieve the conquests due you? If you are a shrewd and talented businessman, why not wheel and deal to secure your profits?

Other Diagnostic Criteria

The *DSM-III-R* also proceeds to distinguish the psychotic features which accompany the disorder as "mood-congruent" versus "mood-incongruent". The psychotic features in mania are most often mood-congruent: "Delusions or hallucinations whose content is entirely consistent with the typical manic themes of inflated worth, power, knowledge, identity, or special relationship to a deity or famous person" (APA, 1987, p. 218).

The status dynamic formulation, however, would consider the psychotic features to be status-congruent primarily, and mood-congruent secondarily. Embedded in the delusions are the status claims, that is, the "inflated self-esteem or grandiosity". The status claim is called "delusional" by the observer-describer when it is clearly a distortion of reality, although this label depends somewhat on the sensitivities of the person making that judgment. For example, the manic who attempts to enact the status of "J.P. Getty" will more readily be labeled delusional than one who merely becomes the more general "wheeler-dealer". Delusions, by virtue of their greater distortion of reality, are found in the more extreme manic states. Less extreme distortions of reality are perhaps labeled as merely "unrealistic".

Persecutory delusions, in particular, contain either a more direct status claim or are in response to an attempt to claim a particular status. Such delusions tend to be found in conjunction with the dysphoric mood occasionally found in manic states, or the irritability frequently found. An example of delusions resulting from a direct status claim was my patient who avoided the status loss threatened when his girl rejected him, by determining that the "C.I.A." had interfered with their "communication". The delusion contains an implicit self-affirmation, that is, the rejection was not an accurate reflection of his status. Not only was his status thereby preserved vis-a-vis his girl, but he also became the kind of special and important person that the C.I.A. would be interested in. (In fact, this particular patient even went to a local

bank and asked a bank teller if the $500,000 from the C.I.A. had been deposited in his account, as he had been led to "believe".)

Hallucinations, like delusions, are frequently a vehicle for enacting the status claim. For example, a manic may hear the voice of God addressing him, making him a rather remarkable person to have been singled out in this manner. Hallucinations are probably rarer than delusions for most manics, but can easily be postulated to occur in the rush of thoughts the manic is experiencing, concomitant with the decrease in critical reality testing required to maintain the state of insistence. The manic misperceives his or her own thoughts and experiences them as others' voices.

INTEGRATION OF BIOLOGICAL AND PSYCHOLOGICAL PERSPECTIVES

As psychological and social factors are increasingly given credence in mania (O'Connell & Mayo, 1988), researchers are seeking ways to integrate the various perspectives. Several models are currently proposed. All lack a clear specification of what precipitates manic episodes and the significance of the manic behaviors themselves.

The first model is Gardner's (1982), which looks at bipolar disorder from an evolutionary perspective. He notes that dominance hierarchies, a normal part of evolutionary development, may be retained in the human species in the form of fixed action patterns. Depressive and manic states are seen as epitomizing low and high status behaviors respectively which have been inappropriately activated due to instability in the person's neural organization. Gardner writes: "For mania, at least, psychotic consequences may stem from a positive-feedback cycle in the person imbued with an inappropriate [sense of social rank] who reacts with primitive defenses to feedback that is contrary to his 'sense of state' " (1982, p. 1439).

A second approach is a dysregulation model (Goplerud & Depue, 1985) which proposes that certain people have a hereditarily determined vulnerability to affective dyscontrol in the face of environmental stresses. The vulnerable person has "less adequate inhibitory regulation systems responsible for maintaining normal limits of variation of behavior and mood. Such a system appears to be more affected by the challenge imposed by stresses" (Goplerud & Depue, 1985, p. 138). In this model, what may be inherited is a temperament which reacts to life events with exaggerated activation (i.e., mania) or deactivation (i.e., depression). Again, the exact nature of the life stresses which would initiate dysregulation are not specified.

O'Connell (1986) proposes a multifactorial model and writes: "Manic-depressive disease requires a multidimensional, interactive, systems model to explain the observed data, although a quantitative understanding of the relative weights of various factors may be difficult at this time" (p. 153). In the model, he suggests a genetic predisposition, with an unknown biochemical mechanism, in some but not all cases. Negative early experiences (e.g., parent loss, child rearing practices) also play a role, making the person vulnerable both biologically and psychologically to the expression of the disorder in adult life. Stressors precipitate episodes when they exceed the individual's threshold for maintaining equilibrium. The stresses are potentially both biological and psychological events. In turn, the episodes themselves become stresses, further deregulating the system.

A fourth model for bipolar disorder attempts to deal more directly with the physiological events which interact with the effects of stress. In this model, a "kindling effect" is proposed (Post, Rubinow, & Ballenger, 1984), whereby the brain becomes sensitized on the basis of prior experience to repeated episodes of mania. The model draws heavily on notions of behavioral neuroplasticity, or how experience creates actual changes in the likelihood of certain pattern of neuronal firing (Gold, Goodwin, & Chrousos, 1988). Additional support for the kindling model comes from the observation that in late and early onset mania, precipitating stresses seem differentially relevant. Thus, in those individuals with early onset mania, the episodes themselves may become more autonomously induced over time as the brain becomes more conditioned.

The next model to be discussed is the one proposed by Wehr, Sack, and Rosenthal (1987). They hypothesize that sleep deprivation may be the mechanism through which diverse psychological and biological events produce manic states; the manic state in turn produces further sleep deprivation in a vicious circle. In their model, sleep deprivation results from environmentally occurring and psychologically significant stressors. These stressors produce unspecified changes in brain chemistry, in turn initiating or facilitating the manic episode.

Recent application of chaos theory (Gleick, 1987) to brain function are particularly relevant to manic states. This approach sees mania and depression as alterations of basic rhythms of biological functioning. Sabelli, Carlson-Sabelli, and Javaid (1990) propose a model which "postulates that bipolarity results from an enhancement of biological energy driving psychobiological processes away from equilibrium (point attractors), an amplification of cyclic fluctuations (periodic attractors), and an increase in the frequency and intensity of turbulent and chaotic processes (chaotic attractors)" (p. 348).

All of the models mentioned attempt to deal with the complex interaction of psychological and physiological events. The status dynamic formulation is not inconsistent with any of them and directly addresses the key interface between psychological and physiological events. The formulation clearly specifies how and why manic episodes are precipitated, while at the same time leaving open the question of the exact nature of the *embodiment* (Ossorio, 1980/1982) necessary for these states to occur. Some thoughts are possible on the embodiment question, however.

If one construes the primary biological vulnerability as that of arousal or activation rather than mood *per se*, then a somewhat different perspective can be taken. In fact, if one looks closely at someone in a manic state, the euphoria or mood elevation is often quite short-lived. What seems most evident is the general state of activation as well as the irritability which accompanies it. The biological vulnerability for the manic may be a frontal/striatal/reticular dysfunction, which sets in motion the over-activity in response to the psychologically meaningful stresses. Disinhibition occurs on both the psychological and biological levels, with the manic ultimately becoming liable to further episodes via the conditioning of certain neural networks and the establishment of certain procedural or habit memories (Grigsby, Schneiders, & Kaye, 1991).

Treatment Implications of the Status Formulation

Biological Treatment

Pharmacological intervention in mania is crucial, particularly given the proven efficacy of the various medications, prescribed both prophylactically and acutely. Furthermore, preventing further manic episodes is essential, since they can wreak havoc in all aspects of a manic's life and compound the difficulties to be faced. In addition, psychotherapeutic intervention is not possible when the patient is in a manic state. The person must be euthymic for a psychotherapist to make meaningful contact with the person. Nonetheless, not all patients respond to medications and even when the episodes are apparently controlled, the person retains the vulnerability to further episodes.

Making contact with a manic is not easy under the best of circumstances, since they are notoriously poor at introspection and highly invested in presenting a socially desirable front. Treaters may have intuitively sensed the profound self-esteem vulnerabilities in manic patients, when they developed modalities such as lithium clinics. Under the guise of obtaining "medical" treatment for their "biochemical imbalance", manics can make better use of the support and structure

such a setting offers. Their status is preserved by treating their "illness" as external to who they are as people.

Psychological Treatment

The range of issues to be faced in the psychological treatment of manic patients is broad, since so many facets of their lives are affected by their condition. Their disorder faces them with grave interpersonal, social, economic, and existential consequences (Jamison & Goodwin, 1983; Walsh, 1989). The help offered will be much more effective if the condition is fully understood. What the present formulation offers is a means of achieving a broader understanding, which can lay the foundation for intervention. The interventions themselves can be framed within the techniques and strategies of a variety of theoretical perspectives. For example, the interventions made by Mester (1986) are from the perspective of "focal dynamic psychotherapy"; those of Jacobs (1982) are from the perspective of "cognitive therapy". The understanding the formulation provides is a conceptual one, rather than linked to a particular theory.

The in-principle solution for the manic's condition is to make the unthinkable thinkable, to paraphrase Freud's dictum about making the unconscious conscious. The overall goal is to alter the conditions of unthinkability, so that the person no longer finds certain states of affairs unthinkable. For example, the manic may come to recognize and accept the fact he is not the cleverest businessman in his profession but merely endowed with ordinary talents. The person's functioning in the role of critic establishes and perpetuates the conditions of unthinkability, thereby creating certain ways for the world to be or not to be—the givens and the options. If the person's functioning as a critic perpetuates the unthinkability, then the therapeutic task is to alter how the person evaluates himself or herself. Often a key initial treatment issue is simply fostering the patient's insight about having a mental disorder.

The work of Driscoll (1981) provides a systematic model for intervention with a variety of forms of self-criticism, some of which can lead to unthinkability. Depending on one's theoretical approach, other strategies are also possible. For example, from the psychodynamic perspective, one might address issues which emerge in the transference relationship pertaining to typical modes of self-evaluation. In a treatment using Gestalt techniques, role-playing the part of the self which criticizes as well as the part of the self which receives the criticism can serve to highlight critical standards.

The second primary treatment strategy is to increase the patient's status. The more realistic status the person has acquired, the less

vulnerable he or she will be to losses of status in any particular area. Thus, the person is better insulated from the expectable degradations that human society and the human condition offer. Bergner and Staggs (1987) talk about the therapeutic relationship itself as a means of accrediting the patient and thereby increasing the individual's status. An aspect of increasing the patient's status is to teach the person to be self-status-assigning. In this manner, patients will achieve some measure of control over who they are. Particularly relevant will be therapeutic efforts to consolidate a stable identity or sense of self.

The third strategy involves teaching the manic how to handle degradation when it inevitably comes. Coping with degradation is a part of life and manics are often deficient in their ability to reject degradation and to self-affirm in appropriate ways. When not manic, they are frequently more passive and limited in their means for genuinely autonomous self-expression. Manics frequently are impaired in their ability to self-affirm, and can be taught strategies like displacement, fantasy rehearsal, or eliciting the support of others. Bergner (1987) also describes a variety of therapeutic interventions designed to undo degradations. Techniques such as assertiveness training can be helpful as well in helping manics respond more appropriately.

In all of the approaches, the therapist needs to appeal to what matters to the patient. Manics live in a world of status concerns and respond well to overt labeling of them and even a delineation of the formulation; using the term "status" is a powerful label for the parameters of their worlds.

Beyond the difficulties inherent in psychotherapy with patients who are often reluctant to acknowledge even having psychological problems, an additional obstacle faces those who attempt to treat manics—the strong emotional reactions they can stir. Janowsky, Leff, and Epstein (1970) write: "Possibly, no other psychiatric syndrome is characterized by as many disquieting and irritating qualities as that of the manic phase of a manic-depressive psychosis" (p. 253). They noted five different types of activity found in acutely manic patients: "manipulation of the self-esteem of others . . . perceptiveness to vulnerability and conflict . . . projection of responsibility . . . progressive limit testing . . . alienating family members" (p. 253). While they attribute these characteristics to the manic's dependency issues, in fact, a more parsimonious explanation is possible. All of these issues pertain to the manic's extreme sensitivity to issues of status. Manics, being masters of accreditation and degradation themselves, are exquisitely attuned to the self-esteem vulnerabilities of others. Able to identify others' Achilles heel, they often exploit these vulnerabilities for their own purposes.

The status formulation offers several strategies for coping with the manic's challenges. First, by seeing more clearly what the manic's intentions are, a psychotherapist is better prepared to identify the status manipulations, rather than merely react to them. Second, greater empathy is possible with the self-esteem vulnerabilities in the manic, which underlie the manipulations. Third, one can achieve a sense of intellectual distance, admiring the manic's efforts to maintain his status.

CONCLUSIONS

One question which may be present in the reader's mind is that of etiology. While the proximate causes of manic states have been addressed, how people acquire such a self-concept in the first place has not been. This omission is a deliberate one, based on the notion that if two people have the same personal characteristic (i.e., a self-concept such that a loss of status is unthinkable), there is no logical reason for them to have acquired that characteristic in the same ways (Ossorio, 1982). One can only say, without longitudinal studies, that a developmental history is required which gives extreme priority to issues of status. For example, one manic patient I treated was the product of a "shotgun" marriage and an only child. It is probably no coincidence that the business stationery he produced in a manic state bore the heading: "Unique in All the World".

Another question can be raised about how the present formulation relates to other psychological theories of mania (e.g., the psychoanalytic account of narcissistic vulnerability). A brief answer is that narcissistic vulnerability, as explicated by writers such as Kohut (1971) or Kernberg (1975), must ultimately be described in status dynamic terms—those of unthinkability, critic functioning, and status. These theories do not make these particular conceptual distinctions explicitly and thus are limited in their ability to talk directly about such phenomena.

Much remains to be said about mania, from both the biological and the psychological perspectives. The answers lie not in the bifurcation of these two perspectives, but in their integration (Grigsby & Schneiders, 1991). The present formulation itself will ultimately require further empirical investigation, despite the difficulty operationalizing concepts such as "unthinkability" and "status". Further difficulty can be anticipated in teasing out the complex interplay between psychological and physiological states, both conceptually and empirically. Nonetheless, the status dynamic account of manic states, in its present form, offers clinicians a means of organizing and understanding the welter of clinical data their patients present to them. Furthermore, the formulation yields practical psychotherapeutic strategies amenable to a range of theoretical

perspectives. The formulation must be judged in this clinical arena, where it will be put to the most stringent of empirical tests.

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PSYCHOTHERAPY WITH ADOLESCENTS AND THEIR FAMILIES:
A STATUS DYNAMIC APPROACH

Mary Kathleen Roberts

ABSTRACT

Brief case formulations of a variety of presenting problems of adolescents are described. The concept of a family is discussed, and images and exercises useful in treating adolescents and their families are presented. The problem formulations, images, and exercises illustrate the kind of understanding and behavior potential that is generated for therapists, teenagers, and their families by an adequate conceptualization of adolescence (Roberts, 1991).

The primary value of having an adequate conceptualization of a phenomena is not that it is part of a true story about the world, but rather that it can be used effectively in some form of human behavior. A successful formulation generates new understanding and new behavior potential for persons (Ossorio, 1978, 1981a).

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The aim of this paper is to illustrate the kind of understanding and behavior potential that is generated for therapists, teenagers, and their families by the conceptualization of adolescence presented earlier in this volume (Roberts, 1991). In order to accomplish this, a variety of problems of adolescents as well as a number of treatment strategies are presented.

The problems chosen are not intended to be an exhaustive set of adolescent problems. Rather, they represent problems that were common enough over a five year period of outpatient practice so that they became immediately recognizable in light of the formulation of adolescence. The set of interventions is also not designed to be exhaustive, but rather represents some of the strategies that developed from the formulation, and have in fact been therapeutic for teenagers.

The paper not only illustrates the use of the conceptualization of adolescence. More generally, it illustrates the use of the definition of pathology (Ossorio, 1985), and the use of individual case formulations and Choice Principles for psychotherapy (Ossorio, 1976). There is obviously no way to represent these background formulations adequately here, but a few reminders (about pathology, status, and case formulation) may be helpful.

BASIC CONCEPTS

Pathology

In status dynamic therapy, assessments of adolescent psychopathology are based on the definition of a pathological state: "When a person is in a pathological state there is a significant restriction on his ability (a) to engage in deliberate action and, equivalently, (b) to participate in the social practices of the community." (Ossorio, 1985, p. 158)

As an example of the use of the definition for the differential diagnosis of pathology, consider a common presenting problem voiced by teenagers when they are brought to therapy: "My parents won't let me do anything." In some cases, assessment reveals that a particular teenager has acquired all the values and abilities he needs to participate in a variety of adult ways in the community. However, the teenager's parents are not ready yet to let their "child" engage in adult behaviors. The teenager is limited in what he can do and is intensely unhappy about it.

In other cases, assessment shows that a particular teenager does *not* have the abilities he needs to participate successfully in age-appropriate social practices. The teenager's parents may have been overly restrictive

all of his life, so that the teenager is limited in the abilities he has acquired. This teenager is also very unhappy.

In light of the definition, the first teenager is not in a pathological state. This is because the limitation in the teenager's behavior potential is the result of parental restriction rather than a restriction in the teenager's abilities. The judgment of pathology for the second teenager hinges on the degree of limitation he has. Some teenagers have deficits that are problematic but are not severe enough to be considered pathological. A therapist would need to judge whether the limitations in the abilities of the second teenager constituted a *significant* restriction in behavior potential.

Treatment of adolescent pathology and problems is also based on the definition of a pathological state, and is aimed at increasing a teenager's behavior potential. For example, in the case above of the teenager who does not have a deficit in abilities, the therapist would work with the family to let the teenager engage in a broader range of behaviors. If that were not possible, the therapist would counsel the teenager as to effective ways to deal with the family. For the teenager with ability deficits, the therapist would need to be more of a coach to the teenager, helping him acquire the abilities he lacks while gradually getting his family to be less restrictive.

Adolescent Status

In assessing adolescents, a therapist is sensitive to the fact that the client has the status of "adolescent." The norms and requirements in regard to the ability to participate socially are different for people in different statuses. That is, what an adolescent ought to be able to do is different from what a child, adult, or elderly person ought to be able to do (Ossorio, 1985, pp. 166-167). Therefore, in making judgments as to whether a teenager has a significant restriction on his ability to participate in social practices, the therapist takes into account age-appropriate norms for participation.

For example, a young teenager may have made the claim to his parents that he wants to be treated as an adult. Then when they granted him adult-like status, the teenager did things that reflected poor judgment. After a number of rounds of this, the frustrated parents bring their son into treatment, saying in essence that he engages in "willful mischief" and "can't be trusted."

In evaluating the teenager, the therapist keeps in mind the fact that he is an adolescent and has not yet acquired all the knowledge, values, and abilities of adults. The therapist evaluates to see if the teenager is simply making the kinds of mistakes that teenagers make, because he has not yet learned all he needs to know to be successful as an adult.

The fact that a person is an adolescent makes a difference not only in evaluation but also in therapy. Any status carries with it a set of guidelines about how it is appropriate to treat a person in that status. A therapist working with teenagers acts in accordance with the guidelines for teenagers. These include, but are not limited to, making allowances for the fact that the teenager is not yet completely socialized.

Therapy with adolescents may present the therapist with some unique challenges. For example, frequently adolescents do not come willingly to therapy. They are brought by their parents, and they do not want to see a therapist. In fact, teenagers can be pretty negative about being in a therapist's office, as any therapist who has ever spent an hour with a silent teenager knows. ("They can make me come, but they can't make me talk.") In these cases, the therapist needs to shift gears and try intervention strategies that do not depend on the usual sorts of cooperation.

While working with adolescents may be challenging at times, there is also the hope of accomplishing more with teenagers than is possible with adults. Because the therapist is intervening at a time of status change, the intervention may be of greater significance in the person's life. If a therapist can successfully increase a teenager's self-concept and behavior potential, things may go better throughout the teenager's life history.

Individual Case Formulation

As an alternative to using traditional diagnostic categories, status dynamic therapists use individual case formulations. An individual case formulation portrays what has gone wrong in a person's life. It "deals with the particulars of a person's life and history, as well as his characteristics, preferred modes of interacting with others, actual relationships with significant others, and so on" (Ossorio, 1985, p. 159).

In creating a case formulation for a teenager, the therapist not only needs to account for the particulars that the parents present *about* the teenager. The therapist must also take into account what the teenager says about his own behavior and relationships. Part of the task is to see what sense the teenager's behavior makes from *his* point of view. The case formulation should provide an explanation of the problem that holds together the facts presented both by the parents and the teenager.

When a therapist has created an adequate case formulation for a particular teenager, the therapist knows what is wrong with that teenager and why. Given that problem formulation, the therapist should be able to see an in-principle solution for the teenager's problem, and

the therapist should have some ideas about how to implement that solution.

PRESENTING PROBLEMS

Some problems that have been considered characteristic of adolescents include rebellion, identity problems, and status change problems. Each of these problem areas will be examined in turn, with an emphasis on seeing what sense it makes when an adolescent "rebels," is reluctant to make commitments, vacillates between being a child and being an adult, and so forth. In-principle solutions for each of these problems will be briefly mentioned, and then ways to implement some of the solutions will be elaborated in the section on "Images and Exercises" below.

All of the problems presented are parts of actual case formulations created for particular teenagers. Notice that the problems are not intended to be mutually exclusive. More than one of the patterns described may be present in a particular adolescent's life history.

Rebellion

Researchers generally agree that the concept of the rebellious teenager is an inaccurate and distorted description of normal adolescents (e.g., Bandura, 1969; Petersen, 1988). Parents, on the other hand, continue to ask for help with their "rebellious" sons and daughters.

Parents are sensitive to the issue of rebellion because what a rebelling teenager does may embarrass the family. The behavior of a teenager reflects on the family as a whole, and therefore the whole family has a vested interest in the teenager's behavior. This interest gives a teenager a lot of leverage on the parents, and it occurs at a time when the family is losing its leverage on the teenager. That state of affairs can make for a relatively unstable and potentially explosive situation. It is therefore worthwhile to understand why some teenagers find rules coercive and rebel, while other teenagers accept and obey family rules.

Creating a Rebel

In the formulation of normal adolescence (Roberts, 1991), the concept of acting as a representative of a group was presented, along with the principle that "a person is most likely to act as a member or representative of that group within which he has the most status to exercise." These concepts can be used in understanding "rebellion" in a family previously characterized by cooperative relationships.

A typical scenario goes as follows: A teenager engages in an isolated incident of "acting out." His parents take the incident as one of

rebellion against them and naturally try to quash the rebellion. The teenager may tell them "I wasn't rebelling. I was just goofing around with my buddies and things got out of hand. I didn't mean to embarrass you." The parents, sensitized to the possibility of rebellion, don't accept their son's explanation and punish him. The teenager's buddies console him and describe his parents as unreasonable.

The effect of the whole incident tends to be a reduction in the teenager's status at home and an increase in his status in relation to peers. If the scenario is repeated some number of times, the teenager's status at home changes in the direction of "rebel," and his status with his buddies changes in the direction of "one of us." It may then become more natural for the teenager to go along with his buddies.

A therapist sensitive to the status dynamics at work here will encourage parents to give their son or daughter the benefit of the doubt when he or she makes mistakes. In some families, parents will do this simply because that is how family members treat each other. In other families, it is helpful to point out to the parents that they also maintain more leverage that way.

Being Somebody

The concept of acting as a representative can also be used in understanding "rebellion" in families with more long-standing problems. In these families, it is sometimes helpful to get the parents to look at the extent to which a teenager is "nobody" at home and "somebody" with his or her peers.

An example here is the father who degrades his daughter as a "slut" and wants the therapist to stop her promiscuity. When the therapist looks at the situation, it is clear that sex is the only place where the girl receives any accreditation or affection. However fleetingly, she has some status when she has sex. It is also clear that the girl will not give up her "promiscuity" unless the family situation changes, or unless she gains status somewhere else.

The thrust of treatment in this case is to get family members to stop their constant degradation of the girl. For things to change, the girl needs accreditation from them as opposed to degradation. If this is not possible, the therapist helps the girl find other behaviors that are self-affirming, and other places where she can be somebody.

In both of the preceding examples, "rebellion" is not an illuminating description of what the teenager is actually doing. In each case, the status dynamic descriptions more accurately portray "where the teenager is coming from." But the question remains: why do some teenagers find rules coercive and rebel, while other teenagers accept and obey family

rules? The question will now be examined using the concepts of reasons and wants.

Throwing Off the Traces

In normal development, parents ordinarily rule out some of the things that a child is inclined to do but they allow others. In this case, there is no conflict for the child between what parents say he ought to do and what he wants to do. The child does those things that he wants to do that are also okay to do.

One of the ways socialization can go wrong is for parents routinely to insist on behaviors that are not ones the child wants to do. Although the child may engage in the behaviors that the parents lay on him, these behaviors are external to the child and hence do not give him personal satisfaction. In this case, what the child learns is that his own wants, satisfactions, and dissatisfactions do not count. The result is that the child ends up with a conflict between what he has reason to do (i.e., what his parents say he ought to do) and what he wants. When he does what he has reason to do, he is just going through the motions of doing it, and he is losing out on what he wants.

This is not to say that in normal development, parents never require children to do things they do not want to do. For example, parents may make a boy play with his little sister. The idea is that he will find out the intrinsic satisfactions of playing with her and then chose it on his own. In the non-normal case, the child is under a lot of external pressure from the parents to do what they say is right. Generally there is a threat that something bad will happen to the child if he or she does not obey, rather than a focus on the child finding out that the behavior can be enjoyable or satisfying.

With this scenario, the person is often extraordinarily well-behaved prior to adolescence. Then, after years of being a "good girl" or "good boy," the person makes a dramatic change, and the parents come for help with their "rebellious" teenager. Included here are (a) teenagers who have "thrown off the traces" and are doing what they want in any way they can, (b) teenagers who are very controlled most of the time but then suddenly engage in impulsive behavior, and (c) teenagers who switch between periods of impulsive behavior and periods of being overcontrolled.

The impulsive behavior that the teenager engages in represents a way to get out from under parental pressure, and in that sense, is "rebellion." But if a therapist asks the teenager what's going on, the teenager will generally say something like "I just want to have some fun." From the teenager's point of view, the emphasis is not on rebelling but rather

on doing something satisfying. Unfortunately, oversocialized teenagers may do this in some peculiar ways because they have not had sufficient prior experience in developing good judgment with respect to getting what they want.

Intervention strategies include (a) helping the parents take pressure off the teenager, (b) changing the family so that the teenager can do some of what he wants at home, as a member of the family, (c) helping the teenager focus on socially appropriate ways to get what he wants, and (d) helping the teenager look at the legitimacy of some of the reasons he has learned from his parents.

Winning by Losing

Sometimes teenagers who have been oversocialized in the way just described do not decide to start doing what they want. Instead, they just shut down. The initial presentation is not in terms of rebellion but rather depression (e.g., "He's just not doing anything. He hardly talks; he doesn't do anything around the house; he never goes out; he won't work.").

Assessment of the situation reveals that the parents are insisting that the teenager follow their rules and do what they say, regardless of what he wants to do. By being a "loser," the teenager is successfully resisting parental coercion. Ironically, of the cases discussed thus far in this section, this comes the closest to being aptly described as "rebellion." Teenagers will say, "I just don't want to be pushed around. If I fight back, it makes things worse, so I just don't say anything." Because the fundamental problem is the conflict between the teenager's reasons and wants, intervention strategies for these cases are roughly the same as for those cases discussed above where teenagers have made a dramatic change into acting out.

Mutiny

Of course there are also cases where teenagers are not quiet rebels, but instead openly defy parental rules. The teenager refuses to accept adults in positions of authority, and states "I'm going to do what I want. Who are they to tell me what to do?"

In these cases, the teenager has frequently grown up with capricious, selfish, and ineffectual parents. Because the parents are not good representatives of the general social order, the teenager is missing a sense of orderliness in the world that he would have gotten if the authority relation had been a good one and an effective one. He sees authority figures as illegitimate because the ones he has encountered most closely have not discharged their responsibilities. As the teenager

often states, "They don't make sense and they haven't been fair, so why should I obey them?"

The contrast, of course, is with parents whose discipline has been appropriate, reasonable, and in the child's best interests. When parents act as good representatives of the general social order, teenagers are less likely to see rules as coercive and more likely to see rules as providing them with opportunities. Teenagers may experience rules and societal structures as enabling them to do things that would otherwise not be possible. (If you play by the rules, you get to play the game.)

Some questions that help get the attention of parents whose teenagers are in full-scale mutiny include: "Do you discipline your teenager? Do you punish him? What's the difference between your discipline and your punishment?" Discipline frequently gets confused with punishment in these families, and basic education about the social practice of discipline can be helpful (cf. Kantor, 1973; Roberts, 1991).

The therapist not only works to increase the parents' behavior potential by providing a range of options for discipline in addition to punishment. The therapist also focuses on getting the family to be a normal family (see the discussion of "Families" below).

Identity Problems

Just as with rebellion, many researchers agree that the view of teenagers as people in turmoil over their identities is inaccurate (cf. Coleman, 1978; Weiner, 1985). But parents and teenagers nonetheless come to clinics with problems they describe as "identity problems."

As discussed in the formulation of adolescence (Roberts, 1991), identity is a Critic's notion, and has to do with the kind of consistency that a way of life and culture require of a person. A person has identity problems when he or she does not have the required consistency. If we say a person has a "solid identity," we are using a double negative ("not inconsistent") to say that the person has no serious identity problems. Given that the majority of teenagers do not have identity problems, it is important to understand what kinds of things have gone wrong when teenagers do not make age-appropriate decisions and commitments and follow through on them.

Anything Goes

Teenagers have opportunities to acquire status in a variety of groups other than their families. By exercising their status in each of these groups, they acquire both the competence and personal characteristics they will need as adults. One of the characteristics they need to acquire is the ability to restrict themselves to reasons that are relevant to a

representative of a particular group, and one of the ways development can go wrong is for teenagers to fail to learn to restrict themselves to relevant reasons.

A typical scenario goes as follows: A young woman had worked at McDonald's for almost a month and was starting to enjoy it and acquire some status there. Then one morning she called in and said "There's no way I can work today; I've got a hickey." Not too surprisingly, she got fired. She was fired because she failed to restrict herself to reasons relevant to a fast food worker: She brought in something extraneous, gave it too much weight, and ignored reasons that should have counted.

The net effect of this scenario, repeated with various groups and situations, is that the teenager fails to acquire status in any group other than her family, and therefore remains a perpetual adolescent. In these circumstances, the thrust of treatment is to help the teenager learn to restrict herself to reasons relevant to what she is doing.

Incompatible Values

Teenagers may also fail to acquire status in groups outside the family when the values of these groups conflict with basic family values. If a family's values are very different from the values of the larger community, it may make it difficult for the teenager to exercise status successfully in non-family groups.

For example, consider a teenager with fundamentalist Christian parents who believe that dancing, drinking, and smoking are wrong. If the teenager is going to remain a member in good standing of his family, he is limited in what peer groups he can join and put his heart into. Acting as a member of most of the available peer groups may involve acting on reasons contrary to his own values as a family member. If he tries to be a member of a group of kids who go to dances, he will be handicapped by reasons he has as a fundamentalist Christian. He may end up thinking about sin while he's trying to dance, and he may be limited in how well he can do it, and/or in the satisfaction he can get. It is not possible for him to be a member of his family and to be a member of the kids-who-go-to-dances group because of their incompatible values. But it may also be hard for him to let go of either membership.

In contrast, think of a family where there is no conflict, where it is natural to be a member of the family and a member of a variety of available teen groups. A teenager in that family may be able to exercise new behavior potential and will be "consistent" without any special effort on his or her part.

In cases where teenagers have difficulty participating in new groups because of incompatible values, the therapist may focus on finding places where the teenager can improve his behavior potential without violating family values. Some institutions (e.g. churches) are sensitive to this issue and try to provide groups whereby teenagers can exercise new status without conflict. Teenagers may be encouraged to take advantage of these opportunities. In addition, the therapist may work with the family to see if some "relaxation of laws" is possible, so that participation in at least some groups of the larger community will not constitute a violation of family values for the teenager (cf. Ossorio, 1976, pp. 169-170).

Going Through the Motions

Participation in groups outside the family may also be a problem for teenagers who have always done things because they *had* to (i.e., because that's what their parents said to do). If these teenagers do not "rebel" by acting out or by shutting down, they may continue doing things because they're *supposed* to do them but feel isolated and alienated.

The presentation to the therapist may go something like this: "I'm doing all these things because my folks want me to go to a good college. I get good grades; I play sports; I got myself elected to a school office. But I'm just doing it because they'll be so angry if I don't. It all seems stupid to me." Even though the teenager is participating in groups outside the family, he is not participating with a normal degree of appreciation or satisfaction. Because he is not really being a member of any of the groups outside his family, it is unlikely that he will acquire the personal characteristics he needs for satisfying participation as an adult.

Intervention strategies here include (a) getting the teenager in touch with what he wants, (b) getting the teenager to do things just because he wants to, (c) cautioning the teenager about rejecting what his parents want for him just because they want it, and (d) changing the family so that the teenager can do things he wants as a member of the family.

Ineligible

Teenagers who have grown up in homes in which family members distrust and degrade each other may also have problems with exercising new status in groups outside the family. They may not attempt to participate because they do not see themselves as eligible. Instead of rebelling against degrading treatment and disqualifying their parents,

they have accepted the statuses assigned by other family members (e.g., "Nobody wants you around." "You'll never amount to anything.").

In these cases, intervention focuses specifically on increasing the teenager's self-esteem, that is, "his summary formulation of his status" (Ossorio, 1978, p. 145). The teenager needs to learn to reject degradations and to self-assign good statuses. Otherwise he may fail to make important commitments because he does not see himself as eligible to participate. The therapist may also work with the family to help them be a family (see below).

Status Change

Sometimes in seeking help with a teenager, parents focus more on their own issues in dealing with their son or daughter at a time of status change than on what is wrong with the teenager. One common complaint is: "One minute he wants me to treat him like a child, and the next minute he's angry that I'm not treating him like an adult. I don't know how to treat him anymore." In understanding and explaining what is going on with the teenager who vacillates between child status and adult status, a therapist might want to use a straight status dynamic explanation. But with some parents, a utility model analysis may be equally helpful (cf. Ossorio, 1976, pp. 48-49).

In order to approximate a person's behavior potential, a simple utility function may be used in which the value of something is multiplied by the expectation of getting it. If a person has a good chance of getting something of low value, that is equivalent to having a low chance of getting something of high value.

Figure 1 illustrates the function in relation to the behavioral possibilities of an adolescent. An adolescent tends to give greater value to adult behaviors, because in principle these give him greater behavior potential. But the adolescent has less likelihood of success with adult behaviors, because he has not yet had the practice and appreciation he needs to carry these off. On the other hand, child behaviors tend to

Figure 1. Utility Model

Behavior Potential	Child behaviors	Adult behaviors
Value	Less value	More value
Expectation of success	More likelihood of success	Less likelihood of success

have less value but more chance of success, because the adolescent has been practicing these most of his life.

Think of the crossover that happens over time. Initially child behaviors offer the young person more behavior potential, because he or she can succeed at them. But as the young person gets more practice enacting adult behaviors, his or her likelihood of success with adult behaviors increases. At a certain point, adult behaviors come to outweigh child behaviors. There can be an awkward period of time, however, during which neither clearly outweighs the other. The teenager sometimes feels pulled backward to childhood and other times feels completely grown up, and parents are tempted to throw up their hands.

The job of parents of course is to help the teenager move toward adulthood. Paraphrased in terms of the utility model analysis, the parents' job is to help increase the teenager's likelihood of success with adult behaviors. One rule of thumb for parents during the crossover time is to focus on what the teenager is already doing *right* as an adult, and wait until later to try to help the teenager do it better. The reason for the rule of thumb is that during the crossover time, teenagers may feel that their very status as an "adult" is in jeopardy when parents make minor corrections of their performance of adult behaviors.

Having the concept of the crossover period is helpful because it (a) shows what sense the teenager's vacillation makes, (b) offers concrete reassurance to parents that the difficult time will pass, and (c) gives parents guidelines about what to do to help their son or daughter move through the time more quickly.

FAMILIES

The place a teenager has at home influences what place the teenager is likely to be eligible for and claim in the rest of the world. Working with the family of a teenager is therefore an important part of therapy with adolescents. In mentioning solutions for the problems identified above, interventions with the teenager's family were routinely included. In particular, the prescription "help the family be a family" was mentioned several times. In order to explain this prescription, the concept of a family is discussed below.

Essentials

The essence of a family is that it is paradigmatically a living group characterized by mutual trust, respect, support, and affection. One of the incidentals about families is that children get prepared to go out on their own in the larger society by participating in a family like that.

In contrast to this paradigmatic family, think of a family where everybody mistrusts each other, where they all expect the worst from each other, where everybody is out to get whatever they can for themselves, and where family members put each other down whenever they get the chance. That is a family that is failing at being a family.

When families of adolescents come for help, sometimes they believe that it is "normal" for a family with an adolescent to be more like the second family than the first. In fact, research indicates just the opposite: in the majority of families, parents and teenagers are not in serious conflict with each other (cf. Powers, Hauser, & Kilner, 1989; Hill, 1985). In families where there is a high level of parent-adolescent conflict, teenagers are more likely to run away from home, move away from home, get pregnant, marry early, join a religious cult, drop out of school, attempt suicide, and abuse drugs (Montemayor, 1983, pp. 97-98).

After dispelling the myth that "family life with a teenager is naturally conflictual," some additional sensitization about what families are like when they are succeeding, and when they are failing, may be helpful. One way to achieve this sensitization is to present examples of how a given family has gone wrong with respect to one or more of the characteristics of a normal family.

As an example of mutual mistrust between family members, consider the mother whose position in relation to her teenage son is as follows: "I'm afraid you'll do things I don't like. I'm so afraid that I'll watch you all the time, eavesdrop on your phone calls, go through your things, and yell at you." In turn, the son's position vis-à-vis his mother is roughly: "I'm afraid you'll embarrass me in front of my friends. I'm so afraid that I'll sneak out of the house, won't tell you where I'm going, and hide important things about me from you." This is clearly not a relationship in which the mother can count on her son to act as a member of the family. Neither can the son count on his mother to treat him appropriately in front of his friends.

Another way to sensitize families to how they are failing with respect to being families, and how they can succeed, is the use of the images and exercises. Some images and exercises designed for this purpose will be presented in the next section. First, however, two approaches commonly used in helping families—looking at communication problems and making contracts—will be discussed briefly.

Communication Problems

The influence of communication and systems theory has been sufficiently strong in the field of family therapy so that some family therapists automatically take it that any behavior a teenager engages in

represents a "communication" to his or her family. Sometimes this is correct, as the following dialogue illustrates.

Parent: Why did you shoplift?
Teenager: I'm not going to be the girl you want.
Parent: Why not?
Teenager: You're not doing what I want.
Parent: What do you mean?
Teenager: You're not giving me attention.

Notice that there is an implied promise on the part of the teenager: "If you start paying me more attention, I'll be satisfied and I'll quit shoplifting." If this is in fact what is going on, the therapist has helped by clarifying what the teenager is communicating to her parents.

However, the teenager's behavior may be *purely* expressive. She may have decided "I'm going to get what I want *now*," and not be communicating anything to her parents. She is also not promising them anything, and she may keep shoplifting to get other things. If the therapist takes the behavior as communication, he or she will not only lose credibility with the family when the teenager continues to shoplift, but also will miss what's going on with the girl.

This is equally true with suicide attempts. The therapist who takes a suicide gesture as "really" communication may miss the fact that the teenager is expressing extreme anger and despair. To paraphrase a slogan from Ossorio (1976, p. 218): "It's not what the teenager is communicating that's the issue; it's where the teenager stands."

Contracts

Social learning theory has also been influential in the field of family therapy, and "contingency contracting" is popular among therapists working from a social learning perspective. Making contracts may be useful in status dynamic family therapy if the therapist is clear about when and why contracts help.

What a family in treatment needs to do is recapture the way a family should be. To do so, family members need to enter into the *spirit* of being a family. If they can get the right spirit, a contract gives family members a good opportunity to demonstrate trust and respect. Being extra clear about what each family member can count on from fellow family members helps them succeed as a family. However, if a contract is introduced before the family has gotten enough of the right spirit, the family ends up just fighting over the contract. The therapist loses credibility, and family members lose faith that they can change.

IMAGES AND EXERCISES

The status dynamic therapist works to increase a teenager's behavior potential, and may use both imagery and exercises for this purpose (cf. Ossorio, 1976). Imagery is helpful in getting teenagers and their parents to understand new concepts, to recognize facts, and to see patterns that they might otherwise not see. Exercises are useful in getting teenagers and family members to practice new behaviors and to acquire new skills. They may be used together: An image may have an exercise associated with it, and an exercise may be introduced to a client by using an image.

Selected images and exercises that have been helpful in dealing with family problems, socialization problems, and status change problems are presented below.

Family Problems

One of the ways family members go wrong is by failing to provide each other with mutual support and affection. Teenagers in families like this may enter therapy with a variety of presenting problems, but on evaluation, it is clear that the basic problem is one of lack of support and affection at home.

Sometimes parents are simply too busy "doing their own thing" to have time for their teenagers. The parents have a lot of satisfactions in their lives, and they do not want to be bothered by teenage children. In such cases, the first task of the therapist is to portray the problem in a compelling way to the parents. The following image has been effective for that purpose.

Poisonous Trees

> Have you ever noticed a tree that was barren underneath? Trees like that have roots that secrete a substance that is poisonous to other plants and trees. The effect of the poison is to clear a space around the tree in which nothing else can grow, in which there is no life. In an evolutionary sense, that's the purpose of the poison. If you plant several trees like that close together, you end up with a bunch of stunted trees. None of the trees grows the way it would if it just had the space all to itself.
>
> There are other types of trees, like aspen, that grow well together. The larger trees prepare the soil for the smaller trees and shelter them from too much sun. The young trees have a much easier time growing close by the older trees than if they were just off by themselves.
>
> Families can be like either kind of tree. If a family is like a family should be, family members nurture each other and everybody is better off. But if family members are too oriented toward "doing their own thing," the effect is like a bunch of trees secreting poison. Each family member clears a space around himself in which there is no life. When you live close together in the way family members do, that can be mutually destructive.

Another way the therapist can portray what is wrong to the parents is by introducing the idea that a family is like a business or organization in which everybody has a job. The therapist can take advantage of the fact that businesses take time.

Downhill Slide

> Families need the same care and attention as any business does. If family members don't put time and effort into their jobs as family members, things don't go well. In fact, the business starts into a downhill slide. Without time and effort, things keep getting worse. The business of the family is providing affection and standing for its members, and it looks like you all are failing to do that. Without standing and affection at home, teenagers get depressed, run away, do drugs, go crazy, or suicide. Those are all indicators that your business is on the downhill slide.

Once the image of the family as a business has been introduced, the therapist can use the notion of "job descriptions" to show how individual family members are failing at their jobs. The following two examples show how job descriptions may help make the failure vivid. The first was for a mother who took great pride in her beautiful lawn and garden, and the second was for a father who was a truck driver.

Pee On The Plants

> A mother's job description includes things like looking after children in whatever ways they need, and being tender, loving, and kind. It sounds like you do a good job of feeding and clothing your girls, but you never have time to listen to them, and you're leaving them vulnerable to bad friends. That's like a gardener who waters and fertilizes the plants, but doesn't weed them and doesn't care if the dogs dig them up or pee on them.

Grind the gears

> A father's job includes things like providing for the family, making rules, and seeing to it that the rules are obeyed. You do a good job of providing for your family, but your rules are arbitrary, and you degrade your son anytime he makes the slightest mistake. That's like a trucker who keeps gas in his truck, but grinds the gears and runs the truck into the ground.

If family members see what the problem is, the notion of job descriptions is also useful in solving the problem. An effective exercise is to have family members give names to their old jobs (e.g., "Unspeakable No Good Son," "Wimpy Daughter," "Great Stone Face Father"), and then write new job descriptions for everyone in the family. This seems to work especially well with teenagers, who see having a job description as reflective of adult status.

The image of the family as a business is rich in possibilities, and lend itself to elaboration and transformation to fit the needs of therapy wit particular families. For example, sometimes there is nothing more tha parents can do for their teenager, even though the teenager is not ye legally an adult. In this situation, the notion of "declaring bankruptcy may be helpful. The therapist can legitimize the parents' choice t "liquidate their obligations" under these circumstances.

A second example is for use with parents who take the positio "Nobody's going to tell me how to raise my kids."

Labor negotiator

> I'm not here to tell you how to raise your kids. The job is practically done anyway. Think of me as a labor negotiator from Washington. I've been called in because negotiations have broken down in the family. What you need to do is come up with new job descriptions for each family member, job descriptions that both "management" and "labor" can live with. My job is to help you negotiate those job descriptions.

Socialization Problems

Several presenting problems were described above involving teenager under a lot of pressure to do what their parents said, regardless of wha the teenager wanted. Sometimes the teenagers had "thrown off the traces" and started doing what they wanted; sometimes the teenager had shut down; and sometimes the teenagers were simply going throug the motions of participation. In all of the cases, however, the basi problem was a conflict between what the teenager had reason to do an what he or she wanted to do. In dealing with these problems, a three pronged approach is helpful.

The first part of the approach is to get parents to take pressure of the teenager. In doing so, the therapist needs to legitimize parents' fears about what will happen if they take pressure off. For example, parents are sometimes afraid that in today's world, with just a little bi of rebellion and a little bit of misfortune, their child will be on the roa to oblivion. They hope to prevent that by close control of the child's life.

The therapist also needs to portray the problem for the parents, in a way that shows the price the teenager and the parents are paying. The therapist may present the relevant formulation given above, or may use the Actor-Observer-Critic schema (cf. Ossorio, 1981b, pp. 109-110) to show the parents what is wrong. Many parents welcome understanding the problem both for themselves and their teenager and willingly work on changing.

Other parents, even after they see the dynamics involved, are unwilling to quit trying to control their teenager's life. With these parents, some additional well-poisoning may be needed before they will quit coercing their children. Two examples of well-poisoning descriptions follow. One was for the mother of an ice skater, who was determined that her daughter would be an Olympic medalist even though her daughter wanted to quit skating. The other was for a father who was determined that his son was going to go to a "good" college.

Twisting a Kid's Arms

> There's a problem with twisting a kid's arms. As soon as you're not in a position to twist anymore, the kid won't do what you want. And if you've twisted too hard, the kid won't ever want to see you again.
>
> It looks like up to now you've been able to get away with twisting your daughter's arms. But all along she's been building up a charge of resistance, and you know it's building. By the time she's able to leave home, she'll take full advantage of that. Of course she hasn't mentioned it to you. After all, look at what happens when she disagrees with you. You may very well not hear about it until she's ready to go.

Left at Sea

> If you run his life now, when he goes to college he'll be "left at sea." If he never has a chance to do things on his own, he won't develop any of the coping skills he'll need to succeed. He'll need to be tough to succeed at the kind of college you want for him, but you're making him into a weakling who just follows orders.

The second part of the three-pronged approach is to change the family so that the teenager can do some of the things he or she wants at home. To do so, the therapist may use an elaboration of the notion of the family as an organization or business.

Job Leeway

> A good organization allows a certain amount of leeway in its jobs, so that a person can do his job in his own way. Some organizations, however, have a lot of pressure for a person to become a smooth fit to a job, and a person can get co-opted into being a good soldier in the organization. That can happen in families, too. If there's too much pressure, a child can get co-opted into being a soldier instead of a son. It looks like that's what's happened in your family.

In this case, what was needed was a new job description for the son, so that he had a chance to do *his* thing in his job in the family, and had a chance to exercise his own judgment.

The third part of the approach focuses on working directly with the teenager to help him get in touch with what he wants, to help him generate socially appropriate ways to get what he wants, and to help

him look at the legitimacy of some of the reasons that he has learned from his parents. If the teenager is not in touch with what he wants already, the therapist may use fantasy exercises to help him identify his own inclinations and values. The "Do What You Want" exercise is also helpful. Using this exercise, the teenager does three things each day just because he wants to, as long as these are not unethical or dangerous (Ossorio, 1976, pp. 181-182).

Because of the teenager's lack of experience with making his own choices and decisions, the therapist may need to do some judgment-monitoring as the teenager begins to act on what he wants. This is best done from the position of a coach, so that the therapist does not become just another adult telling the teenager what to do.

Finally, the therapist helps the teenager look at the legitimacy of some of the reasons he has learned from his parents. Teenagers may reject valid ideas just because they came from their parents. In these cases, the therapist can help the teenager look at whether a reason is a good reason, and whether it really is the teenager's own reason. If it is, it does not matter where it came from or who else likes it (cf. Ossorio, 1976, p. 156).

Status Change Problems

Teenagers sometimes present themselves as angry, demanding to know "Who's running my life, them or me?" Teenagers sometimes appear to be depressed and suicidal, feeling that they will never be allowed a future as an adult. Or they may be guilty, confused, and so forth. Although the presenting problems on the part of teenagers vary widely, the basic issue in these cases is the same: Parents are not ready to let their teenagers grow up.

In dealing with these situations, one of the first steps is to legitimize for parents the pain of having children leave home, and to offer reassurance to parents that they will *always* have the relationships of parent-daughter or parent-son to their children. Having offered the reassurance, the therapist also needs to clarify that the relationships will *not* always be adult-child. As children acquire more of the abilities of adults, relationships between parents and children need to change from adult-child to adult-teenager to adult-adult.

The final two exercises presented below may be helpful in enabling parents to move towards more of an adult-to-adult relationship with their son or daughter. (Notice that the introduction to the second exercise is meant to be presented humorously by the therapist.)

Graduate Your Teenager

It takes something different to succeed as a mother when a child is an infant, something different when a child is 5, when a child is 9, when a child is a teenager, and so forth. At each stage of a child's life, a mother's job is different, and different things are appropriate for mothers to do. Some mothers do well at one stage but not so well with others. Right now your job is to graduate your son. However reluctant you are to see him grow up, it would be a violation of him to hold him back.

Anchor on the future

Imagine 4 years from now. Your son is 21, and you all are deciding whom he should marry, what job he should accept, and all for his own good. Imagine 20 years from now. He's 37, and you all are telling him what's wrong with his wife, how to raise his kids, where to go on vacation, still for his own good. How would you feel if your parents did that to you? [Frequently the teenager pipes up, "They do, and they hate it."] What we want to do today is to fantasize about having adult-to-adult relationships. Let's look at three questions:

(1) What's a family like with adult children?
(2) How would you all like it to be between you?
(3) What can you do now to make it the way you want?

SUMMARY

Brief case formulations of a variety of presenting problems of adolescents were described. The concept of a family was discussed, and images and exercises useful in treating adolescents and their families were presented. The problem formulations, images, and exercises illustrate the kind of understanding and behavior potential that is generated for therapists, teenagers, and their families by an adequate conceptualization of adolescence (Roberts, 1991).

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A BULIMIC LIFE PATTERN

Kate MacQueen Marshall

ABSTRACT

A conceptualization of a bulimic life pattern is presented. Some treatment alternatives that focus on improving Critic functioning, decreasing existing Critic satisfactions and on increasing Actor functioning and satisfaction are outlined.

There has been much recent interest and focus on understanding and describing the various eating disorders. At present particular attention is being paid to the phenomenon of bulimia. The *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III-R) (American Psychiatric Association, 1987) classifies bulimia in the following manner.

A. Recurrent episodes of binge eating (rapid consumption of a large amount of food in a discrete period of time.)

B. A feeling of lack of control over eating behavior during eating binges.

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C. The person regularly engages in either self-induced vomiting, use of laxatives or diuretics, strict dieting or fasting, or vigorous exercise in order to prevent weight gain.

D. A minimum average of two binge eating episodes a week for at least three months.

E. Persistent overconcern with body shape and weight (American Psychiatric Association, 1987, pp. 68-69).

As can be seen above, DSM-III-R includes in this classification binge eaters who don't utilize vomiting as a part of their pattern. In the present paper, my discussion of bulimic persons will be restricted to women who binge and purge and who otherwise fit the DSM-III-R classification.

A review of the relevant literature indicates that the formulation presented below has some resemblance to certain cognitive-behavioral explanations. A brief summary of these current theories follows.

In the cognitive-behavioral approach, this disorder is generally seen as arising from the individual's dysfunctional and mistaken beliefs and values regarding body image, physical shape, appearance and weight (Fairburn, 1985). Self-esteem and personal value are correlated almost entirely with appearance, achievement and physical shape. Binge eating tends to be seen as a response to dietary restraint (Polivy, Herman, Olmsted, & Jazwinski, 1984). Purging is a method of compensating for excessive eating. Treatment tends to focus on cognitive reassessment and alteration of distortions resulting from attempts to achieve a weight-size ideal (Fairburn, 1981, 1983, 1985). Although this model offers some important treatment strategies, the explanation does not provide a satisfactory developmental perspective.

The interpersonal stress model focuses on the binge eating episodes, seeing them as being triggered by stressful events that the young woman is ill-equipped to handle. Binge eating acts as a stress reducer (Abraham & Beaumont, 1982; Clement & Hawkins, 1980). Purging is a way of coping with this overeating reaction. Treatment focuses on helping the woman develop an adequate coping package in the face of multiple stressors. Although this formulation also has some interesting and important treatment implications, it is not comprehensive and does not seem to take into account some of the particulars of the binge-purge phenomenon.

DESCRIPTIVE PSYCHOLOGY FORMULATION OF BULIMIA

A formulation of the dynamics of the bulimic life pattern will now be presented. This formulation is based upon the author's therapeutic work

with bulimics and compulsive over-eaters in an outpatient clinical setting over the past several years. Some of the concepts utilized in this formulation are taken from Descriptive Psychology (Ossorio, 1976, 1978, 1981b). These concepts will be explicated briefly. The presentation of the bulimic life pattern will follow.

As a way of avoiding stereotypical universal explanations on one hand and excessive *ad hoc* explanations on the other, the Paradigm Case Formulation (PCF) methodology is utilized here (Ossorio, 1981a, p. 83). The PCF, like a definition, is a systematic way of specifying a range of cases and distinguishing these cases from everything else. It is accomplished in two stages. In Stage 1, a Paradigm Case description is introduced which captures directly some of the pertinent cases. In Stage 2, a number of transformations of the Paradigm Case are introduced. Each transformation has the force of saying "Change the Paradigm Case in *this* way, and you'll still have a genuine case." The use of transformations allows for deviations from the general picture of the phenomenon in question without losing precision in articulating either the general picture or the deviating cases.

In the present formulation, a single Paradigm Case of the bulimic life pattern is presented with no transformations. The pattern described has sufficient generality so that with minor variations it can be applied to a significant number of actual clinical cases. It is this author's expectation that there are other distinctive patterns, so that not all of the clinical cases of bulimia will be appropriately assimilated to this paradigm.

Actor-Observer-Critic

Central to this formulation are the concepts of Actor, Observer, and Critic (Ossorio, 1981b, p. 58). Normal adult behavior requires mastery of three distinct behavioral roles (statuses): Actor, Observer and Critic. The concepts of Actor and Critic are the most pertinent to the present formulation and are briefly described as follows.

Actor. Briefly, the "job description" or "role" of the Actor calls for the person to engage in his or her own activities and interests according to his or her own impulses, inclinations and ideas. The world is seen and experienced as it facilitates or hinders these things. Words like spontaneity and creativity may be associated with the job description of the Actor. In summary, in functioning as an Actor the person "does his or her own thing."

Observer. The job of the observer is to note what is the case and what happens. The role of the observer also calls for the person to notice how various social practices are enacted in the world.

Critic. The job description or role of the Critic is as an appreciator and regulator. The person acting as Critic raises such questions as: "Are things OK enough?" "Are things satisfactory?" "If not, what can make things better?" The critic generates an account of what's wrong ("diagnosis") and a proposal for how things might be improved (the "prescription"). In a relatively well-functioning person, if things are going well, they are appreciated, and if they are not, appropriate diagnoses and usable prescriptions are provided.

Paradigmatically Actor, Observer and Critic function collectively as a negative feedback loop, first as Observer and then as diagnostician. The Critic and Actor roles act as reality checks on each other. The Critic provides a reality check on the Actor's unrealistic ideas, activities, expectations, and Actor's ethical judgments, etc. By virtue of the feedback loop, the Actor with the help of the Observer and Critic can behave more effectively and competently in the world. Hence paradigmatically the Critic functions for the benefit of the Actor.

The Actor provides a reality check for the Critic by providing a criterion for the Critic, e.g., the job of improving life for the Actor. Without that job description (e.g., improved quality of life for the Actor), the Critic criterion would be perfection.

Coercion/Resistance

The next important component of the formulation is the tautology that "coercion elicits Actor resistance" (A. O. Putman, 1975). Both coercion and resistance can be either covert or overt, depending upon the dynamics and the situation. In the present case the coercion is coercion of the Actor by the Critic.

Significance

The final Descriptive concept utilized in this formulation is the notion of significance. This concept corresponds to the meaning a particular action or behavior has. When the person in a particular context is doing X by doing Y, doing X is the significance of doing Y. For example, if a person signals for a left turn by extending his or her arm, then the significance of putting his or her arm out is making a left turn. Similarly, if a person expresses anger and provocation by yelling and screaming, then expressing anger is the significance of yelling and screaming.

BULIMIC LIFE PATTERN

The development of this pattern begins with an interpersonal situation, usually in the family of origin of the prebulimic individual. External

coercion on the part of the primary caretaker(s) is an important component. The primary caretaker(s) usually embody, present and prescribe strict Critic standards both directly and indirectly. These standards are often presented in the form of coercive directives, requirements and principles. The primary caretaker(s) may directly and/or indirectly focus on issues of weight and thinness as means of achieving excellence and/or perfection.

Some examples of these injunctions include: (a) You have to win and be number one or you're nobody. (b) What matters is (conventionally recognized) achievement and success. (c) Good enough is not good enough. You have to do better. (d) Appearance is more important than substance. (e) What you want doesn't matter; you've got to do what is right or acceptable or what it takes to look good. (f) Be thin; don't eat unhealthy things. (g) Be perfect in everything.

The import of these messages for the young pre-bulimic is that what she wants doesn't matter. The implication for her is that she has to do or be what's right, which often is the equivalent of what it takes to "look good."

The young pre-bulimic is usually a non-self status assigner; i.e., she tends to accept for herself the position or status that others assign her, and to be restricted in her ability to appraise her own status independently and to resist the judgments of others if they don't fit for her. She usually receives enough accreditation from her family group to act as their representative and to desire their continued validation for her efforts. She acts as their representative in that she routinely acts as a member of her family expressing and representing its values, priorities, options and restrictions. She therefore publicly accepts the standards of the caretaker(s) and attempts to comply formally with the requirements of being a member in good standing of the family group.

On the other hand, coercion elicits resistance. Although the pre-bulimic individual publicly accepts these coercive standards, she tends to resist them privately. This is particularly the case at the onset of adolescence, as one of the primary tasks of this developmental period is to fashion a sense of individuality and autonomy. When this adolescent developmental requirement conflicts with the coercive family directives, an eating disorder becomes a possible solution.

Binging as Internal Resistance

The pre-bulimic begins to resist the coercive standards, particularly those around food, by binging (covert resistance). Although binging can have other significance dimensions or instrumental values (which shall be articulated later), a primary significance for the bulimic is self-

affirmation, or resisting the degradation of having what she wants not count for much in the family.

The results of binging are never acceptable to this young woman, since she still shares her family's Critic perspectives. At some point in her life, she discovers that purging can be a way of undoing the damage. Initially, the purging move is seen as a harmless and creative way out of a "no-win" situation. The person sometimes reports having found the "winning move" or the way of "having it all," or the way to finally "beat the system." Binging and purging become linked for her, as she now thinks that she can experience the benefits of eating without the price of weight gain.

The bulimic pattern of coercion-compliance-resistance begins as an interpersonal situation. It is rapidly translated, however, into an intrapersonal one, as the bulimic personally adopts the familial coercive Critic standards on the one hand, but desires to "do her own thing" on the other. She coerces herself with perfection as the ideal (often epitomized by weight and body image issues). She then resists and rebels against her own directives by binging (self-affirmation). She then complies with her own directives by purging.

As the young woman continues to practice this particular pattern, it tends to increase in frequency. Reaffirming harsh Critic standards with each cycle sets up increased rebellion (binging) and hence, the response of increased purging. Purging becomes her way of adjusting for "actor error." By reaffirming and emphasizing Critic standards after a binge ("You disgusting hog, now you'll have to purge this.") she is basically affirming the position that she isn't really the sort of person who condones those sorts of excesses. In turn, because this reaffirmation is coercive, it sets the stage for the next round of rebellion.

Particularly in the absence of other avenues to self affirmation, binging starts to become the primary method. Her life begins to revolve around this scenario. She often does not derive much Actor satisfaction from other activities, since her demand for superior performance usually kills the usual kinds of satisfactions involved in engaging in most projects or interests. Because the bulimic receives so little self-affirmation from going the extra mile, she doesn't even get the usual satisfaction that goes with ultimate achievement. Hence, it is not surprising when the inherent satisfactions of food and eating are considered in contrast to the meager satisfactions that she is deriving elsewhere, that binging would become the primary avenue of self-affirmation. Purging, in turn, becomes the way to recommit to her Critic standards and to make possible her continued self-affirmation via binging.

Figure 1. Bulimic Pattern

Interpersonal Pattern

Primary Caretaker (C)	Pre-Bulimic (B)
External Coercion	Non-Self-Status Assigner
Coercive Directives	Accepts Standards
"What you want doesn't matter"	External Compliance
Critic Standards	
"Be perfect"	
(C) External Coercion	(B) Binge (Internal Resistance)
	Self-Affirmation
	Discovers Purging (Undo Binge)
	Beat the System

Shift to Intrapersonal Pattern

Bulimic (B)	Bulimic (B)
Internal Coercion	Actor Resistance (Binge)
	Self-Affirmation
Internal Coercion	Purge (Undo Binge)
"You mustn't get fat."	Beat the System
"You disgusting hog," etc.	
(b) Internal Coercion	Actor Resistance (Binge)
Internal Coercion	Purge

Etc.

Eating as Self-Affirmation

Eating and food consumption are paradigmatically self-affirming. It is self affirming at this level because of its life-sustaining qualities. Beyond this, binge eating appears to have specific significance for individual bulimics. The significance of binging can be assessed by determining for each bulimic client the answer to the question: What is she doing by engaging in that behavior (i.e., binge eating)? For my clients, the significances which most often emerged from such assessments include the following: (a) Nurturing/ comforting herself. (b) Rebelling against constrictions. (c) Blocking awareness of specific emotional states, e.g., fear/anxiety; anger; guilt. (d) Compensating for disappointment in relationships. (e) Compensating for "not winning" in the world.

(f) Celebration of some event. (g) Handling family disagreements. (h) Eating in order to feel better generally. This is a partial list of some of the common significances of eating for particular individuals. All of the above are examples of Actor affirmations, which for the bulimic woman are restricted to little more than food-related activities.

In summary, what began as an interpersonal pattern has become an intrapersonal one in which the young woman now coerces herself with harsh Critic standards, rebels against her own directives, and then reaffirms Critic standards by purging. She comes to utilize eating as a primary way of achieving Actor satisfactions because so much significance can be connected with this action, and because rewards are meager elsewhere in her life.

TREATMENT ISSUES

In the bulimic life pattern that has been described, the major type of deficit appears in the form of a significant restriction in Actor satisfactions and functioning. There is also an overemphasis on unhelpful Critic functioning. The person's behavior potential is dominated by unhelpful Critic perspectives that often affirm unrealistic performance and achievement dimensions at the expense of intrinsic satisfactions.

Therapeutic strategies for working with bulimic individuals follow directly from this formulation. The general treatment focus needs to be on (a) improving Critic functioning, (b) decreasing existing Critic satisfactions, and (c) in increasing Actor functioning and satisfaction. All of these may be facilitated by the realization of a single state of affairs—the realization of a realistic and effective Actor-Observer-Critic feedback loop where the Critic activity is primarily one of appreciation and of developing usable and helpful prescriptions.

Obviously, education around the physiological and medical aspects of bulimia needs to be dealt with initially, and individuals not suitable for outpatient treatment need to be screened.

An optimum over-all context for the therapist treating the bulimic is one of educating the client about the bulimic pattern (both physiological and psychological aspects) and in legitimizing the client (showing the person the kind of sense that her behavior and pattern makes), while at the same time not accepting the victim position that the client presents as being the only option. The bulimic person needs to be treated as an individual whose life and behavior make sense, but who at the same time is responsible for her own choices.

It is also very important for the therapist to take into account that the client is involved in a style of interaction where she expects coercion and responds accordingly (passive resistance), even when the situations

and people are not particularly coercive. The bulimic individual tends to put people into coercive positions as a matter of course. This has very direct implications for treatment, because even a non-aggressive therapist is likely to be placed in the position as soon as treatment begins. There are often many signs of this pattern, including missed sessions, rejection of homework assignments, and even the premature termination of treatment.

Because the position above is an almost inevitable one, it is important to be prepared to deal with it early in the treatment process. A number of ways to do this have been found to be successful. One way is preempting the resistive behavior. At several points in treatment it is anticipated with the client that she may in fact have a tendency to experience most situations as coercive ones, and that this might be the case in therapy as well. It is usually also stated that if she experiences coercion, she'll also probably be tempted to discount whatever is being discussed. She is then encouraged to be on the look-out for such instances in treatment. Whenever possible this preempting is done humorously and non-coercively.

Familiarity with some of the reverse psychology and semi-paradoxical methods of the Mental Research Institute group in Palo Alto (Watzlawick, Beavin, & Jackson, 1967; Watzlawick, Weakland, & Fisch, 1974; Watzlawick, 1978) can also be useful to treatment specialists who feel comfortable with some of these tactics. Here, the rebelliousness against directives is utilized in the treatment process in order to assist the patient in rejecting her symptoms. Although this treatment method is not utilized by this author, knowledge of these negative psychology tactics has proved extremely helpful in reducing the potentially non-useful power struggles that the bulimic is usually very successful at engineering and winning.

Methods of Increasing Actor Satisfactions

In the bulimic pattern, the emphasis, as previously mentioned, is on Critic standards. The only way in which the Actor is involved in self-affirmation is via a covert "You can't make me do it" stance that is manifested in binging. The act of eating is also inherently self-affirming, and binging itself has some instrumental value for the individual. Purging can sometimes have the value of a one upmanship position for the individual, e.g., "Ha, ha, I have the winning move!" Hence the kinds of Actor satisfactions involved in the binge-purge pattern seem to be primarily those involved in the binging pattern and only secondarily those involved in the purging position. A number of therapeutic devices are designed to increase Actor-types of satisfactions and to increase Actor aspects of the person's over-all way of life.

It is often helpful, early in therapy, to educate the client in the Actor, Observer, and Critic job descriptions, explaining useful and non-functional aspects of each. How the Critic functioning operates with respect to the particular woman's eating disorder is often important to map for her. The harsh Critic directives can be identified, and hence challenged. These can include her unrealistic and misinformed notions concerning eating habits and behavior as well as her notions about relationships, body image, and self-expectations. The formulation itself can be utilized in graphic form to trace the development of the various dysfunctional ways of operating and to legitimize their development with respect to the individual client.

Any kind of exercises (e.g., the Gestalt "Empty Chair" exercise), that help to illustrate the Actor-Critic roles and their contrast can be helpful. The person is helped to evaluate and disqualify unrealistic standards with respect to various aspects of her life. She practices giving herself the benefit of the doubt until it becomes routine.

A number of therapeutic devices are designed to increase Actor functioning early in the course of treatment. The major focus here is to help the person to identify her own values and inclinations and to begin to give them primary emphasis in the larger picture of her life. Exercises and images can be utilized that involve direct and indirect activity and fantasy.

For example, the Descriptive "Personal Choice" exercise is an exercise that calls upon the individual to do three activities or things (other than food related) each day just because she feels like it. (Explicitly excluded are activities that she considers wrong or that are illegal or dangerous.) The person is also challenged to try an activity for a specified period of time with critical judgment withheld for that time period. This exercise helps her to go beyond criticizing each movement.

The actual engineering of the above depends upon the skill of the therapist, and can take many forms. Many of the techniques from some of the traditional therapies can be assimilated to the extent that they either reduce unhelpful Critic functioning and/or increase Actor functioning.

Working with the Significance Dimension

As previously mentioned, the binge part of the binge-purge pattern represents an individual's attempt to achieve self-affirmation. Eating itself is also inherently self-affirming. Because the bulimic has found a way (so she imagines) to engage in this self-affirming behavior without the usual consequences (weight gain), it is engaged in frequently. Given her level of Actor and Critic dysfunction, other types of self affirmation are not appreciated or enjoyed.

One of the treatment strategies employed in the later stages of therapy is to do a detailed significance analysis with respect to the specific types of self-affirmation that eating provides for each client. The analysis involves identifying Actor satisfactions that go with the particular individual's over-eating. This is followed by the development of a plan that increases coping strategies and activities involving similar types of satisfactions. This part of the treatment is initiated later in therapy, after Critic functioning has been significantly improved, as prior to this point, the approach is likely to be resisted by the client as another type of performance exercise.

An example of a significance analysis from the treatment of a 28-year-old bulimic (to be called Charlene) follows: Significance question: What is Charlene doing by binge eating?

In terms of the significance of binge eating for Charlene, she appeared to be: (a) nurturing/comforting herself after self/other criticism ("never being good enough"). (b) rebelling against constraints from both self and others (work schedule; exercise schedule). (c) Blocking awareness of anger/guilt (partly with respect to her sisters and parents, e.g., after "put downs" from mother. (d) Compensating for disappointments (situations in which she was not able to live up to her requirements, i.e., not being the best and most appreciated employee). Although this list changed for Charlene as she altered Critic and Actor deficits, in the later stages of her therapy she was able to work with developing alternative and more effective coping strategies as well as non-food related self-affirming activities.

SUMMARY AND DISCUSSION

A formulation of bulimia has been presented. The scenario begins as an interpersonal situation within the family caretaking context. It later becomes an intrapersonal pattern. On the one hand the harsh Critic directives and standards that are embodied and prescribed by the primary caretakers are assimilated and overtly accepted by the young pre-bulimic. On the other hand, they are covertly rejected and rebelled against as the bulimic attempts to self-affirm by binging. She then reaffirms the Critic standards by purging. A self-reinforcing pattern emerges in which other types of self-affirmations decrease as affirmation via binging and purging episodes increase. Continued reaffirmation of the harsh Critic standards sets up increased rebellion, e.g., binging, and therefore more purging. This pattern often becomes the central focus in the lives of many bulimic individuals.

The treatment possibilities that were discussed appear to follow directly from the formulation. The primary focus is on increasing Actor

satisfaction via images, exercises, direct challenge, etc., while at the same time improving Critic functioning. The significance of eating for each bulimic client can also be taken into account. Once a significance analysis is generated, the client can be assisted in increasing Actor satisfactions via the development of alternative coping strategies and the addition of non-food related self-affirming activities.

A number of questions with research implications can be raised with respect to the treatment of bulimics. What are the best ways or methods of increasing Actor functioning and decreasing inappropriate Critic functioning? Studies that could empirically validate the most effective treatment methods would be important. Do significance analysis patterns differ across bulimic populations? Are they dependent upon particular familial patterns? What are some of the commonalities and differences of the bulimic life pattern and the life pattern of the compulsive overeater? Research that might emphasize these empirical points would be useful additions to the treatment literature.

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THE DROPPED OUT:
REDESCRIBING CHRONIC MENTAL ILLNESS AS A QUESTION ABOUT COMMUNITIES

James M. Orvik

ABSTRACT

Concepts from Descriptive Psychology are used in redescribing chronically mentally ill persons as individuals who have been "dropped out" of their various communities. These communities can include the entire range of possibilities: friendships, families, neighborhoods, municipalities, nations, and cultures. An approach to treatment is outlined that stresses changing these communities as a way to increase the client's behavior potential. This formulation is presented as an alternative to those approaches that stress changing the mentally ill individual as the main goal of treatment.

A term becomes part of a language because a distinction must be made and because the success of someone's behavior hinges on making it. For mental health researchers, practitioners, and policy makers, the term "chronic mental illness" distinguishes a population that presents a serious challenge to the successful application of their professional competence. For the more general population the term can and does form the basis for a wide variety of emotional behaviors that range

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anywhere from derisive amusement, under the cloak of entertainment, to fearful rejection, when the chronically mentally ill are perceived as more dangerous than they are. For whatever purpose, it seems clear that our current uses of the term need close examination.

Bachrach (1987) has pointed out three recurrent themes that underlie the various attempts to define chronic mental illness: psychiatric diagnosis, level of functional disability, and length of duration. Beyond these three ingredients, however, little headway has been made to differentiate among the chronically mentally ill. These observations were made in a report from a recent conference, convened by the National Institute of Mental Health, to define the chronically mentally ill (Bachrach, 1987).

What was wanted was a definition broad enough to reflect the population's diversity and specific enough for application in a variety of service settings and research efforts (Bachrach, p. 4). What was achieved was:

> Chronically mentally ill individuals are persons who have severe and persistent disabilities that result primarily from mental illness (p. 5).

To be fair, while this definition may look somewhat "bare bones" in its curtness, the conference participants elaborated a large array of cogent issues identified from a variety of perspectives. Without going into detail, it is clear that many of the issues identified pointed either directly or indirectly to the sufferer's community as the critical context in which to evaluate the problem. The spareness of the above definition illustrates limitations inherent in the use of definitions (Ossorio, 1981a) rather than a lack of professional insight among those attending the conference.

To go on, the need for a more useful conceptualization of the term increased markedly in the period following the movement to deinstitutionalize the thousands of mentally ill individuals who occupied hospitals across the nation (Bachrach, 1987). Prior to deinstitutionalization, to be "a patient in a state mental hospital was virtually to be identified as having a chronic mental illness; and the motivation . . . to draw distinctions among members of the patient population, was largely absent" (Bachrach, p. 1).

Communities now face the prospect of hosting sizeable populations of persons who, by definition, are difficult to live with but about whom clinicians, researchers, policy makers, and program planners admit to being inarticulate. Disturbingly high estimates of the number of chronically mentally ill persons among the nation's homeless (Lamb, 1984) attest even further to the need to conceptualize communities as

a necessary ingredient in providing solutions to the spectrum of problems related to chronic mental illness.

What I want to do in this paper is to use concepts from Descriptive Psychology to reformulate the domain of chronic mental illness to include relevant facts about communities. Specifically, I will draw upon the ideas of Ossorio (1985), using his explication of the Deficit Model of pathology; and of Putman (1981), using his conceptualization of the community concept. Practical aspects of this reformulation will be illustrated by conceptualizing access to communities, first, as a general criterion of well-being and, second, as a general model for instituting improvements in the well-being of chronically mentally ill individuals.

By describing the relationship of chronic mental illness to communities I hope to accomplish two goals. The first is to extend the range of facts to which the community concept has practical application. The second goal is to encourage the development and refinement of community-based treatment possibilities for a population of persons characteristically underserved and often misunderstood by those in the helping professions.

THE DEFICIT MODEL OF PATHOLOGY

Ossorio (1985) constructed the Deficit Model of Pathology in contrast to prevailing models that stress either a set of underlying, or inner causes of outward manifestations (the Medical Model); or an outward normative context within which certain behaviors can be objectively considered pathological (the Behavioral Model).

To outline the contrast further, under the Deficit Model pathology is neither a type of anomaly—medical, social, or otherwise—nor a type of behavior. Rather, pathology is a type of state; specifically, one in which there is a significant restriction on a person's ability to engage in deliberate action, and equivalently, to participate in the social practices of the community. Furthermore, the restrictions involve the person's powers and/or dispositions which are changed under the pathological state resulting in limitations relative to what one ought to be able to do. Pathology, per se, does not consist of restrictions a community places on a person's opportunities for engaging in social practices, neither does it include patterns of behavior that are merely deviant or nonconventional (Ossorio, 1985).

This is not to say that what a community does to constrain a member's actions has no bearing on that member's well-being. In fact, the pattern of restrictions encountered by persons with a history of pathological states is of central concern in the present formulation of chronic mental illness as a question about communities. Two points can

be made in this regard. First, the enormously disqualifying status assignments communities reserve for chronically mentally ill persons may account in large measure for the problem's chronic endurance. Second, the assignment of pathological status to persons with a history of pathological states is not a mere problem of "labelling," one to be warded off by chanting: "sticks and stones, etc.". Rather, it is a problem that reflects a totality of interests being worked out in the larger context of appraisals made when a member of the community is debilitated. More will be said about pathological status in the course of conceptualization. For now, the Deficit Model has the important function of emphasizing the real problem of pathological states, that the affected person is not able to participate in the social practices of the community.

Because persons meet their Basic Human Needs by participation in social practices (Aylesworth & Ossorio, 1983; Ossorio, 1985), pathological states carry intrinsic significance for social intervention. Anyone socially related to the affected person has reason enough to want to do something about the pathological state without any further end in view. That is, when a person becomes worse off (i.e., by being in a pathological state) there is a built-in reason for someone to try to do something about it. Who has those reasons and what kinds of interventions they attempt in any particular case depends on the context of relations and resources surrounding the onset and course of the pathology. This point is worth discussing in more detail.

Behavior Potential and Pathology

The concept of behavior potential (Ossorio, 1977) will help elaborate the logical relationship between a pathological state and the community's response to it. Behavior potential is a general purpose concept used in Descriptive Psychology to summarize the totality of a person's real world behavioral possibilities. For example, the acquisition of new knowledge increases a person's potential to engage in social practices that require that knowledge. Generally speaking, behavior potential can be described in as much detail as necessary depending on the purpose and conceptual sophistication of the describer.

For the present discussion it is enough to say that chronic mental illness is a form of pathology in which the affected person suffers an extreme loss of behavior potential. A pathological state isn't, however, limited to reducing the behavior potential of the person whose state it is. The entire community has less behavior potential because there is a net loss in potential participation in its fund of available social practices. The more critical a person is to the enactment of a social practice, the greater the impact of the pathology on the community.

Moreover, this loss of communal behavior potential is proportional to the closeness of the relationship between the affected person and others in the community.

The general impact of a person's pathological state on other members of the community can be visualized as what happens when a stone is thrown into the middle of a still pond.[1] The greatest disruption is, of course, at the center of impact with less and less effect as the waves dissipate concentrically away from the disturbance. The center of impact represents, of course, the disruption of behavior potential of the person in the pathological state. The next concentric zone would be the loss of behavior potential experienced by those in the person's community most closely related to the affected person, usually the family. Part of that loss shows up in the amount of caring and support they choose to devote to the affected family member. Friends, to the extent they can no longer participate in valued social practices are in the next zone of impact. This zone is followed by community institutions that function less well because the affected person was important to their operation. The last zone of the model would be occupied by those (merchants, farmers, auto mechanics, tax-payers, etc.) who have merely lost the affected person as a competent consumer of the community's goods or gained the affected person as a recipient of services paid for by taxes.

There are, of course, members of the community who *gain* behavior potential when someone enters a pathological state. The host of clinicians, case managers, researchers, pharmacists, priests, and others in related services, who operate the substantial infrastructure of social practices that can only be engaged in when or because pathological states occur. Their increased behavior potential stems from the various reasons (e.g., financial compensation, professional reputation, personal satisfaction as a helper, community appreciation, etc.) they have for intervening on the community's behalf to ameliorate the loss of behavior potential experienced by its other members. Without belaboring the point or the metaphor, it can be seen that a complex system of "stakeholders" exists to connect the community to the pathology.

As such, the Deficit Model is a clear reminder of the logical connection between what it is to be a person and what it is to be a member in good standing in a community. To quote Ossorio, "a viable society requires that its members have and exercise a variety of basic capabilities in engaging in social practices in normative ways" (1985, p. 164).

The Treatment of Pathological States

According to Ossorio (1985), treatment under the Deficit Model focusses mainly on "efforts designed to increase the person's relevant

abilities to the point where he is no longer in a pathological state" (p. 59). This treatment focus involves redescribing the pathological state as a case of a more specific deficit or deficits reflected in the person's failure to meet the cognitive, motivational, or competence requirements of specific social practices.

This treatment approach also reflects the grounding of the Deficit Model in traditional versions of psychotherapy and rehabilitation; repair the individual by removing the disabilities, faulty cognitions, inappropriate motivational priorities, incompetence, etc., that lead to pathological states. With certain conceptual extensions, however, the Deficit Model can also be shown to encompass other therapeutic approaches that are community oriented—milieu therapy, therapeutic communities, or recreational therapy, for example, and others to be outlined in the final three sections of this paper.

The Treatment of Pathological Status

The main conceptual extension needed is to show that every case of a pathological state is necessarily an opportunity for the community to assign a status to that state and to the person whose pathological state it is. The significance of this appraisal and the subsequent status assignment comes when the community decides the individual is ineligible to participate in some number of its social practices. The reduction in eligibility accompanying a pathological state is referred to here as pathological status. There is a point to distinguishing between pathological states and pathological status because these status assignments may supercede the actual state either in fact, in importance, or in duration. That is, with respect to a particular social practice, a person with a history of pathological states may truly be unable to participate. On the other hand, such a person may be merely treated as ineligible regardless of ability. It is in the latter sense that the chronically mentally ill person is "dropped out" by the community, a process codified in the concept of pathological status. In both cases the person is less well off but for different reasons which need to be dealt with in different ways.

Pathological status can now be seen as a version of the classic degradation ceremony (Garfinkle, 1956; Ossorio, 1978b). In the case of chronic mental illness it is important to see the ceremony not as a judicial proceeding, which it can certainly include, but as realistic emotional behavior (Bergner, 1983; Ossorio, 1976, 1978a) in which persons in a community appraise a member with a history of pathological states as dangerous, provocative, sinful, possessed, intractable, or hopeless, etc. The community then acts according to its standards, choice principles, procedures, etc. for dealing with such cases.

The broadest implication of the above is to see two possible kinds of intervention, one that addresses the individual in a pathological state and one that addresses the community's pathological status assignments. That is, treatment can be a joint operation combining repair work on the individual to remove pathological states with repair work on the community to remove pathological status assignments.

The main function of this paper is to outline approaches to individual and community repair work most likely to benefit chronically mentally ill persons. The logical relationship between pathology and participation in social practices points to the need for systematic and practical ways to represent social practices as parts of communities. To this end I turn next to the analysis of the community concept.

THE COMMUNITY CONCEPT

The ordinary sense of the term "community" connotes the various ways in which persons group themselves to conduct the everyday business of living. In the broad sense communities are complete and self-sufficient. That is, communities have the necessary institutions to provide cradle-to-grave life support, at least within the infrastructure of the larger world context (Ossorio, 1983). The term also refers to smaller groupings formally established to pursue particular interests such as science, Catholicism, and the game of Bridge; or particular informal relationships such as a friendship between two school mates or a sand lot baseball game.

Up to this point I have relied on the reader to assume these ordinary uses of the community concept. A more elaborate treatment is now called for. In this section I go into the community concept in enough detail to provide a systematic conceptualization for examining chronic mental illness as a community question.

What characterizes a community?

That is, what are the features that distinguish one community from another? Putman (1981) originally described communities as having the following six parameters, briefly:

1. Members—paradigmatically, persons that make up the membership of a Community
2. Statuses—the positions, roles, etc., played by individuals in a Community
3. Concepts—the set of distinctions made by the Members in carrying out the activities of the Community

4. Locutions—the language that corresponds to the Community's Concepts
5. Practices—the configurations of behavior that constitutes what is done in the Community
6. World—the shared idea of reality that goes with being a competent Member of the Community.

Shideler (1988) has, following the analysis of culture by Ossorio (1983), included Choice Principles as a seventh parameter of Communities. This addition reflects an important aspect of behavior within Communities, as within cultures, that there is a climate of optionality for choosing from among social practices and from among different versions of a social practice. As Ossorio (1983) puts it:

> To the extent that behavior is not specifically prescribed, then in light of the significantly varied options available, some coherent set of principles is needed for choosing behaviors in such a way as to express and preserve the coherence of human lives and the stability of the social structure (p. 32).

Of these seven parameters I will focus primarily on three: Members, Statuses, and Practices. This is not to say that the remaining parameters are unimportant, only that they are less germane to the present task of relating chronic mental illness to the community concept. For a more complete discussion of the individual parameters the reader is referred to Putman (1981), Ossorio (1983), and Shideler (1988).

Members

The Members of a Community are persons who have the requisite powers, dispositions, and, importantly, eligibility to participate in the Community's social practices. This participation includes competent use of the Community's concepts and locutions. "Paradigmatically a Member knows that he is a Member and is known by others to be a Member of this Community—both by other Members and by outsiders" (Putman, 1981, p. 197).

Entrance into a pathological state is an occasion to raise questions about a person's eligibility for Membership in a Community. Where the basis for concern resides in the Member's loss of, or not having acquired, the requisite powers and dispositions for participation, these questions are legitimate and natural. Such cases can be, and are intelligibly resolved by exclusion of the subject person from Community Membership.

It is possible, however, for a Community to exclude from its Membership persons who are presumed to lack the needed powers and dispositions when indeed they do not. The fairness of exclusion in this

case is a serous issue resolvable by reappraising the excluded Member as having the needed powers and dispositions after all. The premise of the present paper is that even the former case, where the required powers and dispositions are truly lacking, can be resolved by other than Membership exclusion. More will be said about that later. In either case, when the pathological state is an enduring one, as it is in chronic mental illness, Membership in Communities is a major issue, both for the Member and the Community.

Statuses

The Status parameter codifies facts about any object having a position in a Community. To have a Status is, fundamentally, to have a place in the Community's social practices. For example, among nonhuman objects—streets, buildings, trees, etc., each has the Status of either relevant or not relevant to each of the Community's social practices. Further details regarding what kind of relevance an object has for a social practice would be codified as additional Statuses.

Persons, of course, occupy a special set of Statuses reserved only for persons as such. In this regard, Status includes the behavioral roles one is eligible and competent to play as a Community Member. By playing these roles one not only expresses the Status one has but participates in the Community's social practices as well. Recalling the earlier discussion of behavior potential, this is also the general paradigm for how persons meet their Basic Human Needs.

As with roles in a play, some Statuses are more important than others in maintaining the coherence and viability of the Community. For the individual person, however, it can't be determined in advance which Statuses are necessary to meet his Basic Human Needs or, for that matter, which needs are being met by having that Status. Nonetheless, the relationship between Status and behavior potential serves as a public standard for why restrictions on accessibility to certain Statuses might be considered a threat to a person's well-being.

It was indicated above that Membership in a Community may be withheld on the basis of unfair appraisals—the classic problem of "false positives." This is also true of the other Statuses Members might be eligible for in that Community. That is, a Member's Status may or may not coincide with his actual personal characteristics—powers, dispositions, etc. The best qualified applicant may not always get the job, one can "play politics" to get ahead in the organization, or be victimized by a campaign of rumors, a witch hunt, etc. One important implication of this state of affairs is that Statuses, including pathological Statuses such as "chronically mentally ill" are socially negotiable. Bergner (1981), Kirsch (1982), and Roberts (1985) have put Ossorio's (1978a, pp. 114-

120) general work on negotiation to especially good use in this regard. The present paper takes this element of Status negotiability as fundamental to involving Communities in the treatment of pathology. More will be said of this in the final sections of the paper.

Practices

Putman notes that "the point of being a Member is to be eligible to engage in the Community's Practices" (1981, p. 199). The Practices parameter of the Community concept refers to its social practices, configurations of behavior patterns that constitute what there is for its Members to do.

Any social practice has two general sets of requirements (specifications) that must be met in order for it to be engaged in (Orvik, Emerson, Green, & Sutton, 1987; Orvik & Sutton, 1987). The first set of requirements specifies how the social practice can be done, i.e., what courses of action are allowed, mandatory, optional, etc., in order for each of its versions to be accomplished.

The second set of specifications stipulates the particular personal characteristics a participant must have in order to engage in the social practice. These requirements include the motivational priorities, knowledge, and competence that go with each Status in each version of the social practice. A deficit in any of these requirements would make it impossible for a person to participate successfully except by accident.

Each Community has distinctive Practices that give it the particular identity it has and that mark that Community as the one in which those Practices have meaning. Putman (1981) distinguishes two kinds of Practices in this regard—Intrinsic Practices and Core Practices.

An Intrinsic Practice is one that could be engaged in for its own sake, i.e., with no further end in view. For example, in a bridge club, playing bridge, reading about bridge, planning bridge tournaments, etc., are Intrinsic Practices. No one in that Community would question why one of its members would be doing that sort of thing.

One need not, however, do all of those things to be a Member except the first, play bridge. Playing bridge is a "Core" Practice because it would be nonsensical to claim Membership and also to refrain from ever doing it. With eligibility come obligations as well as rights. Core Practices are obligatory for Community Members.

One important concern regarding the operation of Communities is the relationship of Intrinsic and Core Practices to Membership eligibility. How deeply one is involved in a Community, as well as how important one is to the operation of the Community are expressed by one's participation in its Intrinsic and Core Practices. There is a range in levels of involvement possible in any Community. An individual Member

can be anything from an onlooker to someone absolutely essential to the Community's survival, depending on the Community. The extent to which a person's level of involvement is correlated with his behavior potential is, of course, an empirical question answered on a case-by-case basis. As a rule of thumb we can take it that more behavior potential corresponds to more involvement unless we have reason to think otherwise.

With the same rule of thumb in mind, a person's behavior potential is directly related to the number and quality (for him) of social practices he is eligible to participate in (unless etc.). With regard to Communities, this relationship also holds, i.e., that there is a logical connection between how well off a person is, in terms of behavior potential, and participation in the Community's Practices.

Because of this relationship a person's behavior potential is also subject to change. Changes can come about through changes relative to either of the two sets of requirements noted earlier. That is, specifications for how the Practice can be done can be strengthened, repealed, or modified; or the person can gain, lose, or modify his personal characteristics relative to those required by the Practice. Both kinds of change are possible ways to lose, increase, or restore behavior potential in cases of pathology.

As a final note on the Community concept, by now it should be clear that a person is typically a potential Member of many Communities each of which meets a relevant set of Basic Human Needs. Furthermore, the concept is comprehensive enough in principle for every human activity to come under one kind of Community or another.

One problem with the concept, as developed thus far, is that it doesn't normally distinguish between the self-sufficient general Community and the special purpose, specific Communities that operate within its boundaries. The former—towns, villages, municipalities, neighborhoods, families, etc., are clear-cut cases of the concept. Yet one would be hard pressed to name their Intrinsic and Core Practices as easily as one would, for example, identify the conduct of experiments as a Core Practice of the science Community.

There are many social practices one does that are not intrinsic to any specific (special purpose) Community (one identified by Core Practices) but still are done in order for such a Community to function smoothly within the general Community context. Many examples come to mind—child rearing, writing checks, driving a car, shopping for dinner, collecting a pay check, etc., all of which have general utility for conducting ways of life but are neither the province of any specific special purpose Community nor are they usually done as ends in

themselves. Rather, they are in the domain of the general Community and their open-ended significance is what gives them their utility.

What is offered here, then, is a distinction between (a) Specific Practices (Intrinsic and Core) that go with Membership in Specific Communities and (b) Practices (call them Generic) done as a Member of the General Community. The latter, Generic Practices refer to the myriad subsistence activities one must be able to do in order to do anything else more efficiently, the former, Specific Practices, included.

It goes without saying that successful participation in Generic Practices not only identifies one as a member in good standing in the General Community, but makes it easier to be one as well. In contemporary urban settings, for example, driving a car is a Generic Practice that literally provides access to many Specific Communities. It isn't that other Communities would necessarily be inaccessible so much as the efficiency the car provides in getting to them.

This dimension of Generic utility suggests, then, that some Practices are more important than others by virtue of their multiplier effect on the behavior potential of anyone who can successfully do them. It also follows that deficits relative to Generic Practices impose restrictions on behavior potential proportional to their open-ended utility for gaining access to other Practices, Generic as well as Specific. To the extent performance of one Practice provides opportunities to engage in others, its Generic utility can be used as a choice principle for establishing priorities in treatment planning, an application to be discussed in a later section of this paper. From this point on the term Community will be understood to include General and Specific Communities unless otherwise indicated.

PATHOLOGY AND COMMUNITIES

The Community concept, together with the Deficit Model of pathology, provide a basis for redescribing chronic mental illness as a question about Communities. The following statements summarize the rationale as developed thus far:

1. Our standard for appraising someone's behavior is that persons do things on purpose and know what they are doing. With respect to this standard, the standard of deliberate action, we (a) identify certain cases as needing intervention and (b) decide what intervention, if any is needed.
2. Behavior never occurs privately, in a vacuum; it always depends on a real-world, public context for its performance to make sense.
3. Behaving is what persons do to meet their Basic Human Needs. Something is always at stake, therefore, when a person engages in

behavior, i.e., it always makes a difference whether the behavior is successful or not.

4. Because behavior is essentially, not accidentally, public, having a Community is a requirement for behavior. Moreover, different kinds of Communities make different kinds of behavior possible. In connection with the previous statement, persons meet their basic human needs, paradigmatically, by Membership in some number of Communities.

5. Because a Community is organized as a set of behavioral possibilities (Practices), and because persons engage in behavior to meet their basic human needs, a Community comprises what there is for its Members to do in order to meet at least some basic human needs by engaging in its Practices.

6. Any Practice has two sets of specifications that must be met in order for it to be performed. The first set specifies the ways in which the Practice can be done, i.e., what courses of action are allowed, mandatory, optional, etc., as well as where, when, how often, and at what level of skill they must occur in order to count as a successful performance.

The second set of specifications stipulates the personal characteristics a person must have for (a) being eligible to participate (i.e., having a Status) in the Practice and (b) having a reasonable chance to succeed. Among these requirements are the needed motivational priorities, knowledge, and competence. Deficits in meeting any of these requirements would make it impossible to perform the Practice successfully except by accident.

7. Both of the above sets of specifications are subject to change either to make it easier or more difficult for the Practice to be performed. A change in the Practice counts as a change in the Community whose Practice it is.

8. A person's potential for behavior and, thus, for meeting basic human needs, is reflected directly in the number and quality (for him) of Practices he is eligible for. That is, a person's well-being is logically related to participation in the Practices of Communities.

9. A person's behavior potential is subject to change. Changes can come from changes in the person's personal characteristics or in his potential Communities, as in (7) above. Correspondingly, the ways in which persons who suffer pathology can be made better off are not limited to healing the individual; their Communities can be healed as well.

An Illustration

The following case will illustrate key aspects of the relationship between pathology and Communities. The example is drawn from the

author's experience with a client in a day treatment program for the chronically mentally ill. Details about the actual client have been changed here to preserve confidentiality.

This case, the case of Ralph, exemplifies how the specifications for a particular Practice can be modified to accommodate particular deficits. Ralph is a 19-year-old young man with a diagnosis of autism with psychotic features. He is small in stature but good looking and quite verbal. His verbal productivity is often either tangential or obsessively related to his esoteric private interests. He does, however, have a substantial repertoire of social formulas that roughly fit the social requirements of small talk, at least for short periods, about three or four turns, especially if the topic can be brought around to one of his areas of interest.

Among Ralph's deficits are those that make it impossible for him to lead a life in the Community independent of institutional and family support. As simple a performance as making a purchase at a grocery store exceeds his grasp at this time. This is because "making a purchase" is a social practice and, as such, has the two general kinds of specifications outlined earlier; specifications Ralph can't meet.

In the case of Ralph, he is cognitively deficient, he can't make change; and he is socially deficient, he doesn't exercise a standard normal level of vigilance when strangers hold his money. On one occasion, however, Ralph and I, enroute to a pot luck celebration, needed to make a purchase at a local convenience store. I decided to let Ralph make the purchase and, having found the item, I said to the cashier, "Ralph is just learning to do money," no more and no less. The cashier, instantly and creatively, without any special training, sized up the situation and improvised a way for Ralph to make the purchase successfully. This was the first of what turned out to be a long and continuous series of daily purchases at the same store, accomplished by Ralph, more and more independently.

This case illustrates the main aspects of the relationship between pathology and communities. I note them briefly.

First, under any other circumstances Ralph could not have performed the Practice because it would have imposed requirements he could not meet. Moreover, had he attempted to he would have had a relatively high risk of being assigned an otherwise avoidable pathological Status.

Second, there are two ways a deficit can be removed as a contingency for participation in a social practice, i.e., by changing Ralph, so he meets the requirements for participation, or by modifying, suspending, or dropping the requirements Ralph doesn't meet. Either way would count as treatment because either way increases Ralph's behavior potential by increasing his access to a Specific Community.

Third, what took place in Ralph's case was that someone negotiated a suspension of certain requirements particularly for him in a particular setting in order to perform a particular Practice. This experience indicates, however, that more requirements can be negotiated in more settings to increase access of more clients to more Practices. The range of possibilities will be outlined formally in the next section of this paper. For now it can be seen that treatment can involve combinations of approaches applied on a deficit-by-deficit, client-by-client, or Practice-by-Practice basis.

Fourth, Ralph's increased behavior potential came from another Member of the Community being eligible to negotiate on his behalf. Furthermore, this eligibility was, itself, negotiated more or less spontaneously, informally, and naturally, suggesting a richness of possibilities for engaging healing resources already resident in the Community.

Fifth, being able to participate in this new Practice, even in a limited non-paradigmatic way, counts as an increase in Ralph's behavior potential and, equivalently, as an improvement in Ralph's Status as a Member of the Community.

Sixth, this improvement in Ralph's Status counts as an improvement in the Community at large because at least one of its Member's has gained new access to at least one of its Practices.

A COMMUNITY ACCESS MODEL OF TREATMENT

Returning to the concerns introduced at the beginning of this paper, we can now develop more fully the implications of the Community concept for the treatment of chronic mental illness. So far, I have outlined a structure of concepts about the participation of persons in the life of their Community. Where chronic mental illness is involved we see that Community participation is acutely and enduringly restricted, not only for the individual but for others in the Community as well. In the Community Access Model 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.

The first step in presenting the Community Access Model is to formulate access to Communities as the pre-eminent criterion for evaluating a person's well-being. To reiterate, the most fundamental expression of any person's well-being is codified in that person's position (Status), in a Community or Communities of other persons, as a participant in its Practices. The more possibilities a person has, and

partakes of, for participating in Communities of choice, the better off the person is.

Every person has a unique position in the community and, hence, is different in how his well-being comes about, is maintained, or lost. It would seem, therefore, that trying to find a single indicator for everyone would be impossible (Ossorio, 1981d). Of course, it would be impossible if it weren't for the fact that any state of affairs is subject to redescription by persons. Thus, gaining or losing a Status in a Community can be redescribed as a more general case of having more or less behavior potential than one would have otherwise. In other words the significance of Status is the behavior potential that comes with it.

By formulating Community Access as a criterion of well-being it becomes unnecessary, even unhelpful, to limit ourselves to technical formats (e.g., DSM-III-R, ICD-9-CM) in the description of pathology. Rather than being conceptually segregated from the Community, the access criterion places the chronically mentally ill person on the same continuum all members use to appraise their own and each other's position. Everyone is on common ground with the same things at risk, i.e., Statuses in Communities. An important implication of the Deficit Model applied thusly is that treatment does not stop with symptom removal unless it can be shown that doing so has restored lost behavior potential. In other words, the *significance* of symptom removal is not only preserved, it is given priority.

For the chronically mentally ill especially, the absence of symptoms is no guarantee that lost Statuses will be self-restoring. Nor is there a guarantee that the continued presence of symptoms is an insurmountable barrier to new Status acquisition. The Community Access Model is designed to increase our sensitivity to these facts by identifying opportunities among the Community's Practices for a Status to be restored, in cases of symptom remission, or modified, in cases of symptom continuation. Where those opportunities don't currently exist they may well be created. Sensitivity to each possibility will increase the chance that particular clients will have the best possible grounds for enhanced behavior potential.

The next part of the Community Access Model conceptualizes a system of Community-based possibilities for treatment. In this system there are three main types of Access to a Community (or a Status, or a Practice): (1) Standard Normal Access, (2) Contingent Access, and (3) Alternative Access. To explain more fully:

Standard Normal Access

Standard Normal Access to a Practice refers to the kind of participation a person is eligible for unless there is reason to think otherwise. Standard normal is the kind of participation most of us already have

because we have the personal characteristics—knowledge, skill, motivation, etc., and eligibility the Practice requires. Any limitation to access is by virtue of there being no opportunity for participation at the time, not because the candidate is in or has a history of pathological states. Another feature of Standard Normal Access is that it reflects the fact that the person who enjoys it has been successfully socialized into the Community that hosts the Practice to the point where he is a Member in good standing. Loss of such standing, or failure to acquire it, by having entered into one or more pathological states has the effect of significantly restricting one's Standard Normal Access to that Community's Practices.

Contingent Access

Given that a person has lost, or has failed to acquire Standard Normal Access to a Community, Contingent access to its Practices refers to the creation of alternative routes to eligibility. That is, access to those Practices depends on something else happening first. There are three general kinds of things that can happen in this regard, each of which constitutes a sub-type of Contingent Access:

1. Client-Contingent Access.

One thing that can happen to improve a person's access is to acquire (or have restored) whatever personal characteristics he is currently deficient in that the Practice requires for participation. This kind of access is referred to as Client-Contingent because it requires the client to change before the Practice is accessible. An example of this kind if access is where a client who habitually talks to himself acquires the ability to discriminate an occasion, such as attending a movie, as a time not to do that.

2. Practice-Contingent Access.

The second kind of contingency is for the requirements of the Practice to be modified so they are no longer problematical for a particular client or for clients like him. This kind of access is referred to as Practice-Contingent because it is the Practice that changes in order for the person to participate. The case of Ralph, presented earlier, provides a good example of Practice-Contingent Access. I refer not to the initial purchase, discussed below, but to subsequent purchases made by Ralph independently once the store employees got used to him and could accommodate to his deficits.

3. Relationship-Contingent Access.

In the third kind of contingency, someone acts as mediator between the client and other participants in the Practice. Access in these cases

depends on the client having a relationship with someone—a family member, case manager, therapist, etc., acting on his behalf to accomplish one or all of the following: (a) to communicate the requirements of the Practice to the client in terms the client can understand and respond to successfully, (b) to negotiate the requirements of the Practice to fit the personal characteristics of the client (a variation on the Maxim: if the situation calls for something a person can't do, he will do something he can do if he does anything at all (Ossorio, 1981b) as in the case of Ralph's initial exposure to the convenience store where the negotiator announced Ralph's deficit to the other participants and relied on them to create modifications in the Practice's requirements, or (c) otherwise to resolve, by social negotiation, participation problems associated with the prior lack of fit between the client's deficits and the requirements of the Practice.

This kind of access is called Relationship-Contingent because it depends on the contemporaneous presence of another person to make it work. A general observation in Descriptive Psychology is that having a relationship increases a person's behavior potential for any Practice that requires it. In fact the structure of Communities requires relationships of some kind for virtually all Practices. Relationship-Contingent Access, however, is distinguishable from other situations (e.g., a Father-Son banquet) that call for particular relationships as a condition for participation. In the Community Access Model, Relationship-Contingent Access refers to relationships not normally existing or not normally needed by a participant. It is set apart here as a reminder of its place in the full spectrum of possibilities for increasing the behavior potential of chronically mentally ill persons whose need for relationships is often difficult to fulfill but is, nevertheless, acutely experienced.

Alternative Access.

Alternative Access refers to the establishment of a specialized version of a Practice, segregated from the Community, in response to the likelihood that a client's deficit can't be removed or adjusted for in the Community. The creation of such Practices is to provide access to some form of Community for persons appraised not to be able to participate under any known or currently available contingency. An example of Alternative Access would be "Movie Night" where, each Friday at 7:00, the clients of an inpatient treatment program watch rented video tapes in the confines of the hospital setting. In fact, inpatient institutions could, themselves, be redescribed as comprehensive arrays of Practices to provide Alternative Access.

Logically, the need for Alternative Access would arise (1) if a particular client (or type of client) will presumably always lack the personal characteristics required by the Practice for which the Alternative Access substitutes, (2) if the client has other personal characteristics that make him generally ineligible for Community participation (e.g., the Status reduction that goes with a judgement of "criminally insane"), (3) if the requirements of the Practice cannot be modified sufficiently to allow the client's participation without jeopardizing the Practice's essential character (e.g., the requirement of respectful silence in a movie is probably not negotiable among most theatre managers), or (4) if there are no sufficient forms of Relationship-Contingent Access within the resources (including technical and motivational resources) either of the client or of the general community.

Two additional considerations regarding Alternative Access are worth mentioning. First, there is always some risk of being wrong about any of the four above named conditions applying to a particular client. One way to be wrong, of course, is to overlook either a deficit or a relevant requirement and, in so doing, fail to provide Alternative Access to a Practice the client is likely to fail at in the Community. Another way to be wrong is to treat the above named conditions as permanent when at least one of them is not and, thus, provide Alternative Access in place of a less restrictive form (i.e., one reflecting more behavior potential). Second, as stated earlier in this paper, whenever a Member of a Community loses access to its Practices, the entire Community suffers some loss of behavior potential so there is built-in reason to proceed with caution in the establishment of Alternative Access.

One way to introduce caution in the provision of Alternative Access to Practices is to establish them as transitional until they are proven to be needed permanently. That is, any instance of Alternative Access can simultaneously be described as an alternative and as a simulation of the "real thing" (see the Simulation Paradigm, Ossorio, 1981, pp. 120-123). A simulation has two helpful features in this regard. One is that training for the real thing is going on, and the other is that further observation (research) can take place relevant to the client's readiness to try out the real thing. In the example of Movie Night, rather than presume that these clients will always need the alternative, the setting could be designed to simulate in as many particulars as possible, a real commercial theatre so that training, observation, and participation are accomplished simultaneously. Organized this way, the process increases the likelihood that mistakes made either about client deficits or Practice requirements are self-correcting.

The above conceptualization of Community Access is presented roughly in the order of the behavior potential each form of access

reflects, starting with the least and ending with the most restricted cases. Taken in reverse order, these forms of access also correlate generally with their relative cost. Both perspectives imply that the client should be moved upward in the Community Access hierarchy as a general rule whenever there is a choice.

APPLICATIONS OF THE COMMUNITY ACCESS MODEL

Beyond these general ideas there are some specific ways the Community Access Model can be used to enhance the well-being of chronically mentally ill persons. These applications can ge classified into the three general areas of treatment planning, program development, and evaluation.

Treatment Planning

Treatment under the Community Access Model follows the rule articulated in Maxim 7 (Maxims for Behavior Description, Ossorio, 1981b). Paraphrasing: a person (re)acquires concepts and skills (and, equivalently, Status and behavior potential) by practice and experience in one or more social practices which involve the use of that concept or the exercise of that skill. In the present context, this maxim provides the foundation for community-based treatment of chronic mental illness. The first rule of treatment planning, therefore, is that the treatment is based in the community.

It is logical, from the above, that if treatment is to be community-based, so should case formulation; the assessment of what went wrong in a client's life and why. Case formulation in Descriptive Psychology includes the general rule: when you have enough details to see a pattern, drop the details and go with the pattern (Ossorio, 1976). The Community Access Model, as articulated throughout this paper, provides a very specific budget of details and patterns to look for in planning a comprehensive community-based approach to a client's treatment. Once these patterns are determined, the Community access Model can be further used to add elements to the treatment plan as opportunities for access attempts are revealed and resources identified.

A second use of the Community Access Model in treatment planning is to test the intelligibility of treatment plan elements. The Community Access Criterion provides a "highest common denominator" for predicting the potential worth of prospective services. Should art therapy be part of the plan? What might be the goal of psychotherapy or medication? Any such questions can be tested against their potential significance for increasing Community Access. In its simplest form such

a test would amount to asking of any potential service provider; "what would you be doing by doing X (e.g., art therapy, medication trials, horseback riding, psychotherapy, etc.) in the particular way it is being proposed?". If the significance of X for increasing the client's access to some Community can't readily be shown, X should be redescribed, modified, or discarded in favor of a more significant element.

The use of the Model for testing the intelligibility of treatment plan elements can also be extended to guiding the day-to-day execution of those elements. Presuming that there is more than one way to do X (e.g., Art therapy), how will it be done in this case? Today? For this client as opposed to that one? The answer to all of those questions would be: in the way that gives each client the most access to the Community. For one client the goal might be to use art to gain more impulse-control in the use of materials. The client could be encouraged to experiment with increasingly harder pastels on increasingly delicate papers. The significance of the control thus gained is that the client would know how to act more carefully in a wider variety of settings calling for care in the use of materials. For another client, however, the goal may be to increase spontaneity of expression, the significance of which is to counteract the flattening of affect frequently experienced in chronic mental illness, thus allowing the client more access to relationships where conventional displays of emotion are valued, which, in turn, gives access to Practices that require those relationships.

With this example in mind, a third use of the Model in planning treatment is to assess the client's existing relationships to significant persons in the community. Recall that with relationships there is behavior potential relative to Practices that call for those relationships. A client-specific description of relationships would focus on (1) those that are now giving the client behavior potential—family, friends, etc. (2) those that have been lost to the client, e.g., death of a caring spouse, (3) those that could increase the client's behavior potential if they were cultivated, e.g., other clients, a helpful and caring store manager in the client's neighborhood, a caring family member whose behavior potential would be less negatively impacted if respite help were available, etc., and (4) those that could be assigned to the client as a formal part of Relationship-Specific Access under the Community Access Model, e.g., a recreational therapist, an apartment supervisor, a Community-wise case manager.

Under the Community Access Model, each element of a treatment plan would have an obvious part/whole relationship to the larger domain of effort. It would be naive, however, to expect any one element of a treatment plan to do the entire job. The Community Access criterion articulates what that larger domain is so that the elements can

be coordinated into an intelligible, coherent, and unified treatment plan with a reasonable hope of success.

Program Development

Where the chronically mentally ill are concerned, the object of treatment should not be to cure in the traditional sense of the term, even though the possibility of cure is a very real one. Rather, the point of treatment should be to set in place a perpetual ability for the community to respond to the eventuality of chronic mental illness and the desirability for that response to be made as close to home as possible. For example, with no particular client in mind, a treatment program might include frequent orientation of local police, state troopers, and emergency medical units in how to deal with chronically mentally ill persons in states of acute crisis. An individual treatment plan would be unlikely to have such a component unless it were part of a larger program effort.

Using the Community Access Criterion as a guide, treatment planning organized into a larger context of community-based program development can be done efficiently. Recurring elements of treatment plans (e.g., medication monitoring and compliance, supervised housing, nutrition counseling) are an obvious place to start. Other program elements can be developed that are less client-specific, such as Community-wide education about mental illness, respite care for stressed families, or experienced foster care for non-degrading crisis intervention, giving the affected person an alternative to criminal incarceration.

The choice principles that apply to treatment planning (e.g., when in doubt, plan for access) also apply to program development. The difference is that program development is larger in scale and more generic. For example, a larger scale program can be developed under an umbrella organization, such as a community mental health center, that acts as a service broker among several agencies for several clients. This kind of arrangement has the advantage of using pre-existing configurations of known social practices, e.g., using the facilities and programs of the local parks and recreation department, as a general treatment plan element. Not only is this approach to community-based program development cost-effective, it presupposes community support in a way that makes it difficult not to be forthcoming (see Ossorio, 1976, for a discussion of how Move 2 makes Move 1 difficult not to have happened).

Community-Based Evaluation

One direct application of the Community Access Model is in program evaluation. Here, the Community Access Criterion brings us full circle

by its power to unify and make coherent the delivery of services to the chronically mentally ill. In fact, the Community Access Model was designed initially to evaluate a day-treatment program for the chronically mentally ill (Orvik, et al., 1987; Orvik & Sutton, 1987). The program was envisioned as a community-based approach so the articulation of the Community Access Criterion was a natural outgrowth of what was trying to be accomplished. It soon became apparent that the Community Access approach to evaluation would have general utility for gauging the success of virtually any program for the chronically mentally ill.

The general strategy of Community-Based Evaluation is to provide the program with an analysis of (1) the status of individual clients in the community before entering the program and how the program changes that status, and (2) the general performance of the program as a way for the community to care for its chronically mentally ill citizens. In the above mentioned evaluation, five different perspectives were used. They are briefly mentioned here to show at least one way to approach Community-Based Evaluation.

1. The first perspective was to describe the array of personal characteristics exhibited by the clients relative to their need for a program of some kind. This perspective was intended to give the reader an idea of (1) how debilitated was the target population, and (2) what strengths there were among the clients around which to organize treatment plans.
2. The second perspective analyzed the array of formal and informal program elements brought to bear on the range of personal characteristics shown by the client population. This perspective was intended to evaluate the relevance of program offerings to treating specific client characteristics seen in perspective 1, above.
3. Perspective three evaluated the Status of each client relative to the Community Access criterion focusing on four domains of Practices: (1) Subsistence, (2) Personal maintenance, (3) Leisure, and (4) Traffic ways (recall the earlier discussion of Generic Practices).
4. The fourth perspective was a client-by-client analysis of the range and quality of their relationships relevant to the Community Access Criterion. The kinds of relationships listed above (under Treatment Planning) were of particular interest.
5. The fifth perspective used case studies to highlight two kinds of limits within which the program operated. One case study described the part of the program that best exemplified the Community Access Model at its most cohesive and elaborated within the larger structure of possibilities. The other case study was used to exemplify what kinds of personal characteristics exceed the program's limits for providing Community Access to its clients.

It is beyond the scope of the present paper to discuss the outcome of this evaluation. What is important to see is the range of perspectives Community-Based Evaluation can adopt. The flexibility of the approach makes it possible to entertain a number of procedures and adapt them to the local setting. It should also be clear that there is no hard and fast distinction between program evaluation and program management. The universal intelligibility of the Community Access Criterion combined with the hierarchy of possibilities represented in the Community Access Model provide the structure for doing either, at both the individual client and general program levels.

Finally, there is no reason why the Community Access Model couldn't be extended to the development of a comprehensive information system for keeping track of client and program progress. The heart of such an information system would be the use of Symbolic Action Descriptions (Ossorio, 1981, p. 783) to portray the significance of (1) treatment plan elements and (2) program components for increasing the Community Access of (a) individual clients, (b) clients with particular characteristics, or (c) clients in regard to particular Communities. Other systematic applications would, of course, be possible, for example, in the implementation of a comprehensive mental health research program.

CONCLUSION

Generally speaking, the Community Access Model is not a treatment plan. Rather, it provides a general perspective for organizing more specific approaches to the treatment of chronic mental illness. Specific treatment approaches cannot, by their very nature, be outlined in advance of knowledge about specific clients, deficits, Statuses, Practices, Communities, and the specific resources available for effecting changes. Why specific treatments can't be developed in advance of this knowledge can be expressed by the same set of "brute facts" that impose limits on the generality of treatment evaluation (Ossorio, 1981d). They are briefly as follows:

1. Improvement does not occur in "pure form", but is always an instance of some specific individual undergoing "a more specific change in personal characteristics, behavior, relationships, achievements, etc . . .", even though it is the fact of change we are interested in.
2. There is no specific change that universally counts as an improvement, it always depends on human judgement in the context of the individual.

3. Improvement exhibited by different individuals will be exhibited in different specific ways.
4. Different observers will have different ideas about whether a specific change counts as an improvement; these differences are subject to negotiation. (pp. 123-124).

One thing that is known in advance, however, is that some states of affairs are preferable to others and this provides reason enough to choose one treatment process rather than another in order to achieve them. The Community Access Model outlines states of affairs roughly in order of their preferability for enhancing the client's behavior potential. Each generic type of Access, translated into real Status in real Communities, can then be coordinated with treatment processes most likely to actualize them at the highest possible level for the greatest number of clients. Under this Model, treatment amounts to choosing specific ways to enhance access within that structure of possibilities.

There are other choice principles implicit in the Model that are worth mentioning. One has been suggested in a number of indirect references to resources available for application to the treatment of chronic mental illness. As is all too often the case, the resources are too few and too thinly spread. The Community Access Model can be implemented in such a way as to target deficits that provide access to the greatest number of Practices for the greatest number of clients. Similarly, Practices can be modified with the same sense of priority, targeting Practices and Communities with the greatest potential for increased access. An example of the latter, albeit in another field, is the passage of legislation requiring affirmative action to remove from public buildings architectural barriers to the handicapped. An example relevant to chronic mental illness is the Media Watch arm of the National Alliance for the Mentally Ill. This group seeks to sensitize the general public to unfair, biased, or otherwise damaging portrayals of chronic mental illness.

We may not think of these examples as forms of treatment but, under the Community Access Model, they have a place in the full spectrum of possibilities. Nothing rules out acting to increase the behavior potential of clients we don't even know and may never see. In the Community Access Model these approaches express a general choice principle: look for multiplier effects, then look for more.

I have tried to convey in this paper a new way of thinking about chronic mental illness. My hope is that practitioners will sense an expanded arena for defining their therapeutic activities. I hope also that practitioners will now see more kinds of activities as therapeutic. By involving the resources of the community in caring for the chronically

mentally ill, the prospect of these conditions becoming less chronic than they need to be may be that much closer upon us.

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NOTES

1. Orvik and Dailey (1985) used this image as a model for identifying potential informants in an assessment of needs for facilities to treat the chronically mental ill population of the northern region of Alaska.

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