Essays on Clinical Topics

Peter G. Ossorio

The Collected Works of Peter G. Ossorio
Volume II

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Collected Works Volume II

Essays on Clinical Topics

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THE COLLECTED WORKS OF PETER G. OSSORIO

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PREFACE TO THE SERIES

The Collected Works of Peter G. Ossorio

Peter G. Ossorio's works are unique.

In a trivial sense the same can be said of anyone's work — it is Jones' work, nobody has the same interests and style as Jones, thus the work is unique. But Ossorio's works are unique in the most profound sense possible and on several counts: in the breadth of his subject matter, the depth and rigor of his analysis, the power and clarity of his exposition, and the absolute coherence of his conceptual framework. Most importantly, they are unique in their significance. Peter G. Ossorio has accomplished what nobody else has seriously attempted: he has articulated a rigorous and coherent framework for understanding persons *as* persons.

If past experience is any guide, this claim will strike some as impossibly overstated, while others wonder why *that* would seem to be a worthwhile accomplishment. These reactions say a great deal about the intellectual climate of "behavioral science" in the second half of the twentieth century — and they are substantially the same reactions which greeted Ossorio's first book, *Persons,* in the early 1960's. To those who doubt the possibility of such accomplishment, this series serves as a reality check: read the works and judge for yourself. The second group may be reassured by scanning the list of Ossorio's publications; you will discover that the concept of "persons *as* persons" includes behavior, language, culture, the real world, and the *doing* of science, psychotherapy, computer–based simulations, and many other significant social practices.

Indeed, Ossorio's work — which has become the foundation and core of a discipline called Descriptive Psychology by its

practitioners — has had profound influence in a remarkably broad and diverse set of arenas. Directly, Ossorio has influenced the practice of psychotherapy and the conceptualization of psychopathology; the teaching of numerous aspects of behavioral science including personality theory, projective testing, and multi–cultural studies; the understanding of language, verbal behavior, and its technical implementations within computer environments; the practice and philosophy of science; the understanding of cultural differences and their implications; the technology of information storage, retrieval and utilization; and, most recently, the creation of robots that exhibit increasingly the important characteristics of persons. Indirectly, through his students and colleagues, Ossorio has influenced many other fields; among them are the theory of organizations and the practice of influencing organizational culture; the development of computer software and artificial persons; the conceptualization of spirituality; the theory of consciousness, hypnosis and altered states; and much more.

Any editor of a series of "collected works" faces an obvious question: why collect the works? Why not let them stand on their own, as published? The answer in this case is simple to give: the large majority of these works have been published only in limited circulation working editions. These works, with few exceptions, were literally unpublishable within the "mainstream" of behavioral science when they were written. Ossorio was making, literally and intentionally, a "fresh start" on the doing of behavioral science, for reasons which he clearly articulates in *Persons* and elsewhere, and which have become increasingly cogent over time.

Metaphorically, Ossorio was talking chess to tic–tac–toe players, who responded, "That's all well and good, but does it get you three–in–a–row?" Suffice it to say that the tic–tac–toe players decided what was worthy of publication in mainstream journals and books. And to extend the metaphor a bit further, it is evident that the mainstream of behavioral science has progressively realized that tic–tac–toe is a no–win game, and we perhaps should have been playing chess all along.

For those who have tired of the trivial insularity of tic–tac–toe behavioral science, the present series represents a substantive and substantial alternative. Descriptive Psychology Press intends to publish this series at the rate of at least one volume per year. In the spirit of making a fresh start, let's begin.

Anthony O. Putman, Ph.D.

Series Editor

Ann Arbor, MI, March 1995

PREFACE

In this volume, Peter Ossorio addresses five very fundamental questions. These are the following:

(1) What is pathology (including what we traditionally have termed "psychopathology")?

(2) How can we understand human emotions in a way that does justice to the empirical facts of those phenomena, and that clarifies how we might best address problematic emotional states in our clients?

(3) What is the central limitation that besets schizophrenic persons, and how does knowledge of this limitation render intelligible the seemingly bewildering variety of symptoms that these persons exhibit?

(4) What is a rational, sensible way to conceive the activity of using projective techniques in clinical assessment — one that alerts us both to the advantages and the pitfalls inherent in doing so?

(5) What is a cogent rationale for the apprehension and punishment of those who commit criminal acts, and how does this rationale serve as a powerful conceptual framework for designing highly effective corrections programs?

With respect to all of these questions, there is today widespread confusion and controversy. Further, with respect to all, positions have been taken by many practitioners and theoreticians that are demonstrably problematic both on conceptual–theoretical and on pragmatic grounds. That is to say, these positions are both ill–conceived and are (actually or potentially) damaging when applied in real world clinical and correctional settings. In this introduction, I shall attempt to set the stage for Dr. Ossorio's unique and extraordinary treatments of these five topics by characterizing the contemporary scene with respect to each, and by helping the reader to

anticipate how Ossorio's treatments of them successfully address these confusions and limitations.

Pathology

The prevailing state of affairs in the mental health field is one in which we have been unable to agree on a definition of our central concept that of "psychopathology" (Comer, 1995; Rosenhan & Seligman, 1995; Wakefield, 1992).That is to say, we have not achieved consensus in the matter of what criteria constitute the necessary and sufficient conditions for correct application of this term. Factors such as maladaptiveness, deviance, functional impairment, suffering, irrationality, incomprehensibility, loss of control, statistical infrequency, and presence of underlying psychological or biological aberration have all been advanced by some proponents as relevant criteria. However, to date, none of these factors, taken individually or collectively, have commanded anything approaching a consensus as being constitutive of psychopathology.

This proliferation of claims regarding the concept of psychopathology creates numerous serious problems. For example, from a scientific standpoint, the current scene is one in which different theories of psychopathology have been constructed around different conceptions of this term. Behaviorists tend to view psychopathology as maladaptive behavior (Wilson, 1995), cognitivists as excessive emotional distress and/or maladaptive behavior (Beck & Weishaar, 1995), sociologically–oriented theorists as social deviance (Scheff, 1975; Sedgwick, 1982), medical model adherents (e.g., psychoanalysts) as an aberrant underlying condition (e.g., an intrapsychic conflict) which causes overt symptomatology (Brenner, 1974), and so forth. Thus, the overall situation is a chaotic one in which different theories purport to be providing scientific accounts of the same thing "psychopathology," but, given their radically divergent conceptions of this phenomenon, they are in reality providing accounts of different phenomena. Further, given this radical divergence of meaning, we are given strong *prima facie* reason to conclude that at least some of these theories cannot be theories of psychopathology at all.

From a clinical standpoint, as practitioners we are charged with treating psychopathology. Thus, definitions of this concept become, *ipso facto*, specifications of what it is we are supposed to be treating. Lacking a common conception of this term, confusion is sewn in the field. Should we be reducing the incidence of maladaptive behavior? ameliorating untoward emotional pain? attempting to help our clients to behave in a manner that is less deviant from prevailing social norms? or what? Further, if we embrace certain conceptions that are proposed in the literature, might we create significant "blind spots" for ourselves and unwittingly do our clients a disservice? For example, conceiving psychopathology as social deviance, might we become inordinately preoccupied with notions like promoting "appropriate behavior" and unwittingly become, not therapists, but agents of social conformity? Or, conceiving pathology as intrapsychic conflict underlying overt symptomatology, might we, upon observing such symptomatology, assume *a priori* that the cause of these must be intrapsychic conflict, and thereby fail to construct our case formulations based on the empirical facts of our cases?

In his seminal paper, "Pathology," Ossorio offers a new defining formula that is unlike any other in the mental health field: "When a person is in a pathological state there is a significant restriction on his ability (a) to participate in deliberate action and, equivalently, (b) to participate in the social practices of the community" (p. 11). The predictable and quite understandable reaction on the part of many readers of this definition is likely to be that it represents "just one more guy's idea about what abnormal means," and thus not deserving of any special credence. However, a careful reading of Ossorio's treatment will reveal that his conception conveys the following very considerable advantages over current alternatives. (a) It serves far better than any other extant definition to distinguish consensus cases of psychopathology (e.g., obsessive–compulsive disorder, anorexia, schizophrenia) from consensus non–cases (e.g., eccentricity, deliberate malingering, or circumstantially imposed limitations on persons) (Bergner, in press). (b) It makes the identification of pathology a matter of

observation, not of inference (in contrast with definitions that equate pathology with unobservable "inner" conditions). (c) It distinguishes what pathology is from what causes it, leaving the identification of pathology a separate matter from its explanation, and leaving the latter a matter for open empirical assessment (in contrast with definitions with built–in etiological commitments). (d) It successfully addresses the notorious problem of psychopathology's relativity to time, culture, and situation. (e) Ossorio's conception, when viewed in connection with his further discussion of explanations of pathology, illustrates how forms of explanation generally thought to be incompatible (e.g., cognitive deficit, skill deficit, biological deficit) are conceptually coherent and compatible in practice, thus providing the conceptual basis for an integration of existing theoretical approaches (Bergner, 1991). (f) Finally, Ossorio's treatment clarifies the ways in which pathology is a matter of social concern, while clarifying and warning against the specific ways in which the concept could be misapplied in socially dangerous ways.

The widespread adoption of Ossorio's deficit model of pathology would, I believe, provide a centerpiece that would go far to remove the theoretical and practical chaos that characterizes the fields of psychopathology and psychotherapy today.

Three Minute Lectures on Emotion

The traditional and still quite dominant conception of human emotions is that they are certain sorts of feelings or experiences (Leventhal, 1980; Mischel, 1993 pp. 440-442). Terms such as "fear," "anger," "guilt," and "joy" stand for relatively unique, discriminable, subjective human experiences, each of which is associated with a state of bodily arousal. These experiences are inherently private, and are known to their possessors through observation. They are causally linked as the middle term in a chain that begins with a perception and/or thought and ends in many instances with a behavior ("The thought of my wife leaving me created unbearable anxiety, which in turn led to the anxiety reducing behavior of consuming excess quantities of alcohol.") Finally,

since emotions are a kind of experience or feeling, the solution to emotional problems lies in the elimination or diminution of the feeling state. Thus, such solutions as their reduction through psychotropic medications, relaxation training, meditation, and/or cathartic release are all widely practiced on the contemporary therapeutic scene.

Despite its widespread acceptance by the general public, by psychological and medical researchers, and by clinicians, there are strong reasons for concluding that this traditional view is seriously flawed in many respects. While an extended discussion of this contention is beyond the scope of this introduction, let me briefly cite two important reasons for making it.

First, according the famous "private language argument" (Wittgenstein, 1953, nos. 243-305), no word could be the name of something observable only by introspection, and be connected with publicly observable phenomena only causally and contingently. The reason why this is so is that language is essentially public and shareable. If the name of anything, then, acquired its meaning by a private naming event from which every other person was necessarily excluded, nobody would have any idea what anyone else meant by this word. (Compare: I use the word "turquoise" and you wonder if we mean the same thing by this term; to determine this, we both produce paint chips illustrating our intended color and see if they match. But now, I use the word "fear" and you wonder if we mean the same thing by this term; if the term designates a private feeling, what could we possibly produce to establish that we meant the same thing?) According to this argument, then, emotion concepts could not possibly refer exclusively to sensations observable only through introspection, for if this were the case, they could never have come to have any place at all in our public language. Nor, it follows, could they ever be the appropriate subject of scientific investigation.

One more point, this time a pragmatic one: As noted above, the equation of emotions with feeling states leads logically to the equation of emotional problems with problematic feeling states.

This in turn leads logically to conceiving the solution to such problems as lying preeminently in the reduction or elimination of such feeling states. The use of psychotropic medicines, arguably the most common way that contemporary Americans deal with emotional problems, thus represents a sort of paradigmatic treatment on the traditional view (especially if one further equates emotional states with physiological states of affairs). However, emotions have a reality basis. Paradigmatically, anxious persons are confronted with threatening circumstances in their lives, angry persons with provocative circumstances, sad and despairing persons with irreparable losses, and so forth. Thus, to equate therapy with the removal of these persons' feeling states by chemical means is in many contexts to do them a vast disservice. It is to eliminate their pain without helping them to address and to change the genuinely problematic life circumstances (the increasingly unstable marriage, the unresolved loss of a loved one, etc.) that constitute the reality basis of the emotion.

In "Three minute lectures on emotion" and "More three minute lectures on emotion," Ossorio offers a radically different conception of emotional phenomena than that found in the traditional view. In doing so, he provides us with a far more adequate basis to do conceptual justice to many obvious facts about emotion, to study the phenomenon scientifically, and to engage in sound and truly helpful therapeutic interventions when our clients are beset with emotional problems. It is a view that does not run afoul of the private language argument, but beautifully accommodates it. It is a view that acknowledges the fundamental importance of helping psychotherapy clients to deal with the reality basis of their emotions, while also preserving and clarifying a valuable place for the use of psychotropic medications in certain circumstances.

In addition to the foregoing, Ossorio's position accomplishes a great deal more. For example, it explains the familiar phenomena of displacement, and does so in a remarkably simple and straightforward way that does not involve the postulation of strange and unobservable "inner" processes. Further, it accommodates the

observational commonplace that persons often have two, possibly conflicting, emotions at the same time ("I love her but I'm angry with her"; "I'm calm about my upcoming exams but anxious about the prospect of finding a decent job"); on the traditional view, as exemplified by Wolpe's (1958) notion of "reciprocal inhibition," such coexistence should be impossible. Finally, unlike the traditional view that emotions are inherently irrational phenomena, Ossorio's formulation makes sense of the easily observable fact that emotional behavior (e.g., jumping to dodge an oncoming car) is, far more often than not, rational behavior.

Thus, in sum, in these two essays, Ossorio provides us with a far more adequate basis to do conceptual justice to many obvious facts about emotion, to study the phenomenon scientifically, and to engage in sound and truly helpful therapeutic interventions when our clients are beset with emotional problems.

Cognitive Deficits in Schizophrenia

If one surveys the contemporary scene with respect to our view of schizophrenia, the following general picture emerges: Schizophrenia is a mental disorder (or possibly group of disorders) that is characterized by symptoms such as hallucinations, delusions, inappropriate affect, bizarre behavior, and more. Empirical evidence suggests that this disorder is caused by biological and psychological factors that interact in some fashion. On the biological front, these would include genetic factors (Gottesman, 1991), excessive amounts of the neurotransmitter dopamine at critical brain sites (Snyder, 1976; Strange, 1992), and abnormalities of brain structure such as enlarged ventricles (Cannon & Marco, 1994). On the psychological front, these would include factors such as the presence of significant life stressors (Ventura, Neuchterlein, Lukoff, & Hardesty, 1989); being a member of the lower class residing in large city (Saugstad, 1989); and coming from a "schizophrenogenic" family characterized by interactive processes such as "expressed emotion" (Mavreas, Tomaras, Karydi, & Economou, 1992), family conflict (Miklowitz, 1994), and double bind communication (Bateson, Jackson, Haley, & Weakland, 1956).

While the foregoing view is not without empirical foundation or pragmatic value, what it most importantly fails to provide is any account of the intelligibility of schizophrenia. That is to say, it portrays schizophrenia as a more or less mysterious phenomenon which just happens to be characterized by a set of seemingly unrelated symptoms. Furthermore, the view leaves many important questions for the most part unanswered. Is there a central limitation or deficit that we can identify in schizophrenia? How do we account for the fact that the individual loses reality contact? Why does the individual have just these symptoms and not others (e.g., why hallucinations and delusions, and not obsessions or panic attacks)? Do these symptoms have some relationship (aside from mere empirical co–occurrence) to one another or to the individual's central limitation? In the end, especially in recent times with the ever increasing focus on physiological factors, these questions are not only left unanswered but are largely ignored.

In his report on "Cognitive deficits in schizophrenia," Ossorio presents an account of the intelligibility of schizophrenic phenomena. Explicitly characterizing his position as an hypothesis, he sets forth an account of the central limitation in schizophrenia as lying in an inability to appreciate higher levels of significance. Having shown how this hypothesis accords with a longstanding body of empirical evidence on schizophrenic thinking, Ossorio proceeds to give rigorous accounts of (a) just why certain sorts of stressful events and states of affairs, specifically, those whose significance was unthinkable, would cause persons to lose contact with reality; (b) why these persons' symptoms might assume just the forms that they do (e.g., delusions and hallucinations); (c) why schizophrenic affect is often incommensurate with the person's circumstances; and (d) why certain anomalies would be exhibited with respect to the schizophrenic individual's behavioral productions. What emerges from this account is a picture of schizophrenia as a coherent, intelligible entity — a radical departure from and improvement upon the present consensus view in the mental health field.

Projective Techniques

Where projective techniques such as the Rorschach and Thematic Apperception Test (TAT) are concerned, the contemporary scene within psychology is characterized by controversy. Two distinct camps have been established. The first of these consists of supporters of the clinical utility of projectives. These persons, many of whom are theoretically grounded in analytic schools of thought, attest that responses gleaned from projectives frequently serve as valuable and accurate hypotheses regarding their clients' conflicts, preoccupations, motivations, and more. The second, and by all accounts currently dominant camp, consists of persons of a scientific bent who contend that projectives are invalid test instruments. These persons note the rather tenuous data base (e.g., "It looks like a butterfly") upon which clinical inferences are made in projective situations. Further, and more decisively, they cite a body of empirical evidence that has failed to support the validity of projective instruments.

This controversy serves as a context that highlights the radically different approach to projective techniques that Ossorio takes. This approach starts from a radically different point of departure from both of the contending camps characterized above. This starting point is that it is plainly and straightforwardly the case that projectives are not tests at all! Ossorio proceeds to demonstrate why they do not qualify as tests, why they should not be subjected to the sorts of standards that tests are rightly held to, how (unlike tests) they involve observation and not inference, and what considerable good can come from thinking of them in an entirely new way.

Ossorio asks us in this article to recall an extremely commonplace human activity: assessing other persons or, to use a popular term, "sizing them up." One comes to this activity from the outset, not as a tabula rasa, but with vast personal knowledge about such matters as what sorts of persons there are, what social practices exist in a community, what would represent standard and nonstandard variations in the enactment of these practices, what various situations conventionally call for, and how a "Standard Normal Person"

in some community would behave. When one encounters a new person, then, and sets forth to ascertain what sort of person this is, what one does essentially is to observe how this person deviates from the Standard Normal Person in a community, and to continually adjust one's picture in light of these observations. This activity is straightforwardly observational and not inferential.

Ossorio proposes that giving a Rorschach or a TAT is essentially a special, if sociologically queer, version of this common human activity, and not a version of the technical practice of giving a test. Like the broader activity of observing and assessing other persons, it is not a foolproof activity that comes with built–in guarantees of success but is subject to all of the limitations that beset observation in everyday life. However, on the positive side of the ledger, some persons, those whose background knowledge and expertise about persons and social practices is considerable, may be quite good at it and able to yield highly valuable hypotheses about their clients.

In the end, what Ossorio provides for us is a rationale for using projective techniques in clinical practice. It is a rationale that involves neither the postulation of questionable metaphysical entities (e.g., energy systems) nor the making of logical inferences. It says to us in effect: "Here is a rational, sensible way to assess persons if you are so inclined. It is based on observation; it is not mysterious; it can often yield valuable information to persons who are gifted at it; but it does not conform to the Platonic ideal of the "Test" as a foolproof, 100% always–and–everywhere–valid mechanical procedure."

Status Management: A Theory of Punishment and Rehabilitation

Traditionally, three major theories have been advanced in the field of criminal justice to provide a rationale regarding why those who commit crimes should be apprehended and punished. These are the Deterrence, Rehabilitation, and Retribution theories. They hold that those who commit criminal acts should be punished because, respectively, (a) it will deter them and others from future

criminal activity, (b) it will enable them to change their behavior and become law–abiding citizens, and (c) it will exact the retribution owed them by society for their antisocial acts.

Unfortunately, all three of these theories are at present in some disfavor. In the case of the Deterrence and Rehabilitation theories, a good deal of empirical evidence has been accumulated to the effect that punishment neither deters crime nor rehabilitates those who commit it. Thus, the force of these theories as justifications for practices such as incarceration has been radically undermined. In the case of Retribution Theory, which affirms in essence that society should wreak revenge on those who commit crimes by causing them to suffer pain and deprivation, this view has never been a generally acceptable rationale due to its inhumane character. The upshot of these states of affairs is, in Ossorio's words, that "At the present time there is no generally accepted theory of punishment in this country and there is no general confidence that our correctional institutions have either a rational basis or a sufficient social value to warrant their continuance, except that no acceptable alternatives are to be found, either" (p. 198).

In "Status management: A theory of punishment and rehabilitation," Ossorio presents both a critique of the current corrections system and a positive rationale for punishment that is highly useful for designing far more effective corrections programs. At the heart of such alternative programs would be something that the current system does not provide, namely a way back for criminals — a way that they would be enabled, if they so chose, to regain full membership in their communities. In creating this framework, Ossorio draws upon (and elucidates) many Descriptive concepts such as those of Status, Degradation, Accreditation, full vs. limited membership in a community, and more. finally, he describes a highly effective program built around the Status Management model which, over a five year period, achieved the astounding recidivism rate of 1.5 percent with 765 offenders.

Conclusion

For those persons who are not familiar with Ossorio's work, the present volume will almost certainly provide a new, decidedly different way of looking at things. It is my belief that the reader who seriously studies the essays contained herein will find them, not only startlingly unique, but breathtaking in their conceptual clarity and coherence, and in their elucidation of countless ways that as professionals they may behave more effectively in their clinical or correctional endeavors.

Raymond E. Bergner, Bloomington, Illinois June, 1997

Essays on Clinical Topics — Preface Addition

Descriptive Psychology is a living, growing tradition. As such, many of its important concepts and methods — and much of its craft — have been presented by Peter G. Ossorio only in spoken, interactive discourse in classes, seminars and talks. This Collected Works series has chosen to include as many of these spoken presentations as possible; four of the "essays" in this volume ("Projective techniques," "Three minutes lectures on emotions," "More three minute lectures on emotions," and "Cognitive deficits in schizophrenia") are mildly edited transcriptions of talks given over the years by Ossorio at the Annual Conference of the Society for Descriptive Psychology.

Transcriptions of talks presented as "essays" pose special challenges for both reader and editor. Clarity in spoken language is a cousin to — but clearly different from — clarity in written language. Talks use more informal language and considerably looser sentence structure than do written presentations. This can lead to amusing images, interesting side jaunts, temporarily interrupted flow of ideas, and reiteration which merely reestablishes where we were before we left the main track — all very useful in oral dis-- course, but sometimes confusing when read. A certain good will on the reader's part will be well rewarded — if it's not clear on first reading, try reading it again, or aloud. The ideas presented in these

talks are unique and uniquely valuable, absolutely worth the extra effort required to understand them clearly.

The editing challenge revolved around making the transcriptions comprehensible while sticking as closely as possible to the original text. The manuscripts were transcribed from informal, amateur recordings made under less–than–ideal conditions; some questions and comments were too indistinct to be recovered fully and were edited out. Ossorio's words in all cases are presented as spoken without editing. ("As spoken" in a few cases differed from "as originally transcribed"; the Editor corrected some obvious transcription errors.)

Two special notes on editing: (1) The Editor, with Dr. Ossorio's permission, inserted some headings in the talk transcriptions to assist the reader in navigating the flow of information. Unlike formal written essays, these headings are *ex post facto* and did not guide the writer in determining what content went where; accordingly, in some cases the heading is only an approximate fit for the content. Any gap between the content and the heading is strictly the responsibility of the Editor. (2) The two talks on Emotion were presented in consecutive years; the second was requested by the membership because extensive interchange with the audience prevented Dr. Ossorio from completing the first talk in the time allotted. Accordingly, the second talk begins with a substantial repetition of points covered in the first before going on to new matters. We chose to publish the second talk as given, because the reiteration in many particulars takes a somewhat different tack in presenting the basic material. Readers may find the review useful; if they choose to skip it, the headings should serve as a good guide as to where "new" material begins in the second talk.

Anthony O. Putman, Ann Arbor, MI July 1997

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Mary McDermott Shideler recorded and transcribed many of the talks which appear as essays in this volume. Anthony Putman edited this volume, created the Index, and served as final proofreader. Lisa Putman produced the book, from scanning and cleaning up Xerox copies to formatting the text to creating camera-ready copy and supervising the printing and shipping of the book you hold in your hand. Without her dedication and persistence there would be no Collected Works series; we all owe her a significant debt of gratitude.

Anthony O. Putman

Ann Arbor, Michigan, September, 1997

PATHOLOGY

Peter G. Ossorio

The purpose of this paper is to sketch the "Descriptive Psychology" concept of pathology, which is arrived at by articulating the primary concepts of *Persons* and *Behavior*. The Descriptive Psychology formulation is conventionally designated as the Deficit Model of pathology. It contrasts in a variety of ways with the more familiar models of pathology found in most current forms of treatment theory and practice. These other models can be assimilated to two generic models, which are here designated as the Medical Model and the Behavioral Model.❖

The Medical Model

The logical schema upon which the Medical Model depends is that underlying conditions cause overt manifestations. Within this framework, a given underlying condition is normatively identified as pathology, and its causal consequences are identified as either symptoms or signs of the pathology.

The Medical Model is, of course, not restricted to the fields of physiology and medical practice; it also finds considerable use in clinical psychology and psychological practice. Most often, and particularly in the case of psychopathology, the underlying condition is conceptualized as an "inner" condition; correspondingly, its causal consequences are "outer" manifestations. A number of different conceptual systems may be used in identifying an inner pathological condition. For example, a physiological conceptual system can be used to identify pathological conditions such as a brain lesion, a sodium ion imbalance, etc. Similarly, a phenomenological conceptual system can be used to identify such inner conditions as an emotional conflict, a strong feeling of helplessness, etc. Likewise, various psychodynamic theories can be used to identify such inner conditions as the repression of an emotional conflict, an animus –anima imbalance, etc.

A central feature of underlying or inner conditions is that they are not open to direct inspection (except for certain of the conditions identified in physiological terms), since they depend on theo-

retical/hypothetical conceptual systems whose grounding in reality is itself uncertain or even suspect. To be sure, clinicians often arrive at such conclusions (e.g., "feeling of helplessness," "need to demonstrate superiority," "repressed anger") on the basis of observation. However, far from implying that such inner conditions are observable, these clinical practices raise serious methodological questions about the relation between what is observed and what is concluded. Most practitioners who use the Medical Model say that they are *inferring* the presence of the inner cause, but no way of justifying such inferences has been discovered, and it seems unlikely that such conclusions are in fact warrantable on the basis of inference.

Given that pathology consists of an underlying, usually inner, condition, treatment in the Medical Model naturally consists of efforts to eliminate the pathological inner cause and produce a corresponding nonpathological inner condition. In this connection, recall the famous slogan, "Where Id was, there Ego shall be." Derivatively, treatment may be directed merely at ameliorating the effects (symptoms) rather than (or independently of) removing the causes. In the case of psychopathology, such merely symptomatic treatment would, by itself, assimilate more readily to the Behavioral Model than to the Medical Model.

The Behavioral Model

The logical schema upon which the Behavioral Model of pathology depends is that outward events cause observable behavior. In this model it is behaviors themselves in a social, normative context which are identified as constituting pathology or normality.

In the Behavioral Model, assessment takes the form of surveying the person's behaviors within a normative framework and evaluating them as normal ("adaptive") or pathological ("maladaptive"). It consists further of gathering evidence as to what the external causes of the pathological behaviors are (e.g., being scolded by the father causes the child to wet the bed). In recent years, many

experimental and clinical practitioners who use the Behavioral Model have extended the class of causes of behavior to include inner events such as having certain thoughts or certain imagery. The inclusion of inner causes results in a greater resemblance to the Medical Model, but an essential difference is preserved, namely that the pathology lies in the effect (the behavior), not in the cause of that effect.

Accordingly, treatment takes the form of efforts to prevent the recurrence of the maladaptive behavior. These efforts may take various forms. The most obvious is to prevent the occurrence of the causal event or episode (e.g., get the father not to scold the child, or, in the case of an inner cause, get the child not to have thoughts of the father scolding him). Another major possibility is to reduce or change the causal efficacy of the causal event (e.g., get the child to react differently to the father's scolding by giving him practice at reacting differently, by extinguishing the response, by counter conditioning, or by other means). The common factor is to try to prevent the recurrence of the maladaptive behavior in the context where it is maladaptive.

The Deficit Model

Preliminary Considerations

Since the Descriptive Psychology concept of a pathological state is simply a special case under the more general concept of a state, and this, in turn, presupposes certain other concepts, some conceptual groundwork must be laid. The concepts of *person, personal characteristic, deliberate action,* and *social practice* {Ossorio 1966/1995; 1969/1981a} are substantively central in this respect, and the methodological concepts of *parametric analysis* and *paradigm case formulation* {Ossorio 1979/1981c} are directly relevant.

Behavior: Personal and Public

As a preliminary move, it should be noted that the Descriptive Psychology formulation of persons, behavior, and pathology makes

no use of the traditional "inner–outer" model. Traditionally inner things such as thoughts, feelings, desires, experiences, motivations, attitudes, states, knowledge, and so on are classified by Descriptive Psychology as personal, i.e., they *belong to* the person. Thus, my inner feelings are simply *my* feelings; my inner states and inner experience are simply *my* states and *my* experiences, and so on.

Traditionally outer phenomena such as the presence of a table, a tree, an automobile, other persons, etc., and happenings and states of affairs such as the drawer being opened, having asked or being asked a question, having the traffic light fail for the first time in two years, having the TV program ending or continuing, etc., are classified as being included in the person's circumstances. (There is no spatio–temporal limit to a person's possible circumstances.)

A person's behavior is both personal and public. It is personal because it belongs to him as its author and he is responsible for it. It is public because doing it is a participation in a social pattern of behavior (see below.)

Deliberate Action

In deliberate action a person engages in a given behavior, B; further, he knows that he is doing B rather than other behaviors which he distinguishes and he has chosen B as B from among a set of distinguished behavioral alternatives as being the thing to do. In the vernacular, we might say, "He knows what he's doing and is doing it on purpose." Deliberate action does *not* imply deliberation or prior thought about what to do, and, in fact, almost all deliberate action is spontaneous, unrehearsed, and unreflective.

Deliberate action is archetypal for persons. If persons did not normally have the ability to distinguish what they were doing and to do it on purpose, we would not have the concept of person that we in fact do. The capability for deliberate action is not merely an expectation; it is a social and legal requirement. Few people would argue with the principle that a person who either doesn't know

what he is doing or can't control what he does is a danger to himself and others and needs some form of custody.

Social Practices

A social practice is a learnable, teachable, do–able, public (social) pattern of behavior. The standard Descriptive Psychology form for representing social practices is the *process description* {Ossorio 1978c}, in which the gross structure is given by specifying a sequence of behavioral Stages and, for each Stage, a set of behavioral Options, each of which is a way of accomplishing that Stage of the process.

The Descriptive Psychology formulation of social practice is such that all behavior which is intelligible as human behavior (including, importantly, emotional behavior) qualifies as a participation in one or more social practices. In particular, any case of engaging in deliberate action is, *ipso facto*, a case of participating in a social practice; the set of behaviors from which the deliberate action, B is chosen is, in the simplest case, just the set of behavioral options in the social practice being engaged in (more accurately, the behavioral options in the Stage which corresponds to B).

Persons: A Paradigm Case Formulation

"A Person is an individual whose history is, paradigmatically, a history of deliberate action" {Ossorio 1980/1982: 26}.

This definition reflects several facts. The first is that engaging in deliberate action is conceptually the essential characteristic of a person. The second is that persons do not literally spend their entire lives engaging in deliberate action. The third is that, since it is conceptually essential, some form of explanation is called for and is available for those cases and those times when a person is not enacting a deliberate action. (Most commonly, the explanation

refers to a particular state such as being asleep, being unconscious, being delirious, and so on.)

This way of understanding persons involves an implicit paradigm case formulation {Ossorio 1979/1981c}, as indicated by the term paradigmatically in the definition. In a paradigm case formulation (PCF) the task is to introduce a range or set of cases and to distinguish those cases from everything else. We perform this task in two stages. In the first stage we specify a paradigm case, and that specification directly picks out some of the cases in question. In the second stage we introduce some number of transformations of the paradigm case, and each transformation picks out some additional cases. Each transformation has the force of saying, Start with the paradigm case. Change it in this way (the transformation) and you'll still have a case. The eventual result is that we pick out all the cases we want and distinguish them from everything else.

The relevant contrast here is between a PCF and a definition. A definition accomplishes the same result as a PCF insofar as it, too, picks out a set of cases and distinguishes them from everything else. However, a definition is possible only when there is a set of necessary and sufficient conditions which are literally common to all the cases. Where the cases do not all have something necessary and sufficient in common (other than being cases of the kind in question) a definition is not possible, but a PCF may accomplish the task, since a PCF does not require that there be anything common to all the cases other than their being cases.

The PCF which is implicit in the definition of a person may be made more explicit in the following way. In stage one, one specifies as the paradigm case the case of deliberate action, which is archetypal for persons. In stage two, one introduces transformations dealing with the various exceptions. For example, in the vernacular, "Start with a person who is engaging in deliberate action and participating thereby in some social practices. Change that person by making him asleep rather than awake (and therefore not engaging in deliberate action at that time) and you'll still have a person."

This way of understanding persons separates what is conceptually or categorically necessary from what is historically universal. Deliberate action is conceptually necessary for the logical category of "person," but it need not thereby hold for all persons at all times. (Compare: It is essential to the concept of an airplane that an airplane moves through the air. It does not follow that every airplane must at all times be moving through the air, or even that each individual airplane must at some time move through the air.)

In contrast, were we to take the traditional approach and offer a simple definition of "person," I would have been forced to accept a lowest-common-denominator concept of persons, since what is necessary and sufficient will be historically universal among the cases, and what is historically universal could only be some sort of lowest common denominator. The traditional equation, "person = a kind of organism," which assumes blindly that a person must at least be an organism, is a case in point (Note that our definition does not require a person to be an organism.) Even worse, what is historically universal may not be a necessary or sufficient condition at all. (Imagine saying, on a spring day in 1917, "Well, an airplane is at least a machine with a propeller in front." And perhaps then, "So an airplane is a kind of propeller.") The Aristotelian separation of essence and accident is still sound, but one needs to be able to apply it to conceptual domains and not merely to individual cases.

Personal Characteristics

To give a parametric analysis of the domain of persons is to specify the ways in which one person can be the same as another person or different from another person as such. Using the definition of person given above, a parametric analysis allows us to derive conceptually the traditional kinds of personality variables and more besides. The general term for all of these is "person characteristic" or "personal characteristic"; originally {Ossorio 1966/1995}, they were called "individual difference concepts."

The primary derivation is of types of personal characteristic which are defined directly as a result of the parametric analysis and

involve direct reference to behavior. These include (a) abilities, knowledge, and values; and (b) traits, attitudes, interests, and styles. The first set is designated as powers because these concepts deal with what behaviors are or are not possible for a person. The second set is designated as dispositions because they deal with what behaviors are to be expected from a person.

The secondary derivation is of types of personal characteristic which are conceptually one step further removed from behavior. These are capacities, embodiments, and states. The latter is of particular interest here.

The defining formula for the general concept of "state" is as follows. "When a person is in a particular state there is a systematic difference in his powers and/or dispositions" {Ossorio 1970/1981 b}. States come about, or are caused, rather than being chosen in the sense in which behaviors are chosen.

Among the states which we commonly distinguish are being asleep, unconscious, tired, drunk, depressed, euphoric, ecstatic, apprehensive, excited, intoxicated, hypervigilant, expectant, sick, and angry. Paradigmatically, states are temporary and reversible, but since the concept of being in a particular state is a systematic concept rather than a name for a peculiar sort of "referent" we may use this notion whenever there is a point in doing so, including some cases where the state is not taken to be temporary or reversible, e.g., being blind.

Personal Characteristics and Noncausal Explanations

A person's behavior reflects both his personal characteristics and his circumstances: Both personal characteristics and circumstances make a difference in what a given person does at a given time, but the relation is not a causal one.

A heuristic example of the noncausal influence of individual characteristics is the following. Take a ball and put it on the table. Tap the ball from the side. The ball rolls across the table. If we now ask, "Why did the ball roll across the table?," the obvious answer is

"Because I tapped it," and that may be taken as a causal explanation. However, if we ask, "Why did the ball roll across the table when you tapped it?", the answer will be "Because it's round," and that is a noncausal explanation involving the individual characteristics of the ball. Note that if it had been a cube on the table it would not normally have rolled, no matter how much I tapped it, and, if it did roll, it would not do so in the way that the ball does.

Explaining that a person gave money to a charitable cause because she is generous is exactly the same form of explanation as saying that the ball rolled because it's round. In both cases we cite the noncausal dependence of an event on an individual characteristic; the difference is that in the one case the individual is specifically a human individual and, correspondingly, the individual characteristic is specifically a personal characteristic. In a similar vein, we can say that just as the cube will not roll when we tap it, a person who lacks the ability to multiply numbers will not engage in the deliberate action of multiplying numbers no matter what kind of incentives and opportunities we offer him. (He may, of course, try and then get the right answer by chance. That will not be a case of multiplication except under an unusual form of behavior description i.e., an "achievement description." The various forms of behavior description {Ossorio, 1969/1981} and the PCF allow us to deal with such derivative cases.)

A Defining Formulation

> The defining formula for the concept of a pathological state is the following: *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.*

The practical force of this definition is perhaps best indicated by some vernacular paraphrases. One is, "A person is sick when he is sufficiently limited in his ability to do what is essential to being a person, i.e., act on purpose in ways that make sense, knowing what

he is doing." Another is, "A person is sick when he is sufficiently limited in his ability to do what, as a real person in a real life setting, he ought to be able to do."

The significance of the formulation is developed in various contexts below. From the outset, it is important to note that the definitional formula does not apply to cases where the significant restriction in a person's behavior potential is the result of lacking the opportunity. A person who is locked in a jail cell and a person who has the status of a slave will both be strongly limited in what they are able to do, because there are many behaviors which they lack the opportunity to engage in but neither of them is thereby necessarily limited in his abilities, and so neither of them is *ipso facto* in a pathological state. To be sure, a person who has been locked up in a jail cell all his life or who has been a slave all his life may be extremely limited in what abilities he acquires, and he may thereby be in a pathological state (but see below on children and refugees). Similarly, a person who has the ability to act in many of the conventional ways, but refuses to do so, is not thereby in a pathological state.

It is because the formulation of the concept of a pathological state depends in an essential way on the concept of a disability that the designation "Deficit Model" seems appropriate. The limitation in a person's abilities in the case of pathology may apply to which social practices he is able to participate in or to the ways in which he can participate in given social practices. (Compare (a) not being able to do arithmetic with (b) being able to do arithmetic, but only with a hand calculator. Both reflect limited abilities, from a normative standpoint.)

Correspondingly, the assessment of pathology takes the logical form of arriving at conclusions about a person's abilities and disabilities in regard to engaging in deliberate action or in regard to participating in the social practices of the community. In general, this is done inferentially on the basis of observation (e.g., of how well a person orients or answers questions), conversation (e.g., a survey of

the person's history, accomplishments, relationships, etc.), testing, or any other available means.

A pathological state is a type of state, and a state is a type of person characteristic, so that to say that a person is in a pathological state is formally to give a perfectly straightforward person description. However, that is seldom enough for our purposes, and so we need to be able to go beyond that. In a clinical assessment we generally try to do more than decide whether the person is in a pathological state.

One way of going beyond the simple attribution of pathology is to specify which one out of a set of already distinguished pathological-state categories applies in the case in question. And one way of doing that is to employ the traditional sorts of diagnostic taxonomies (see below on DSM III).

A different way of going beyond the simple attribution of pathology is to provide an explanation of why this person has the limitations he has and is in the pathological state he is in. The usual way of doing that in the pragmatic clinical practice associated with Descriptive Psychology is to provide an individual case formulation. The individual case formulation 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. Because of this, no separate formulation of which pathological state he is in is needed, e.g., for the purpose of devising and conducting treatment.

Treatment in accordance with the Deficit Model consists of efforts designed to increase the person's relevant abilities to the point where he is no longer in a pathological state. In this connection we may note that if a person is in a pathological state then not only does he have that person characteristic (the pathological state), but also, by virtue of that, he has other personal characteristics. A significant limitation in the ability to participate in the social practices of the community is a complex disability. It will therefore be possible, analytically if not functionally, to redescribe being in the pathological state as a case of having a variety of more specific

disabilities with respect to particular social practices or classes of social practices. These may reflect particular cognitive, motivational, or competence limitations. In general, it is toward the more specific disabilities that treatment efforts are selectively directed.

Elaborations

If I am watching a game of bridge, I can point to a card and truthfully say "That's trumps," but I will never discover anything about trumps by examining that card very closely and subjecting it to various sorts of analyses. This is because "trumps" is not a name for an extralinguistic referent that I can point to; rather, it designates a concept which is defined by the conceptual system in which it occurs. If it is the name of anything at all, it is the name of a position or substructure within a structure of concepts. So also is "left front tires" "dollar bill," "plumber," "mountain," "up," and almost every other locution in a natural language, with proper names being possibly the major exception.

These considerations hold equally for the concept of pathology. We have seen its dependence on other concepts and connections to other concepts. In order to delineate some of its broader connections and relationships it will be of interest to place the concept of pathology in a variety of broader contexts, though in a less systematic fashion than in the primary presentation above.

The Presence of Pathology and the Explanations of It

The definition of "pathological state" tells us what it is for a person to be in a pathological state. It does not preempt the question of how we explain or account for a person's being in the pathological state he is in. Since we do in fact offer various sorts of explanation, the definition underlines the necessity for maintaining the distinction between the presence of pathology and any putative explanation of it.

For example, certain kinds of condition, e.g., ulcers, arthritis, blindness, are commonly called "physical illness." And certain other kinds of condition, e.g., phobias, obsessive thoughts, schizophrenia, "hysterical blindness," are commonly called "mental illness." The distinction between the two, however, is the distinction between explanations of pathology, not between kinds of pathology per se. In this connection, a simple thought experiment will be helpful.

Thought experiment A. Imagine that I have a broken leg or an extreme case of gout or arthritis affecting my legs. Imagine also that, nevertheless, I am able to do all of the things I used to be able to do before I had this condition. That is, I can walk, run, hop, kick various objects, climb ladders, dance (and enjoy it), and so on. Moreover, this state of affairs can be expected to continue indefinitely. And finally, imagine that I am not exceptional in these respects, but rather that I am typical of people who have broken legs, gout, or arthritis.

Under these conditions, would I or anyone else claim that I was "sick?" Obviously not — it would be nonsensical. Yet such physiological conditions are what we routinely and unreflectively refer to as the illness. What the thought experiment brings out clearly is that it is the restriction in behavioral capabilities which is essential to the notion of illness, because without that there is nothing to be explained by reference to a physiological, psychological, or other condition, and there is nothing that calls for treatment by reference to physiological, psychological, or other theories.

Indeed, physiologists themselves not infrequently remind us that normal human beings often exhibit physiological anomalies which are more extreme and dramatic to the physiologist (e.g., a heart on the right side of the body and having three chambers instead of two) than those involved in many serious illnesses. If these anomalies have no serious behavioral consequences, they often pass completely unnoticed, and certainly no one would dream of calling them illnesses. Likewise, we often detect psychological anomalies which occur in the absence of a significant restriction on

the person's ability to participate in the social practices of the community. In these cases we identify them as quirks, foibles, hobbies, frailties, crotchets, eccentricities, harmless addictions, etc., and do not thereby impute pathology.

Here again is an occasion to keep in mind the difference between what is conceptually necessary and what is historically universal. For example, if we discover that a friend has a breast tumor that she never noticed because it made no discernible difference in her life, we are not unlikely to say that she is sick and urge immediate treatment, even though there is no corresponding restriction in her abilities. However, note that in the thought experiment we stipulated that "this state of affairs will continue into the indefinite future." Clearly, the grounds for saying that our friend is sick now are that we believe that we have detected an earlier stage of a process which in its later stages would have the relevant disability as its consequences. For if we were firmly convinced that the current tumor would never, even if untreated, result in any disability, it would again be nonsensical to say that she is sick now. Similarly, we may discover that a four-year-old boy has recently acquired an alcoholic stepfather who punishes and degrades him. Even if we detect no relevant disability now, we say, "He's in trouble," in large part because of what we can readily foresee.

Again, physicians are inclined to define some illnesses, e.g., headaches, by reference to pain. But the considerations here are essentially the same as for the broken bone, etc., in the thought experiment.

First, note that pain which goes beyond the level of minor discomfort will essentially inevitably reduce various abilities, e.g., to concentrate, to pay attention, to calculate accurately, to make sensible judgments, and to perform certain movements or performances. In the absence of any such limitations, we are reminded of the classic statement attributed to a lobotomized patient "I still have my pain, but it doesn't bother me," and we are back to the point of saying, "Why would anyone call that illness?"

Second, there is a difference between participating in a social practice with a normal degree of appreciation (enjoyment, excitement, pleasure, satisfaction, etc.) and participating without that degree of appreciation. For technical reasons having to do with the formulation of the concept of deliberate action, this kind of difference would be represented as different behavioral Options in the social practice. Thus, a person who could participate, but only with pain and not appreciation, would be significantly limited in the ways in which he could participate, and this is one of the two forms of limitation already allowed for above in connection with pathological states.

Note that with systematic concepts we have some range of choice in how we talk because we have some range of choice in regard to which portions of the conceptual structure we operate with on a given occasion. For example, in the case of the breast tumor, we might equally well say that she was not sick but that she had better go see a physician in order to avoid being sick later. Or we might show our understanding of the difference between a paradigmatic illness and this derivative sort by saying, "You'd better go see a specialist before you really get sick."

Once we recognize that the conceptually essential feature of an illness is a significant limitation on a person's ability to act and participate in social forms, we are in a position to take two further steps. First, we recognize that such a limitation calls for an explanation. And, second, we recognize that, in general, different sorts of explanation are possible.

Different sorts of explanation are possible because we can map human lives into many different conceptual structures. Where we can do this, we can also map differences between normality and pathology into these conceptual structures. And where we can do that, we can look for useful correspondences (whether we interpret them as causal or not) between the descriptions of pathology / normality which we give in the real-world context and the technical descriptions we give in accordance with other conceptual systems, e.g., those provided by more or less physiological or spiritual,

sociological, economic, evolutionary, etc., theories. Thus, we might offer many explanations, and many kinds of explanation, for a person's being in the pathological state he is in.

As it happens, we do not have a guarantee from Heaven that one such conceptual system is superior to all others or that any single one is sufficient for all our needs — or anything else, for that matter. Thus, in many cases, our choice of explanation is likely to be as much an expression of our own quirks and crotchets and ideology and social affiliations as it is a reflection of our competence and the nature of the phenomena. To describe a pathological state as a "physical illness" is, clearly, to signal that one endorses a physical or physiological explanation of it. To describe the pathological state as *really* a physical illness is, likewise, to signal that one *insists* on a physical or physiological explanation of it. Clearly, controversies about whether particular sorts of pathology are *really* physical or *really* psychological are really political controversies, not scientific ones. Such controversies are a regular feature of our current communities of academic and clinical practitioners.

Corresponding to the multiplicity of explanations, treatments may be of various sorts. Most often, the explanations given of the pathological state and the treatment undertaken for it are formulated in the same conceptual system. However, this need not be the case. The treatment and the explanation may be conceptualized in different conceptual systems. For example, we may conceptualize arthritis in physiological terms and yet address it psychologically for treatment purposes. Or we may conceptualize a depression as essentially a psychological phenomenon and still use medication as the primary treatment. Or we may regard a headache as being either physiologically caused or psychologically caused and then select a treatment, biofeedback, in which both physiological and psychological aspects are prominent.

One example of this sort provides a kind of *reductio ad absurdum* argument with respect to the thesis that the illness lies in the physiological anomaly. Imagine that Will has an irreversible brain lesion which produces aphasia of sufficient extent to qualify as a

pathological state, and we accept that it is the brain lesion which caused the aphasia. For treatment purposes, however, we adopt a psychosocial framework and set about to re-educate him in the ways of speech. We succeed completely, so that by the end of treatment he has no trace of aphasia or any other functional effect of the brain lesion. The brain lesion, however, remains. If the illness consisted in having the brain lesion, we would now have to say that he is still in a pathological state and that he still has the same pathology, namely aphasia. But this is absurd.

In one sense, the definition of pathological state amounts to saying that all pathology is psychopathology. This is correct, but only if one interprets the "psycho" as a reference to the existential, real-world context of persons and their behavior in contrast to limited conceptual systems such as those found in physiological or psychological theories. The definition is not a way of favoring technical psychological explanations over other kinds. A second thought experiment may help to bring this out.

Thought experiment B. Imagine that we are developing behavioral criteria for various illnesses. Accordingly, either we look for groups of behavioral symptoms which empirically go together and identify some of these groups as criteria, or else we start with groups of people whom we have already identified as being in a given pathological state and ask, "What common set of behaviors do they exhibit?" Now, imagine that we use this approach to the phenomenon of blindness. Blindness is one of those archetypal cases where we can say, "If ever there was a case of being in a pathological state, this is it!" What we discover, however, is that there are no impressive regularities in the behaviors of blind persons. For one thing, the behaviors of blind persons show an extensive overlap, in both kind and variety, with those of people who are not blind. And certainly, doing such things as feeling doors and walls, or occasionally stopping and listening, or reading Braille inscriptions, or carrying a white cane, or being accompanied by a dog in a distinctive harness is nowhere near universal among blind people. Such

behaviors are not *what blindness is*. They are not maladaptive either. And so we are left in a quandary.

In short, behavioral criteria do not give us access to the phenomenon, and they do not provide any understanding of it, either. The reason for this result is obvious. The pathology of blindness consists of being unable to see. *The behavioral commonality among blind persons lies not in what blind persons do, but in what they do not and cannot do, namely any behavior that requires that they be able to see*. What they do do is as various as it is because it depends on their circumstances and on all their traits, values, abilities, and other personal characteristics *other* than being blind, and these are just as various for blind persons as they are for sighted persons.

Conversely, if we look for causes, we find that they, too, are various. Some are corneas, some are retinal, some are occipital, some are psychological, and some are unknown. Of course we can and do subdivide blindness for diagnostic purposes into categories corresponding to these different explanations. But what is it that we are subdividing? Why, the illness itself, the blindness. The diagnosis of blindness is already the diagnosis of the illness itself — we do not wait to establish a cause of blindness in order to decide whether it is a case of pathology. Deciding on a cause is useful in deciding what to do about it, but it does not help us understand what it is for a person not to be able to see or why that makes the difference it does.

The Social Dimension of Pathology

The definition of a pathological state indicates why pathology is a matter for social concern. A viable society requires that its members have and exercise a variety of basic capabilities in engaging in social patterns of behavior in normative ways. In general, normal social interactions and collective social participation require that a member of a community be able to take for granted that other members have and exercise that basic level of capability. Such mundane things as speaking the language, driving on the correct side of the street, looking after the safety of others, counting and

calculating of this or that sort, respecting the rights of others, and so on, are among these essentials. There are many others.

When a person is clearly incapable of meeting the basic requirements for social participation, he is unacceptable as a member in good standing (and it would be fruitless to go through the motions of accepting him as a member in good standing, even if one were so inclined). In such cases it is normative for the community to expel the person, put him in protective custody of some kind, or otherwise radically insulate him and other community members from normal interdependence and opportunities of interaction.

But there are also intermediate cases, where the person exhibits incapacities which are not serious or extensive enough for Draconian measures, but are too serious to ignore with impunity. Such incapacities are of legitimate interest to other people for the same reason that any salient personal characteristics are important to other people; namely, so that they can suitably adjust their expectations, their requirements, and their actions, strategies, and policies in dealing with him. Among such actions, of course, may be attempts to help him.

The definition of a pathological state refers to "a significant restriction on his ability to . . . participate in the social practices of the community" (See above, p. 11). This is a way of bringing out the way in which the social character of human pathology is an essential ingredient of the concept of pathology itself. This holds for both the radical incapacities mentioned above and for the intermediate cases.

The Idea of Universality and the Problem of Relativity

In the study of psychopathology we have aspired to a definition of psychopathology which would have universal applicability across times and places. On ideological grounds, we have also tried to define psychopathology in terms of what we can readily observe, i.e., behaviors, visible symptoms, or, to a lesser extent, certain personal characteristics. The effort has been fruitless and frustrating.

The fact is that many a person who would be correctly classified as being in a pathological state in Boulder, Colorado, in 1950 would, given the same characteristics and behaviors, not be correctly classified as being in a pathological state in Boulder, Colorado, in 1983, or in Culiacan; Mexico, in either 1950 or 1983, and conversely.

Consequently, a definition of psychopathology in terms of behaviors or simple observables is not a suitable vehicle for scientific theory or research. At best, such definitions have a local and temporary practical value. The temporary character can be mitigated from a practical standpoint by frequent updating (It is not a mere happenstance that the APA Diagnostic and Statistical Manual has just gone into a third edition, involving a substantial revision from the second edition.) However, the parochial character remains, and it is not merely an academic issue, but rather a clear and present danger {Aylesworth & Ossorio 1983; Ossorio 1982/1983}.

The error involved in trying to define psychopathology in concrete terms is the same as the error involved in trying to define trumps by pointing to the queen of hearts. The moral that systematic concepts might be illustrated by pointing, but cannot be defined that way, should by now be clear. In this connection, it is often helpful to think of "pathological state" not primarily as a phenomenon or condition, but rather as a form of description which we can use when there is a point in doing so. Our freedom to do so will in general be limited to a significant extent by the norms of our own community.

Our definition of being in a pathological state, by making essential reference to a cultural context, shows the relativity of pathology not as an unfortunate dilemma or artifact, but rather as an essential element in the concept of pathology, so that only a definition which incorporated this relativity could be illuminating or truly universal. What is implied by the relativity in the definition is that judgments of pathology are *essentially* context-dependent; that such judgments must, paradigmatically, be made by a member of a given community in the light of the norms, practices, and requirements of that community; and that, in so doing, that person

is also operating within the norms and practices of the community. The definition tells us is what it is, essentially, that is being decided by a person who makes that judgment competently.

Norm and Judgment in Pathology Description

In pursuing the implications of the concept of a pathological state, we may note that the definition refers to "a *significant restriction* on his ability to . . .." This phrasing directs us toward the essential normative component of the concept of pathology. In this connection, recall the paraphrase, "A person is sick when he is sufficiently limited in his ability to do what, as a real person in a real life setting, he *ought* to be able to do" (see above, p. 12). Thus, if we ask, in connection with the definition, "significantly restricted compared to what?," the answer will be "significantly restricted in comparison to what he *ought* to be able to do."

What *ought* he to be able to do? The answer will differ from person to person, from group to group, and from time to time. Note that although a given community may discriminate against children, elderly people, or refugees in this respect, the definition does not, for it is noncommittal on this point. To repeat, what the definition tells us is what it is, essentially, that is being decided by a person who gives a pathology description. And one of the things that is being decided is whether the person's ability to act and to participate socially is significantly less than it ought to be.

Judgments about what a person ought to be able to do can be rigorously made only in a full, historical, real-world context. However, some informative general statements can be made in this regard. For example, the norms and requirements in regard to the ability to participate socially are different for children and for elderly persons, as contrasted with young and middle–aged adults. We do not, for example, regard a child of four as showing a significant limitation if he is unable to calculate or vote or say what day of the week it is, but we do regard it as a significant limitation if he has difficulty accepting food that is offered or if he cannot walk from one place to another. In general, the social practices of a

community evolve in ways that reflect the abilities of the members of the community, and the age of the person in questions is one of the contextual factors routinely taken into account in setting social requirements and making judgments of pathology.

To be sure, adult norms are primary. However, once we have those, it is child's play, conceptually, to develop corresponding developmental norms. For all we have to do is to examine the sequences of personal characteristics exhibited by children at different ages and note which sequences terminate in normal adult characteristics without any special effort being made to achieve the result on an individual basis. Such sequences and their alternatives thus provide our paradigm cases of normality and non–normality at any age. Scientific techniques may extend our observational base and elaborate our calculations, but the logic of such adjustments, we may presume, has been familiar to human beings since there have been young human beings and old human beings. (This does not, of course, prevent particular parents from being poor judges of what their children ought to be able to do.)

Refugees are not ubiquitous as children are, and so they are likely to be in a different case. Consider the example of a displaced person who at age 60 comes to live in the United States. He comes from a society in which in ordinary conversation you stand face–to–face at a distance of six inches and poke that other person in the chest periodically as you talk. He has tried various ways of breaking this habit, but he find it extremely difficult, even though it creates enormous social difficulties for him and he knew it. Is he in a pathological state?

The clinician's notorious answer to questions posed in the abstract is, "Well, it all depends." In the present case we can say that the answer depends on what our refugee ought to be able to do. Consider some possibilities. First, suppose that all refugees from his country have that problem and that this fact is well known, and that the general tack taken by us natives is (a) avoid and exclude them whenever possible, which creates difficulties for them; and (b) in conversation, hold your hand against the refugee's

shoulder or chest and hold him at arm's length, so as to help him learn our norms. Under these conditions, we probably would not judge that our refugee ought to be able to do much differently from what he in fact does, and there would be little point in describing him (or them) as being in a pathological state. In contrast, suppose that other refugees from his country did have the same problem, but usually only for a few weeks, and our refugee is still doing the same thing five years after arriving here. Under these conditions we might well suspect that he didn't really want to change, but if we accepted that he simply couldn't, then there would be a point in saying that he was in a pathological state. (Since other refugees do adapt, he ought to be able to do so also; he being a refugee doesn't account for his difficulty.) To be sure, we would regard it as a peculiar affliction, because we are not familiar with such phenomena, but we might assimilate it to such other peculiar afflictions as amnesias or aphasias. Finally, suppose that, being extremely ethnocentric and already being familiar with an American affliction called "poke–itis,"whose symptoms are pretty much as we have described the refugee's behavior, we judged that any normal adult, no matter what his color, ought to know enough to behave properly. Under these conditions we would probably find that there was a good deal of point in saying, "He's sick. It's an obvious case of poke–itis." Even if we were not ethnocentric but were familiar with the illness, we might well judge our refugee to be suffering from poke–itis. In this regard, it is of some interest to note that in a mental health facility providing services to Indochinese refugees, five of the first six referrals received by the facility had been misdiagnosed as cases of mental retardation or schizophrenia {Aylesworth & Ossorio 1983}.

The point is that there are various possibilities, and they depend on a variety of immediate considerations, e.g., what ought he be able to do, which in turn reflect some further considerations, e.g., have we made a viable place in our community for refugees with their limitations just a we have made a viable place for four–year–olds with their limitations? In each case, we could ask, "Is the refugee *really* in a pathological state?" But we might rather ask,

"What is the point of saying that he is (or is not) in a pathological state?"

The Logic of Explanation for Pathology

We have noted that the concept of a pathological state is grounded in the more general and basic conceptual structure which includes the concepts of Person, Behavior, Reality, and Language {Ossorio 1971/1978c}. Beyond this however, the logic of explanation for pathological states is also grounded in that conceptual structure. To show how this is so, even schematically, requires a brief technical sketch of the concepts of "social practice" and "behavior."

Social Practice. The definition of a pathological state refers to a significant restriction on a person's ability to participate in the social practices of the community. Since a social practice is a pattern of behavior, we can say that a social practice is a type of process, i.e., a behavioral process. ("Process" is one of the Reality concepts.) In turn, the conventional Descriptive Psychology form for representing processes, including social practices, is the Process Description {Ossorio 1971/1978c}, which reflects a parametric analysis of the domain of processes. The Process Description is characterized as follows:

I. Since a process has duration, the Process Description involves the specification of some number of Stages. (For a social practice, the stages will generally correspond to individual behaviors.)

II. Since a given type of process can occur differently on different occasions, the Process Description involves the specification of some number of Options for each Stage. (For a social practice, the options will generally be behavioral options, i.e., deliberate actions.)

III. The "ingredients" of a process are given by specifying formal Elements (comparable to characters in a play or posi-

tions on a team) and formal Individuals, each corresponding to one or more Elements. Formal Individuals must be embodied by historical (actual) individuals if the process actually takes place.

IV. Each Option is itself a process and can be so represented.

V. The occurrence of the process on a given occasion is the same thing as the occurrence of one of the Options for Stage I followed by one of the Options for Stage 2 and so on. In general, for a given process, there will be some restrictions on the conditions under which a given Option for a give Stage would be the one which occurred.

VI. Such restrictions are given by contingency statements, which specify what the occurrence of that Option is contingent on. Contingencies may be any of four kinds:

A. In a *co–occurrence* contingency, the occurrence of the Option is contingent on the occurrence of certain other Options in certain other stages of the process.

B. In an *attributional* contingency, the Option is available only if a given Element involved in that Option has certain attributes. The attributes, if the Element is a person, will be personal characteristics such as traits, knowledge, values, abilities, and so on. (Attributional contingencies are also used in specifying the kind of Formal Individuals who are eligible to be a given Element. For example, a given Formal Individual may be specified as being a person.)

C. In a *relational* contingency, the Option is available only if a given Element involved in that Option has a particular relationship with other Elements involved in that process.

D. In a *factual* contingency, The Option is available only if a given slate of affairs holds. (In principle, this type of

contingency is redundant with respect to the preceding three, but it is a technical convenience.)

We noted above that there are two ways in which a person might be restricted in his ability to participate in the social practices of the community. That is, he might be restricted in regard to which practices he could participate in at all, and he might be restricted in regard to the ways in which he could participate. In technical terms, both of these restrictions can be directly represented by reference to attributional contingencies. In the first type of case, we could say that the person lacks the attributes which are required for a Formal Individual to be eligible to be any of the relevant Elements in a given social practice. Less formally, the person lacks the characteristics required to participate in the practice at all. In the second type of case, we could say that the person lacks the attributes which are required in order for certain Options in the social practice to be available.

Relational contingencies may be used in ways parallel to the attributional contingencies in regard to specifying restrictions or a person's ability to participate in social practices. Because participation in social practices generally involves persons interacting with each other, and because the ways that people interact depend on the relationships between them, relational contingencies have nearly universal applicability. However, because we have almost no terminology for characterizing relationships perspicuously, in practice it is usually difficult to specify *which* relationships among participants must hold in order for various Options in the social practice to be available. We are often inclined to say, "Well — *normal* relationships."

The key contribution of the Process Representation of social practices is that it provides a systematic way of representing *what there is to do* in a given community, and it provides it in such a way that the basic units, the Options, are themselves individual behaviors. Because of this, the significant restriction in a person's abilities to engage in deliberate action and to participate in social practices

becomes conceptually a straightforward matter of which behavioral options (deliberate actions) are available or unavailable to the person on the basis of ability (an attributional contingency). Thus, we move to the next stage of the analysis, which depends on the technical articulation of the concept of behavior.

Behavior. The formal explanation of limited behavioral possibilities (limited behavior potential) can be derived systematically from the basic formula (corresponding to a parametric analysis) for behavior:

$$<B> = <I, W, K, KH, P, A, PC, S>$$

where

B = ***Behavior***

I = ***Identity***: the identity of the person whose behavior it is

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

K = ***Know***: the distinction which is being made and acted on; the concept being acted on

KH= ***Know How***: the competence that is being employed

P = ***Performance***: the process, or procedural aspects of the behavior, including all bodily postures, movements, and processes which are involved in the behavior

A = ***Achievement***: the outcome of the behavior; the difference that the behavior makes

PC= ***Personal Characteristics***: the personal characteristics of which the behavior in question is an expression

S = ***Significance***: the more inclusive patterns of behavior enacted by virtue of enacting the behavior in question

Explanations of Pathology. In the behavior formula, we may focus first on the Personal Characteristic (PC) parameter. Any given behavior (deliberate action) on a person's part is, archetypically, one of the options in the social practice(s) he is enacting, or participating in. A behavior which reflects the PC of a "significant restriction on the ability to participate in the social practices of the community" will also thereby reflect a variety of other PCs — namely, those that make available the option chosen and those that make unavailable certain other options. The latter may be expressed as disabilities. It is such disabilities as these which explain the presence of the pathological state.

Moreover, major categories of disability can be distinguished by reference to the behavior formula above; this is because the formula represents a parametric analysis of behavior. If we ask how it could be the case that a given deliberate action is not available to a given person, the general answer will be "because the behavior in question *requires* something the person doesn't have, hence the behavior is not one he can engage in." If we ask, further, what could a deliberate action require which the person might not have, then (excluding opportunity, which has to do with the circumstances rather than the person) the answer will be, "The behavior requires certain concepts or facts to be discriminated and acted upon in order to be the behavior it is; hence, if the person lacks those concepts or facts he can't engage in *that* behavior. Similarly, the behavior requires certain motivations and motivational priorities, and it requires certain competences and certain performances, and so if the person doesn't have those motivations and priorities or doesn't have those competences or can't make the right movements, gestures, or other performances, then he can't engage in *that* behavior." (In short, the Know, Want, Know How, and Performance parameters of a behavior must have the requisite values, or else the behavior is some other behavior, not the one we are concerned with.)

But these are several categories of personal characteristics which are conceptually coordinated to these parameters of behavior. They are primarily the Powers concepts, i.e., Abilities, Values, and

Knowledge. Because all three are Powers, Values and Knowledge can be considered abilities:

A. A person's Knowledge is the set of facts (states of affairs) and concepts which he has the ability to act on.

B. A person's Values are the set of priorities among motivations that he has the ability to act on.

Thus, we can say that a given deliberate action will not be available to a person if he is lacking the relevant Personal Characteristics, i.e., the requisite knowledge, concepts, motivations, motivation priorities, and competences. All of these deficits correspond to ability deficits.

With respect to Performance (movements, postures, facial expressions, etc.), the situation is a little more complex. Ordinarily, we would say simply that the question of whether a person could make the required movements, postures, facial expressions, etc., was simply a matter of his abilities. In a broader context, it is necessary to make explicit that performances also depend on embodiment {Ossorio 1980/1982}. A person's embodiment (the kind of bodily apparatus he has) sets some limits to what performances can be accomplished (without a face, you can't smile), and so also to what abilities can be acquired or exercised. (Note the importance of this fact to the concept of a "physical illness." It is what allows us to say, e.g., that a person has aphasia *because* he has a brain lesion or he can't walk *because* he has a broken leg.)

Given the foregoing reconstruction, we can see not merely why being in a pathological state is a matter of having a certain disability, but also why the direct explanation of pathology is a set of more specific disabilities and why the further explanation of those is given by reference to deficiencies or anomalies in knowledge, values, abilities, or embodiments.

Nor does explanation end there. Each of these kinds of deficiency is formally capable of further explanation. For example, the person's history and capacities might be such that the requisite knowledge, value structure, abilities, or embodiment were simply

never acquired (Ossorio, 1981b). Or they may be temporarily lacking by virtue of his being in a particular state. But now we are in the conceptual region of development or, more generally, personal change, which is entirely general and not distinctively associated with pathology.

A special case of this kind of historical explanation, and one that has its own persuasive logic, is to explain that the reason the person does not have the requisite knowledge, value structure, etc., is that these are incompatible with characteristics he does have. (If the characteristics are incompatible, the historical processes of acquiring them would be also.) With respect to knowledge, for example, the absence of certain types of knowledge might be explained by reference to one of the "distortion–of–reality" (traditionally, "unconscious motivation") paradigms. For example, "He is lacking knowledge of certain facts about his behavior and its significance because seeing things that way would leave him in an impossible position, and so he sees things in another way and acts accordingly." Or, again, with respect to values, we may give such explanations as, "Here's a person who is so narcissistic and self–involved that he can't give other people's interests proper weight, and so is pretty well bound to treat people in manipulative and selfish ways and have only fairly superficial relationships with them."

A kind of explanation which is closely related to the example of a narcissistic character and which is of special interest to clinicians is one in which we say that a high–priority ulterior motivation results in preempting certain behavioral options at the expense of others. This kind of explanation is possible because (a) a person may enact more than one social practice simultaneously, and (b) if a person enacts practice W and practice Z simultaneously, he is restricted to those behaviors which are options in both W and Z; in general, this is a considerable restriction relative to the full range of options in W as such and in Z as such. Thus, a person who places a high value on having certain relationships or types of interaction or on enacting particular human dramas jointly with other people (Technically, in Descriptive Psychology, "scenarios") will be restricted to the options in the existing social practices which fit these specifications.

In this connection, the standard heuristic example of "Dinner at 8:30" may be helpful:

> Suppose I tell you that I got home from work at 6:30 last evening and that we had dinner at 8:30, and it was steak well done. Probably your reaction would be, "OK, so what? Probably half the people in town could say the same thing."
>
> Now suppose I add several facts. First, I tell you that yesterday morning I had a particularly acrimonious disagreement with my wife, and we did not resolve it. Second, I usually get home at 6:30 but we usually have dinner at 7:30, not 8:30. Third, I like steak, but I like it rare, and I hate it well done.
>
> About this time you have a very different picture of what was going on last night, don't you?

When "Dinner at 8:30" is presented to undergraduate classes, it is usual for half the class to begin smiling as soon as they are told that "we usually have dinner at 7:30." By the time the last piece of information is given, ninety percent of the class is smiling broadly, because by then it is obvious that what was going on was not merely the one social practice of "having dinner," but also the second social practice of "provocation elicits hostility, unless. . . ." The point is not that the latter is necessarily true (it doesn't actually *follow* from the statements), but rather that it is *obvious*. A behavior description which brings out the hostility is, "She made me wait an hour and then served something she knows I hate."

It is equally the same for both ulterior motivation and non-ulterior motivation in that when the motivation is expressed in a person's behavior, that expression can be represented as the participation in a corresponding social practice. In the case of ulterior motivation, that social practice is in addition to the ones that are openly or avowedly being engaged in. The restriction imposed by the ulterior motivation typically results in a nonstandard choice of Options (8:30; steak well done) in the social practice which is openly engaged in (having dinner). Much of clinical interpretation reflects a sensitivity to this phenomenon.

Note that in the simple episode of "Dinner at 8:30" we would ordinarily say "angry," "hostile," or "vengeful," rather than "sick." But now, suppose that revenge was an obsession with her and that episodes like the dinner at 8:30 occurred constantly even though we had talked things over and made peace. And suppose that these episodes involved a variety of other men at different times, not merely myself. Or suppose that, although the hostility episodes were restricted to me, she spent so much time and effort brooding over her wrongs and our latest interactions and what she was going to do, etc., that her relationships with everyone else were seriously degraded. Somewhere in this series of developments we would entertain the notion of a pathological state, and we would see her in a way comparable to the narcissistic character described above.

Our endorsement of a pathology description in this case would correspond closely to our judgment that the hostility was preemptive and not merely strong. We would say that she was "*carried away* by her anger" or that she was "*obsessed* with the need for revenge." In contrast, if we did not judge the hostility to be preemptive, we would say, "She places such importance on revenge that she's *willing* to sacrifice all of these other values and relationships."

These are different kinds of explanation and they have different social implications. In a case of ordinary choice it is simply a case of the relative weight which different considerations have for the person making the choice. In the case of preemptive motivation, and what we may designate correspondingly as preemptive choice, the person makes a choice on the basis of the preemptive consideration, without regard to other considerations (or at least without due regard). Thus, in this case, from a functional standpoint, the person is more or less radically out of touch with the relevant considerations which reflect his genuine interests. Our major option in such a case is to consider the deficiency in judgment to be the direct expression of a temporary disability associated with the operation of the preemptive motivation. Such a conclusion is even more plausible when the person shows a due regard for those neglected considerations in other contexts before and after the episodes involving the preemptive choices. In sum, a preemptive–motivation

explanation is essentially a disability motivation, and that is why it can provide the basis both for saying that the person in question is in a pathological state, and for explaining how it is that he is in that state.

Legitimate and Illegitimate Explanation

In general, motivational explanations contrast with ability or disability explanations. If we want to explain why a given person didn't engage in a certain behavior, and we eliminate opportunity as a factor, we are left, directly or ultimately, with two options. The first refers to motivation and priorities, i.e., "He didn't want to (enough)." In this case, he turned it down in favor of some other alternative. The second refers to what is possible or not possible, i.e., "He couldn't." In this case he lacked some requisite knowledge, sensitivity, skill, or embodiment. Since a person's abilities and disabilities determine which behaviors are possible for him and which are not, whereas his motivations merely select from what is possible, the ability/disability form of account has a certain priority.

Since the judgment that someone is in a pathological state is intrinsically a judgment about his abilities, it is important to be clear about the place of motivational explanations in explanations of pathology. We will begin with the primary, nonproblematic case as follows:

Paradigm Case. In this case, there is a behavior pattern (e.g., revenge, as in the example above) which is preemptive. The motivational preemptiveness of that pattern accounts for certain disabilities with respect to various Options in certain social practices. These disabilities, in turn, are merely part of a larger set of disabilities with respect to social practice Options. It is the collective force of the larger set of disabilities which corresponds to (and accounts for) the single general disability which is conceptually connected to pathology, i.e., the significantly restricted ability to participate in the social practices of the community.

This case is nonproblematical because the essential contribution of the disabilities is not clouded or confused by the subsidiary motivational explanation. However, this primary case contains within it the seeds of some serious problems, each of which comes about with only minor transformations in the paradigm case. Consider the following three kinds of cases:

First Transformation: Motivationally-explained Disability. This is a special case of the pattern described above where, instead of a whole set of disabilities contributing independently to the pathological state, there is essentially only one disability, and that one with a motivational explanation (e.g., something like the "revenge" example, above).

In such a case, we may opt for the motivational explanation overall, and then, instead of saying, "He didn't because he couldn't because he's sick," we say, "He didn't because he didn't want to enough, and so he chose otherwise." A major difference between the two cases is that in the latter case we will hold him responsible, whereas in the former case we often do not.

One of the conditions under which we are inclined to say "He didn't want to" rather than "He couldn't" is when we reject the preemptiveness of the motivation, and thereby treat the phenomenon as one of ordinary choice. If we do this, we are left with the tautology that a person will do what, as he understands things to be, he has most reason to do; so, of course, we conclude, "He didn't want to (enough)." Having chosen this description, we will deny that he couldn't do it, and, accordingly, we will deny that it is a matter of illness. From such an approach, it is a short step to making a universal judgement to the effect that, really, no motivation is preemptive, and so, "There's no such thing as mental illness; there's only [character defects, problems in living, misconceptions, etc.]."

Sometimes this kind of slogan is merely a way of denying that psychopathology is a *disease*. The Disease Model is a special case of the Medical Model (see above p. 3) in which the inner cause is a

specific microorganism which is active at specific places in the body. Disease contrasts with, e.g., a systemic illness, such as a vitamin deficiency, which is not caused by a microorganism at all and which is usually only diffusely localized in the body. Most practitioners who use the Medical Model of *psycho*pathology (i.e., those for whom the inner cause is psychological) reject the Disease Model.

More often, however, such slogans are adopted as a rational for holding "mentally ill" persons responsible for their behavior. There are reasons why that is an attractive option. However, the denial that there is any such thing as psychopathology is a heavy and unnecessary price to pay.

We do commonly hold people responsible for the expressions of certain deficiencies, particularly characterological ones, even though we may agree that, given the deficit, the person really couldn't be expected to do otherwise (which is not the same as flatly saying he *couldn't*). For example, our selfish, narcissistic person would no doubt encounter a good deal of social sanctions for his proclivities insofar as they were known, even though everyone might agree that "He can't help acting that way, given his selfish, narcissistic character." For most persons, to understand all is not to forgive all.

A rationale for the unforgiving stance is that the rational corollary of discovering that a person has a given incapacity is to bar that person from participation in social practices which require that capability, if the welfare of other persons would be jeopardized. For example, it is generally illegal for a person to drive an automobile if he is blind or if he is subject to epileptic seizures, and so on. Given the limitation on participation, we are then free to treat the person as being responsible for what he does. Thus, we hold a blind person responsible for the behavior he does engage in, and we hold him responsible for recognizing his limitations and acting accordingly.

However, for our narcissistic individual (and for our vengeful person and for most other forms of psychopathology) it is not clear how we might effectively restrict his participation in our common social practices. The difficulty arises because expressions of the

pathological state could occur in just about any context imaginable. Thus, where the person is not grossly incapacitated and does not voluntarily take effective steps to protect others from the results of his disabilities, those others are left with a *caveat emptor* situation. It is appropriate then for others to disqualify the person in regard to situations and judgments in which the preemptive motivation and associated disability are involved. Such a policy is an appropriate expression of the recognition of his disability, but, even so, it is not always possible to keep from being victimized by the disability. Because we do often enough find ourselves being victimized, we also find ourselves wanting to hold him responsible for what he does on these occasions. This gives "There's no such thing as mental illness" a perennial attractiveness.

The one place where we often do segregate the expression of pathology from an otherwise normal capability for participation is in treatment. The client's capability for responsibly entering into a contract for treatment is one of the presuppositions of most private practice in psychological treatment. Moreover, most of the techniques, strategies, procedures, and interactions in psychological treatment presuppose something more than a minimal capability for responsible participation on the client's part.

Second Transformation: Determinism. The second problematic variation on the primary case described above is where we, either literally or in effect, treat all of a person's operative motivation as preemptive. We do this, for example, when we say that whatever behavior a person engages in is the only behavior he could have engaged in under the conditions that obtained. This amounts to saying that only one behavioral option was in fact available to the person on that occasion. From this, it follows that no choice was, in fact, made. (Note that any "choice" which is described as an inevitable outcome of a prior condition is thereby described, not as a choice, but at most as something having the appearance of a choice.)

A technical note is in order here. Any ability, e.g., the ability to do arithmetic, has at least three sorts of specifications or restrictions

associated with it. The first is the specification of some distinguishable achievement (e.g., "arithmetic") which is what identifies qualitatively *which* ability it is. The second is the period of time during *which* a given person has the ability. (It is sometimes argued that determinism is compatible with our ordinary understanding of people because the deterministic thesis does not imply that a person loses his abilities to "do otherwise" while he is not using those abilities, so that in that sense the person does "have the ability to do otherwise.") The third is the set of circumstances in which the ability can be exercised with the expectation of success. Where these circumstances are not explicitly mentioned, we assume "under normal circumstances." (I may have the ability to do arithmetic but I cannot thereby be expected to succeed at arithmetic tasks if I am hanging upside–down ten feet over a flaming pit.) Most of the abilities which are required for normal and responsible participation in our social practices are of the latter sort, i.e., they can be exercised with the expectation of success under normal circumstances. An ability which could be exercised only in a very restricted set of circumstances, e.g., those in which it is in fact exercised, would be very limited relative to normal abilities. Thus, any general ideology of the "He couldn't have done otherwise" variety is not merely a metaphysical position in the scientifically objectionable sense that no evidence could possibly support or falsify it; but also, if the "thesis' were not incoherent (see {Ossorio, 1971/1978c: 121-137} for a critical examination of "determinism") it would amount to saying that every one of us is in a radically pathological state.

There is, of course, a strong tradition of adopting a metaphysical position of this sort in psychology and other social sciences and of superimposing this metaphysics on particular substantive theories or building it into such theories. Most academic and clinical practitioners who use the Medical Model or the Behavioral Model also insist on the metaphysics of "determinism." Presumably, this insistence reflects the radically mistaken (Ossorio, 1978c) notion that the effort to establish lawfulness in the world requires the ***assumption*** of this paradoxical sort of "lawfulness." This tradition brings these disciplines (or at least these theories) into direct conflict with

legal, political, and other social institutions, including the institution of scientific methodology, which presupposes that persons, including scientists, are routinely capable of making reasonable choices on a rational basis.

It is not merely that traditional psychological theories suffer from a multitude of substantive and methodological inadequacies. Rather, these inadequacies make them actively pathogenic when they are accepted, as they commonly are, as providing the *real* picture of human nature and human behavior. They are not pathogenic if we accept them as humanly invented verbal technologies which have a proper place in the human activities for which they were devised and a very limited range of additional activities. These considerations give rise to a slogan: "*For every methodological error there is a corresponding form of psychopathology*."

The explication of the slogan is simple. Any error which is sufficiently basic and general to be called a *methodological* error constitutes an equally basic and general distortion of reality. A person who makes this error and acts on it is blind to certain facts; like our literally blind person, those behavioral options which are contingent on having any of the facts in question will not be open to him and his behavior potential will be restricted. If it is a basic and general sort of error, the restriction on his behavior potential is very likely to be significant enough to correspond to his being in a pathological state. This conclusion is based on observation and not merely on argumentation. In point of fact, the slogan was initially developed on the basis of clinical experience with clients who, in their attempts to understand themselves and other people and live their lives accordingly, were depending on behavioral, psychodynamic, or other traditional psychological or philosophical theories. The slogan is a useful reminder that serious hazards to public health are by no means restricted to such familiar cases as ambient radiation, carcinogens in foods, and leakage of polyvinyl chlorides. There is also intellectual pollution.

Third Transformation: Political Oppression. The third problematic variation on the primary case described above is the case where we use overly broad and self-serving standards for what constitutes a disability; our corresponding judgments concerning pathology will also be overly broad and self-serving. All that is required is that we adopt two crucial policies. The first is to define as normal, acceptable, or intelligible only those social practice options which conform to a given political or ideological orthodoxy which we endorse. The second is to explain any contrary choices as expressions of disability, rather than as expressions of dissent or of the employment of coherent alternative frameworks. There would then be a more or less complete equivalence between a person's violating our orthodoxy and our judging him to be in a pathological state.

In turn, these two policies would set the stage for a third. For, given the rationale set forth earlier (see above, p. 37), we could adopt the policy of barring the deviant individual from those social practices for which his "disabilities" make him "incompetent." In practice, this would amount to incarceration and/or removal of social and political rights. Although tendencies toward overt political oppression have been prominent in political régimes from earliest historical times to the present, the extensive use of the concept of psychopathology as a basis for political oppression appears to be a relatively recent development. Presumably this development reflects (a) the notion that insofar as a person is sick he is not responsible for what he does, (b) the principle that a person who is not rational or responsible for what he does is not fit to participate in the political process, and (c) the rise of "scientific" or philosophical theories which imply (i) either that no one is responsible for what he does or else that insofar as people are responsible, they are also irrational; and (ii) that any moral, religious, or political beliefs which might dissuade us from being oppressors are mere superstitions or rationalizations.

The specter of political oppression is one of the things that makes us willing to live with our selfish, narcissistic individual instead of insisting that he be locked up and cured, for there, but for the grace of God, goes us. If it could happen to him, it could

happen to us, for who among us has no character flaws? It is also one of the things that leads us to ask, "Where do you draw the line between illness and political incompetence? Or between normality and pathology? And where do you draw the line between mental health treatment and political coercion?"

There are no such lines to be drawn. It is a radical misconception and a methodological error to suppose that there are.

As we noted above, the concept of psychopathology is a systematic concept, not the name of something one points at. Accordingly, there are no visible criteria, and judgments concerning psychopathology depend on the cultural, historical, and situational context. Not only is it impossible in principle (and absurd to try) to define psychopathology by reference to specific behaviors or other specific personal characteristics (other than the pathological state itself), but experience shows us inevitably that our efforts to do so have at best a very local and very temporary and very approximate validity. This feature of the concept is not a peculiar one; it probably holds for ninety percent of our concepts. (Where do you draw the line between dangerous and not dangerous, between convenient and not convenient, between near and not near, between thoughtful and not thoughtful?) Any specification of concepts must directly or ultimately appeal to judgments that people are able to make and to abilities and sensitivities they are able to exercise.

Rather than "Where do you draw the line?" we should want to ask "What point is there in saying that?" Descriptions and judgments are not in general mutually exclusive in the way that taxonomic classifications generally are. There may well be a point in saying *both* "That's mental health treatment" and "That's political oppression." Then it is a case of priorities. Do we abstain from treatment or resist it on the grounds that it would be political oppression? Or do we press ahead and violate a person's political rights because something should be done about his pathology? For most persons, political rights take priority, since they serve, as much as anything can, as a guarantee of other rights and other

opportunities, including rights to mental health treatment or opportunities for it.

The methodological safeguards against errors in clinical and ethical judgments are not very different from our familiar safeguards against political oppression, i.e., (a) institutions which are presumed to inculcate the relevant competence and sensitivity for making the judgment; (b) the existence of, and the appeal to, a framework for negotiating apparent differences (Ossorio, 1976); and (c) placing the burden of proof on any thesis which denies the validity of a person's judgment.

Pathology and Needs

In most of the psychological literature, "need" is used as a technical term designating a motivational concept. For example, in such ways of talking as "He has a strong need to demonstrate his masculinity," "They have a high need for achievement," "I have a strong need to express my anger," the term "need" is a motivational one. The Descriptive Psychology concept of need is a non-motivational one which corresponds closely to ordinary English usage.

The paradigmatic concept of "need" is given by the following definition: *A need is a condition or requirement which, if not satisfied, results in a pathological state*.

This definition provides a simple conceptual schema for giving causal explanations for a person's being in a pathological state: He's in a pathological state because his need for [Vitamin A, emotional support, social acceptance, water, sleep, etc.] was not met.

The convenience of the schema conceals some potential difficulties having to do with precision and accuracy in identifying the need. For example, my need for Vitamin A is not a need for Vitamin A in general or in the abstract, nor is it even the need to ingest Vitamin A (since there are other ways of getting enough). Rather, we take it that the need (the condition the absence of which causes the pathological state) is for the vitamin to be present at certain

functional sites in my body. As long as that condition is not met, we believe, it will not matter whether I have ingested Vitamin A or whether I "have" it in some other sense. However, we don't know what these sites are (and even the reference to sites is an oversimplification). Thus, we are in the dilemma that we don't know what the need is, literally, and that insofar as we can say at all what it is, we are being inaccurate or very imprecise. The dilemma is present for other needs, such as emotional support (what kind, from whom, when, under what conditions?), social acceptance, etc. Nevertheless, we do say, "He needs emotional support (etc.)," and it is generally informative.

One of the common points of simplification in our common talk about needs is the quantitative aspects. For example, he doesn't merely need emotional support; rather, he needs *enough* of it. (And he needs *enough* sleep, *enough* social acceptance, *enough* Vitamin A, etc.) Thus, we have introduced the notion of relative deprivation. And then we can consider questions concerning what happens when a person doesn't merely not get enough, but rather gets none, or almost none, of what he needs. And we can ask, what happens when a person gets enough so as not to be pathological, but gets less than is normal, typical, etc.?

Although the concept of need is nonmotivational, it is easy to see why it would have motivational implications. The general connection between needs and motivations is cognitive, not causal or merely coincidental. Since the consequence of failing to meet a given need is that I will be in a pathological state, if I take it (*rightly or wrongly*) that I have a given need, I will thereby (unless I am in an unusual state of mind) be strongly (prudentially) motivated to satisfy that need. If I take it that the satisfaction of the need is essential for my survival, the motivation may well be preemptive. The technical use of "need" as a motivational term carries strong connotations of preemptiveness or lack of awareness or both. Consider, for example, the differential impact of saying "He wants to demonstrate his autonomy" as against saying "He has a need to demonstrate his autonomy."

From the paradigmatic concept of need given by the definition above, we can derive two other need concepts.

In the first case, we note that to enter into a pathological state is to suffer a loss of behavior potential, and, accordingly, it is to be worse off. If we retain this feature of the paradigmatic concept of need we can derive the concept of "trivial" needs. "I need a quick drink right now;" "I need to get an A in this class;" "I need a ride to the store."

This sort of reference to "need" clearly is not to the paradigmatic notion of need. Obviously, I would not enter into a pathological state if I had to do without the quick drink, or the ride downtown, or the A in the class. But I would be worse off, other things being equal. And because I would, it makes that sense to say "I need ...." To be sure, in ordinary discourse, "I need" is often a euphemism for "I want."

In the second case we consider what lies beyond pathological states and restricted behavior potential, and that leads us to the notion of a ***basic human need*** which is defined as follows:

> A basic human need is a condition or requirement which, if not satisfied *at all*, makes human behavior impossible.

As this rule–of–thumb definition indicates, any basic human need reflects something fundamental and universal about persons and their behavior as such. Because of these two features, the framework of basic human needs is one which can be used without prejudice across cultural boundaries {Lasater 1983; Ossorio 1981/1983}, and serves as a basis for multicultural mental health service delivery and research programs {Aylesworth & Ossorio 1983}.

Traditionally, social scientists who have presented us with lists of basic human needs have presented them as both universal and fundamental, but have said little about the concept of "need" itself. If the general character of needs is uncertain, the uncertainty will be heightened, not reduced, by stipulating that they are universal or fundamental.

Note that the definition does not imply that there is any single definitive set of basic human needs. And, in fact, different authors present different sets of basic human needs. The items on the different lists show many strong family resemblances, but there is very little exact duplication. Typical of items on these lists are Order and Meaning, Adequacy, Autonomy, Self Esteem, Safety and Security, Physical Health, and Love and Affection.

An examination of the basic human needs referred to in the literature shows that almost all of them clearly fit the definition above. For example, Adequacy, Competence, Order and Meaning, Safety and Security, and Self Esteem appear to provide a clean fit. A few are dubious or borderline (e.g., Physical Health and Love and Affection), and their fit to the definition depends on how broadly we construe them. For example, if the need for Love and Affection is interpreted as the need to have *some* positive standing in some community of persons, then it fits the definition.

In contrast, it may be more illuminating to consider that a need like Love and Affection may be analogous to a trivial need in relation to those basic human needs which clearly fit the definition. That is, we would be inclined to say "Yes, I would be worse off, but. . . ."

However, there is no need to underwrite the validity of every item on every list of basic human needs in the literature. It is enough that the systematic concepts introduced above make it easy to understand why the traditional lists have the kind of contents they do and why different people present different lists. Beyond that, it is better not to assume more responsibility for making those lists sensible and non-arbitrary than their authors have.

Pathology and Problems

To be in a pathological state is to have significantly restricted behavior potential, but one can have significantly restricted behavior potential without being in a pathological state. The latter case is found where the restriction is a matter of opportunity constraints rather than ability deficits. For example, being locked in a cell or

being a slave are likely to represent seriously restricted behavior potential but do not per se constitute pathology.

Of course, not all cases of opportunity constraints are as clear–cut as these examples might suggest. Consider the following two examples:

> A. Jill is a 40-year-old woman who lives with her mother in the home where she grew up. Her place in the family, and her relationship with her mother, is to be the obedient, conscientious daughter. Jill is a successful professional woman who has a normal complement of friends, is financially self–supporting, and manages the household. She finds it unthinkable to get married and leave her mother and the family home.
>
> B. Family X consists of a father, mother, and three sons and daughters, the youngest being ten years old. The family system operates on the principle that it is overwhelmingly important to be right: if you are right, then you get to have your way, and your existence is validated; but if you are wrong, then you are a helpless nonentity. Both the interactions of family members and the interactions of the family with other individuals and agencies consist of do–or–die struggles to be *right*. Any family member who comments on this way of operating is immediately put in the wrong. Nobody in the family is happy. Individually, family members interact more or less normally with people outside the family, although they have a tendency to be righteous.

In such cases as these two, we would often judge that some or all of these family members were significantly restricted in their actual participation in the social practices of the community. One of our options then would be to say that these individuals were in a pathological state and that the crucial ability deficit was their inability to break out of the family pattern.

Another option would be to say that these individuals were lacking in the normal opportunities to break out of the family

pattern because, in each case, to do so *in this family* would be a heinous undertaking and since that is so, these persons don't *really* have a chance to break out of the family pattern. This is comparable to saying that the slave doesn't *really* have the opportunity to do many of the things he has the ability to do, not because the occasions and implements are unavailable, but because he would be put to death if he did.

Note that this latter kind of formulation does *not* entail that the motivation is preemptive; the very fact that the motivation is as strong as it is makes it quite capable of being entirely decisive without being preemptive at all. At the same time, there is nothing about such a formulation that precludes preemptiveness of the motivation. Thus, we might expect a good deal of disagreement and less than optimal certainty in our judgments in such cases. Characteristically, we say that the individuals in question "have problems" or "have difficulties," rather than that they "are sick."

Of course, family problems are not the only kind which might concern us in this way. Interpersonal relationships and system functioning in social, occupational, educational, political, and religious settings may also be major ingredients in personal problems.

What is it for a person to have a problem? Ordinarily, we say that a person has a problem when (a) there is a state of affairs which it is important for the person to achieve and (b) as matters stand, that achievement is either unlikely or quite uncertain. Note that the state of affairs in question may encompass any set of requirements (to succeed and also not get anyone angry; to succeed in a given period of time or without paying an unacceptable cost, etc.).

It follows that when a person, P, has a problem, P's behavior potential is significantly restricted relative to a given standard. This formulation holds no matter whether it is P or someone else who judges that P has a problem; whoever makes the judgment supplies the standard. Given the definition of a pathological state, it also follows that being in a pathological state is a special case of having a problem. (And having a problem is a special case of "being worse

off," i.e., worse off than if the problem had been solved; see the discussion of needs, above.) Presumably this is part of the basis for the slogan, "There's no such thing as mental illness there's only problems in living." Correspondingly, a significant number of clinicians who would not actively deny that there is such a thing as mental illness prefer not to operate with the concept of pathology (which they often equate to the Medical Model) at all. Rather, they deal with problems in living, and often operate in an educational or consultative model.

Methods, techniques, and approaches which are effective in dealing with psychopathology are sometimes effective in dealing with other life problems. This extended range of applicability is least surprising when the techniques are based on general psychological principles. In the Descriptive Psychology style of psychotherapy, for example, methods and techniques are explicitly designed to increase behavior potential and are based on universal status-dynamic principles. Not surprisingly, not merely the general principles, but many of the therapeutic techniques and concepts as well, are readily applicable in family, organizational, and other social settings. Thus, at least for Descriptive Psychology practitioners, working with problems rather than pathology is in principle a viable way to proceed.

There are two important limitations and potential problems in such an approach. The first is that problem solving is a substantive enterprise and not merely a formal or procedural one. Having expertise with respect to one class of problems in no way creates a corresponding expertise with respect to other classes of problems, even when the same principles apply and even when some of the same techniques are effective in the latter cases. For example, training in theories, techniques, and application in psychotherapy does not automatically create a corresponding competence at working with problems of families, organizations, or social systems.

The second limitation of the "I deal with problems" approach is that it glosses over a very important distinction, i.e., the distinction between pathology and other classes of problems. Pathology is

distinctive, though perhaps not unique, in that it is the occasion of legitimate social concern and social action. We all have a significant stake in the fate of persons who lack the ability to function as normal members of society. We do not have the same stake in an organization which is not making a profit or an employee whose career is progressing too slowly, or in family members who are unhappy with each other.

The Noncommittal Model: DSM III

Various professional groups and government agencies employ standard classification schemes for categorizing "mental disorders." One of these schemes, adopted by the American Psychiatric Association, is codified in the APA *Diagnostic and Statistical Manual of Mental Disorders* {APA 1968}. This scheme is commonly used by mental health professionals such as clinical psychologists, counseling psychologists, and psychiatric social workers, as well as by insurance companies and a number of government agencies. A recent revision, DSM III {APA 1980}, was accomplished by a committee in which various practitioner viewpoints were represented.

Among the practitioner viewpoints to which DSM III appears to be responsive are (a) the Medical Model, represented by psychoanalytic, physiological, and psychodynamic viewpoints; (b) the Behavioral Model, represented by operant conditioning, social learning, and classical conditioning viewpoints; and, to some extent, (c) the overtly atheoretical existential/humanistic viewpoint. As might be expected, the task of being responsive to this variety of viewpoints was formidable. In the absence of an appropriate multi perspective framework {Ossorio 1982/1983}, the accommodation to disparate viewpoints inevitably led to a lowest–common–denominator formulation, since only a formulation of this kind would be noncommittal with respect to the differences in viewpoint.

In this situation, there are two obvious possibilities for achieving lowest common–denominator–formulations. The first is to create a simple disjunctive expansion. That is, since each of the viewpoints leads to pathology categories which reflect that viewpoint, it would be possible to give a simple disjunctive definition and classificatory system, i.e., "A mental disorder is either one of *these* (categories) or one of *these,* or . . . or one of *these.*"

The second way of achieving a lowest-common-denominator formulation is to make use of what is common to the different pathology categories generated from the several viewpoints. Probably the most obvious ways of doing this are (a) to encompass what is common by using very noncommittal or abstract characterizations and (b) to focus on symptomatology, or, more generally, to focus on what is readily established on the basis of observation. Both the disjunctive technique and the common–element technique are evident in the taxonomic system and in the corresponding formulation of psychopathology found in DSM III.

Definition of Pathology

DSM III does not have an acknowledged definition of psychopathology (one of the ways in which it is noncommittal), but it does have the following explication (which functions as a definition (see, e.g., the reference {APA 1980: 92} to this paragraph):

> In DSM III each of the mental disorders is conceptualized as a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is typically associated with either a painful symptom (distress) or impairment in one or more important areas of functioning (disability). In addition, there is an inference that there is a behavioral, psychological, or biological dysfunction, and that the disturbance is not only in the relationship between the individual and society. (When the disturbance is limited to a conflict between the individual and society,

> this may represent social deviance, which may or may not be commendable, but is not by itself a mental disorder.) {APA 1980: 6}

It requires little reflection to recognize in this definition a heroic effort not to violate any of the various points of view on psychopathology represented on the committee. Closer attention reveals it as a tour de force of noncommittal verbalization. This high order of achievement has at least three major ingredients; (a) shifting reference, (b) dysfunction and amorphousness, and (c) uncertain connections.

Shifting references

A review of the definition shows that it contains a variety of pathology–like concepts, i.e., disorder, syndrome, impairment, disability, dysfunction, and disturbance. None of these is ever repeated (except for the parenthetical reference to disturbance). Further, none of these concepts is explicated, nor are the similarities, differences, or relationships among them explained. As a result, it would be extremely difficult, if not impossible, to understand from the definition (a) what is being said, (b) what is being talked about, (c) what a mental disorder is, or (d) what would qualify as an example of a mental disorder (see below).

Disjunction and Amorphousness

In part, the noncommittal character of the definition reflects the use of multiple and indefinite alternatives without anywhere an indication of a unifying genus or an explanation of why those are the alternatives. In this genre, we have "behavioral or psychological," "syndrome or pattern," "painful symptom . . . or impairment," "one or more areas," and "behavioral, psychological, or biological dysfunction."

This usage leaves us with a number of questions. Why, for example, count distress and disability as alternatives? What are they

alternatives *of, for,* or *to?* Why these? We might merely conclude that politics makes strange bedfellows.

A different sort of question is "What comes under the heading of "psychological," of "behavioral," of "syndrome," of "pattern'?" These are tremendously inclusive terms; with a little stretching, any one of them might be claimed to include everything whatever. Their use here is, therefore, highly uninformative and not merely noncommittal.

Uncertain Connections

In part, the noncommittal character of the definition reflects the use of grammar and terminology which connects logical elements or ingredients in a purely formal way without specifying or indicating what the actual relationships are intended or assumed to be. In this vein we have the following:

I. A "syndrome or pattern that occurs in an individual. . . ."

One hardly dares ask, does this really mean something which occurs *inside* an individual as contrasted with something that occurs *on* or *outside* an individual? (Recall that the inner-outer idiom is endemic to the Medical Model.) If so, this would exclude behaviors and behavior patterns, since the behaviors and behavior patterns which are presumably in question are observable ones (e.g., wetting the bed) of which it would be nonsensical to say *either* that they occur inside a person or that they occur outside the person. Yet the definition refers to a "*behavioral* or psychological syndrome or pattern" (emphasis added). We are left without any intelligible candidate for the relation between the syndrome or pattern and the individual. We could, of course, import the Deficit–Model notion of possession or ownership, and say that the relationship in question is that the person *has* the pattern or syndrome, in the sense that it is *his* or *her* pattern or syndrome.

II. ." . . syndrome or pattern . . . that is typically associated with [distress or disability]."

A. In one sense the connection is relatively intelligible but also unbelievable, since it implies that a given syndrome or pattern which is typically associated with distress or disability is a mental disorder even in those cases where it is present but no distress or disability is present. But this is absurd (recall the thought experiments above). Also, if we accept this part of the definition at face value, we give up the *requirement* of *any* reality constraints on what we take to be a case of psychopathology. This is because we then have the option of specifying the syndrome or pattern in purely theoretical/hypothetical terms, such as "impaired early object relations" or "defective conditionability" or "basic inauthenticity," which we are free to *define* as being typically associated with distress or disability.

Given the earlier discussion, the political implications of such license are obvious. The dangers are not merely hypothetical. For example, judicial and bureaucratic decisions as to child custody not uncommonly hinge on the fact that a parent is described in such terms as "weak ego boundaries" or "unable to form positive object relations" or "Borderline Personality," in the absence of a direct evaluation of parental competence.

B. Although "typically associated with" is intelligible, it is also highly indefinite. There are many different ways for one thing to be associated with another, and in most cases it makes all the difference in the world which way is in fact the case. For example, it generally makes a difference whether or not the association is based on a causal relation, and it makes a difference which is the cause and which is the effect. (Recall that the Medical Model and Behavioral Model involve causal relations, whereas the Deficit Model involves expression or manifestation.)

If we take this part of the definition literally and seriously we will conclude that taking an aspirin and consulting a physician are mental disorders, since they are clinically significant

behavioral patterns which are typically associated with having a headache (distress). Similarly, we will count being a rodeo cowboy as a mental disorder, since it is a behavioral pattern which is typically associated with pain and disability. Finally, merely being alive would also count as a mental disorder, since it is a clinically significant psychological syndrome which, on a global scale, is typically associated with pain and/or disability.

III. "In addition, there is an inference that there is a . . .. dysfunction. . . .."

A. Here we would want to ask, "In addition to what? Is it that there is an inference (or an inferred dysfunction) in addition to the syndrome or pattern? Or is it in addition to the disability or distress? Or is this simply an additional fact about mental disorders, or an additional fact about the association of syndrome or pattern with distress or disability? There does not seem to be any informative way to relate this sentence to the preceding one.

B. Also incredible is the notion that the presence of an *inference* is essential to the *phenomenon* of a mental disorder. If no dysfunction is inferred by anyone, is it then the case that, e.g., a headache or a phobia is not a mental disorder? And then, do they become mental disorders as soon as anyone infers a dysfunction (and presumably from any premise whatever, since no grounds for the inference are either specified or excluded). One might suppose that what the committee really wanted to say was flatly "there is a dysfunction . . .." and incorporated the reference to an inference merely to meet some objections. In that case, we would only be left with complete uncertainty as to the relation of the dysfunction to the mental disorder, the pattern or syndrome, and the distress or disability referred to in the first sentence.

IV." . . .. the disturbance is not only in the relationship between the individual and society."

> Here, we begin by asking "*What* disturbance?," since no disturbance has been mentioned previously (recall the issue of shifting reference, noted above), and move quickly on to "*What* relationship?" This connection could be disambiguated by paraphrasing the parenthetical explanation as follows: "When what is wrong is only that there is a conflict between an individual and a society, the individual may well be socially deviant, but he is not thereby in a pathological state."

Perhaps enough has been said about the definition. The shifting reference, disjunctive constructions, indefinite terminology, and uncertain connections make this formulation simply inadequate as a vehicle for distinguishing mental disorders from other phenomena, or for explaining why the categories and criteria for the mental disorders are what they are.

Categories of Pathology

The set of categories fares little better than does the definition. It is characterized by (a) inconsistent classification principles, (b) intralevel and interlevel inconsistency, (c) unimpressive reliability, (d) low "external validity," and (e) imperialism.

Inconsistent Classification Principles

One reason for describing the mental disorder categories as a set rather than a system is that there are no consistent principles for generating the categories. Sometimes etiology is a defining characteristic (e.g., organic mental disorders) and sometimes it is not (e.g., organic brain syndrome). Sometimes behavioral criteria predominate (e.g., stuttering; Oppositional Disorder) and at other times they do not (e.g., Identity Disorder). Sometimes categories are relatively theory–dependent (e.g., Identity Disorder), and at other times they are not.

Intralevel and Interlevel Inconsistency

Specific mental disorders are grouped together under general categories (e.g., Substance Use Disorder, Anxiety Disorders,

Schizophrenic Disorders). Inconsistencies may be found (a) in the characterizations of the general categories, (b) between particular disorders and their generic categories, and (c) between particular disorders and the definition of mental disorder.

V. An example of within–category inconsistency is provided by the Substance Abuse Disorders. These are characterized as needing only "tolerance" and "withdrawal" as criteria, *except* for alcohol and cannabis use, where consequent impairment of social functioning is also required. No rationale for these exceptions is given. Moreover, caffeine dependency, where tolerance and withdrawal *can* be demonstrated, is not classified as a disorder at all, on the grounds that no social impairment is demonstrated.

VI. An example of inconsistency between particular disorders and their general category is found in the classification of Obsessive Compulsive Disorder as a member of the group of Anxiety Disorders. Since anxiety is not a defining feature of Obsessive-Compulsive Disorder and is not typically found in this connection, one can only suspect that this placement of Obsessive-Compulsive Disorder reflects a "return of the repressed" psychoanalytic explanation, which does lean heavily on the notion of anxiety.

VII. Examples of inconsistency with the definition of mental disorder are provided by Pica and Enuresis. Here, there is no evidence of distress or impairment, which are called for by the definition. In these, as in a number of other developmental problems, the primary symptom is distress on the part of parents or other family members. Yet the definition clearly excludes from the category of mental disorder cases in which the disturbance is only in the relationship of the individual to society.

Unimpressive Reliability

A reliability study is reported for the final version of the Manual, using the Kappa index as the relevant statistic (a Kappa of .70 represents high agreement). From the table of results {APA 1980:

470, 471} we can calculate the following: For adults, the average Kappa was .59 for seventeen major categories and .52 for thirteen subcategories. For children the average Kappa was .42 for eleven major categories and .51 for thirteen subcategories.

The average Kappas are somewhat lower than the overall Kappa which are reported on {APA 1980: 470, 471} reflecting the fact that some of the categories with larger percentages of the cases were also used with a greater level of agreement. Since our interest here is in the classification scheme as such, the average Kappa appears to be the more relevant statistic. Given that the Kappas ranged from –.02 to 1.0, and that the averages do not represent high agreement, the degree of objectivity in the sense of interobserver agreement of the scheme is hardly impressive, though it is perhaps not flatly disreputable, either.

Low "external validity"

The two major sorts of justification which might be offered for a classification scheme for psychopathology are (a) that the distinctions involved in the scheme enter into interesting empirical regularities; or (b) that the scheme is useful in structuring treatment efforts in that, paradigmatically, cases which are classified in the same way can be effectively treated in the same way. There is not a strong case to be made for DSM III on either basis.

It may seem premature to comment at all on the scientific or clinical usefulness of a recently-introduced classification schema, for we cannot foretell what results the future will bring forth. However, the categories in question are not, after all, very different from the categories of DSM II {APA 1968}, ICD–9 {World Health Organization 1977}, and so on. They are of a familiar kind.

The history of research in which official categories of psychopathology are employed has not been impressive in contributing to a fuller or deeper understanding of the phenomenon of psychopathology. Given the degree of inconsistency, the conceptual heterogeneity, and the degree of arbitrariness we have seen in the newer,

"improved" edition, and given the near–universal failure among experimental practitioners to give explicit conceptual recognition to the most basic features of the phenomenon — i.e., its evaluational, contextual, social, and nonbehavioral character, and its absolute conceptual distinctness from *any* explanation — the minimal contribution of past research efforts is understandable, and expectations in regard to future research results should be correspondingly modest.

With respect to treatment, we are told, following the definition on page 6, that it is a mistake to suppose that persons who have the same disorder are alike in all important respects, *including those which may make an important difference in treatment*. But matters are worse than this. It is not the familiar phenomenon exemplified in medical practice by the fact that although there is a more or less standard approach to the treatment of pneumonia, the treatment may be modified considerably for a patient who also has asthma or is prone to cardiac arrest.

Rather, there are in general no standard treatments for the various categories of mental disorder (except for some categories and some schools of thought or some organizations), and, although doubtless there are modal differences among mental health professions in this respect, it appears that very few, if any, clinicians routinely plan or implement treatment of psychopathology primarily on the basis of a DSM–type of diagnosis, and there is no presumption that everyone with the same diagnosis should receive the same treatment. Rather, treatment is routinely based on some sort of individual formulation which is more or less colored by classificatory concepts ("psychotic," "character disorder," "Borderline," etc.) and more or less dependent on a particular conceptual orientation.

Imperialism

The classification scheme has a subset of categories, referred to as "V codes" after the nomenclature of ICD-9 (World Health Organization, 1977), which are admittedly not mental disorders but which may, nevertheless, "appropriately be the focus of attention or treatment" (APA, 1980, pp. 331-334). (Note the continued

use of the kind of noncommittal language discussed above in connection with the definition of mental disorder.) Among these categories are "malingering," "marital problem," "academic problem," "occupational problem," "other interpersonal problem," and "phase of life problem or other life circumstance problem."

No rationale is given as to why such phenomena are *appropriately* the focus of treatment, or why a mental health professional would have any claim to professional competence in dealing with them. (Or, conversely, no explanation is given as to why focusing on such matters by a psychiatrist would constitute treatment.) In point of fact, it seems highly likely that most family therapists and organizational consultants or vocational consultants would take a strong position to the contrary.

Further given the nonspecific character of such categories as "other interpersonal problem" and "other life circumstance problem," it appears that literally *anything* may "appropriately be the focus of attention or treatment." Not merely academic and occupational problems, but financial, artistic, political, spiritual, ethical, scientific, legal, mathematical, engineering, and any other problems are appropriate targets for treatment. The general position appears to be that "These are not mental disorders, but it is *appropriate* to treat them as if they were." In the case of malingering, the "treat it as if were a menial disorder" position runs directly contrary to the definitional disclaimer ("When the disturbance is *limited* to a conflict between an individual and society, this may represent social deviance, which may or may not be commendable, but it is not by itself a mental disorder.") It also puts the medical profession in the unsavory position of being the enforcer of political, social, or other orthodoxy.

The formalization of the difference between mental disorders and the "V code" phenomena appears to reflect a recognition that not all problems involve psychopathology. The difficulties created by the handling of the non-disorders appear to reflect a grandiose refusal to recognize reality constraints on the validity of medical

practice. This position provides a direct basis for employing mental health treatment as a form of political action.

The Deficit Model and DSM III

In spite of the manifold and decisive difficulties which make DSM III conceptually and practically inadequate as a classification system for psychopathology, the DSM III approach is more compatible with the Deficit Model than may be apparent. In large part, this is because DSM III attempts as a practical necessity what the Deficit Model accomplishes as a conceptual and methodological necessity, namely to separate the notion of pathology (and psychopathology) as such from the various alternative explanations of particular cases of pathology and of pathology in general. In part, too, it appears that the logic of the Deficit Model is sufficiently compelling intuitively for the DSM III system to be visibly responsive to it in a significant degree. Points of similarity and compatibility may be found both in the definition on page 6 of DSM III and in the criteria for particular disorders or categories of disorder.

With respect to the definition of a mental disorder, it is illuminating to consider the kind of change in the definition (APA, 1980: 6; see above, p. 51) which would bring it into line with the Deficit Model. These changes are shown as follows:

I. For "clinically significant," read "pathological" and then drop it as redundant. It does not appear that there is any sensible criterion for what is "clinically significant" except what we judge to be pathological or pathogenic, hence the introduction of the phrase appears to beg the question.

II. For "a . . . behavioral or psychological pattern or syndrome," read "a psychological phenomenon." This reference appears to be a way of specifying the logical category to which "mental disorder" belongs, and, brand–name recognition considerations aside, surely "behavioral" is included in "psychological," and surely a ***mental*** disorder is a psychological phenomenon.

III. For "is typically associated with" read "consists of" or "is the same thing as." (See the critique pp. 54 above of "is typically associated with.")

IV. Drop the reference to pain and distress, recognize that in order to be evaluated as pathology, pain or distress must result in a normatively significant disability (recall that we only count a headache as an illness when it interferes with what we can do, including, e.g., whether we can enjoy or appreciate a concert or a conversation). Thus, the force of the reference to pain and distress is already included in the reference to a normatively significant (serious) disability.

V. For "impairment in one or more important areas of functioning (disability)," read "a normatively significant (serious) disability." There is no way to judge that there is a disorder or dysfunction without reference to a normative standard (note "important" areas of functioning). However, it is the impairment or disability which must be significant, not the area of functioning per se — a very minor impairment in an important area of functioning would surely not count as pathology.

VI. For "In addition, there is an inference that there is a behavioral, psychological, or biological dysfunction," read "In addition, there is an explanation for the disability, and the explanation refers to a behavioral, psychological or biological dysfunction." (See the critique, pp. 55 above, of "there is an inference.")

VII. For "the disturbance is not only in the relationship between the individual and society," read "the disorder is essentially a matter of a person's abilities and disabilities, rather than his motivations, opportunities, or relationships; hence, social deviance (which is likely to reflect motivations and opportunities primarily) is not per se pathology and does not imply pathology."

The result of these changes is the following revised definition:

> "A mental disorder (psychopathology) is a psychological phenomenon which consists of a normatively significant

> disability for which there is an explanation which refers to a behavioral, psychological, or biological dysfunction; the disorder is essentially a matter of a person's abilities and disabilities, rather than his motivations, opportunities, or relationships; hence, social deviance (which is likely to reflect a person's motivations and opportunities primarily) is not per se pathology and does not imply pathology."

A more compressed version would begin:

> "A mental disorder is a normatively significant psychological disability for which there is a behavioral, psychological or biological explanation. . . ."

In effect when the most outstanding redundancies, ambiguities, and technical flaws are removed, the DSM III definition comes very close to the Deficit-Model definition.

With respect to the specific and generic mental disorders detailed in the Manual, it is important to lay to rest some current misconceptions. It has become a cliché to comment that, in contrast to DSM II, the current Manual has "objective, behavioral criteria" for the various disorders. In fact, however, more often than not the criteria are disability criteria rather than behavioral criteria, and their objectivity, whether in the sense of being readily established by observation or in the sense that there is agreement among observers, is open to serious question.

With respect to behavioral vs. disability criteria, consider the following:

Attention Deficit Disorder with Hyperactivity

For this disorder there are three clinical criterion categories (Inattention, Impulsivity, Hyperactivity) and three arbitrary, or merely limiting, categories (Onset before age 7, Duration at least 6 months, Not due to Schizophrenia). Under the three clinical categories, there are 16 specific criteria. Of these, 9 are clearly disability

or failure criteria (e.g., Often fails to finish things he or she starts; has difficultly awaiting turn in games). Five are clearly behavioral (e.g., shifts excessively from one activity to another; moves about excessively during sleep). Two are ambiguous (easily distracted; often acts before thinking), but are more suggestive of disabilities than of behaviors.

Alcohol Dependence

For this disorder, there are two clinical criterion categories. The first is either Pattern of pathological alcohol use or Impairment in social or occupational functioning due to alcohol use. The second is either Tolerance or Withdrawal. Although the first seems behavioral, the specific criteria include "need for daily use of alcohol for adequate function" and "inability to cut down or stop drinking." Although the second seems clearly a disability category, it includes such specifics as "violence while intoxicated" and "arguments . . . with family or friends. . . ." "Tolerance" is explained as "need for markedly increased amounts of alcohol to achieve the desired effect," which is perhaps closer to a disability notion than a behavioral notion.

The tension between the criterion of social impairment (disability) and the more behavioral criterion of tolerance or withdrawal is evident throughout the general category of substance abuse:

> The diagnosis of all Substance Dependence categories requires only evidence of tolerance or withdrawal, except for Alcohol and Cannabis Dependence, which in addition require evidence of social or occupational impairment from the use of the substance or a pattern of pathological substance use. {APA 1980: 165}

No rationale is given for why Alcohol or Cannabis Dependence are exceptions; a plausible explanation is that alcohol and cannabis users are sensitive to having their political rights violated.

Or, again

> Many heavy coffee drinkers are physiologically dependent on caffeine and exhibit both tolerance and withdrawal. However, since such use generally does not cause distress or social or occupational impairment and since few if any of these individuals have difficulty switching to decaffeinated coffee or coffee substitutes, the condition does not appear to be of clinical significance, Therefore caffeine dependence is not included in this classification of mental disorders. {APA 1980: 165}

In addition to exhibiting a sensitivity to the criterion of disability as contrasted with behavior, this passage also is one of those which supports the third paraphrase above (for "clinically significant," read "pathological").

Dysthymic Disorder

For this mental disorder, there are two clinical categories. The first is either "prominent depressed mood" or "marked loss of interest or pleasure in all or almost all usual activities or pastimes." Neither of these is behavioral; both are impairment/disability criteria. The second clinical category is "During the depressive period at least three of the following symptoms are present." Of the thirteen symptoms, only one is behavioral, i.e., "tearfulness or crying." The remaining include such impairment/disability symptoms as "low energy level," "feeling of inadequacy," "social withdrawal," "loss of interest," and so on.

Given the foregoing as a reasonable sample, together with the fact that the organic and developmental disorders have an extremely high proportion of impairment/disability failure criteria as contrasted with behavioral criteria, it is clear that disability/failure criteria pervade the entire classification system and predominate over any other kind of criteria. Thus, inadvertently, DSM III is more compatible with the Deficit Model than it is with either of the two models from which it is derived, i.e., the Medical Model and the Behavioral Model.

The DSM criteria have been rightly criticized as being taxonomically inconsistent in the sense of being a conceptually mixed bag, so that categorically different concepts are being combined arbitrarily in what should be a conceptually homogeneous system. As we have seen from the examples above, such criticism is justified on the face of it.

On the other hand, the Deficit Model, which extends beyond the mere definition of pathological states, provides a rationale for such heterogeneity and in that sense (only) makes it possible to reconstruct the DSM III taxonomy as a more or less conceptually coherent, if not literally homogeneous, system.

Recall that we derived several patterns of explanation and assessment in addition to the methodologically pure disability assessment. For example, we derived the formula (for our narcissistic friend), "It is extremely difficult to see how a person with *this* personal characteristic *could* have a set of personal characteristics or relationships which would enable him to participate adequately in the social practices of the community." Similarly, we have "It is highly implausible that a person who does *this* in these circumstances would have a set of personal characteristics or relationships which would enable him to participate adequately in the social practices of the community" (because it is highly plausible that he has *this* characteristic, which is expressed by that behavior, and it is extremely difficult to see how a person with *this* characteristic *could* have . . ., etc.).

By using such formulas as these we are able to draw the conclusion that someone is in a pathological state without literally surveying abilities and disabilities. The convenience of such procedures often offsets the sacrifice in understanding which is involved — or it may be what motivates us to make such a survey. In any case, the use of such formulas allows us to see how the fact that a person engages in certain behavior (or fails to) or has a certain personal characteristic can be used diagnostically as the basis for identifying a type of pathological state.

Consider the category of "the kind of social restrictions a person who is violent and tells lies *would* have." Not all narcissistic or violent persons in our culture will in fact have the same restrictions on their social participation, but there will be family resemblances among them, and they will not be merely a representative sample of pathology in general. This intermediate degree of looseness/tightness among the various instances of pathological restrictions for narcissistic (etc.) persons provides an in principle (only) rationale for the kind of disjunctive provisos (e.g., "at least three of the following thirteen criteria are present") for which DSM III is notorious. What holds the set of criteria together is that they are "The kind of social restrictions a narcissistic person *would* have," and there is not some other, more direct, *general* way of specifying what these restrictions are.

Although such an approach is not so tidy as we might require for a systematic taxonomy, neither is it simply illogical. But, in the absence of the kind of explication provided by the Deficit Model, it would have to appear so.

Taxonomies of Psychopathology

Given the difficulties we have noted with DSM III, we have to ask whether taxonomies of psychopathology are necessary. If by "taxonomy" we mean a single, conceptually unitary, exhaustive classification system which subsumes all cases of psychopathology and nothing else, then it appears that for scientific or clinical purposes such a taxonomy is not necessary.

The kind of classification system that has utility for scientific purposes is one which (a) can in fact be used to classify individual cases; (b) embodies distinctions which enter directly or indirectly (e.g., as "moderator variables") into functional, empirical relationships; and (c) are sufficiently extensive for a given purpose, program, or genre of investigation. Such classification systems do not have to cover the entire range of psychopathology, nor do they

have to be identical in different scientific programs or studies. On the whole, given the historical and geographic relativity of what qualifies as psychopathology, it seems moderately unlikely that any observationally satisfactory classification for the phenomenon will have any substantial scientific interest. The subsidiary disabilities or anomalies which enter into explanations of pathology may be stronger candidates for scientific interest than the phenomenon of pathology itself.

For clinical purposes no taxonomy or set of classifications for psychopathology is ***necessary***. If nothing else, the historical development of status-dynamic psychotherapy within Descriptive Psychology shows in detail how one can generate completely individual case formulations on a systematic basis, and design and implement treatment in a completely ad hoc and completely principled way {Ossorio, 1976; Ossorio 1982}.

However, the uniqueness of persons and their problems is complemented by a variety of similarities among them. Some of these similarities or commonalities are worth noting and using as a basis for functional classification. For example, various images, scenarios, and internal dialogues {Ossorio 1976} serve as a basis for grouping problems or persons in such a way that, paradigmatically, the same kind of problem gets dealt with in the same range of ways. Similarly, the categories and limited typologies developed by Bergner {Bergner 1981; Bergner 1982}; Driscoll {Driscoll 1981}, and Peek and Trezona {Peek & Trezona 1982} refer to commonalities and distinctions which provide a basis for treatment which is principled without being stereotyped, and unique without being mystical.

All of the foregoing are strongly "grounded," in that they stem directly from clinical practice and have a direct applicability to certain individuals. Their utility does not stem from being capable of classifying everyone who comes along, for there will be many individuals for whom none of the images applies and many individuals for whom none of the self-criticism (etc.) categories apply. They contrast, therefore, with traditional theory–based approaches to psychopathology, where much of the utility lies in being capable

of giving some sort of account for any given person. (In Descriptive Psychology this is provided by the Person Concept and by the Status Maxims.) An intermediate case would be a complex typology such as the Positive–Health Developmental Model, or "PDM" {Vanderburgh 1983}. The latter is a three–dimensional model with eleven developmental levels, three personal–approach categories, and three type–of–mastery categories. The PDM reflects considerable clinical practice and applicability, but also is capable of classifying all persons. From the standpoint of the Deficit Model, the PDM has the advantage of classifying abilities (or disabilities) and achievements (or failures). It therefore meshes well conceptually with the use of the Deficit Model and the more general Descriptive Psychology formulations.

In general, the effect of using classification schemes and classificatory concepts is that doing so sensitizes us to certain problems or features which we might well overlook otherwise. The value of such sensitization is that knowledge of those problems or features contributes significantly to the design or implementation of effective treatment. There will, therefore, be no absolutes or universals in this regard. The value of a classification scheme will vary with the personal characteristics of the person using it and the purposes for which it is used, the persons with whom it is used or the problems those persons have, the skill and experience of the user specifically in the use of the classification scheme, and so on.

Thus, the appropriate logic for evaluation and justification of the use of a given classification scheme is much more likely to be found in the Precaution Paradigm (Ossorio, 1981d) than in the traditional challenges, such as "Prove to me empirically that it's effective" or "Show me empirically (or logically) why I should use this one rather than some other one."

ABSTRACT

The Deficit Model of pathology is presented in contrast to the traditional Medical Model and Behavioral Model. The structure of the Deficit Model as a Descriptive Psychology formulation is given. Explanations of pathology are contrasted with the concept of pathology itself. The social, normative, judgmental, and relativistic aspects of pathology and pathology attributions are discussed. The conceptual structure of explanations of pathology is explicated and the relation of pathology to personal problems is discussed. The current psychiatric taxonomy, DSM III, is critically analyzed and the relation of the Deficit Model to the DSM III approach is analyzed. The value of classificatory schemes is discussed.

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PROJECTIVE TECHNIQUES

Peter G. Ossorio

Since we want to lay a general background, let me begin with some obvious background things The first obvious background thing is that assessment was not invented by psychologists. You'll see on your outline — the outline is an outline of topics I want to cover, and one of the important things is, people were doing assessments long before there were psychologists in the world. So in order to understand assessment, it pays to go back to the old natural form, which millions of people still do today, and say, "Well, yeah, there isn't a person alive who, on encountering somebody else, doesn't ask the question, 'What kind of person is this?'" It's a question we all ask about other people.

We don't do this just because it's an interesting question. It does make a difference what kind of person the other person is. That's why we ask and want to know what kind of person is this other person. Now what difference does it make?

Basically, depending on what kind of person you are, you're going to do different things, and the things you do, you're going to do them differently. And somebody who is going to interact with you or is going to suffer the consequences of what you do or don't do, is going to be interested in anticipating what you will and won't do, and how you'll do it. That's the source of the interest in what kind of person this is, is it gives you ideas about what you can expect from that person; it gives you ideas about how it's appropriate to interact with that person; it gives you ideas about how it's going to be effective or ineffective to interact with that person. And it's also going to give you some ideas of what adjustments you have to make in your own view of things, to duplicate that other person's view of things.

So there's lots of things tied up, and lots of very practical and important things tied up, in the question "What kind of person is this?"

Now how do people make assessments? They do it in ordinary observational format, any time, any place. The reason they're able to do it is exactly the reason why it's important, namely, that what kind of person this is makes a difference in what you do and how

you do it, and it will make a difference any time, any place. Which means that you can observe a person any time, any place, and start making some judgements about what kind of person this is. And that's what people do.

You observe somebody, and you observe what he's doing. Implicitly, you say to yourself, "Well, he could have been doing something else, and he's doing this. What does that say about him?." And you look at what he is doing, and you say: "Well, considering how many different ways you can do that, and this person is doing it this way and not any of these ways, what does that say about this person?"

Notice that to do this, you need to know things. You already need to know what there is to be done, how people can do it; you need to have some idea of what different kinds of people there may be; and how the kind of person it is makes a difference in what the person does or doesn't do. Once you have that, whether correct or incorrect, and no matter how rudimentary, you can make observational assessments. Without that kind of knowledge, you can't. Either you can't, or it's totally pointless. It's pointless because — look, once you know what kind of person this is, you still have to take the further step of: What difference is this going to make in what I can expect if I just observe, or what I can expect if I interact with that person, and what I can do that will be more or less effective, and what difficulties I will have if we're going to be doing X, Y,and Z together. If you don't know those things, it doesn't help you to know what kind of person you're dealing with. So the normal forms of assessment, then, require a fair amount of knowledge of these fairly specific sorts.

Psychological assessment is no different in these respects. With psychological assessment you still have the question, "What kind of person is this?," and you have some purpose in mind. It makes a difference to you which answer you come up with, and that difference is going to be of the form, "If it's this kind, you can expect this. If it's that kind, you can expect that." In that sense, psychological assessment is simply a special case of ordinary assessment, and

what primarily marks it is that psychologists have — tend to have — distinctive concepts of what kinds of people there may be, and some distinctive tools, instruments, tests, observational methods.

Types of Psychological Assessment

Self Report

If we move from assessment in general to the kinds of things that psychologists do, you can come up with a fairly simple and crude typology that will help us orient. The first one I've got is as popular now as it used to be, but there is such a thing as *self–report*. In self–report, you simply ask the person about himself. You ask him to tell you about himself, and you take whatever comes. As you might guess, that procedure has some hazards. They come under two main headings. One is, the person may not know the things you want to know about himself, and therefore not be able to tell you. And number two, the person may have reasons for not telling you what he knows. After all, why should he? On the other hand, if you don't run into those hazards, what could be simpler and easier than just asking?

The main place where this is used is in interviews. When you do clinical interviews with clients, you ask them, "What was it like in your childhood? Where did you go to school?," and you take it pretty much straight that the client is telling you how things are. So a lot of the information does come in this sort, but not so many tests of this sort.

Correlational tests

The next main class of tests are *correlational tests*, of which the MMPI is a prime example. And the general characteristic is you find something that correlates with what you're interested in, including answers to a set of items that correlate with what you're interested in. That's the kind of thing you get in the MMPI and many other tests of that general sort.

There's some limitations, of course. One is that the correlations usually are not high enough for clinicians to use individually. Second, the kind of correlations you get today with this population, you'll find different correlations tomorrow with some other population. Correlations are only moderately portable through time and through place. Thirdly, correlational methods are not fundamental, in that whatever it is that you're interested in, you have to already have a way of making that assessment in order to set up a correlation. For example, if you're interested in the correlation between the answers to a set of items and whether somebody is schizophrenic or not, you have to already have some way of deciding whether somebody is schizophrenic. It can't depend on that set of items. In that sense, correlational methods are never fundamental, because the fundamental assessment is already here in providing the criterion for your correlation. So you might say that correlational tests are matters of convenience.

Job Sample

The third one is a *job sample*, and you mainly find these with ability tests, or disability tests. What this is characterized by, is that you get a behavioral sample in your test, that taps exactly the ability that you want to find out about. When you go to your optometrist and he shows you that chart and says, "Read me the third line," he's testing your visual acuity, and the task that he sets you taps your visual acuity. Because it taps the very thing that you want to find out about, it has a certain degree of compellingness and validity. You don't have too much doubts about that test, whether it's really going to tell you about visual acuity, do you?, because it taps into that very ability.

One of the limitations of these is that you can't whip up a test for every achievement that we're interested in. There are just too many things that people do to standardize a separate test for every single one of them. And when you have complex achievements, like — say — being a good salesman or being a good psychologist, what you find is that it takes a lot of other abilities, and if you test

those, then you have the problem of how do you put them together. And the fact that a good salesman or a good psychologist, you might get by various different combinations of abilities, and how would you ever tell? So there are limitations and disadvantages of these. The main advantage, as I say, is that you have very little doubt about its validity.

Projective

Okay, the last type is projective, and the standard examples are Rorschach, TAT, Draw a Person.One of the distinctive features of projectives is, you have problems with their face validity. How can you, from seeing somebody say, "This looks like a butterfly," draw conclusions about their personality? How can you, from reading a story about a little boy playing a violin, draw conclusions about conflicts that the story–teller has? Formally, you can say that with projectives, you have an extra step. Think of this pattern as common to all assessment: assessment takes place in some kind of situation; the result of it is some person description; that person description is then carried over to other situations and applied there. What's distinctive about projectives is that you have an intermediate step of redescribing a behavior. It's the redescription that gets you the person description. It's the redescription that's one of the hard textual or clinical parts of this. So later on, we'll go to a little more rationale of how you do that, and why.

Projective tests also have their limitations. They have advantages, but they have limitations, one of which is there's a lot of ways they could be wrong. It's a complicated enough task so you can go wrong in more ways, in more places along the way, than in giving ability tests and scoring them and saying, "This kid ought to do well in school."

Another limitation — it's not necessarily a disadvantage, but it certainly is a limitation — is that when you use a projective technique, you never know in advance what you're going to find out about. It's not merely that you don't know what you're going to find out; you don't know what you're going to find out *about*. In

contrast, if I give you a test of visual acuity, I know that I'm going to find out about your visual acuity. If I give you a Rorschach, I don't know what I'm going to find out about. That's because projective techniques are not tests. It's one of the points I want you to have firmly in mind, is that projective techniques are not tests. They don't have the same rationale as tests; they don't have the same use as tests.

Instead, compare giving a Rorschach to simply observing somebody for twenty minutes. If I told you, "Go observe this person for twenty minutes, but beforehand, tell me what you're going to find out about," you would be not able to tell me. Afterwards, you can say, "Well, I found about certain conflicts, I found about certain attitudes, I found out certain disabilities this person has," but you couldn't have known ahead of time that that's what you were going to find out, instead of other attitudes or traits or values or other person characteristics.

Thirdly, projective tests are much closer to what I describe as testing before there were psychologists, that is, assessment before psychologists. You make use of the same kind of background knowledge, and you could draw conclusions relative to any situation, any characteristic of the person. So this kind of assessment, then, gives you access to anything whatever about the person that you can discover. It's relatively unlimited as far as what you might discover about the person. And it's relatively unlimited as to the situations — new situations. It's relatively unlimited as to which new situations it's relevant to.

Test vs. Observation

So these techniques are extremely flexible. They have extremely wide use and applicability, and that's why they remain popular in the face of all kinds of research that says they're no good and invalid. People who use them and are good at it, know better.

One of the reasons why there's a lot of research that tends to show that projectives are invalid, is that that result, the research, almost without exception, treats projective techniques as though they were tests, and asks the kind of questions about this that you would ask about tests. That holds over to the application of this. If you're a clinician, you can use a test–type of rationale, that's what's shown in point 3, where you say: "I've got some data, and I'm going to draw inferences from that data to person characteristics."

Then what you find is that your inferences are always invalid. They're always illegitimate, because you don't have the proper basis for an inference. The test result is never enough to support the conclusions that you want to draw, and that in fact you do draw. But you can't infer them from the test result. So if you're using a test model, you're going to have a guilty conscience, because you always know that you're doing something you shouldn't. Even when it works, you're not going to feel good about it, because you won't be able to explain why.

In contrast, let me offer you a different model, that reflects the fact that it's an observational method and not a test. This model says that you have to know things first. You can't start out with data; you have to start out with prior knowledge, and it's of the kind I mentioned before. You have to start out with prior knowledge that you're dealing with a person. You don't infer that you're dealing with a person; you take it for granted. Some knowledge about what different kinds of persons there may be, and how those characteristics make a difference in what they do. None of that is inferential. None of that requires data or evidence. You take those things for granted, and only question them if you get stuck.

Mostly, you should be familiar with the notion of a Standard Normal Person, a person who is unremarkable in any way whatever, a person whose behavior is simply responsive to situations in the normal way, and who just does what the situation calls for. So you don't have any person descriptions. You don't say he's brave, and you don't say he's cowardly. You don't say he's intelligent, you don't say he's unintelligent. You don't say he's talented but you

don't say he's awkward. You don't say anything about this person. He's just your standard, normal, hypothetical person.

Suppose you start with that in mind. Then you start looking at the test behaviors. If you start with that in mind, every single test behavior, every single description and redescription of those test behaviors, will give you some way of adjusting your picture from — starting from a Standard Normal Person, every piece of information will make a difference. It will cause you to adjust it one way or another. You finally wind up with a person description as a result of these adjustments to the Standard Normal Person, which reflects what you already knew and were taking for granted. And at no point is there any inference in this entire process. That's how you do it observationally.

Social Practice Schema

Now let's go into a little more technical way of formulating some of these considerations. It starts with a familiar schema. This is the conventional schema for representing a social practice. All behavior can be represented in this form. Anything that anybody does is a participation in one or more social practices. This is a schema that no behavior will fall outside of, so you can apply it anywhere.

How you distinguish one social practice from another is by specifying five parameters. The first is that each practice is divisible into some number of stages. In social practices, the ultimate stages are individual behaviors. So the first parameter is *stages*. The second is *options*. It's characteristic of human social practices that they can all be done in more than one way. So what you have, then, is options of how you do this thing. You have options at every stage — in general. So the options allow you to represent all of the different ways that this thing can be done.

Then you specify *ingredients*, formal ingredients. It's like specifying the ingredients in a recipe: what does it take by way of

ingredients for this process to take place? What people does it take? What sorts of non–people does it take, what sort of materials, what sort of settings, what sort of tools, etc.? What does it take for all of this to go on?

Then we come to the other thing that' s going to be of interest to us, namely, *contingencies*. Given that this thing can take place in a number of ways, what does the selection of any given option — what is it contingent on? There are various things that it can be contingent on. For example, suppose that — what does the selection of this option, in Stage 2, depend on? The answer may take several forms. One is, "Well, it depends on what happens elsewhere in the process. For example, if this option was taken in Stage 1, this is one of the open options in Stage 2, but if this had been the option in Stage 1, this would not be an open option in Stage 2. Further, if this is taken in Stage 2, then this one must be taken in Stage 4."

Part of the structure of a social practice is the co–occurrence connection. The simplest example of that is a game of chess. You have white first move and black first move, and white second move and black second move, and clearly, the moves that are open to black on second move depend on what he did the first move, and also on what white has done the first two. Those are simple co–occurrence contingencies, and in social practices, for example, you usually don't get answers if you haven't asked the question. Answers follow upon questions; they don't come out of nowhere. Again, co–occurrence contingencies.

Second, *attributional contingencies*. Some of these options require characteristics that not everybody has, so the option is only open either absolutely or probabilistically to an individual — one of the ingredients — who has certain characteristics. For example, it may take certain kinds of knowledge; it may take certain kinds of ability; it may take certain values; it may take certain preoccupations, whatever, for a person to choose this option in this social practice.

You recall, this is one of the things I said you have to know already. This is one of the answers to "What difference does it make what kind of person is it?" — namely, that there are attributional contingencies, and whatever a person is doing, some of the options are only open to a person of a certain kind.

Now that connection works backward for assessment. If it takes a certain kind of person to take this option, among others, then when you see somebody taking that option, you start drawing conclusions about what kind of person. And that's the primary form of assessment: by watching how people do things, by watching what they do when they could have been doing something else. You make use of your knowledge of attributional contingencies — you say: "Hey, it looks like this kind of person."

That whole shows on Rorschach and TATs and Draw a Person, just as much as in ordinary life. It's just that we have some systematic ways of representing specifically some of the relevant considerations, namely, the options, the contingencies, and specifically the attributional contingencies.

Inference vs. Recognizing Connections

Now the connections, and why inference never works. The connection between a person choosing this and being a certain kind of person is not a logical one. You can't infer from the fact that a person does this to that this is a certain kind of person. Part of the reason is that a person has a number of characteristics, not just one, and the effects of one characteristic may be overridden by other characteristics he has. Or he may have unusual circumstances that leads him to behave out of character, or circumstances in which you're not quite sure how these things would show up. So you always have a qualifier when you draw that kind of conclusion. You say, "Well, he's acting like this kind of person unless — : unless it's a case of exceptional circumstances, unless I'm missing something about his connections, unless he has other characteristics that account for this choice." There's always those qualifiers.

Interestingly enough, people seldom just engage in one practice at a time. Mostly, in just ordinary, walking–around habit, people are doing several things at once. By virtue of that, you get an interesting phenomenon, and it's the Dinner at Eight–Thirty. For those few of you who are not familiar with Dinner at Eight-Thirty, I'll take a couple of minutes and review that. It goes like this: suppose I tell you that yesterday, I left work at six o'clock, got home at six–thirty, and we had dinner at eight–thirty, and it was steak well done. You listen to that and you say: "Yeah, so what?" The reason is that there's not anything particularly revealing about that. It's a story that would hold for lots of people, not just me. It's a commonplace sort of thing. In effect, I'm just telling you that I did the kind of thing that people do, and that's why your answer is "Yeah, so what?"

Now suppose that yesterday morning, before I went to work, I had a huge argument with my wife and we never got it settled. Secondly, that whereas I usually do get home at six–thirty, we usually have dinner at seven thirty, not eight thirty, and whereas I like steak, I like it rare and I hate it well done. Now about the time I give you that third piece of information, you start smiling, because you have a very different picture now of what was going on last night, and it wasn't as innocent as just having dinner at eight–thirty. "She's really getting back at you, isn't she?"

It's not that it's necessarily true that that's an expression of hostility on her part, but that is obvious, isn't it? Once you have those facts, that's sure what it looks like. Once you hear that, right away you draw the conclusion that's sure what it looks like. Now one of the interesting things is, all you need to draw that conclusion, are those facts. You don't have to have seen her. She doesn't need to have looked angry, and she doesn't have to have done anything that looked overtly angry. All she had to do was to serve steak well done at eight–thirty, and that's enough.

There are two things going on simultaneously. Number one, we're having dinner, and number two, she's getting back at me. The second one is done not from a distinctive set of performances, but

simply by selecting the right options in this very ordinary sort of thing that everybody does, namely, having dinner. By suitably choosing the options in having dinner, she accomplishes something quite different, and it takes nothing other than the choice of the options. It doesn't take anything that looks like anger; it just takes those choices.

In general, when people are doing more than one thing at a time, that limits their options. If you're both doing this *and* doing something else too, you can't do this one in all of the ways it could be done. That's going to narrow your range of options. And it's fairly likely that you will do this in some non–standard way.

That's a guideline that pays off heavily in interpreting projective tests. It's a well–known guideline. Everybody who uses projective tests says: Look for unusual responses, and the rationale is the Dinner at Eight–Thirty rationale. An unusual response is a clue that maybe the person is doing something else in addition to just drawing a picture of a child, or in addition to just telling you a story about a boy and a violin, or in addition to just telling you what this spot looks like, that there is something else going on in addition that is limiting the range of options, and therefore generating an unusual response. So you look for unusual or otherwise nonnormative responses.

How do you know? You have to know. You have to know what's usual and unusual. This doesn't mean you can give a list; it means you can tell when somebody faces you with something, you can recognize it, just like you recognize when I tell you about that Dinner at Eight–Thirty, you can recognize that that looks like hostility. That's the observational part. With projectives, it's not quite observation. It's recognition. In the example of Dinner at Eight–Thirty, it wasn't actual observation, was it, actually seeing it. All you needed was those facts and you can recognize that it looks like hostility.

Observation and Projectives: Problems

Observation — you recognize these things by observation, mainly — you then are into all of the problems of observation. And believe me, there are problems. Historically speaking, I think that one of the reasons clinicians have long insisted — and not just clinicians but other psychologists — have insisted that really when you're interpreting projective tests, you're inferring, is that it's easy to be wrong, and not everybody can do it, and not everybody can do it well. And for many decades, if not centuries, it was a common philosophical assumption that anything that was really observation was foolproof, that observation, you really basically couldn't be wrong, and therefore if you were doing something where you could be wrong, where it was easy to make a mistake, it must be inference or something other than just observation. I don't think anybody believes that today. It's clear that observation is not foolproof, but that doesn't make it something other than observation.

Non-standard Expression

Some of those general problems of observation are escalated when you're dealing with projective tests. This first handout is called a mystery picture. Again, most of you are familiar with that, but those of you who aren't, take a good look at it. This mystery picture will illustrate one of the major problems of observation, namely, that something can be sitting there right in front of your nose, and you're looking directly at it, and you don't see it.

To see what's there, you have to hold it with the print to the left, and if you want to make it even easier, you just rotate it around and hold it up to the light, looking through. If you still can't see it, turn it back: it's a picture of a cow with this being the back of the cow, these two dark spots being the ears, the two dark spots here the eyes, and this dark spot the nose. Once you see it, you can't help seeing it, and whereas before you saw it, you might say, "Well, I can see where somebody might see a cow here, but you could just

as easily see it some other way." Once you see the cow, you'd say, "No, that's a picture of a cow." That's one of the differences between observation and inference. Observation has a compellingness that merely knowing some facts does not. Once it tells that way, it's unmistakable and you could be standing fifty feet away and still see it. You could try not seeing it, and you probably wouldn't succeed.

This isn't your standard picture of a cow, is it? My guess is that they got it by going through some process of degrading a photograph. If you were doing an experiment, you would put a grid on it systematically to white out every tenth square, or something like that, and that would make it less recognizable.

What corresponds on projective tests — remember, I said there is a problem with face validity. One way of formulating the problem is that the behavior that you get on a test is never your paradigmatic behavior. If you get hostile behavior on a Rorschach, it is never the kind of behavior that you learn to recognize as hostility. If you get fear, if you get other attitudinal things, it is never the kind of behavior that you've already learned to recognize that way. What you're dealing with are not standard expressions. However, that just makes it harder to see, like this cow. Like this, once you see it, the fact that it's not your standard photograph doesn't really matter, does it? It doesn't carry less conviction, although you can see that in some cases it might. In those cases, you might wind up saying, "Well, yeah, it kind of looks like a cow but you can't really be sure.." And when you write a test report and you have something like that, instead of saying, "This person has this attitude," you say: "It may be speculated that this person has this attitude," or you say: "It might well be that this person has this attitude," or something of that sort.

Observing Parts

The second problem is easy to generate [draws on blackboard]. There's an old parlor game called "What is it?," and this is one of the classic examples. You have a group of people try to guess what a drawing is, but it has to be in such a form that it's hard to tell. If

I show you this and say, "What is this?," it will probably take you a while to guess the right answer, and maybe you wouldn't. To make a long story short, what this is, is a picture of a soldier and his dog walking by a fence. If I remove this board, you probably would have no trouble at all recognizing that. What makes it hard is that there's enough hidden, but what makes it legitimate is that there's enough of it showing.

The phenomena that we're talking about with people are like that. Sometimes you only see a part of it, and then you're faced with the task of recognizing that you are seeing a part, and what it's a part of. That's not always easy, and sometimes you miss it. Something extended out over time, you're only going to see portions of them. Think of being at my house when we had dinner at eight–thirty. If you only saw what happened there, and didn't have access to the other facts, you probably would miss something there. So one of the problems with observation, then, is that you don't see enough of the phenomena. That makes it tricky in the way that this is tricky.

Complex patterns

For the third type, imagine sitting up in Folsom Stadium here, watching a football game, and you're sitting on the fifty–yard line right at those nice boxes, which is about as well placed as you could be for seeing the action. The ball gets snapped, and all of a sudden there's twenty–two bodies flying around in different directions, and you look at it and say, "Gee, what happened?" Down at ground level, which is much less easy to see what's going on, the coach takes one look and says, "That was an off- tackle slant." There again, you're perfectly placed for watching it. It's happening right in front of your eyes, and you're missing it. And the coach, because he's had experience with that kind of thing, takes one look and he knows what it is. In principle what's happening may take place too fast to catch it because it's by you before you realize that there's something to look at, or it may be too complicated, and by the time you start figuring out some parts of it, it's gone and you can't recapture it.

Or it's complicated and you don't see it all accurately, and so you wind up with the wrong idea.

All of these are hazards of observation, and all of them appear in one form or another in projective tests. So it's anything but foolproof. When I said that one feature about projective is that there's lots of ways to be wrong, and not everybody can to it, and not everybody can do it well, you begin to get a feeling for what's involved. There is all of these inherent difficulties in observation, and there's all that prior learning that you have to have. So there's lots of places and lots of ways where some people can be better at it than others. There's lots of places and lots of ways where you can go wrong.

Facts and Details

If you don't go wrong, what you're doing is, you're simply picking up facts. When you read that story about the boy and his violin, and you say: "This has a sad air to it," that's just one fact that you're picking up. And as you read through the other stories or that story, you pick up other facts. And sometimes you hope the same fact is illustrated in various ways, so that you are and more and more sure: "Yeah, that's what's happening. The guy is talking like somebody who's sad," or "He's expressing this kind of theme, because he's done it here and he's done it here and he's done it there."

Then you have a bunch of facts, and you need to put them together. At that point, there is no difference between assessment by means of tests and case formulation. You remember, the last two years, we've had a workshop on case formulation and a talk on case formulation, and the year before, some practice at case formulation. When you wind up with a number of facts and have to put them together, that is a case formulation. Case formulation *is* a case of assessment.

Putting together those facts — actually no: that's misleading. You don't put together the facts. You recognize what pattern those facts already make. You don't do any work on it. You're simply open to seeing how they fit, how they do fit. You don't have to make them fit. That's one of the place where experience helps, where some people are better than others, and where you can get better by working at it.

What there is to get better at, both in establishing the individual facts from tests and in getting the patterns of those facts, there is a pretty strong guideline. It sounds a little mysterious, but the guideline is this: *drop the details*, and see what the pattern is like. Dropping the details is what gets you away from the non–face valid description of what's going on to the relevant description. It gets you from "his story said such and such," which has no face validity, to "he's talking like somebody who's sad," which is at least relevant to the kind of descriptions that you want to wind up giving.

How do you recognize when somebody's saying something that sounds like he's sad? I don't know of any technique for doing it. Experience helps. Practice helps. The more you know about sadness, the more you know about people, the more you know about situations, all of those help, but there isn't some procedure for doing it.

How come dropping the details works?. And what details? That's one of those tricky things. It's easy enough to stand up there and say, "Drop the details"; when you're actually working, you find that you drop some details and not others. You say, "What tells you which details to drop?," the answer is, "Nothing." But if you're open to some range of possibilities, some patterns will hit you and they involve dropping these details and not those. But it's not that you have some *a priori* way of picking out which details to drop, and you drop those and then you're okay.

Simultaneous Behaviors

There is a reason why that's the proper technique — that is, drop the details — and it takes us back to a general feature of behavior. I mentioned that mostly people are doing more than one thing at a time. There's two ways in which mostly people are doing more than one thing at a time. One is this: that whatever you're doing, you're doing it by doing something more specific, and you're doing that by doing something even more specific.

Remember the standard example of the guy standing by the farmhouse out in this rolling English countryside. The guy's standing in front of the farmhouse and he's moving his arm up and town. That's your first description of his behavior. Then you add that he's got his hand around a pump handle, so he's pumping the pump. Then you add that there's water in the pump, so he's pumping water, and the pump is connected to the house, so he's pumping water into the house. There are people in the house drinking the water, so he's pumping the water to the people in the house. There is poison in the water, so he's poisoning the people in the house. And the people in the house are conspiring to overthrow the government, so he's really saving the nation.

That's the story told going that way. You can start up here and say he's saving the nation and he's doing it by poisoning the people in the house, and he's doing that by pumping water to them, and he's doing that by pumping the pump, and he's doing that by moving his arm up and down. All of those are things that he is doing. They are correct descriptions of his behavior. But they are interrelated like this, that he's doing this one by doing this, and he's doing that one by doing that, and so on down the line.

Mostly you start at the top. This is the top–down production of behavior. You don't start moving your arm up and down, and it just happens that your hand is around the pump, and it doesn't just happen, etc. You start, what you're up to is you want to save the country, and because of the circumstances, this gives you a way to do it, namely, by poisoning those people. You want to poison those

people, and by virtue of the circumstances, pumping the water to them is a way to do that, so you do it. And pumping the water to them is something you can do by pumping the pump, which is something you can do by moving your arm up and down. That's why you're moving your arm up and down. So the production of behavior goes in this direction, top–down.

And what it is, is you have to be responsive to circumstances. That's why the behavior you're doing generally gets done by doing something else that is more responsive to circumstances. So you get this kind of pattern in general.

You can say that the more concrete ones wouldn't be there except that they are ways of doing this. And this one wouldn't be there except that it's a way of doing this, and so on down the line. So when it comes to what he's really doing, you have to work your way up here, because the other ones are only there in so far as they are ways of doing this — the thing at the top.

Down here at the very bottom is the protocol, the actual story, the actual picture that he drew, the record of what he said this Rorschach blot looks like. That's down here. To get to what he's really up to, you have to move in this direction, and that's what you get by dropping the details. Dropping the details means drop this description, drop the more concrete description, and see what's left, and what's left, you're going to have these more meaningful descriptions.

That's why, in the paradigm here, you've got this extra step of redescribing. You've got to get away from the protocol language of what he said, what he did on the test, up to some other description of what the person did, from which you can then connect to a person description. By the way, that rationale holds for interpreting dreams, also. That's why you interpret dreams by dropping the details and seeing what pattern remains

By the way, one of the other rules of thumbs is *Don't make anything up*. Don't go beyond what you have. You can see why: by adding something, by adding that there is a pump there, you

change the story completely about what he's doing. By adding that there's poison in the well, you change completely the story of what he's doing. So if you allow yourself, in these interpretations — either dreams or projectives — if you allow yourself to bring in something that isn't there, you can make it into anything by suitably adding context. And lots of clinicians do. It's very easy, unless you're used to and are watching out for not making things up. It's easy to do.

Production and Selection

To get specific about Rorschachs and TATs and Draw a Persons, etc., think of this kind of typology. In general, protective tests or projective tasks are either going to be production tasks — for example, you tell a story or you draw a picture, something that you do. Or they're going to be selection tasks — what does this look like? Which picture does this picture resemble most? Those are simply selecting from possibilities. The Rorschach is of the second kind — what does this thing look like? The TAT is of the first kind — tell a story.

Just for convenience (at least I think it's just for convenience), introduce a principle that says *People think about what concerns them*. And they not only think about what concerns them; they talk about what concerns them, and they daydream about what concerns them, and they dream about what concerns them. In effect, whatever a person has a stake in is going to be on his mind. He's going to have a tendency to talk about it, to work at it, to think about it, to be concerned with it in all of the ways that we're familiar with.

When you get a production task like telling a story, "Tell me a story related to this picture" — the person can't just comply with the instruction pure and simple. He can't just tell you a story; it's got to be a particular story So there has to be something else in the picture other than the instruction in order that he comes out with an actual story. What does he have to draw on, to tell a story? Well,

all of the things that I said you needed to know ahead of time reappear here in what the subject knows ahead of time, what he's going to do with it, what connections he sees, and what he's concerned about.

If your task is to tell a story, and it's going to be a story about this boy with this violin here, still you've got to pick something more specific. And what could be easier than to pick the more specific in terms of what you already have in mind. So if you're thinking sad, you pick the possibilities in the story that express sadness. Or if you're angry, you pick some of the possibilities that express anger — just like Dinner at Eight–Thirty. All it takes is that you tell the story one way rather than some other, just like in the other case, all it took was that you have dinner in this way instead of some other way.

Notice that the person doesn't have to know what's going on. The person doesn't have to realize that this is on his mind because he's thinking about it, and that it's showing up here. From the person's point of view, he's simply telling a story because you said "Tell me a story," and he's telling you a particular story because that's the only way you can tell a story, is to tell a particular story. So the selectivity that goes on is not something that the person is necessarily aware of, or could tell you if you asked. On the other hand, remember, neither is it foolproof. You may say, "This looks sad." And somebody else says, "No, it doesn't look sad, but it looks like X and Y kind of concern." And you may ask, "Are those mutually exclusive, or could it be both?"

So when you drop the details in a TAT story, what you're doing is getting rid of what you might call the "task," namely, "Tell a story." You're getting back to the level of description that may connect you to what he has in mind. Since that's what you're looking for, you're going to fit descriptions that are at least candidates for things that the person has in mind

In contrast, with a Rorschach where it's simply a matter of selection, you can't work this rationale, because the person isn't doing something that has options the way this does. Instead, you

have to explain why does something look this way to him, and not that way. The answer brings you back to Square 1, namely, in making observations, why does something look this way to you and not that way? And the answer is the same in both cases, namely, by virtue of what you have, by virtue of your experience, of what you're familiar with, of what you've dealt with, of what you've learned to recognize — in effect, your conceptual repertoire. That's what you have available for recognizing what this ink blot looks like.

Out of all of that repertoire, if you get the same ideas happening, you're in a position to say, "Of all of the things that he could have had in mind, it looks like he has this in mind." Or if you see patterns that are distinctive enough so that you're willing to say, "This kind of arrangement doesn't happen by accident. I don't need to see it repeated in order to believe it's there." Again, you're in a position to say it looks like he has this kind of thing on his mind, and not that. And maybe not because he's concerned about it, but because just that's what's familiar to him, that's what he takes for granted about the world. Those are the terms in which he sees the world.

In some sense, you can see that that is chancy, and why you're never sure ahead of time what you're going to find out. But it is very definitely a rationale for how you approach Rorschach. Again, it has nothing to do with inference. It deals with the nature of observation and what it takes, both on your part and on the subjects part — what does it take for him to, by observation, say, "That looks like a butterfly."

Okay, I think that covers pretty much what I wanted to cover by way of preparation for taking some case material or some testing material, and getting some practice at looking at it with this kind of rationale in mind, and getting some practice at dropping the details and seeing what happens. So according to the way we've set this up, we'll take a short break now and then reconvene and look at the test material.

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THREE-MINUTE LECTURES ON EMOTION

Peter G. Ossorio

First let me review for you what a three–minute lecture is. You may recall, in *Clinical Topics* {Ossorio, 1976}, one of the sections connected with the elements that go into psychotherapy is called "conversational formats," and some of the items under "conversational formats" are (1) ordinary conversation, (2) soliloquy, (3) provocation elicits perplexity, (4) pantomime or gesture, and (5) three–minute lectures.

Now a three–minute lecture is simply any part of Descriptive Psychology that you want a client to understand and use, and you take a didactic approach to it because that's about the only way you can present stuff like that and get it across. However, in conversation one does not give lectures. So you shift the format in any way you need to, to indicate that you are now going to do this strange thing, namely, a three–minute lecture. Usually I just say, "Let me give you a three–minute lecture on such–and–such," and it's presented not as "There is the truth," but "There's some ideas that I'd like to have you try or that you might want to try, but they are certainly something you can try out."

I picked emotion, because emotion is probably *the* most common subject of three–minute lectures. There's more misunderstanding about emotions and how they work, particularly among clients although I think among the general population, than just about anything else.

It also happens that you can't give half-hour lectures. You can give three–minute lectures; you can give five-minute lectures; sometimes you can get away with a ten-minute lecture; but you cannot do a half-hour lecture. That means that if you've got something that takes more than the three minutes, you've got to break it up into some number of them, and usually I will not do more than two in one session, and if I have to go more than that, I'll wait till the next session, review, and then present another piece.

It turns out that there are a fair number of these, because the emotions are a fairly complex topic. You can see, I've listed sixteen, but some of those have several things associated with them. So even if it did only take three minutes each, you can bet I'm not going to

cover them all this morning. And some of them do take longer than three minutes.

[Handout on emotions]

1. Paradigm case: Lion in room, behavior is primary case; reality basis; rational; no contrast with intellect.
2. Other cases: reality basis and behaviors for other emotions
3. Emotion and irrationality; kitten in room; no exit; preemptive emotions.
4. Emotional Person Characteristics: Trait, Attitude, State.
5. Emotional States as problems: Happy pill.
6. Displacement.
7. Hip pocket argument:

   Emotion as feeling: (a) unconscious; (b) street slogan

   Emotion as physiology; ethnocentrism; thought experiment.

   Emotion as experience: (a) itch; (b) Pleasure to announce; (c) busy; (d) combination.
8. Emotional behavior as intrinsic social practice.
9. Many negative emotions vs. one or few positive.
10. Emotion in explanation.
11. Emotions vs. motive; patterns vs. relationship.
12. Connected emotions: e.g. love/hate; fear/anger.
13. Unconscious emotions / potential emotions.
14. Telling you my feelings: promise vs. observation report.
15. Recognizing emotions from bodily sensations.
16. Experience/Expression of emotions from bodily manipulation.

Paradigm Case: Lion in Room

It turns out that the most basic one, the paradigm case, is a very familiar example. I'm usually in a room with at least one door, and either a window or another door. So I say: Imagine that we left the door slightly ajar, and all of a sullen a lion pushes it open, sticks his head in the room, makes the kind of sound that we all know lions make, and I run out the other door, or if there's no other door, I run out the window. And you're off at a distance watching me, and you can see it happen, and you say: "Why did you run out?." And I say: "Because I was afraid of the lion."

If ever there was a case of emotional behavior, there it is: a clear–cut case of fear behavior, no ifs, ands, or buts, no questions, everything fits, you have no reason to doubt it. You saw it. You saw what I did. You heard what I said about it. And it all fits. So again, if ever there was a case of emotional behavior, there it is. That's why it's the fundamental paradigm. It's not that there's anything special about that kind of case. It's not that there's something special about fear. But it's nice to start out with a case of which you can say, "If there ever was a case of emotional behavior, there it is." Because from there on, you can then examine, in great detail, the features of this case to illustrate various aspects of emotional phenomena. It's nice to always come back to the same case — pretty much you're able to.

So the first piece is simply the lion walking in the room and my going out. That, all by itself, has several uses. One is to get across the point that emotional behavior is the primary emotional phenomenon. But that doesn't really come across until you show that by deriving all other emotional phenomena from emotional behavior.

Secondly, and probably the most important thing to get across to clients is that emotional behavior has a reality basis. Emotional behavior is a reaction to something.

Thirdly, emotional behavior is about the most rational behavior there is. What could be more rational than to be afraid of that lion and try to get away from him? You might say it would be irrational if I didn't. That, too, is one of the very widespread misconceptions about emotion, that emotion is somehow irrational, that emotional behavior is per se irrational. You have that codified in all kinds of different ways of talking, including our famous "I know it isn't so but that's the way I feel." Including "I know it intellectually but not emotionally."

Those are not contrasts between intellect and emotion; they're contrasts between real and true. But it's sort of ingrained in the folklore that there is something inherently irrational about emotion, that there's some inherent contrast between intellect and emotion, and this example, all by itself, without any of the elaborations, is a good vehicle for getting across that no, it isn't so, that that's not how it works.

Remember, I have to discriminate that lion. I have to discriminate that lion as dangerous. I have to discriminate the doors, the various locations in the room. I have to discriminate being safe versus being in danger. I have to discriminate inside the room and outside the room. All of those discriminations go into that emotional behavior. Without those discriminations, I could not engage in the emotional behavior. I could not even be afraid. But discriminations are intellectual.

So again, the simple example illustrates that there is no inherent dichotomy between intellect and emotion. There may be some contexts where there's a point in making a contrast of the sort, but not that there is an inherent contrast.

Okay, so there's a lot of uses just for the simple "lion walks into the room."

Once you have the lion example, it's fairly easy to make the point that the same sort of thing holds for any other emotion, and you go through the list. Once you get the notion of a reality basis, say, "Every emotional behavior has a reality basis, and a

corresponding type of behavior that you're motivated to engage in when you detect that reality basis."

You start out with the same example: when you detect that you're in danger, you're motivated to escape. Then you go into: the reality basis for anger is provocation, and the behavior is hostility, any form of hostile behavior. The reality basis for guilt is wrong-doing, and the motivated behavior is penance, including the special case of restitution. For joy, the reality basis is good fortune, anything good happening to you, and the behavior is to celebrate. The reality basis for despair is hopelessness: when there is no hope, you despair. That one, there is no behavior. Guess why? If you're in a hopeless situation, there's nothing for you to do.

So you run down a list of the emotions, that way, and indicate that each one has a reality basis, each one has a corresponding behavior that is motivated. You make the general point that all emotional behavior works the same way, and what distinguishes one from the other is the discrimination, the reality basis. The behaviors are different also, but they follow from the reality basis.

Emotion and Irrationality

The third one I have on the list: there are some connections between emotion and irrationality, and they're not of the kind that people generally take for granted. But pointing out some of these connections legitimizes the general notion that people are not just being foolish in making some connection between emotion and irrationality.

The first one of these — just go back to the original setting. You say: Now imagine that instead of a lion, it's a kitten that walks in the room. And I look at the kitten, and yell, and run out, do the same thing I did with the lion. and you ask me, "Why did you run away?" And I say: "Because I was afraid of the kitten." In this case, you don't say, "Yes, I understand," the way you did with the lion.

You say: "Why the hell would you be afraid of a kitten?" I say: "It's dangerous."

Now at that point, you say "irrational." You say: It makes sense for him to run away if he thinks the kitten is dangerous, but he's distorting reality in thinking the kitten is dangerous. Then you think about that, and you say: Well, yeah, that's a distortion of reality, okay, and that behavior was then irrational, okay, but that's garden–variety irrationality. It has no special connection to emotion. It works just like any other distortion of reality that doesn't elicit emotional behavior. So indeed, people can distort reality and thereby act irrationally on it, but there's no special connection between doing that and emotion. It's just that you can do that with the reality basis for emotion just like you can do it with anything else.

Q. Aren't you saying from that that it's not actually the behavior that's irrational; it's the discrimination?

PGO. No, the discrimination is the distortion. The behavior based on it is irrational.

It's not nonsensical; it's just irrational. [laughter]

Q. But if you're using "irrational' as meaning "without reason," then you do have a reason, and the reason is your faulty discrimination.

PGO. Yeah, but the distortion is the *faulty* discrimination.

Q. But the behavior is not without reason.

PGO. No. Irrational behavior is not "without reason."

Q. I think that is the common use of the word.

PGO. Right. That's why I say that part of the point of this is to indicate that it's not just foolish to make some connection, and at the same time that there is no inherent connection. That's why the point is: this is just ordinary distortions that you could engage in with respect to anything, including things that have no connection with emotion. What I was saying is that one of the purposes is to

undermine this inherent connection between irrational and emotional. When the client has that, then I address it in various ways, including this one. But indeed there's other uses for it.

There are various sorts of connections, and this is one of them. As we go down, I'll point out some other ones. I think it's because there are various connections that you get this aura of irrationality connected with emotions.

Emotional States

The next one is usually a bridge to something else. It doesn't stand by itself. I haven't particularly found any use just for laying out the contrast between emotional behavior and emotional person–characteristics.

You say: Look, when people talk about emotion, they can mean all kinds of different things, because "emotion' is really an umbrella term covering a bunch of different phenomena. For example, we've talked about emotional behavior, and we used the word "fear." But we also talked about a kind of person: a fearful person, a limited person, a cowardly person, all of which involve the notion of fear also. And these are not behavior; they're person characteristics, and so they're very different from any kind of behavior. But notice: we use the same word, "fear." So we're using that same word to cover a variety of phenomena. Then the major person characteristics that involve emotional concepts are Trait and Attitude and State. In principle they all do, but these are the most commonly used ones.

In fact, the usual reason for introducing this is to introduce the notion of State, because emotional states are probably the next most important emotional phenomena other than emotional behavior. And sometimes I skip this middle step, and just say, "You know, there's a difference between emotional behavior and being in an emotional state," and then just go on to talk about emotional states.

Depending on the context, I may introduce it with examples. I say: Think of the kind of emotional states you're familiar with. You're being in a bad mood, being in an overpowering rage, being apprehensive or uneasy, feeling guilty, irritated, being overjoyed, being exuberant, being euphoric you go through some number of familiar states just to evoke the general idea. Then the characterization. You say: Emotional states have some distinctive features. They're distinctive in what causes them, and they're distinctive in how they show.

The main thing that causes an emotional state is the discrimination of the reality basis for emotional behavior, and the absence of the successful emotional behavior. Then examples: for example, I'm in a state of panic or in a state of fear if I detect that I'm in danger and don't successfully escape. Then I'm in a state of fear. I'm in a state of anger if I've been provoked and haven't successfully countered that. I'm in a state of guilt if I've done wrong and haven't made it good yet.

What characterizes emotional states — the distinctive thing is the increased tendency to engage in the corresponding emotional behavior. So if I'm in a state of fear, I have an increased tendency to engage in fear behavior. If I'm in a state of anger, I have an increased tendency to engage in anger behavior. And so on. And saying I have an increased tendency to engage in fear or anger behavior doesn't mean performances, it means I will be looking for the reality basis. If I'm in an angry state, I will be looking for provocations and treating them accordingly. It's not just that I go through some motions generally associated with anger. If I'm in a state of fear, I will look for things to be afraid of, and then treat them accordingly. In fact, I'm hypersensitized to those things. Remember what Carl was describing: the guy who's hypersensitized to dangers. That's the kind of thing you find in emotional states: you're hypersensitized to the reality basis for the corresponding behavior.

Q. Would that work across the board for looking for wrong–doing if you're in a guilty state? Guilty about acts, would you look for other wrong–doing?

PGO. Yeah, you look for other wrong–doings that you can correct, just like when you're in a state of fear, you look for dangers that you can escape. This will connect to displacement. When we get to displacement, there's some connections between them. Remember, this is one feature of having to do it in three–minute packages, and that's one reason why you have to often put several together. It's because it's a large topic. The area you may want to cover may be larger, and yet you don't want to talk so long that the person loses the thread and doesn't remember, doesn't understand. It's an exercise in doing it in bite–size pieces, and picking the right pieces to cover the area that you want to cover.

Emotional Conflict

There's another version of rationality: Now, back to the lion: imagine that when that lion sticks his head in the room, there is no window and there is no door. Remember, usually I'm in a small room, not a room this big, so there's nowhere to run. Now suppose that under those conditions, I just tilt the table on its side and get behind it. If you were watching that, and if you were judging that by ordinary standards, you would say that's stupid. You're not going to get away from the lion that way! Instead of "that's stupid," you might well say, "that's irrational," because by ordinary standards that is foolish, stupid, unreasonable behavior. But then maybe it hits you: by ordinary standards, it is, but look - that's the best he can do in that situation. At that point it stops looking real foolish and starts looking desperate.

Now instead of just the single case of the lion, think of all of the cases where you're strongly motivated to engage in some emotional behavior, but you can't. And in fact, think of those classic situations where you're strongly motivated to engage in an

emotional behavior but you can't because doing that would violate another strong inclination to engage in a different emotional behavior — our old friend "emotional conflict." For example, think of being in an overpowering rage but also having a strong conscience, and everything that you're inclined to do by virtue of your anger is ruled out by virtue of your conscience, your guilt.

Conversely, nothing other than acting angry has any appeal to you, because this motivation so far exceeds any other motivation that you're not about to act on those. That's a prescription for just being immobilized. On the one hand you have overpowering motivation and zero opportunity. On the other hand you have all kinds of opportunity but essentially zero motivation. That leaves you with essentially zero behavior potential.

Now loosen up the constraints a little, and you'll have the same situation as my getting behind the table. If instead of leaving you with zero behavior potential, it may leave you with a few options that by ordinary standards are foolish and irrational — like starving yourself to death. There's a case where irrational behavior connects to emotion again. And again, it's not inherently connected. It's just a function of the nature of conflict and how conflict can reduce your behavior potential, so that all you have left are behaviors that by ordinary standards are irrational. And emotional conflicts are just one way to be in that kind of bind, and there's no special connection. But you might guess that those kinds of binds occur often enough in people's lives, to generate an association between "emotional' and "irrational."

Q. That makes me think that we might get some mileage out of a set of behaviors you developed when you were a whole lot younger, and having to restrict yourself to this kind of thing — what a little kid would to.

PGO. What a big kid would do, too. [laughter] Clearly, anything you can do to evoke the behavior potential that the person has, but hasn't tapped, would probably be number one on your list of things to do.

Happy Pill

Okay, let's talk about the Happy Pill, because that too is a major paradigm.

Come back to the original lion situation, and think of a standard psychological explanation for it. The explanation goes like this: The sight of the lion causes me to become anxious, and I run out the door to reduce my anxiety. I'm sure you've heard that kind of explanation practically all your lives, because that is a standard psychological explanation.

Now to a little thought experiment. Imagine that one of the drug companies has come out with a new wonder drug, and it's called a Happy Pill. A Happy Pill looks just like an aspirin, but it has a very special characteristic, namely, that all you've got to do is put it on the tip of your tongue, and just like that [he snaps his fingers] you have no anxiety. Now suppose that when that lion walks in the room, I've got a Happy Pill sitting there on the table. Would you advise me, then, to deal with my anxiety by taking the Happy Pill, since that's quicker and more effective? You probably wouldn't, because I might not be anxious, but I would be eaten up by the lion.

This is a very important point, and one that I often need to make with clients, namely, that paradigmatically it's not your feelings that are the problem. The problem is the lion. The problem is whatever situation you're reacting to in having those feelings. That's what you have to deal with, to deal with your emotional problems. So the slogan is: Deal with emotional problems by dealing with their reality basis. And in the polemic form, you add: Instead of just talking about the emotions.

Q. And that corresponds, I would say, with something like alcoholism.

PGO. Yeah. The alcohol is essentially a Happy Pill. Stress management is essentially a Happy Pill. Medication is a Happy Pill. All of these are.

Q. What options do you have for checking the emotional state for which you do not discriminate?

PGO. Then you need to discriminate what it's about, and it's the therapist's job to help you figure out what it's about.

But there's another wrinkle to this. Come back to this lion situation, with the Happy Pill in front of you. Imagine that I'm so panic–stricken that I can't get up out of my chair to run out the door. I'm just sitting there trembling, pale. If I have a Happy Pill, I'd better take it, because by reducing my anxiety, then I can run out the door. So there are situations where your emotional state is a problem in its own right. In this case, it's a problem because it prevents me from doing what I damn well need to do, namely, run out the door. Under those conditions, any form of Happy Pill that you may have access to is indicated.

So with your client, if you can't locate it and he's really suffering from it, any form of Happy Pill is what's needed. But that's only a delaying tactic until you can figure it out. You don't want him on that medication the rest of his life.

Displacement

The next one is displacement, and displacement is peculiar because it has some features of a Happy Pill, but it also has some features of dealing with the lion.

Displacement itself has several features. One is the background explanatory schema. The background schema is this: there is a general principle — in fact, it's one of the 95 maxims — that says that if a person values a particular something, he will also value anything else that gets him the same thing, to the extent that this other thing is similar to the thing he values. Oftentimes I use an

example. Suppose that I've really got it for a Mercedes 450, but I can't have it. "But," you say: "would you take a Mercedes 300?" I say: "Sure!" [laughter] "Would you take a Cadillac?" I pause for a minute and I say "Yeah." "Would you take a Ford?" I say: "Well, sure, yeah." "Would you take a motorcycle?" Maybe I say "No." Now depending on what I wanted, what I would be getting out of that Mercedes 450, you'll have a different series. If I liked the prestige, I'll stop when you offer me a Ford and go for the other high–priced cars. If I liked good machinery, I'll go down through Porsche and some of the cheaper cars that are good machinery. And I will also go for precision cameras and other precision machinery. And by the way, from that series you can reconstruct what it is I would be getting out of the Mercedes if I had it.

Notice that there's no mechanism involved. You don't have to invoke a mechanism for translating my desire or my value for the Mercedes 450 into a desire or a value for a Mercedes 300. There's no mechanism that needs to make any transitions. Nothing needs to be transformed into anything. It's simply the nature of the case that whatever I value this thing for, I will value anything else that gets me the same thing.

When it comes to behaviors, the primary way we have of valuing them is to be motivated to engage in them. So you can paraphrase the principle in terms of behavior. If I am motivated to engage in a behavior, I will thereby also be motivated to engage in any other behavior that gets me the same thing. "It gets me the same thing': you can paraphrase that as "it has the same significance."

The classic case of displacement is where you get chewed out at work, and you stand there and take it, and you come home and you kick your dog. You can see that fits this formula, that you're strongly motivated to engage in hostile behavior toward the boss. You can't, but you engage in some other behavior that gets you a fair amount of the same thing, namely, you engage in hostile behavior with your dog.

Notice, by the way, that the conditions for that classic case are the same as the conditions for an emotional state, namely, the discrimination of the reality basis for anger, and the absence of a successful expression of hostility. And you recall that I said that when you're in a state, you go around looking for the provocations or the dangers, etc. Well, when you come home, you don't kick your dog as he comes up eagerly to greet you. You wait until he barks too loud or spills something; then you cream him.

Empirically, there are a small number of things that people do in this kind of situation, that work. That's the empirical part — what works, what is successful in situations like this. Stay with the same example of your getting chewed out by your boss, and now what options do you have?

The first one we already know: you engage in a behavior that is hostile. That's the kicking–your–dog example. But it also includes driving aggressively on the way home, cussing out the other motorists who do things that you don't like, honking your horn at them, cutting them off. Any hostile behavior will have that kind of value to you, will have that kind of significance to you. To that extent your anger will be reduced.

Now think of the other things that work, and we'll come across a surprising finding. There's about three of them that are simple headwork. As I leave, I am thinking to myself what I would like to have told him. I fantasize about what I would like to have told him. I daydream about what I would like to have told him, or what I would like to have done. I dream about it. All of these have a common thread, namely, I'm doing in my head what I would like to have been doing out there. And doing it in my head also gets me some of the same significance, and so it too has some value in reducing my anger, and allowing me to control the expression of the anger, in reducing the discomfort associated with the anger.

Q. Isn't it sometimes the case that brooding on thing like that, and dreaming and daydreaming, actually feeds the anger.

PGO. It might. I didn't say these always work. I said these are the kinds of things that do work.

Then consider the fact that you can also call up your friend and say, "Let's go have a beer," and as you're sitting there, you're complaining to him about this stupid boss, and he agrees with you that the guy doesn't know what he's doing. That helps.

Or you compensate. You take your lumps there, but you do good things for yourself over here, and that helps.

Or you tell yourself flatly that you're not the kind of guy that people can just walk all over and get away with it.

Or you remind yourself that it was your choice, that you had your reasons for not talking back, that in that sense you were in control there. And that helps.

Finally, there's disqualification. In disqualification, you discredit or disqualify the person in the relevant respects, so that whatever he did or said is not to be taken seriously. In this case, you might walk away saying, "Heh, what the hell does he know about a good job? He wouldn't know doing a good job if he saw one." If he's that kind of guy, then you don't need to take his judgments seriously about whether you were doing a good job or not.

I always worry about whether I've left one out, but I think that is the list of things that commonly work for people. I said we come across something surprising, and if you review these seven or eight things that I've mentioned, you'll find that only about half of them are hostile. The other half are not. For example, compensation is not hostile. Confiding in your friend may or may not be. Reminding yourself that it was your reasons certainly is not. Telling yourself that you're not that kind of guy is not.

Displacement: Questions and Answers

Q. The possibility might be that you might go out and say, "I think I misinterpreted what he said. It seemed to me like an insult, but now that I think about it, I think it was something else."

PGO. That's not displacement, though. Remember, we're talking about displacement.

Q. Could you subsume the sort of common notion of catharsis under these versions of displacement?

PGO. That reminds me — I left one out. You run five miles, or you chop wood four hours. That's what you would call "catharsis." Either that, or you take the hostile behavior of kicking your dog, and call that "catharsis."

Q. Couldn't it also be a Happy Pill notion, there?

PGO. Yeah, one reason why it works. But the other is the kind of activity it is.

Q. If you did not determine that the boss was right, and a third party intervened and said the boss was correct, would his reaction then have been irrational?

PGO. It all depends on what the basis was, what evidence he had, etc. The boss might have been correct; if I know about it, I won't be angry unless there's something else in the picture like "I don't like the way he told me," or something else where he wasn't correct. If somebody assures me that "No, he was correct," or "No, he didn't really mean to put me down," then I might stop being angry if I believe it.

Q. Can the psychoanalytic notion of turning anger against oneself be found in this

PGO. Yeah. It's simply another hostile action. You don't have to talk about turning the aggression against yourself. It's just any hostile action will do the job. And if you happen to be the victim of it, that's just another case of hostile action. Again, remember we're

just talking about displacement, not about the various ways that people can deal with provocation. We're only talking about displacement.

Q. What do you do with someone who says, "I just want to get rid of my anger?"

PGO. It depends on whether I believe him or not. If I believe him, I just steer him to the various ways of getting rid of your anger, because it's that urgent. If I don't believe it's that urgent, then I make some of these moves first.

Q. You mean you encourage these moves?

PGO. Sometimes. What I mainly do is let people know. If you're angry and can't do anything about it, and that's a problem, here's the kind of things that work for people. I'm telling them also not just about these things, but about what they're good for. You might say, implicitly that's encouragement, and I don't have any strong stand about whether I'm encouraging or not. Because usually I don't to this unless there is some point in their doing it.

Q. But these moves don't deal with the reality base.

PGO. Remember, I said that displacement has some aspects of Happy Pill.

Q. I'm worried about that.

PGO. Well, look: the Happy Pill says, If the emotional state by itself is a problem, separate from the lion, then you deal with that problem in those ways that are effective for that problem, and that's some form of Happy Pill. Now all of these forms of displacement have the feature of the Happy Pill that if you do them, you probably feel better. You probably feel less angry, less uncomfortable, less upset. In that respect they're like stress management, a Happy Pill.

Q. I think some clinicians would say, if you suggest to your patient that they do something that is not hostile, I think that some would say that, well, perhaps the hostility will still be there and will creep out in some other way.

PGO. Well, one of my maxims is, "Don't make anything up." [laughter]. If you see the hostility's still there, then you see it. If you don't see it, don't make it up. and what I tell them is usually, if you're trying to get rid of that angry feeling, you've got to do more than one of these, because none of them are as effective as telling off the boss, and people will generally do more than one. So if you've got somebody who's still angry who's doing three, you say "You've still got five."

Q. What if you help him see the point of ***not*** confronting the boss. . . .

PGO. That's a special case of the general issue of whether you deal with the lion or whether you take the Happy Pill. What you're raising is the issue, do you deal with the boss on the hostility part, or can you deal with your anger and let it go at that. And that's up for grabs.

Q. I don't hear people talking about displacement, it seems like, with other emotions. You don't talk about displacing joy. [laughter]

PGO. I had a two–hour conversation with Carl a couple of days ago, when I made the same comment. I said, "You know, how come anger is what mostly gets displaced, and not things like fear and guilt or joy?" We finally wound up with the conclusion that that may be wrong. It may be that the displacements of these others are harder to detect, and we went through some examples of displacing guilt and displacing fear. And some of the fear displacement discussion touched on the topic that he talked about. We said, "Well, maybe that's just plain wrong. Maybe it's just less visible." Another hypothesis was, "Well, it seems plausible that expressions of anger are more prohibited in our society, and that's why you need the displacement." So there's a variety of possibilities around, but I agree, just at face value, it seems like anger is the main thing that gets displaced, far more than anything else.

Q. It occurs to me that I've seen people that have something go real well in one part of their lives, and they're celebrating or whatever, in other parts of their life also.

Q. Would successful behaviors be a displacement of guilt?

PGO. Quite possibly. The one obvious example that we could think of for displacement of guilt is washing the hands. [at blackboard] I mentioned that only about half of those things are hostile, and the other half are not. So that raises the question of how come they work. Even with the value explanation of the background, it's easy to see why hostile behavior works, because it's easy to see why that gets you some of the same thing. But what about confiding in a friend who agrees with you? Why does that get you some of the same thing? What does it get you that's the same?

As it happens, the hostility formula — "Provocation elicits hostility unless,' — is a special case of a more fundamental formula: "Threatened degradation elicits self-affirmation unless. . . ." Provocation is threatened degradation. That's why you get hooked on it so much. That's why it's so hard to just let it go. That's why you feel small if you just let him get away with it.

Q. Does that mean we have part of the answer to why we mostly displace anger — there's no threatened degradation in joy, and not so much in fear as far as I can tell.

PGO. Fear, yeah, because danger is always a threat, but it's not like provocation.

Q. I don't understand that, because if it was true, or you saw it was true, that still could be a degradation which would be a provocation.

PGO. No. If I thought that the degradation was justified, I'd have nothing to be angry at. I might still self-affirm and try to do better — that would be self–affirming. But I wouldn't be angry at him.

Now if you think back to all of the examples, what they all have in common, including the hostility one, is that they are self–affirming, and that's what does the job.

Q. What about the unconscious–motivation interpretation where the perception of yourself as someone who has performed that badly is so powerful and therefore —

PGO. That's a different problem altogether. That's a distortion–of–reality problem.

Q. Perhaps provocation and degradation, they're really two issues. One is self–affirmation, and one is getting back. It's worth it separating them out and sorting them out. Some people want to get back where they should be, reaffirming themselves. Other people, it doesn't matter what happens to them. They want to get back.

PGO. Yeah, but that's why there is a separation. This [provocation elicits hostility] is a special case of this [threatened degradation elicits self–affirmation]. That's the separation. And sometimes somebody will act on the special characteristic and sometimes on the general.

Q. Why do we see the second as a special case rather than —

PGO. There are other forms of degradation than provocation. It's in a simple logical sense like that that it's a special case.

Q. But what I mean is the vindictiveness issue. I'm not seeing that as a special case of self–affirmation.

PGO. Why, yes. If you are going to get back at him at all costs, you preserve your honor.

Q. By getting back at him. That's what counts.

PGO. In effect, that one counted more for you than anything else. It's like the Demon Businessman who — one thing counts for more than everything else. But it's still an expression of hostility.

Q. Wouldn't it be true also to say that there are other forms of provocation?

PGO. No. Could you give me any examples?

Q. Yeah. I could say something like "I challenge you to get out there and to better than you did before." That's provocation.

PGO. No. In ordinary language, I'd say: Yeah. As we use it in Descriptive: No. In Descriptive, provocation is defined by this formula. It's defined by its connection to hostility. If you say "That's a provoking idea," that's equivalent to saying that's an interesting idea, or an evocative one, and that's okay in ordinary English, but not in this context.

Q. It seems like this provides a connection for why you get some people who come in and they need a different way to affirm their status.

PGO. Again, that's displacement. Now think about this, and then think about that maxim that when you have a choice, choose anger interpretations over fear interpretations. You can see why. You want the person to be in a self-affirming position rather than in a victim position. You want the client to be in a position of strength that he can exercise rather than in a position of weakness where you're going to have to do it for him.

Negative and Positive Emotions

Okay, let me skip a couple, because we're by no means going to get through. Let me skip to the "many negative emotions versus one or only a few positive."

One of those famous 95 maxims says, "A person values some states of affairs over other, and acts accordingly." That's the basic principle behind these emotion formulas. That's the basic principle behind the emotion formulas, because the reality basis for emotional behavior is simply a state of affairs that is valued relative to

something else, and people then act accordingly; and it's because they act accordingly that the reality basis is connected to a characteristic type of behavior.

Negative emotions involve states of affairs that are disvalued, that you're therefore motivated to change in the direction of something you value more. Or to put it more colloquially, when you're in the presence, the reality basis for a negative emotion, you're in a bad spot and you're motivated to get out of it. You're motivated to change either by you getting out, or by changing the circumstances, so then you're no longer in a bad spot.

This holds for the negative emotions only. In effect, being in a bad spot calls for you to diagnose what kind of bad spot is it, because you're going to have to fix it. And reacting to a provocation the way you would react to a danger would leave you in a worse spot. Reacting to danger in the way you react to a provocation would leave you in a worse spot. So you need to make the discriminations because you're going to need to do something effective about it. You're going to need to change that.

In contrast, good fortune does not need to be fixed. You don't have to do something about it. When you celebrate your good fortune, you're not fixing the situation. So you don't need to discriminate various kinds of good fortune, the way you need to discriminate various kinds of bad situations. That's at least a beginning of an explanation of why we have many negative emotions and only one or only a small number of positive emotions.

Connected Emotions

Let's go on to connected emotions. One of my standard example is, suppose I say: "Hey, what about bringing me the book that's on my desk in my office next door." You say: "Okay," go next door, open the door, and go in. And we hear all kinds of loud and mysterious sounds. You come running out, slam the door behind you — without the book in your hand. You come out and you sock me,

and you say: "Why the hell didn't you tell me you had a lion in there?" There's a case where you have a connection of fear and anger. You say: "Why would you be angry at me?" Intuitively you know damn well why you would be angry at me, but analytically, in sending you over there when I knew there was a lion, I'm putting you in a position of danger, and that's a provocation. You're not only afraid, but you're angry at me for putting you in a position where you were afraid.

Some of those connections are part of the Hip–Pocket Argument that says that emotions can't be any such thing as feelings or physiological things or experience, because if they were any of these, these kinds of connections would be totally mysterious. And they're not. In fact, they wouldn't be mysterious; they'd be impossible; and they're not.

The other one is famous in folklore, namely, the phenomenon of love turning into hate.

Q. Pete, would you elaborate the last point you made?

PGO. If you look at #7 on your handout, it says "Hip–Pocket Arguments," and these Hip-Pocket Arguments are quick arguments against the notion that emotion is a feeling, that emotion is something physiological, that emotion is some kind of experience. And one of the arguments is, if it were any of those, you couldn't have connections like this. You couldn't have logical relations among them — not this kind.

Now think of love as a certain kind of relation, and two features of it — rather than going through the full analysis: it's an intimate relation and it's a trust relation. You trust the other person. Remember, that's one of the five conditions. All of these emotion formulas are what you might call paradigmatic, because there's all kinds of varieties of hostility, there's all kinds of varieties of fear, etc. In hostility, you can go from minor irritation to anger, to fury, to blind rage, to hatred. When you get more specific than this, you often have something more specific here, and in particular the reality basis for hatred is not just any old provocation. It's betrayal.

The number of people who can betray you is limited, and it's limited to those people you have a trust relationship with. A perfect stranger can't betray you. Oddly somebody that you have a trust relationship with can betray you. Now consider a betrayal that occurs at the most intimate personal level. What stronger case of betrayal could there possibly be? When somebody you love betrays you, that's when love turns into hate. And only somebody you love can betray you as much as you can possibly be betrayed. Other people can betray you to some extent. Someone you love can betray you maximally. So when other people betray you, you get angry. When someone you love betrays you, you hate them.

Q. What if you don't?

PGO. Then it shows that those conditions were not met. Either it wasn't that intimate, you didn't love them that much, you didn't trust them that much, or something. Or you don't take it as betrayal.

The business of love turning into hate is another one of these connections to irrationality. The fact that a person can flip–flop like that, unless you know what goes on, looks irrational, doesn't it? How can you flip from one extreme to the other? Isn't that irrational? Well, it isn't. And it happens.

Feelings as Promises

Okay, we do one last thing, "Telling you my feelings is like making you a promise." Let me just mention, without going into it: there is some argument to the effect that telling you my feelings is the primary emotional phenomenon, and just having feelings is derivative. If you think of making promises, you can sort of see why. A promise that you don't tell anybody is derivative of promises that you do tell somebody. The paradigm case of promise is when you say it to somebody, not when you just keep it in your head.

Look: the way that people generally talk, and a way that is fostered by psychologists, is that when I say: "Hey, Joe, I'm pissed off at you," you understand that on the model of my looking over to the wall and saying, "Hey, Joe, the wall is made of brick." Our name for this is, it's an observation report. The difference is that when I say: "Hey, Joe, I'm pissed off at you," I am looking inward and telling you what I observe there, in contrast to over there where I look outward and tell you what I observe there. But the model is the same, an observation report, a report of what I observe.

This is popular partly because it's nice, simple, and quite useful. It does a good job on the vast range of emotional phenomena. But there are places where it's definitely embarrassing, and where you begin to get a sense that however convenient it may be, this can't be a proper account of emotions.

One of them is that people are often uncertain about how they feel. It's a very common thing for somebody to say, "I'm not sure how I feel about you. I'm not sure how I feel about that." Consider the conditions under which, in an observation framework, you might be uncertain. I look over there and say, "I'm not sure what I'm seeing there." You say: "Well, maybe the light is bad. Maybe there's smoke or mist or something in between. Maybe the thing is too far away to see clearly." There are some small set of conditions under which it's quite understandable that I might say, "I'm not sure what I'm seeing." When it comes to looking inward, none of those conditions could possibly apply. When it comes to looking inward, it can't be too far away; the light can't be bad; there can't be smoke, mist, or anything else between me and it. So there is no possible reason why I would ever be uncertain how I was feeling. That becomes a mystery.

Contrast that to the promise paradigm where if I say: "Hey, Joe, I'm pissed off at you," this amounts to promising Joe that I'm going to act that way unless I have a good enough reason not to. That's what the unless-clauses do, so I'm going to act that way unless. . . . If I don't, I'm going to owe him an explanation.

Under what conditions might somebody say, "I'm not sure I want to promise that," or "I don't know if I want to promise that?" When it comes to being reluctant to make promises, number 1, I might not be sure enough that I could do what I promised. Number 2, if I think I might change my mind when the time comes to do it, or by the time the time comes to do it, I'm going to be reluctant to promise. If doing what I say is going to let me in for something unpleasant, that I don't like, I will be reluctant to promise. If I even suspect that it might and don't really know what I would be in for if I did that, I will be reluctant to promise.

So in this Model 2, there are certain conditions under which it makes perfectly good sense to say "I don't know if I want to promise you." Unlike the other model, all of these hold without exception for "I don't know how I feel." If I don't want to commit myself to being angry at Joe, it will be for exactly the kind of reasons I've just mentioned. Number 1, I may not think I can get away with an expression of anger. Or I may have stronger reasons not to, because he's my friend. Or I don't know what he would do if I expressed anger at him, but I'm pretty sure I wouldn't like it. Under those conditions, you're darn right I'd be reluctant to promise, and I will say, "I don't know how I feel about that, Joe."

One of the reasons for going here [indicates blackboard] — partly it's one of the Hip–Pocket Arguments. If all I was reporting was something that I found here, why would anybody care? It's like reporting that I have an itch right here. But people do care, and why? It's clear that if I'm making a promise to Joe that I'm going to behave this way, it's clear why he would care. It's clear why I would care.

One of the most common uses for this, however, is to relate to clients some empirical male–female differences. Standardly, the promise model is how males operate. Women generally do it differently. With men, it's "I promise you this." With women, it's more "here's how I vote: I don't like it." It's not a promise to do something. It's just "here's where I stand." This is why you hear so much about women that "once I've got it out, it's over with," and men

can't understand that because they're taking it as a promise. So there's a lot of misunderstandings in couples on "telling you my feelings," because routinely, men see it differently from women, and they misunderstand each other and that creates problems. So educating people to these two different models, and to be sensitive to the fact that people, when they talk about their feelings, sometimes operate with one model and sometimes with another, helps them to get their talk and understanding straight.

Emotions: Questions and Answers

Q. This might explain the current prestige for I statements.

PGO. Is that the same as eye–contact? [laughter]

Q. The implication is that if you say to somebody, "I feel angry when your room is dirty," you are not making the kind of promise that you make when you say to somebody, "You have not cleaned your room and you are making me angry."

PGO. Guess what? You probably are making him the same kind of promise, and all the pussy–footing won't change that.

Q. Do you see any reason why I–statements are popular right now?

PGO. Yeah. Disclaimers generally are popular, and I–statements are a form of disclaimer. In academic circles, it amounts to "here's what I think; this is only my opinion; I'm not claiming to really know anything, mind you, but here's what I think."

Q. I think it appeals to the other person's concern. In dealing with the youngster, you stop being angry and say, "When it isn't cleaned up, I feel uncomfortable with it." If he is concerned, and is responsible — big "if–then" that's an appeal to it and ordinarily if he can do something it works. If he's not concerned and he's not responsible, you're out of luck.

PGO. No.

Q. But the popularity of them, I think, relates with uncomfortableness. So many people in a whole generation are uncomfortable with anger.

PGO. It's guilt-tripping them instead.

Q. I think also it's a way to try to avoid a degradation ceremony in some cases.

PGO. Yeah. See, nobody wants to be right partly because he's going to have to defend that, because he knows everybody's going to attack him, but also because he doesn't want them to be wrong there. There are various motivations for why one disclaims, and that's one of them.

Q. Would you say a little more — just take the sentence "Joe, I'm pissed at you." It's a promise to the effect — what?

PGO. That I'm going to act that way, and there is such a thing as acting that way. Because look, if I immediately then say, "Hey, come on, Joe, let's go have a drink," he's going to look at me and say, "Hey, I thought you said you were mad at me."

Q. And the contrast for a woman would be — ? She said, "Joe, I'm pissed at you," would be — ?

PGO. "Here's where I stand. I don't like what you did." It's not a promise to act. It's just "here's where I stand."

Q. These things are really confusing. A lot seems to turn around on whether they're promises or not. For instance, you say: "I love you' as a promise, although sometimes it's merely a statement of where you stand. Now to say "I'm angry at you' is not a promise to get you. Ordinarily if you want to get somebody, you do not let them in on it.

PGO. You do if you think you can get away with it.

Q. But ordinarily, when somebody says "I'm angry at you about this," what that is is an offer to negotiate and not an expression of hostility. An expression of hostility would be to not say and to act on it.

Q. Different people have different ways.

PGO. Consider the formula, "I'm going to act accordingly, unless." You could use that as a negotiating move. You're inviting a counter–offer.

Q. But giving your position as being angry is ordinarily what you're angry about — is ordinarily a negotiating move, where sitting on it, not giving it, is ordinarily a hostile move. That's where it switches.

PGO. I'm not sure about the statistics, but certainly you can handle it either way.

Q. Could you say a little about the psychoanalytic notion of affect and feelings, because I — [laughter]

PGO. Those are used so slippery that it's hard to say anything about it. It's just impossible to pin down when they use it in all kinds of contradictory ways, without ever pinning anything down about it. It seems to be a general emotion term without anything specific that you can do anything with. It's the kind of term I call a Magic Grab–Bag. If you don't pin down the term, then you can use it for anything that needs to be done. It's like a magic grab–bag: you just pick out whatever you need for a solution to your theoretical problem, and you make it do that. Probably the closest thing would be a state — an emotional state, but I think that's very approximate.

Q. I was wondering — we're running out of time, here, and we only have time for one more and Pete looked at me, so — [laughter]

PGO. How's that for a Move 2?

Q. I was wondering, when a woman says "This is my vote, here's where I stand," I wonder if that could also be taken as a self–affirmation or telling you "I'm not the kind of person who's going to take this, or who is going to accept that."

PGO. Yeah.

Q. And I wonder whether —

PGO. It's both that and, as Rich says, an appeal to concern. In effect, it's a Well–Poisoning move. Remember, one of my earliest heuristic examples of Well–Poisoning is when somebody says, "You're hurting me." And if the person didn't know they were hurting you, that touches on a strong motivation that they already have not to hurt you. If you say: "I don't like what you just said," that works exactly the same way.

Q. You may not need to do anything about it. It may be enough to affirm the self, just like saying, "I just want you to know that that's not okay with me."

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MORE THREE – MINUTE LECTURES ON EMOTION

The idea of three–minute lectures comes from a formulation of what we call "conversational formats" in psychotherapy. Conversational formats are simply different sorts of conventions, you might say, about what's going on in a conversation. In psychotherapy, you do it primarily in an ordinary conversational format, and you would be surprised how many norms there are associated with ordinary conversation. Because there are, if you want to violate that and go to something else for some special reason, then you generally need to set the stage and somehow announce or demonstrate or introduce the idea that you are now in a different mode.

Among the conversational formats are things like ordinary conversation, soliloquy, confessions, pantomime, and three–minute lectures. Three–minute lectures you have recourse to when the client has some misconception about something that is important to be straight about, and since the client is merely missing or has the wrong idea, you go to a didactic mode, and since you go to a didactic mode, you announce it, in effect or literally. Sometimes I say: "Let me give you a three–minute lecture on such and such." So you introduce the notion that you're going to do something didactic, and then you can do it and get away with it, but you've got to keep it short. And that's why I give three–minute lectures and not fifteen–minute lectures or ten minute lectures, etc. Actually, they vary in length. [laughter] Have you ever heard a ten–minute three–minute lecture?. Anyhow, the idea is that you really can't get by giving long lectures in therapy. They've got to be kept short, but you can do that.

So these are three–minute lectures, and they are about emotions because emotions are one of the primary things that clients have misconceptions about, that their ideas about emotions create problems for them. Even if they didn't have enough already, the way they understand emotions and how they work create extra problems. So emotions are probably the single topic that I most commonly find myself giving three–minute lectures on.

As you can see from the hand–out, there's a lot of different angles, a lot of different three–minute lectures that you might give.

And these are not quite all. You might add the next one, which is that emotions are not irrational.

Handout for More Three Minute Lectures on Emotion

A. Lion walks in the room — emotional behavior
B. Anxiety explanation
C. Emotional states — Happy Pill
D. Being angry (etc.,) vs. feeling angry
E. Displacement of emotions
F. Asymmetry — Pleasant vs. Unpleasant
G. Logically connected emotions
H. Telling you my feelings
I. Knowing my feelings
J. Being in touch with my feelings
K. Not acting on my feelings
L. The value of expressing your feelings
M. Emotions are not experiences
N. Emotions are not bodily states
O. Body sensations/manipulations and emotional states
P. Not knowing my feelings
R. Emotions are not irrational

The first two of these are in heuristic order. You almost can't do any of the others without doing the first ones.

Lion in Room

The first one is simply the basic schema or paradigm for emotions, which is *emotional behavior*. That's the first point to get across, is that what's fundamental about emotions is not emotional experiences or feelings or something like that; it's emotional behavior. So you introduce the paradigm case of emotional behavior, and

it goes like this: imagine a lion walks in the room here. I take one look at him and go running out that door and slam it behind me. You happen to be in a position where you can see all of this, so once I'm out, you ask me "Why did you run out of the room?." And I say: "Because I was afraid of the lion."

Now there, as the saying goes, if there ever was a case of emotion, that's it. I was afraid of the lion. And you have no grounds for doubting me, because everything you saw and what I did and what I said fits. So if you ever had grounds for saying "There's emotional behavior," there it is.

One other point that that one carries is that emotions have reality bases. There is a lion to be afraid of. My fear is not just a feeling. It's not just an experience. It's not just a state of mind. There is a lion there. And were there no lion there, there'd be no point to the whole thing. So that one, then, serves as a vehicle potentially for directing clients' attention to the lions in their lives, as against their feelings. And there is a slogan that goes with that, namely, you deal with emotional problems by dealing with the reality basis of those problems. And there's a polemic addition that says, ." . . instead of talking about feelings."

In effect, you can deal thoroughly with emotional problems without ever talking about feelings, without ever using emotional language at all. All you've got to do is identify what the lions are, and work on dealing with those, and if that goes satisfactorily, the emotional problems will be gone. Okay, so that's the first one, and as I say: since it's hard to do any of the other ones without having done that first, that's the most commonly used one.

Anxiety and the Happy Pill

For the second one — the second and third usually go together — consider now the original episode of the lion walking in the room and my running out the door. Consider a standard psychological explanation for the same behavior, namely, that the sight of

the lion causes me to become anxious, and I run out the door to reduce my anxiety. I'm sure you've all heard that.

There is a thought experiment that we can do here. Imagine that the drug companies have invented a new wonder drug, and it's called a *Happy Pill*. The specific feature of the Happy Pill is that it looks like an aspirin and you just put it on the tip of your tongue, and just like that, no anxiety. Suppose when that lion walks in the room, I've got a Happy Pill here: wouldn't I be better advised to deal with my anxiety by taking a Happy Pill, since it's faster and less work? I could do that, and it would take care of my anxiety. There's a little problem: I'd still get eaten up by the lion.

That's a different way of illustrating that the main problem is out there, and not my feelings. I can do things to take care of my feelings, but it won't solve my emotional problems — unless my feelings themselves are a problem. For this one you've got a variation. Imagine when that lion walks in the room, I'm so panicked that I can't move, but I've got a Happy Pill here that I can reach. Under those conditions, I'd better take the Happy Pill so I can get un–panicked enough to run. That's a situation that you encounter often–times in therapy, where the client is so upset that just being that upset prevents him from doing the kind of things that need to be done, and so it presents an immediate problem that pretty much has to be dealt with before anything else gets dealt with. Under those conditions, you use any form of Happy Pill that you have available. The Happy Pill may be a tranquilizer, it may be meditation, it may be jogging, anything that you know of that affects a person's state of mind will serve.

So the Happy Pill, then, is used to distinguish between emotional states and emotional behavior. It's used to direct attention to the fact that emotional problems are primarily out there but they may be your state of mind, and if so, then you address that. It also helps to distinguish very clearly the two different kinds of emotional problems. I will say that the second kind is much less frequent than the first kind. It's not that often that a client is so upset that you have to deal with that first. But it may happen, and I think

it happens just as often that it's not true but the client thinks it's true. Under those conditions, you might just as well go along with him.

I said first that it's not that often that you have this situation where a client is really so upset that you have to deal with it first. I said, however, it also happens about as often that it's not so, but the client thinks it's so. That is, the client thinks that he's so upset that that's got to be taken care of first. And I said, in that case, you might as well go along with it.

Being vs. Feeling

Being angry versus feeling angry, and it doesn't matter what emotion you plug in there. Oftentimes, there is a deficiency in how people understand themselves, because they say, "Gee, how could I be angry? I don't feel angry." I go back to the original example of the lion walking in the room and I run out, and you say: "Why did you do that?" and I say: "Because I was afraid of the lion." You say: "Did you feel afraid?" And I say: "Hell, no, I was too busy running!" That's about the quickest way of puncturing this idea that feeling it is the same as being it, that feeling afraid is the same as being afraid.

Actually, it's really up for grabs what my feelings were when I was running, but it's the kind of statement that people often make. "No, I didn't feel afraid at the time. It wasn't until afterwards that I felt afraid" — things of that sort. So there is enough anecdotal stuff the people are familiar with to carry the argument that being afraid is not the same as feeling afraid, that being angry is not the same as feeling angry, etc. And you can invent or create your own set of examples to have available if you need them, to illustrate that you don't have to feel that way in order to be that way. Usually that involves coming back to pointing out the reality basis and the fact that that's primary, and you're back to emotional behavior versus

emotional states of mind. Feeling angry is a state of mind. Being angry is a response to a reality basis.

Incidentally, if you look down the list quick, you'll see that there is a number of those items having to do with what emotions aren't. Each one of those represents a significant misconception that lots of people think that emotions are these things.

Displacement

Okay, *displacement* is the next one. This arises, I think, in two main contexts. One is where the client is either displacing or encountering displacement from somebody else. The other is where the client says, "I'm mad as hell and there's nothing I can do about it, but I feel bad. What can I do?" Under those conditions, to displace successfully works like a Happy Pill. You feel better about it, it eases the pressure on you, it eases the pain, even if it doesn't do anything about the provocation.

The main thing where this arises is anger. You don't often get issues of displacing fear, although sometimes. You almost never get issues of displacing guilt or other emotions. What gets displaced overwhelmingly commonly is anger. So let's do it in terms of anger.

There's a number of things that will succeed in displacing anger, and you can either simply give those directly, like prescribing a Happy Pill. You say: "Do any one of these seven things, and you'll find which of them help, and try those." Or you can go through an explanation from which you derive those kinds of things, and it's simply a question of which is *á propos*. Let me go through at least some of the explanation, because it illustrates how you can explain how things happen, why certain things happen and others don't, without making use of the language of forces and pulls and mechanisms.

Basic to the explanation is the notion of value. People value things. One of the maxims says, "A person values some states of

affairs over others, and acts accordingly." That's one of those fundamental, familiar things. People value some things over others. One of the key ideas is that you don't value particular things in and of themselves. You value them for something that you're getting out of them. They do something for you, and that's how come you value them. That's what you value them for, that's what you value about them, that's what you value in them.

The principle says that if you value something, a particular something, you will also value anything else that gets you the same thing. And you'll value it to the extent that it does get you the same thing. That's the first half of the explanation, this value notion that if you value something, you're going to value anything else that gets you the same thing. The second half has to do with behaviors. The main way that you value a behavior is to be motivated to engage in it. There are other ways of valuing behaviors but that's the primary one. You can then apply this principle in that form to behavior, namely, that if you're motivated to engage in a behavior, you will also be motivated to engage in any other behavior to the extent that the second behavior resembles the first, i.e., to the extent that it gets you the same thing — more technically, to the extent that it has the same significance.

Recall yesterday, when we were talking about that sequence of that guy standing outside the farmhouse, and I said the production of behavior goes downward. The only reason the more concrete ones are there is because they are ways of engaging in the top one. The same holds for the value principle. The reason that you value this particular thing is because of what you're getting out of it, and of course you would value anything else that got you the same thing, since the reason you value the thing in question is that it gets you that.

The interesting thing is that when it comes to anger, what sort of things sufficiently resemble it, so that they're effective when you're angry and can't do what you feel like doing, you can't engage in the behavior that you value, namely, getting back at the person. What other behaviors can you engage in that are sufficiently similar

in relevant ways so that they will do some of the job of taking the pressure of the anger off? Here it's interesting to do it empirically first, and just ask, of all of the ways that we're familiar with that people deal with their anger, which of them work? What sorts of things work for people? There's a familiar list of about seven different things. Shirley called them "the Seven Angry Acts."

The first one is the old familiar one of you go home and you kick your dog. More generally, you engage in hostile behavior, but the other individual who's involved is not the one that you'd really like. So you honk at the other motorist, you cut him off, you yell at him, you curse him under your breath, you do all kinds of things. And you come home — you don't just come home and kick your dog. You wait till he barks and then you kick him. So any kind of hostile behavior will pretty much have that effect. As I say: that's the classic one; that's the one that's used as the paradigm of displacement.

Then there's about three that involve doing it in your head as against out in the world. So for example, you think about what you'd like to have done to the guy, or what you'd like to have told him. And you not only think about it, you fantasy about it, you daydream about it, dream about. In all those cases, the main transition is that you're doing it in your head, not for real. But it's the right kind of thing, so it serves to displace.

Another one is compensation. You're loser over here, so you make yourself a winner somewhere else. You do a favor for yourself, you treat yourself to something, and that makes up for it at least partially.

Or you confide in a friend about what happened and what a son of a bitch this guy is, and your friend agrees with you: yeah, he is.

Then there's a pair that generally go together. The first one is, you just flatly affirm that you're not the kind of person that somebody can walk all over and get away with it. That's backed up by the second, which is that you remind yourself that you could have

done it, and it was your choice not to, that you had your reasons and in so far as you had your reasons, you were in control and it was your thing. And that helps.

Finally, you can disqualify. In disqualification, you change the person's status to a new status in which what he says about this is not to be taken seriously. You walk out saying, "Oh shit, what the hell does he know about doing a good job?" So if his word is not to be taken seriously, then he hasn't succeeded in degrading you, so there's nothing to get mad at. You commonly experience this with kids. If a kid is young enough, he can be screaming a tantrum at you and you just throw it off. That's disqualification.

Okay, we stop with those eight, and that is pretty much the list — I think you'd have a hard time finding examples that don't fit one or the other of these examples — when you reflect back on them, one interesting thing stands out above all, namely, that only about half of them involve anger. Several of them don't involve anything angry at all. If so, how come they work, and how come they count as displacements of anger? It accomplishes — it resembles the angry behavior that you would like to have engaged in, in that it accomplishes some of what the angry behavior would have accomplished by undoing the guy. Instead of socking him, you wipe him out some other way. And the way you wipe him out is not really hostile but it does wipe him out. That's close enough where if you do it for the situation and say, "Well, it wasn't a big deal," that's a little too far away. It wouldn't count as displacement. Even disqualification is borderline. That one is not quite like all the others.

Q. — a public disqualification. [laughter]

PGO. A public disqualification may be — [laughter] No, it's more effective if you do it with pity. Otherwise you get suspected of ulterior motives.

Q. So you're really talking about covert behavior.

PGO. Not especially. If you complain to a friend, that's not covert. I wasn't really thinking along that dimension at all, but

simply what works when you're angry and can't do what you feel like doing out of the anger.

Okay, how come these things work and they're not angry? How come confiding to a friend works? How come reminding yourself that you were in control there, works. In more familiar language, they're all self–affirming, and the hostility in response to provocation — its primary feature is that it is self–affirming. It's a recovery of the status that you were in danger of losing. Had the provocation been allowed to proceed without the hostility, you accepted that, you would be accepting degradation. So the anger formula of "provocation elicits hostility" is a special case of "degradation elicits self–affirmation." It's because these things are affirming that they succeed in displacing the hostility, because they are effective against the destructive effects of the provocation.

To anticipate one of the later arguments, notice that none of this would make sense at all if emotions were experiences. If emotions were experiences, displacement as a phenomenon would be absurd, it would be nonsense. How could you displace an experience? But we'll get to that one.

Q. Don't get mad, get even.

PGO. Just change one word: Don't get mad, break even. [laughter]

Pleasant vs. Unpleasant

Another topic that sometimes arises — I think it arises more in the classroom than with clients, because this is a general phenomenon. That is that we have a lot of unpleasant emotions, and basically only one pleasant one. How come? Is the world so inimical that unpleasant things are five times as common — something like that? There is a certain kind of answer that you can generate on that, that makes sense of it. The reality basis for the unpleasant emotions is always that you're in a bad situation. Having a lion

right here is a bad situation for me to be in. Being degraded by somebody is a bad situation for me to be in. Not having anything that I can do that's going to get anything for me is a bad situation to be in. Having somebody else have something that I should have, and don't, is a bad situation to be in. Having violated community norms and being degraded is a bad situation to be in. So all of our unpleasant emotions start with being in some kind of bad situation, and the behavior that logically goes with that amounts to trying to change that situation, or my relation to it, so that I'm no longer in a bad situation.

So when I'm in danger, what goes with that is getting out of danger. If I get out of danger, I'm no longer in that bad situation. If somebody provokes me, that's an attempted degradation; if I can break even on it, I'm no longer in that bad situation. If I violated the community norms, then if I do penance successfully, I'm no longer a second-class citizen but once more fully "one of us." So the emotional behaviors in these bad situations consist logically of an effort to undo the situation, to get out of that situation so that I am then not in a bad situation.

That means, then, that I have to be tuned in to the nature of that situation because I'm going to have to do something about it. What I do about a provocation is very different from what I do about a danger, and both of those are very different from what I do about a transgression. So because I'm going to have to do something about it, I need a well-differentiated set of distinctions for marking what kind of bad situation this is. So we do distinguish provocation from danger, from wrong-doing, from jealousy, and despair, and all of these unpleasant things, because to do something about it requires those distinctions.

In contrast, the reality basis for positive emotions is a good situation, and you don't have to do anything about it. Since you don't have to do anything about it, it doesn't really matter all that much what kind of good situation it is. A good situation is a good situation, and you do the same thing, namely, you celebrate. How you celebrate depends on you, not on what kind of good thing it

was. So you don't need to have a well–differentiated set of distinctions for marking what kind of good situation it is, and that's why we don't have — we don't distinguish — a lot of different kinds of pleasant emotions.

So the message is: the world isn't really five times as bad as it is good. It does make sense that we would have lots of negative emotions and essentially only one positive one.

Connected Feelings

The next one goes back to what kind of things emotions are, and one of the kind of things they are, are that they can be logically connected. A standard example there is, I say: "Bruce, how about going in my office next door and bringing me the book that's on the desk?." And you pull over and go in the office, and we hear all kinds of loud, strange noises. Suddenly you come flying out, slam the door behind you, come up and sock me, and say, "Why the hell didn't you tell me there was a lion in there?"

There's two emotions involved there. One is fear — afraid of the lion. The other is anger at me. Those are not just two separate experiences or two separate somethings; they are logically connected because he's angry at me for putting him in danger. Putting him in danger is a provocation. To do something like that to somebody is a provocation, so it makes sense for him to be angry at me for making him afraid. And that's a conceptual or logical connection; it isn't a causal one, it isn't that the two feelings happen to occur in him at the same time. There is a logical connection.

One of the main places where something like that is *á propos* is where you're tracing out complex patterns of motivations with clients. People tend to think of emotion as a single thing, one thing at a time, and so when you get patterns of emotions that are logically connected like this, then you have to work to lay it out and draw the connections, and get them to rehearse and review and say, "Yeah, that's it," just in order to understand what's going on.

Knowing Feelings

Let's skip one, and go to knowing my feelings. That one is deceptive. It's much more complex than it sounds. But try taking it seriously for a minute: how do you know how you feel, emotionally speaking? How do you know that you're angry, how do you know that you're afraid, that you're jealous, how do you know any of these things? We might even escalate it a little: how could you possibly know these things?

The impasse that you quickly reach, if you just push like that, was one of the reasons why it's tempting to answer, "It's an experience." But if you try saying "it's an experience," you have an even worse question of saying, "How do you know?"

Q. I don't understand the question. How come I can't say I recognize that I'm angry like I recognize that cup?

PGO. If you look at the cup, what do you look at to recognize you're angry? Again, there's classic language: you look inward, the saying goes; you introspect, introspect your experience — that's how you tell. It's not a very satisfactory answer.

You can say that it's not going to be easy, and making some of the obvious moves is going to reach an impasse. Let me introduce an interesting notion here. There is a heuristic, and it's called "Winston Churchill." It goes like this. Imagine I hold up a photograph here, a nice glossy 8 x 10, and I say: "Who is this a picture of?" You all take one look, and you say: "Ha, it's Winston Churchill." I give you a gimlet eye and I say: "Now wait a while. How do you know this is a picture of Winston Churchill and not somebody who looks just like him?" You think that over for a minute, and you say: "By God, you're right. It could be a picture of somebody who looks just like him. I'm not sure it's a picture of Winston Churchill." And I say: "How about drawing me a picture of Winston Churchill?" You take out your pencil and do your thing, and in five minutes you say: "Okay, I've got it." And I say: "How do you know that's a picture of Winston Churchill, and not of somebody

else who looks just like what you've drawn?" You think that one over for a minute, and brighten up and say, "No, no problem. This is a picture of Winston Churchill and there's absolutely no question about it." When we push, how come you can be so sure there when you can't be sure about the photograph?

The discussion will go round and round, but eventually we'll come to the point that why it's a picture of Winston Churchill is that that's what you drew it as, and that makes it a picture of Winston Churchill. And because of that, there is no question that it's a picture of Winston Churchill. Particularly, nothing depends on how much that resembles Winston. That just goes to the issue of how good a picture of Winston Churchill it is, but no matter what it looks like, Winston Churchill is who it's a picture of, because that's what you produced it as.

Then I say: "Close your eyes and create a mental image of Winston Churchill." You close your eyes, and sit around, and after a couple of minutes you say: "Okay, I've got it." Then I hit you with the same question, "How do you know that that's an image of Winston and not of somebody else who's just like your image?" This time it doesn't take you much time to wind up in the same place, namely, that there's no question it's an image of Winston because that's what you produced it as. That makes it an image of Winston.

Transfer that idea to your own behavior. What makes your behavior the behavior it is, is that that's what you produced it as, and that makes it that. So if what I'm doing here is taking a drink of coffee, what makes my behavior that is that's what I produced it as. I produced it as taking a drink of coffee, and that makes it that. If it succeeds, that's what it succeeds at; if it fails, that's what it fails at. In either case, my behavior is taking a drink of coffee.

That brings home something, namely, that I cannot possibly find out about my behavior the way I find out about your behavior. I've got to know about my behavior in advance in order to produce it. But your behavior, I can wait — in fact I have to wait — until you've produced it, and then it's there to be seen, and that's how I

find out about it. But I don't wait for my behavior to find out about it. I have to know it in advance, in a different way, in order to produce it. So you could say, my knowledge of my behavior is not primarily from observation. My knowledge of my behavior is an author's knowledge, not an observer's knowledge. And an author's knowledge is ahead of time, not after the fact. Observer's knowledge is after the fact.

Knowing Feelings: Questions and Answers

Q. What about the incident of an individual who reflects back on what he did, and then says, "I guess that wasn't what I created."

PGO. He's changing his mind. What he produced it as is exactly what he's changing his mind about. Notice the problem of not knowing what you produced it as is very different from the problem of not knowing what it is you're observing over here.

Q. The reason for changing your mind about what you produced it as is as a result of some observation you've made about what you did.

PGO. Not particularly. The explanation for why he doesn't see it the way it is, is that it's unthinkable, and why he's now about to see it as it is, is that it's no longer unthinkable. How it got to be no longer unthinkable may depend on what he's observed, or who he's talked to, etc., but those do not stand in a logical relation to his seeing it now. What stands in a logical relation is now it's no longer unthinkable. You can afford to slough off the details of how it became no longer unthinkable. That's the key move. It's no longer unthinkable; now he can see it as anger.

Q. You're using this language "what I produced it as," in a place where I would have thought language like "what I intended. . . ."

PGO. I was going to comment on that. That's a more common way of talking about it. Connected to the picture in that example,

"what I produced it as" is the right locution, and it brings out something about behavior that you don't get if you say "that's what I intended." Because if you say: "That's what I intended," suddenly you start talking about these weird things called "intentions." Whereas if you say: "That's what I produced it as," it doesn't create that problem.

Now consider knowing your own feelings, not because you've observed something, but because you know what you've produced them as, in the same way that you know what you produced your other behavior as. You can see, if you're thinking along those lines, you don't have a problem with how you know your behavior; you do have a problem with how could you possibly not know your behavior. It becomes much less difficult to see how you could not know it, but there are explanations for it.

Q. How is knowing your feelings different from knowing what you're doing?

PGO. What I'm suggesting is that it isn't, that that's the answer to "How do you know what you're feeling?" is the same answer as "How do you know what you're doing?" Namely, you have an author's knowledge of it. You don't have some peculiar observation.

Q. What about another possible answer to this, "How do I know what I'm feeling?," in terms of you discriminate what relation you stand in the world. You're provoked, you're guilty of wrong–doing, whatever it is. Does that work or not work?

PGO. Yes and no. There's a slogan that says the experience of anger is whatever experience you have when you are angry, and I think that's what you're suggesting, isn't it — something along that line? What happens is, under those condition you don't even talk about the experience. Once you know you're angry, that's the important information, and you're not generally inclined then to talk about your feelings. Why would you? You're already talking about the anger. When you talk about your feelings is where you don't have a clear–cut reality basis, but you have something, and

that's where you pursue the issue of "what are my feelings," or "how am I really feeling'?

Q. Why, in this case, would you say "knowing your feelings' rather than "knowing your emotions," because in the case of I do something and it's passive–aggressive, and I still —

PGO. That's just staying with the way people talk, and people more often talk about their feelings than about their emotions, particularly "being in touch with their feelings," "knowing how they feel." They don't often talk about "being in touch with their emotions'; they talk about "being in touch with their feelings."

Q. But technically, here there might be no feelings, either. You just burn the toast or something.

PGO. Yeah. That's why I say that the slogan is, "The feeling of anger is whatever feeling you have when you are angry." You can dismiss it, usually, because usually the feeling is not really the point. The point of talking about feelings is to arrive at the answer that you are angry. If you're already there, you don't need to talk about the feelings of anger.

Q. It occurs to me that possibly this could be related to — logically connected notion that we say, "I'm not sure how I feel." but you zero in on something that could produce it. Can that, then, set off another thing, another feeling, that's not related to the event per se but registers with the person?

PGO. Yeah. That's related to some of the later items of the relation between body sensations and manipulations, and experiencing feelings. If somebody presses tightly on your solar plexus and all of a sudden you feel very afraid and you start reliving your experiences, that's a dramatic sort of happening. And in understanding emotions, you need to understand how something like that could happen. That's a piece of the picture, is how things get set off.

Q. A lot of people who talk about feelings think that a feeling is not something I produce but something that happens to me. It might happen to me because of the change in my world, but I don't

think of myself as an author of it. How does this formulation answer that?

PGO. If you look at the wall, there you don't feel like you've produced how it looks, but you did. You know what you're seeing, and you don't know that by observing what you're doing. You know it because you know what you're seeing. The experience of seeing the wall comes to you, experientially. You don't have the experience of producing it. That doesn't mean you don't.

Q. But if the response is automatic . . .

PGO. The fact that it's automatic in no way implies that you're not doing it. Lots of things that you do, automatically, there's simply no presumption that if it's automatic, you're not doing it.

Q. Ellis and Matthews suggest that people create their own emotions and there's no reality basis, that you make yourself angry, you allow yourself to be angry. Can you clarify the difference between producing your feelings and creating them?

PGO. We're anticipating some later ones, and I get a mishmash, but let me answer that directly. Think of behavior as starting and including more than muscle movements, that it includes all of your internal and neurological and other such goings–on, and it includes your sensations, your feelings, your experiences. All of that is part of the package that you're producing. When I see that lion, I am already starting to produce that, and eventually I start moving, but I'm already producing that behavior before I ever move. Now some of those initial components are already there if I decide not to run. The feeling is already there; some of the sensations are already there. I may not run at all; I may instead go fight the lion. Now if they're there, and you say: "What were you feeling?," I can say I was feeling fear. Why? Because I know what I was producing those things as. It's not that I've targeted particular sensations to produce, any more than I produce muscle movements, but I know what I'm doing. Since I do, when you ask me about them, I answer in terms of what I know I was doing, what I was about. And those, by and

large, are automatic. I don't sit there and start choosing which things are going on. I simply start running from the lion.

Remember, doing that does involve all of these things going on, so when I started, it's already going on by the time I visibly move.

Q. Talking about knowing your feelings, seem equivalent to talking about knowing what state you're in. It's just an systematic set of your powers, as a result of being in a particular state.

PGO. Yeah. Usually states are not in question. You can almost always paraphrase the question "How do you feel?" or "What are your feelings? — you can almost always paraphrase it adequately with "What do you feel like doing?" So it's the behavioral emotional response that's usually in question and is of primary interest, rather than the state. State only becomes important when there's something you've got to do about it. Am I depressed or am I just discouraged? If I'm depressed, I'll take this medication, I'll go see a psychiatrist, but if I'm just discouraged, I won't. I'll take an aspirin, I'll go jogging. Why else would somebody want to know what their state of mind was? Particularly when the state of mind is not obvious, why would somebody want to pursue the question of what is really my state of mind?

Q. A basis for psychoanalysis? [laughter] When does it arise that you have to give this kind of a three–minute lecture? When I have to have my feelings explained to me, or how do I know my feelings?

PGO. When somebody comes in talking like an observer, "I don't know how I feel, maybe I should pay more attention to what's happening in my chest," and that's not phony, because sometimes paying attention to what's happening in your chest leads you to say, "My God, I'm really angry." But when somebody's approaching it as though it was an observer–task, and as if all they had to do was to pay closer attention to this thing and then they would know, usually that's serious enough that it's holding things up, and then you get into this set of issues.

Q. Back to what we were talking about before, it sounds to me like if there's something automatic, then you have a choice of saying you produced it — sometimes you have a choice of saying you produced it as something, and sometimes you don't. You don't count reflex as behavior. Sometimes with some things automatic, it's simply reflex behavior, and sometimes as with feelings, sometimes you're in a border area where you can count this as behavior or not.

PGO. What kind of reflexes are you thinking of, there?

Q. Any reflex — a knee–reflex.

PGO. I don't need a knee–reflex when I see a lion, or when I run off.

Q. Well, you might need other reflexes. Seeing that as a wall, for example. We could argue about whether that's a behavior or not, whether I'm doing anything by doing that, or whether that just happens. It seems like you have a choice of talking about it either way.

PGO. You have a choice of talking about them either way, but talking about them as things that happen leads to nothing but trouble. That's why my approach is therapeutic, not philosophical. You get into trouble thinking about them that way, except in very protected circumstances, and even if it's not false to talk about them that way, you get into trouble.

Q. So there's a point to avoiding that, anyhow.

PGO. Yeah. My guess is that if you worked hard at it, you could show it was false. That's for somebody else to do.

In Touch with Feelings

One of the places where knowing your feelings comes in is this whole classic issue of being in touch with your feelings. Ironically, the issue of being in touch with your feelings doesn't particularly involve feelings. Somebody who's not in touch with his feelings, by

and large is somebody who doesn't know what he wants, not specifically somebody who doesn't know what his emotional states are and what his emotional reactions are. Those are simply a special case. In general, somebody who's not in touch with his feelings doesn't know what he wants, doesn't have impulses, doesn't have spontaneous inclinations. Or if he has, he doesn't act on them, doesn't recognize them.

In terms of Actor–Observer–Critic, that's an actor dysfunction, because all of those things are primarily Actor functions. As an Actor, you act spontaneously, impulsively, creatively, do your own thing, etc., etc. So if you can't do those things, if when you get a chance to do your things you sit around saying, "Gee, I don't know what I want to do, I don't know what I really want," and if your normal choices of behavior are always externally oriented, you're always doing it because of some reason out there, and never because you feel like doing it, or you want to do it, or you just have the impulse, again those are marks of somebody who's not in touch with his own feelings. Then, as I say: emotional reactions are simply special cases of this more pervasive phenomenon.

One way to stay out of touch with your feelings is to approach them as an Observer. You say: "Gee, I'm out of touch with my feelings: I need to observe them more closely. I need to observe myself more closely to see what they are." As an Author, that's going to ruin you. Anybody who's ever authored anything, just try that kind of approach to what you're producing, and you'll see how quickly it dries you up. So not being in touch with your feelings is simply a particular pathology or deficiency in Actor–functioning, and there's a set of exercises that routinely are designed to help that.

The exercises, one way or another, amount to getting you to do it under some special circumstances that you get used to doing it. For example, the exercise of "three times a day do something just because you feel like doing it' — the content is trivial, but it gets you into the mood of operating on what you feel like doing. Since external reasons are specifically excluded, it ensures that you get

some of the right kind of practice. That's one of about three or four exercises that have that general effect.

Emotional Control

One of the features of emotional behavior, called "there is a learned tendency to act on the discrimination without stopping to think," that may approach reflexivity. You have a tendency to act — you remember, I said as soon as I see the lion, I am running. I don't have to stop and think about it, once I see that lion.

To act on the discrimination without deliberation. Now it's only a learned tendency. It doesn't mean that I always act impulsively. It just means that I don't have to stop and think in order to act. There's another case where the fact that I do it automatically does not at all mean I'm not doing it.

One of the consequences is that emotions go with control problems. Because of this learned tendency to act without deliberation, you might say emotions are something you're going to act on impulsively unless there's something else in the picture that keeps you from doing it. Generally speaking, what keeps you from acting impulsively, emotionally, is that you have other reasons that are stronger. It's that simple.

Where you run into problems in therapy is with clients who say, "But I can't help it. I can't help doing these things. I can't help acting emotionally." And indeed there is a problem. It's easy to get carried away in an emotional situation. It's easy to get carried away, it's easy to just go with the flow and act emotionally. And one of the reason it's easy is that often you don't have time to think about it. It doesn't occur to you. You just do it, and by the time you've thought about maybe I shouldn't have, it's too late; you've already done it. Or you say: "Well, I know now that I shouldn't do it, but when I get angry I can know it, and I'll still act on it. Because when I feel angry, I just don't care."

There's an interesting device that sometimes helps in that kind of situation. It's called "disqualifying your experience." There are two primary examples for getting the idea across. The first one is being moderately drunk. When you get drunk, you start seeing double, and start experiencing the room wavering, and things like that. Generally when that happens, when you start seeing double, you don't go into a fit and frenzy and say, "My God, what's happening to the world? It's multiplying by two." You say, "I'm drunk; I'm seeing double." In fact, you know that under those conditions, your experience is not veridical and that things are not the way you experience them, and if you can remember that, you can act on what you know instead of what you're experiencing. In fact, you can even control what you're experiencing by closing one eye. Likewise, when you're experiencing sort of tilting this way and that way, you don't say, "My God, this is an earthquake." You say: "I'm drunk. I'd better be careful how I walk," and you take care how you walk and you manage. By knowing that these experiential effects are expected effects of being drunk, you can compensate for them, and you can manage a hell of a lot more drunkness that if you didn't know this and experienced and thought that everything really was dividing by two, if you thought the room really was wavering. You can handle a lot more irregularity if you're in a position to disqualify the experience by saying, "I know it's not that way even though I am experiencing, and so I can act on what I know is so instead of how I'm experiencing."

The reason that's exceptional is that ordinarily you just automatically act on your experiences. When you walk in the room, you look around, you see things, you don't stop and think and ask, "Is my experience veridical? Should I trust my sight as to whether that's a chair or not?" You just come in and you sit down. So not to do that requires some special preparation and effort.

The other example is that famous reversing-lens experience. You put people in a house with these lenses that reverse your visual field left to right. When you see something over there, you know it's over here, and when you reach over there, you see your hand reaching out over here. Even though it's just one single change, and

you know what it is, you go stumbling all over the place anyhow. After a while, though, you stop stumbling, and then the dramatic thing is that after about two weeks, you start seeing things where they are again. So things now look to be where they are. But then if they take the lenses off, you get the reversal again, and it takes another two weeks before you're once more seeing things where they are.

The moral to that is that if you act in terms of what you know, your experience will follow. Your experience does change, and eventually it's fitting what you know, and that's because you've acted successfully on what you know, namely, that things are opposite to where they look.

So the general principle is that sometimes you want to be able to act on what you know instead of acting on your experience. You have to be able to disqualify your experience and not just automatically go with it. You have to disqualify it and act instead on what you know. And emotional states are like being drunk, namely, that's one of the kinds of states where you're likely to do things, you know you're doing it, but you don't care, and you're going to do it anyhow. If you can get some kind of handle on it, like assimilating it to being drunk and seeing double, so that you can say, "The way I'm experiencing it is not the way things are." that can pull you back to being able to act on what you know instead, and that's the kind of thing you need if you're somebody who gets carried away and then regrets it.

I've used that about — oh, maybe about half a dozen times in therapy, and if I had to create a fictitious statistic, I'd say it worked four out of six times. My experience is that it works more often than not but it doesn't always work. So it's one of the things that may work for this kind of problem.

Q. Where have you used it?

PGO. In couples, where they get angry at each other, and once they get angry that blows the whole thing, that's one of the places.

The slogan I give them is to say "I'm drunk," just to recapture the image and serve as the reminder.

Prevention is better than trying to handle it after it arises, but sometimes you have to try to handle it after it arises. Of the two, I would recommend trying prevention by all means. But when you've got somebody who isn't doing that successfully, then you try some of these others.

One of the key things is that something has to intervene. You need some kind of tag that you remember at the time when you wouldn't normally think of it, so something like that helps. That's why I give people slogans. Anything that you can peg it to will serve as the red flag that then gets you do to what you can do.

Q. There's also the issue where people are buying into the fact that they have been carried away in that way. Sometimes people don't recognize it, and you've got to start with getting that straight.

PGO. That's why I use the drunk example. Almost everybody has had the experience, and even the ones who don't, know of it. And that's a demonstration to them that you can disqualify your experience, that you are not bound to your experience the way that they are in effect telling you they are.

Q. Yeah, but I'm thinking that sometimes people get carried away, but they wouldn't say they're being carried away. They wouldn't agree with you. You might think "You're over-reacting, you're being carried away."

PGO. Then you don't do this kind of thing. Then you work on their judgement and do judgement-monitoring, because if a person doesn't think he's being carried away, he's not going to use any of these techniques.

Expressing Feelings

It's one of our modern truisms that you ought to express your feelings, and that you're better off expressing your feelings. It only takes a moment's reflection to recognize that that isn't true. If it were, you'd have no use for displacement. You're not always better off expressing your feelings. However, one can say that in general, there is some value in expressing your feelings. That's very different from saying "always do it," because often you have stronger reasons not to. But what is the value of expressing your feelings? Stay with the lion: remember, just expressing your feelings doesn't deal with the lion. Then how come it does some good? What is the value of expressing your feelings?

It might work that, if you're immobilized by the feelings, then expressing them may un–immobilize you and help you act. But think of an encounter group where people are encouraged to express their feelings: what's the value of it?

Q. For your and other people's information . . .

PGO. But that's not the primary value of expressing your feelings, because if that were, then if you as a therapist introduced those facts, that would do just as well. It's the same information, whereas the wisdom is that there is some value in the expression.

Q. Sometimes I think it could be a message to the other person about how you would like them to act with you, or to do something about those feelings, the relational kind of move.

PGO. I'm thinking of the common phrase, "Getting it off your chest." That is a common phrase, isn't it? It was in my day. But it helps to get it off your chest. What is this notion of "getting it off your chest?"

Q. How about putting things in their place — getting it off your chest and putting it where it belongs.

PGO. That has some charm, but you need to elaborate. [laughter]

Q. If you were to protest when someone had injured you, and you did not show anger, it may not quite treat what happened as if you saw the seriousness of the offense, how much it injured you. Your putting things in their place actually is showing there is a value, and how much value there is in not being injured.

PGO. Think of our double-entry bookkeeping. Instead of talking about the world and value and his place, think of: by doing this, you're taking a stand, you're taking a place. You're taking a stand on the matter, you're taking a position on it. And taking a position is already self-affirming. It is like behavior in that sense, that when you take a position on things, it's like having acted, and in fact it's more or less a commitment either that you're going to, or that this is what you would do if you didn't have good reasons not to.

Q. When you say "expressing your feelings," are you talking about behaving emotionally in that situation, or merely addressing

PGO. Either way. If I'm mad at the guy that chewed me out, I can come and rant and rave and just lose it, or I can come and tell you what a son of a bitch he is. Either way I'm getting it off my chest.

Q. Sometimes people don't say them because it's not okay, it's silly, there's no reason, they do a lot of disqualifying, that's why they won't accept their feelings.

PGO. That's a feature of taking a stand, making a promise. Taking a stand is a commitment either to act on it, to follow through, or that although you're not going to follow through, it took some good reasons to the contrary. The commitment to follow through is very close to that notion of owning. This is what you're committed to; you own. With that commitment, you can then negotiate it, you can talk about it, you can delimit it. It does become more thing-like. Because the commitment is finite, it specifies certain things: here's where I stand.

Q. This move seems to work well for people who say they don't want to say how they feel, because it really doesn't make any

difference anyway — to anybody else. They don't listen, so why should I say it? This is a move counter to that: at least you can say where you stand, so they can know clearly from you what you'll do, as opposed to "I'll just say it so they'll do me right."

Q. The expression "get it off your chest," though, suggests another thing that this does, namely, if you don't express your feelings, sometimes what you're actually arguing is trying to express them and at the same time trying not to. And while you're busy doing that, which you can carry on for any length of time, it's the contrast between getting it off your chest, that is following through with something rather than with that kind of struggle, spending energy on that, being committed to that struggle. It's one of the things that's expressed by "getting it off your chest."

PGO. One of the things about getting it off your chest: it has a strong connotation of catharsis. Once you get it off your chest, you can go on to other things. That holds for taking a stand. Once you've taken a stand, you've resolved any ambiguities or uncertainties and you can go on to other things.

Q. Do you think that's enough to discuss grief rituals with, mourning, stuff like that?

PGO. No.

Q. They're usually making it real. It seems like getting it off your chest is an important example of expressing your feelings.

PGO. In situations where it's uncertain, yeah, where it's unclear. In other situations, you're quite clear to begin with. You don't need to make it. It's true — one of the background maxims is that acting out something will tend to make it real. Whatever you act on becomes more real. Whatever you already take as real is what you're prepared to act on. So taking a stand is to that extent acting on it, and therefore to that extent making it real. One of the things with loss and grief is that you have to make the loss real and not merely true. So acting on it, even to the extent of taking a position on it, helps to make it real.

Q. So expressing your feelings might involve a loss, too, that you have to accept the degradation of that —

PGO. It might. As I say: it is not the case that you ought to always express them. There are very often good reasons not to. You get a number of possible values out of expressing your feelings. It's not that there is some one value that you always get. There's a number of possibilities, including that you can go on to other things, including that it's sort of like behavior in that it resolves things, and that it's self-affirming because you have taken a stand, you've rejected — for example — the degradation when you express your anger at the provocation. By simply expressing anger, you're taking a position that you don't accept that. That's one reason why you can then go on to other things. You've resolved that issue.

Q. But in a fear-type case, like the lion case, do you find value in expressing your feelings in a case like that?

PGO. Consider if I tell you that last night I was very nervous as I was standing up there talking. Now the thing is all over with; why would I tell you that?

Q. There seems to be something good there. After a fear, you seem to want to tell somebody else. I'm not clear on just what.

PGO. What would I get out of telling you, after it's all over, that I was really nervous then? What difference does it make to you to hear that? It gives you a different picture of what was happening, if you didn't know it already. In part it says, if I didn't show it, then my reasons for not showing or my ability to not show it was stronger than the fear, but the fear was there and had to be overcome. And so it gives you a different picture of what I was doing.

Q. What's the point of doing that?

PGO. Well, what's the point generally of having people understand you? You presume that that's going to make a difference in the nature of your interaction. It may not show up in any really obvious, overt way, but generally you prefer that the person understands — unless you have reason not to.

Body Manipulation and Emotional Release

Q. Can you take a shot on doing that lecture on body position, manipulation, emotional release you started on last year. [laughter]

Okay. Remember what I was saying about when you start to run away, you've already started by the time you move. Lots of things have already happened along that line by the time anybody sees you literally move. Think of being in a chronic state of fear. For example, it's not a lion but you stand in substantial danger of losing your job. You may get laid off, so you're always afraid, you're chronically afraid. There are postural, conventional expressions of fear. You crouch. Now if you're chronically in a state of fear, you are likely to adopt some of the postures that express it, and that's going to affect your muscular development. It's going to affect the body sensations at certain places more than others — for example, in your chest, a tightness in your chest. All of that can go on more or less subliminally in that you don't realize that all of this is happening. If somebody asks you, you say: "Yeah, I'm in danger of losing my job," but you don't make a big deal about it. You don't realize that you're afraid. But you have all of this development down here that is different. And some day you're lying on the massage table and the guy pushes you here, and all of a sudden that activates all of that stuff that's been there all along, that connects to your posture of being afraid. And suddenly you experience fear.

If you had to summarize how that works, I would say Priming the Pump. In effect, the activation of this artificially induces the early stages of the action, and you know what you produced those things as, and you start experiencing. It doesn't matter if it's chronic or — it has to be chronic enough to have some muscular development. Otherwise it's pure memory. If you have just one traumatic incident, it would work along a different line of evoking the memory. The key notion is that the action of running, or whatever it is you're doing, involves all of your physiology. It doesn't just involve skeletal muscles and visible movements. So you can get a reactivation there.

You can also control the expression at any level. You can control the expression at the level of everything but the overt movement. You can control expression at the level of not recognizing that you're afraid. You can control it at the level of disqualifying the danger as being a danger. So you can control expressions. You can interrupt that process at different points.

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COGNITIVE DEFICITS IN SCHIZOPHRENIA

I. Hypothesis
   a. Background data
   b. Hypothesis: Concreteness as significance deficit

II. Explanation
   a. Background data: concrete / context
   b. Significance/context/reality/concrete/Little White Balls
   c. Distortion of reality: Unthinkability model
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III. Reconstruction
   a. Why is there such a thing as significance?
      1. Judgment Diagram
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IV. Explanation 2: There will be unthinkable 2, 3, 4 significance (Fig. 2)
   a. Thoughts at levels 2, 3, 4 will not be real, not my thoughts
   b. If no significance, no affect

V. Explanation 3: There will be unthinkable A, B, C productions — not real/not mine/non–existent
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   b. Emotional reactions not mine — they were put there
   c. Impulses, desires not mine — they were put there
   d. "Private language"
   e. Rituals

RELEVANT MAXIMS

A. A person takes it that things are as they seem unless he has reason enough to think otherwise.
B. A person will not choose less behavior potential over more.
C. What a person takes to be real is what he is prepared to act on (And vice versa).
D. Reality takes precedence over truth.
E. Status takes precedence over fact.
F. In a social system, a person views events in light of the values and concerns that go with his position in the system.

It all started thirty years ago. I was studying for comps at the time, and I came across some interesting experimental data on schizophrenia, and that particular body of data stuck with me, and it's essentially the reason why I'm talking on this today.

The data is this: that the clinical folklore is full of references to schizophrenics being concrete. The experimental literature was quite otherwise. The classic tests for abstractness and concreteness are of two kinds. One is classification, like the similarities test on the WAIS, sorting tasks where you pile things together that belong together, is one kind. Deductive reasoning, so–called abstract reasoning, like working syllogisms, like proving theorems is the other. At that time, the experimental literature was quite clear–cut, namely, that schizophrenics did not differ from normals on these two classic and standard measures of abstractness and concreteness. And yet, as I say: the clinical folklore then and now is full of references to concrete thinking in schizophrenics.

And there was another little tantalizing tidbit, namely, the other part of the clinical folklore is that schizophrenics do poorly on proverbs. Something like thirty years later, the research literature is not quite as clean as that, but it's pretty much as I've described. The way it is now, the literature tends to show slight differences on sorting and deductive reasoning, and they are slight. Some studies don't show anything; some studies show something. But the amount of difference is not very great. It certainly is not great enough to account for the difference between schizophrenia and normality.

Also, by now there is a good deal of literature that shows that yes, schizophrenics do poorly on proverbs. There are consistent differences between schizophrenics and normals on proverbs. If you want an amusing exercise, or maybe a painful one, read the literature to watch some of these writers try to assimilate proverbs to

abstract–concrete, and explain in what sense proverbs are abstract, and why you would expect schizophrenics to do poorly on them.

That's the background. That was what caught my eye back then, and has stuck with me all these years. You don't usually find patterns like that. You don't usually find patterns where there is such a clear–cut difference.

Sometime about ten or fifteen years ago, something jelled around that idea, and I said, "Ha, I've got it." I've got a hypothesis, and at the time, it looked like a genuine empirical hypothesis. As time goes on, I become less sure of that, although if I had a vote now, I would still say, Yeah, this is a genuine empirical hypothesis. The hypothesis is that the cognitive deficit in schizophrenia that is referred to as concreteness, is a deficit in the appreciation of significance.

Many of you are familiar with the notions of significance and performativeness. Cory developed an instrument, and there have been four dissertations now using that instrument. The key notion is that some people are deficient in their appreciation of significance. It's like color–blindness, that there's things that normal people can see and that certain people can't see. If you water that down, what you wind up with is: some people have greater or less difficulty seeing more or less significance. So it's not an all–or–none, black–and–white thing, but there is certainly that dimension.

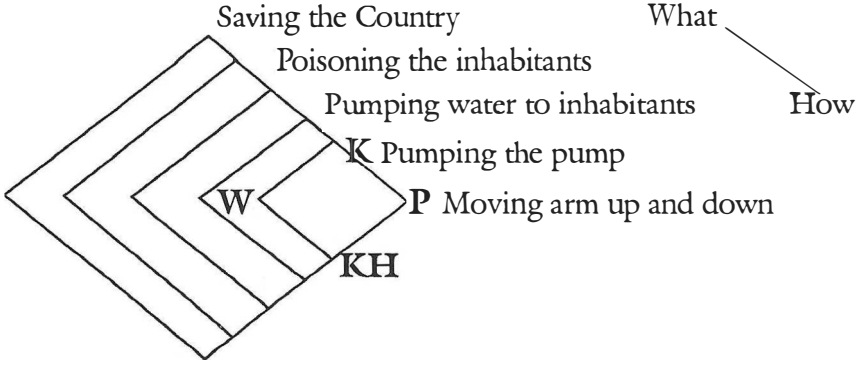
That's one of those nice, neat, simple hypotheses that if you have an instrument, you can go right out and test. And Cory's instrument is just such an instrument, and currently somebody has got data — unfortunately, it's not analyzed yet or I would report that — but indeed it is testable with an instrument that detects deficiencies in appreciation of significance.

Okay, that's the hypothesis. Now the question is: Why does that hypothesis make sense?

Significance

The first thing you do is apply it to proverbs. After all, proverb–thinking was undoubtedly one of the things that suggested it. How does it explain the differences in proverbs? Here you have to understand the nature of significance, and this is the standard heuristic example. You could manufacture endless examples along the same line. This I took out of an example by Anscombe, and it goes like this:

Figure 1



There's a guy standing outside a farmhouse on a lonely English heath, and he's moving his arm up and down. That's the first description of his behavior: he's moving his arm up and down. Then you add something. As it happens, his hand is wrapped around a pump–handle, so he's not just moving his arm up and down. He's pumping the pump. Pumping the pump is the second description. As it happens, the pump is operational and there's water in the well, so he's not just pumping the pump. He's pumping water. And you add something more. As it happens, the pump is connected to the house, and the people in the house are drinking the water. So he's not just pumping water; he's pumping water to the inhabitants of the house. There's another description of the behavior. You add something more: there's poison in the water, and he's put it there. So he's not merely pumping water to the inhabitants; he's poisoning them. You add something else, namely, these people are

conspiring to overthrow the government. So he's not merely poisoning the inhabitants; he's saving the country.

Now all of those are correct descriptions of his behavior. Every single one is a correct description of what he's doing. And there are interesting relationships among them. For example, the sequence is not accidental and it's not arbitrary. He's poisoning the inhabitants by pumping the water. He's not pumping the water by poisoning the inhabitants. It's got to be in that order or it all falls apart.

When it comes to the relationships between these descriptions or these behaviors, there are two kinds. Two questions move you this way [arrow up] or this way [arrow down] along this series. You start anywhere, like here — you say: What's he doing? He's pumping the pump. What's he doing by doing that? You generate the answer that's higher up. What's he doing by pumping the pump? He's pumping water. What's he doing by pumping water? He's pumping water to the inhabitants. What's he doing by that? He's poisoning the inhabitants.

You start somewhere and ask How. He's pumping water to the inhabitants? How is he doing that? By pumping the water. How is he doing that? By pumping the pump. How is he doing that? By moving his arm up and down.

So these two questions, then, connect the members of the series. You can use the questions to move up and down that series any way you want. Furthermore, you can skip. He's saving the country by poisoning the water, but he's also saving the country by pumping the water to the inhabitants, and he's saving the country by pumping water, and he's saving the country by moving his arm up and down. Likewise you can skip: What's he doing by moving his arm up and down? He's poisoning the inhabitants. What's he doing by pumping the pump? He's saving the country.

This relation [the What] is significance. When you say: What's he doing by doing that? and generate this, the one higher up is the significance of the one lower down. Pumping the water to the inhabitants is the significance of pumping the pump. Saving the

country is the significance of pumping the pump. So the notion of significance comes in this kind of context as a way of connecting the different descriptions. Remember, there's the other one, the How [arrow down].

Now somebody who is deficient in appreciating significance is somebody who can't make the move from a starting–point upward, or — who is deficient in his ability to make the move upward. If you want to, you could just say he's somebody who can't see the things that are higher up on the series, unless maybe you draw him a diagram. Drawing a diagram helps. It works particularly if this is what you're dealing with in interpreting projective tests. In a projective test, if you go from the test response to the interpretation, it looks like you have a crystal ball, because there's no apparent connection between this and this: there is no resemblance between moving your arm up and down and saving the country. There's no resemblance between seeing a crab on Card 1 and being a hostile person. So when you make those moves, he says, "Gee, you must have a crystal ball." However, it's like doing geometric proof. If you put in enough steps to connect the endpoints, then it all looks obvious.

One of the key things is this: each time we moved up, we had to add something. Every time we made a new move, we had to add some facts. We had to add some context. Without those additional facts, you couldn't make that move, and indeed, it wouldn't be true. If it were not that his hand was wrapped around the pump handle, it would not be true that by moving his arm, he's pumping the pump. So write down in large letters that *significance depends on context*, that seeing the significance of a thing depends on the context of that thing, and on being sensitive to that context and its relevance.

For the time being, take that simply as an elaboration of the nature of the hypothesis, that this is what a schizophrenic person is deficient in, deficient in his ability to move upward. He starts out here, somewhere around this level [moving arm, pumping pump], and this level is the kind of thing we call concrete.

Context and Reality Contact

The next thing to look at is, will this either explain, or help explain, why you wouldn't expect that somebody who had this deficiency would be deficient in classifying things or in doing deductive reasoning. The key is in the notion of context. Significance is context–dependent. Deductive reasoning and classification are totally context–free. You don't need any context to categorize blue as a color, or categorize both a fly and a tree as living things. You don't need any context to draw inferences from logical propositions. It's all there. So there is this single — at least this one huge — difference between this kind of thing, significance, which is context–sensitive and context–dependent, and the traditional tests of abstractness which are totally context-free.

On that basis, you would say that somebody who was deficient in this-there's no reason to expect he'd also be deficient in these others. If he was deficient in these others, it would be on some other grounds. It wouldn't be because he was deficient here.

Let me elaborate a little on the notion of context-dependence. He's doing all of these things simultaneously. It's not that he first does this, and that brings this about, and then that brings this about, etc. It's all happening at once. He's doing all of these at once. And you can say that in this situation, doing this is doing this. In this situation, doing this *is* doing that, and it is doing that, and it is doing that, and it is doing that. There's an identity here.

You can take your pick. You can say he's engaging in all these behaviors simultaneously, or you can say he's engaging in one behavior and there are all these correct descriptions of it. If you think about it in a purely practical way, you will strongly suspect that it's probably some of each. He probably is not engaging in this many separate behaviors, but he probably isn't just doing one, either. The key, though, is that "pumping the water" is the same as "saving the country," and doing one is the same as doing the other — *in this situation*. In almost any other situation, doing the one is

not the same as doing the other. In almost any other situation, doing this is not the same as doing this. And so on up the line. In almost any other situation, the identities vanish. That's what it is to be context–dependent, and totally context-dependent. It all depends on *in this situation*, these identities apply. There's hardly any other situation in which those identities apply. So when I say "context-dependent," it's strongly context–dependent.

What does it take to exploit this context, and generate this kind of thing? What does it take to be that sensitive to the context and to its relevance? Clinicians have a word for it: it's called reality contact. You've got to be responding accurately to what's here and what's somewhere else. You have to have a picture of the world in your head, and if it's accurate, you can do these things. If you're seeing things accurately around you, and have an accurate picture in your head of what's in other times, other places, and those two go together accurately, you can do these things. If you don't, you're going to be in trouble with this kind of task.

Let me give you another illustration along the lines, to bring in things that are at other times and places. This one, it's all pretty much happening there, so let me give you another one where that's not so. This, too, is one of the oldest chestnuts in the book, and it's Dinner at Eight–Thirty. For those few of you who haven't heard it, let me go through it quickly. It goes like this:

Suppose I tell you that yesterday evening, I got through work at six 'clock; I got home at six–thirty; and we had dinner at eight–thirty and it was steak well done. You hear that and you yawn a little and you say: "So what else is new?" In this yuppie town, half of Boulder could say the same thing. Then I add, "You know, yesterday morning I had a big argument with my wife that we never got resolved when I went to work. And I usually do get home at six–thirty, but we usually have dinner at seven–thirty, not eight–thirty, and I like steak but I like it rare and I hate it well done." About that time, you have a very different understanding of what was going on last night at eight–thirty. Now you see it as an

expression of hostility. If you wanted to, you could fill in the gaps from dinner at eight–thirty to giving me the business.

Notice that that's the same story. When I first told you this thing, it meant nothing. It's just an ordinary sort of thing. As soon as I add those extra facts to create the context, you notice that those other facts are at other times and places: yesterday morning, what we usually do — usually I come home at six–thirty, usually we have dinner at seven–thirty. Those things you can't see, but as facts in your picture of the world, they fit together with what you do see, and they make a pattern, and that pattern is hostility.

Most people do that real easily. When I give the Dinner at Eight–Thirty example to undergraduate classes, as soon as I say, "Usually we have dinner at seven–thirty and not eight–thirty," half the class is smiling. And when I supply the third piece of information that I hate steak well done, about ninety percent of them are smiling, because they see it. There again is an example of bringing together context that is not context–here–and–now, but context of facts in other times and places that form a pattern with what you do see here now.

Let me digress a little. This problem of significance is centrally a problem of context, and that problem appears in many, many forms in many places. One of the places it appears, and one of the guises under which it appears, is the problem of hard data. It's an open secret that a piece of hard data is totally useless unless you have other pieces of hard data and some way of interpreting them. Moving your arm up and down is hard data. What do you make of that? You put it in your report. But just having a piece of hard data doesn't do it. You've got to have some way of collecting them, of interpreting, and so forth. So all of the emphasis on hard data leaves you hanging because the key things are done in ways that don't involve hard data. They involve the interpretation, they involve the significance.

Equating context–sensitivity to contact with reality opens up a lot of ideas, there. It says, Hey, maybe this is not empirical. Maybe it's not very empirical, because contact with reality has a definitional

relation to psychosis. And if significance has a conceptual relation to contact with reality, then its connection to schizophrenia may not be quite empirical either.

I'm not sure I'd go that far, but you can see that it's beginning to look like not just a matter of brute fact, that there's some conceptual structure here that says that these things go together, and they don't go together by accident.

"Little White Balls"

Now come back to why would you say: at face value, interpreting proverbs requires significance sensitivity? Why does it take sensitivity to significance to explain what you mean by "Strike while the iron is hot?" What does it take to respond to that question not by saying, "Well, if you let the iron stay too long, it'll cool off," but instead say, "You've got to take advantage of the situation when you have it." What does it take?

You have to bring it back to what amounts to a conversational context, and raise the significance question. If somebody says that, what is he doing by doing that? If somebody says that, what is he telling you by telling you that? If you can pursue that line of thought, then you can come up with the right answer. If you can't, you'll probably wind up saying if you hold a thing too long, it's going to get cold on you. Again, the connection between significance and interpreting proverbs doesn't seem to be just accidental, either.

At this point, you can go two routes. One is, you can talk about a simple disability with respect to significance, and that's, in effect, what's built into the instrument that just says some people are deficient, more or less, and we're going to assess the degree of deficiency. If you consider, though, the fact that most schizophrenics were not always schizophrenic, you have a hard time using that simple an approach. You have to start asking how can somebody lose the ability to appreciate significance. It's one thing to treat it as

though a person never had it, like being color–blind. It's another if you follow the general course of schizophrenia and say, No, for most of these people, it looks like at one time they had it, or at least certainly had more than they have, and they lost it. So the next question we face is, How could somebody do that, or why would somebody do that?

Let me hit you with another old chestnut, and this is Little White Balls. That one is a heuristic image, and it goes like this. Imagine that you come in and ask me, "Hey, Pete, what have you been doing?." And I say: "Well, I've been walking around on grass and knocking little white balls in holes in the ground, and then doing it all over again." You would look at me and say, "Why the hell would anybody want to do that?." And you'd be right. Why would anybody want to knock little white balls into holes in the ground and do it all over again? In contrast, if I said I'd been playing golf, nobody would say, "Why the hell would anybody want to do that?" You know why somebody would want to do that. Yet when you play golf, what is it you do? You walk around on grass and knock little white balls into holes in the ground, and then do it all over again.

Notice, in that example you've taken a practice that is very meaningful to many people — it's an intrinsic practice — and you've made it meaningless. You've made it meaningless simply by describing it in this very concrete way. Somebody who has lost or doesn't have the appreciation of significance, by and large is living in a world of little white balls.

Distortion of Reality: Unthinkability

Now if we ask again why would somebody do that, how could somebody do that, we have an answer. We can give an answer that fits the notion of somebody becoming schizophrenic. The answer is given by the unthinkability model of distortion of reality that says if you're in an impossible position, you're not going to see it as an

impossible position; you're going to see it in some other way that leaves you some behavior potential. And since you're not seeing it the way it is, you're distorting reality, and it's going to take somebody else to say that. As far as you're concerned, it is the way you see it.

Why would somebody make the world meaningless? To put it differently, why would living in a meaningful world leave somebody in an impossible position, when one of the options, if he distorts it, is to make it meaningless? What is it about living in a meaningful world that might leave a person in an impossible position, so that if he saw it as meaningless, he wouldn't be in that impossible position again? Again, clinicians have a characteristic language. They say, Well, if it was too painful, if it was unbearable, if he couldn't cope with it the way it is, then you could expect a distortion that would leave him in a better, more manageable position.

Notice, by the way, that that's not motivational, although it's an answer to why it's not a motivational answer. Distorting reality is not something that people do on purpose, for a purpose. Instead, it hits Maxim 5 that says, "If a situation calls for a person to do something they can't do, they'll do something they can do." In general, situations call for a person to see them the way they are, but sometimes that's not something the person can do, and so under those circumstances, the person will do something else that he can do, which is to see it some other way that gives him some operating room.

This is independently derived as a model for distortion of reality. It was not derived with any reference to schizophrenia. It provides a general model for all distortions of reality, not just psychotic ones. However, it comes into play here. Why would somebody make the world meaningless? If it was too painful. If the reality is something I can't stand, I'm going to not see it that way. I'll see it some other way. If the kind of meaningfulness there is in my world and my life is unbearable, one way out is to see the world as meaningless, to see it in concrete terms as Little White Balls.

Distortion of Reality: Insistence

So that puts another piece in place as far as understanding schizophrenia as at least in part a result of or an expression of a deficiency in the appreciation of significance. On the other hand, if you stop there, and you start thinking about schizophrenics that you have known, you'll say No, that doesn't fit. At least, it certainly doesn't fit them all because there's lots of schizophrenics for whom the world isn't meaningless. Most of them are paranoid, and paranoids notoriously live in a meaningful world, but it's a special kind of meaningful world. In particular, it's one that fits the other model of distortion of reality, namely, the insistence model.

For most paranoid people, they are not blind to significance; they're only blind to most of it. They are quite open to certain significance, which is the only significance they will accept. So they will insist on interpreting everything, no matter what it is, as having that significance. As I say: it just happens that there is a second model for distortion of reality, and it happens to fit right on for the exceptions.

That last one, we can pursue further down, but if we stop here we can say, Yeah, that does a reasonable job of both giving us some view of schizophrenia that isn't just the same old view, and giving a central place in that view to this phenomenon and that particular kind of cognitive deficit: insensitivity to significance.

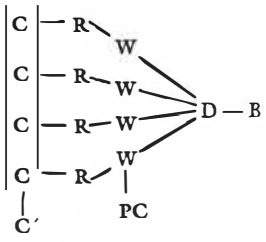
However, once you've got this bit in your teeth, you're torn two ways, because you can go galloping off that way and you can go galloping off that way. The one way you can go galloping is: here we've built up now a nice conceptual structure that fits together a number of different pieces, and you can extend it even more. You can elaborate that, and that will open up new doors and new ideas. Or you can say there's more to schizophrenia than just this. After all, schizophrenics are known to have delusions, they're known to talk crazy, they're known to do all kinds of other things, not just this. So the other direction you could gallop off in is, let's

see how much of what we expect to see in schizophrenic people can we account for?. And, of course, these two things go together, because so far we've only accounted for part of the schizophrenic sorts of phenomena. Then you might say it makes sense to first elaborate your conceptualization, and the more you elaborate, the more you come back and try to see how much *now* you can explain.

So this is what I've done in what is shown in the outline. If you take the explanation that we have, we can now try reconstructing that explanation in order to elaborate our range of ideas, and then use that elaboration to now try to explain a number of other things about schizophrenics and their behaviors.

Judgement Diagram

The most obvious target for elaboration is this central notion of significance. If you just introduce it this way, it sort of looks like a thing complete in itself, and in fact it's not. It's thoroughly embedded in a whole network of notions. If you want to present that concept, you do sort of present it in isolation, but it doesn't work in isolation. It is connected conceptually to other things. So when it comes to elaborating, that's the first place we want to look. We want to expand our understanding of what is this thing called "significance?" How come there is such a thing?. And the first thing we do is bring in another classic piece. This is known as the Judgement Diagram, and it's a diagram for reconstructing any behavior as a case of deliberate action.



You read it like this: a person is always in some situation, some set of circumstances, and that's this [C′], the over–all set of circumstances. Within that over–all context, there are certain circumstances or facts that have a special relevance. Those facts give the person reasons for acting one way or another. Those reasons carry different

weights; the weights they carry reflect the kind of person that's involved. But in the face of all this, you have a decision to act and an implementation via behavior.

How does this relate to significance? Over here: I said context. You have to pick out from our total situation those facts, those particular circumstances that are relevant in one way or another. They don't come with labels on them. So you have to be sensitized to them. You have to be able to pick them out, and then respond in the face of conflicting pulls, because you can bet that anything you've got a reason to do, you've got a reason not to do. Typically, you have reasons pro and con, and pro and con, and pro and con. This is a conventional diagram, and there are four of these [R's] because there are four general categories of reasons: Hedonic, Prudential, Ethical, and Esthetic.

What this says is that behavior is context–sensitive. All behavior exhibits the kind of thing that we saw over here. It's not a special feature of the special something called significance. It's a fundamental feature of all behavior.

"Being a Banker"

The next thing is the notion of being a banker and acting as a banker. There's nothing special about bankers; it's just that that's the particular example found in the chapter in *Advances* on multicultural psychology. The idea is this, that when you're doing a job like the banker, to do that job, you've got to be sensitized to certain things, those things that count for bankers, those things that make a difference, that are relevant to bankers. And what those things will be, will be very different from what's relevant to a Presbyterian, what's relevant to a mother, what's relevant to a psychologist, what's relevant to an automobile mechanic. What's relevant to almost anybody else is not going to be much of what's relevant to a banker. The same goes for all of those other things. What's relevant to a mechanic is relevant to almost nobody else. What's relevant to

a psychologist is hardly relevant to anybody else. [laughter] Remember — that's baseball talk.

You've got to pull all of these things out of your context. Being a banker involves being sensitive and being able to pull the right facts out of the context, being sensitive to them, having them carry weight with you. Then acting as a banker involves acting on just those reasons and no others. You'd be a poor banker if you acted on reasons you had as a father–in–law, or as a music–lover, or as a something else. To do a good job as a banker, you've got to screen out all of the other reasons you have in all of your other jobs.

So screening out reasons that you really do have, again, is part of the fundamentals of behavior. To stick to any directive course of action, any consistent course of action, you have to be able to screen out reasons that you really do have.

That sensitivity, surprisingly enough, is not particularly sensitivity to this [moving arm up and down]. It's sensitivity at the higher levels of significance. And this will hold for all of the other jobs I mentioned. These [e.g., saving the country, poisoning the inhabitants] are the kinds of things that move you; these are the kinds of things that you're primarily sensitized to; these are the kinds of things that you behave meaningfully in terms of. It's not these things [lower levels].

Significance and Context

At this point, we could turn the question on its head. Why don't people just see significance and forget about these things? How come we're so hooked on the concrete, on the hard data? You got a hint this morning from Joe [Jeffrey]: remember, he said everybody's going to see it differently. Everybody in that organization is going to see it from where they are. By the way, your second hand–out has a list of relevant maxims. As you'll see, one of those says, "In a social system, a person will view events in light of the

values and concerns that go with his position in the system." So somebody who's a banker is going to view events in the light of the values and concerns of bankers. And this morning, Joe was emphasizing that people in different positions in the same system, even, will see things totally differently.

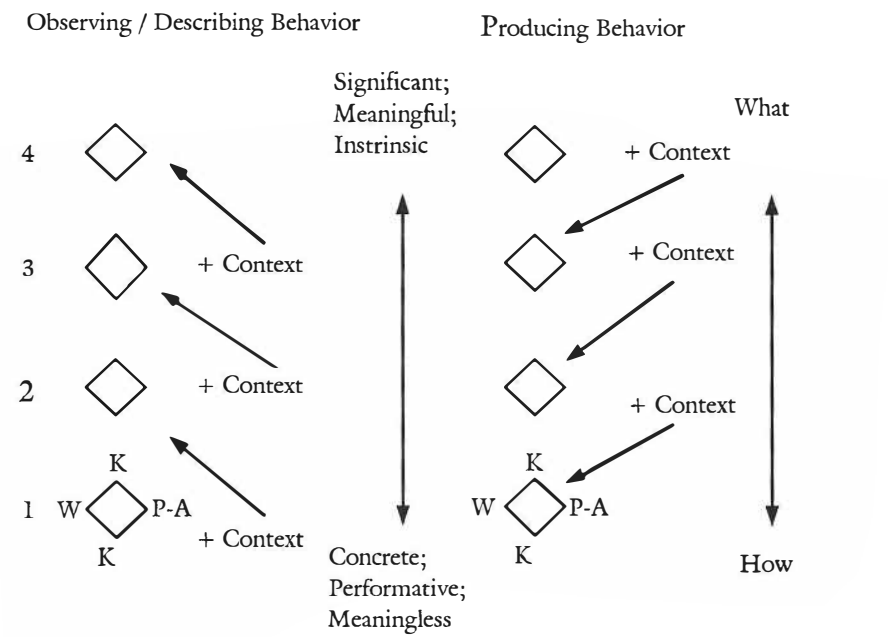
Think what a problem of communication there would be, think of what a problem of reality–testing there would be — if you have a problem of communicating, you're going to have a problem of reality–testing because you can't check with other people. The emphasis on hard data, the concrete, visible things, serves that function. These are the things that people don't disagree about. Why? Because what you see here and now is enough to validate what you say: whereas things like She's really giving me the business at eight–thirty doesn't just depend on what you saw then and there. It also depends on connecting that to a set of other facts that you don't have to. You could have connected the dinner at eight thirty to any number of other facts. You didn't have to connect it to the particular ones that I mentioned.

So those kinds of descriptions have a certain hazard, namely, that you could have done it otherwise, and somebody else would do it otherwise. But this kind of description doesn't. Anybody will say that's a wall, that's cream–colored, this is a blackboard, this is a piece of chalk, a table, he moved his arm up and down — all of those things are easy for people to agree, and that's how you pin down some of these other descriptions. We'll get more on that connection further down the line.

I think it's educational and in some ways liberating to stand that question on its head, and say: What do we need this for? Because we are so damned socialized that this is *the* thing, that this looks mysterious and crystal–ball. Using the color–blindness notion that normal people just see these things (See Figure 2, Upper Levels of Significance) and react to them. It takes somebody who's deficient to have to operate with this (See Figure 2, Lower Levels of Significance), to have to make do with this stuff. Now we switch. If you

look at your outline, it says there's no such thing as significance [III, b].

Figure 2. Up the Down Staircase



On the bottom on the left–hand side of Figure 2 is what we've been talking about here [the significance diamond], except I've drawn it a little differently. Instead of embedding the diamonds, I've just drawn separate diamonds, but each diamond corresponds to a different one of these. The reason for doing that is to emphasize that to get to the next one, you've got to add the context. Each time you've got to add the context. And it does indicate it's the significance descriptions that people react to when they produce a behavior.

Now look at the right–hand side, and what you'll see is a neat mirror image. Producing behavior is the inverse of all of this. You

don't produce behavior by producing arm movements. You produce the behavior of saving the country, but remember, yesterday Bente [Sternberg] said there are some things you've just got to do; you don't do them by doing something else. There are some things that you can't just do, that you have to do by doing something else, and most of our behaviors are of that kind. You can't just save your country pure and simple. You've got to do it by doing something, and whatever you do will only be a case of saving your country if it fits the context, if in that situation, it is a case of saving the country.

So producing behaviors shows the same kind of context–sensitivity that we saw in the case of significance. In fact, that's what we're dealing with here. You have to adapt your behavior to the circumstances. You start off in a relatively context–free way — there's nothing about the context that says you ought to save your country. You start with that, but then you start reacting to the context, until you get to something that you can do just straight out, like moving your arm or pumping the pump. If you can complete that series, then you've got it, because doing this is a case of doing that, in that circumstance. Notice, just as when you go up, every time you take a step down on the right–hand side, you have to add context.

Discontinuity in Significance

Now let's try — having developed this much — to start applying it. What I've done is, I've drawn a line between the lowest one and all of the higher ones. Because what we have is a picture now not of simple blindness, but rather some sort of discontinuity between the most concrete level and the higher levels. And what would you bet that somebody who has that, when he's observing the world, is going to have that when he's producing his behaviors. That's one of those tantalizing things that at face value is empirical, and the more you think about it, the less empirical it looks, except

you never can quite, I think, make it truly not empirical, so it's very close.

Q. You said . . . I missed the "that."

The discontinuity between the concrete things that they can respond to, interpret, deal with, and all of these other — somewhere you draw the line. Below that, you can manage; above that, it looks like magic to you.

For the time being, just think of some functional discontinuity, and leave that open–ended what the nature of it is. Then think of that as appearing on both sides, both in the interpretation of significance and in the production of behavior. And toss in the Little White Balls version that says, anything above that either is going to be nonexistent, or it's going to be unreal. If the reconstruction is that you keep things meaningless because you can't cope with meaning, then anything of this sort, you might be able to see, okay, but it won't be real for you. It won't be something you can act on.

There is a basis for saying there can be a discontinuity here, in topdown production, because that's what we find both in the production of projective-test responses and in dreams. Both the interpretation of dreams and the interpretation of projective tests hinge on that top–down production, and the recognition that at the most concrete level, it doesn't make that much sense. There is a discontinuity. In your dreams, you can experience all kinds of things happening; they don't have to be logical. The reason they don't have to be logical and preserve real–world consistency is, you're not actually doing it in the real world. So you don't have the reality constraints on it. If you don't have to act, there's lots of reality constraints that you don't have in producing behaviors out of this one.

Remember, the principle of interpretation is, you drop the lowest level. You drop the details and see what's left when you drop the details. That's how you compensate for the fact that at the most concrete level, it's not going to make the kind of sense it really makes.

Expected Symptoms

Delusions

Now with this picture, let's look again at the schizophrenic, and say, "Now what would you expect?" What we saw was that some schizophrenics will accept some significance, but will insist that everything is that way. In general, some significance will be unacceptable; the person will not be able to see it as real, but he may be able to experience it as unreal. If he experiences it and it can't be real, if it isn't real, it isn't mine, and if it isn't mine, how did it get there? Somebody put it there. You have there a basis for one of the common delusions in schizophrenia: "Somebody is putting thoughts in my head." You can reconstruct that by supposing that the person does experience some of this, but since it's not real for him, it's got to have some other status. And that other status is, "Somebody put it in my head." And somewhat that hinges on simply how great an ability do people have to literally wipe out all significance, as against just not acting on it, as against just giving it some other status like "unreal."

Flat Affect

The second thing that comes out of that is that there are no provocations, there are no dangers, there is no guilt, there is no wrong–doing, because all of those are significance descriptions. There's lions but no dangers. There's slaps in the face but no provocations. If there's no provocations and no dangers and no wrong–doings, etc., there's also no emotional reaction. That gets you another of the classic schizophrenic symptoms, namely, what's called "flat affect." So working the significance side, you can generate two of the most common symptoms — additional symptoms — of schizophrenia.

"Putting thoughts in my head"

Working on the production side, see what we can get. One fairly well–known phenomenon is that people can make distinctions and act on them without recognizing what distinctions they're making and acting on. A classic case is, people can often recognize that they're in danger without being able to say how they knew or what it was that was a danger. They just have a hunch, they just sort of know, and they react. Now imagine that I am a schizophrenic and I can see some of these things, but I don't know that that's what I'm doing. For me, that's all unreal and just something that somebody put in my head. But I do react to that, and you see me, and you recognize what I'm doing, and you reflect that back to me. What would be my reaction? Among the possible reactions is, "You must be reading my thoughts. When you say it, I can recognize it." Or, "You must be putting thoughts in my head, because when you say it, it sounds right." And along with thoughts are emotional reactions: "You must be putting anger into me. You must be broadcasting those things and filling me with anger."

A lot of these are very simple, almost mechanical, once you have the formula of "It's there but it's not mine. It's not mine because it's not real." So emotions and impulses and desires can get put there, and that, too, is one of the most common delusions of schizophrenics — those kinds of delusions.

Private language

Then there is the other one that caught my attention some time back, namely, there is in the clinical folklore a thin but long–running strand of thought that says schizophrenics often have a private language. What they say makes some kind of sense, but it doesn't make the ordinary kind of sense. They have a private language. Let me read you a little bit of dialogue which, if you were catching it on the run, would give you that kind of feeling. This is from a draft–age, ex–college guy who joined the army during the Vietnam war,

and that alienated him from his friends, and he later became psychotic. Here he is, talking a little about that, and he's saying:

> I didn't have a place with them any more. I tried to tell them about the stock market but they didn't appreciate it. They asked me to pick up a record I lent them. I didn't go because they tried to kill me. They're all dead now — I had it done.

On the one hand, this is crazy talk. On the other hand, it's not just nonsense, it's not just gibberish. And it's this kind of talk that gives you the sense that this guy is saying something, but he isn't saying it in English, and that's where the idea that schizophrenics have a private language — from this kind of dialogue.

Think of top–down production now, with the actual sentence being down here [the moving arm level]. And think of the production going fine until you get to the actual words, and then they get jumbled up, or something close to the actual words but it's a little higher, and you'll have something like that, and it is like a dream. The dream makes perfectly good sense, usually, until you get down to the actual concrete, and then it doesn't. We had fun with this dialogue, treating it like a dream or like a Rorschach interpretation, to see what it was he was saying, and did fine, and that's one thing that Cory was very good at, because she could catch this on the fly in actually talking with these guys, and respond not to the gibberish but to what they were saying. You can do that if you interpret it along these lines.

So on the right side, looking at producing behavior along this model, you can generate the private–language phenomenon, the talk that is not nonsense but it's not English either.

Referrals

Finally, think of the freedom you have if you've got this discontinuity. You've got certain kinds of freedom. The one kind we've talked about, that the paranoid can interpret anything as having

whatever significance he wants, because he doesn't have the usual connections that provide the reality constraints, that provide the reality checking. You've got the same phenomenon on the production side. I can make any kind of motion and tell you that I'm saving my country. I can make the same motion and tell you it's something totally different, because without that continuity, I'm free to give it whatever significance I want. If I do that, a clinician will look at me and say, He's engaging in schizophrenic rituals — including the ritual of standing motionless for hours.

That gets us to the end of the outline, and if you look back, we've dealt with a lot of the range of symptomatology that you see in schizophrenics. It would be of interest, and if anybody wants to do it, I will lend a lot of moral support, to start with this and see what else would need to be accounted for, for what you might call a theory of schizophrenia. What I've done today is simply go through an exercise of taking some of our notions — and I really haven't used any notion today that hasn't been around for a long time — and putting them together to address a phenomenon, and reconstruct that phenomenon to see what sense we can make out of it. What we wind up with is something close to a theory of schizophrenia.

Questions and Answers

Q. [About neurophysiology, explanations of schizophrenia, and the effects of medications .]

PGO. Mostly, I think it helps to translate neurophysiology into visible physiology. For something like that, consider: if I'm a violent schizophrenic and you put me in a straitjacket, I'm not violent. I don't go around hitting people.

Q. [About how to explain symptom relief from medication.]

PGO. I would say this: if you keep me from being violent, I'm probably going to do something else instead. They suppressed the crazy behavior, and if you suppress the crazy behavior, that leaves room for other behavior which may be not crazy. Beyond that,

you'd have to know a lot about the physiology bit to make some further guesses.

Q. The temptation is to think that the drug is actually helping something here with where the gap is, the cracks in the diamond.

PGO. Yeah, functionally, but you have that already observationally. You don't need to know how the drug works to be able to say that. If you want to go further, and explain that in terms of how the drug works . . .

Q. I'm struck by something about this gap — what I notice is, the pump is directly in my hand, the water isn't.

PGO. That's what I said about hard data. Hard data is what you can establish right then and there, on the basis of observation. You don't need other facts or special viewpoints or anything else. It's all there. But that's exactly why it's no good, because the things we react to are not just those things; it's primarily these things.

Q. I'm wondering — to take another example of behavior description, and look for this continuity — this place where pumping the pump, I've got the pump handle physically in my hand, and then there's a step where something else actually in the picture that isn't simply in my grasp.

PGO. That's probably too neat. What I would expect is individual differences in where the line is, and that's simply on the grounds of if it's because it's unbearable, the unbearability will be at a certain level of meaning, and everything that's at that level and higher is going to go. And that level doesn't have to be the same for everybody. On the other hand-yeah, that's plausible, and I wouldn't be surprised if by and large there wasn't something like that.

Q. What strikes me about that example is that the significance goes up in terms of its becoming part of a relationship where what you do is involving other people. I wonder if that is a piece of it, because then whatever one is doing is not only meaningful to oneself, but has real consequences for other people.

PGO. Yeah. Most of the difficulties that people encounter have to do with other people, so where there is a restriction, I would expect that restriction to involve relations, interactions, statuses, with other people, primarily. Areas of freedom, if there are going to be any, are probably going to be in areas that don't involve people.

Q. I'm not sure if you've said this before or not, but it seems like there's kind of an explanation permissive of both kinds of etiology, on either the kind that you're describing, or the embodiment kind that says, Hey, there's interference in the neural processing that creates this kind of —

PGO. You can carry that a certain way, and I'm not sure how far, but if you start with that and say, Okay, there is some functional organization here, such that down here you have a separate functional unit from up here, and a pathology consists of — on purely physiological grounds — interdicting some of the things that connect this functional unit with some of these. This can occur on purely physiological grounds, and if that happens, then you're going to get lots of the same things, and it won't be on the basis of unthinkability. It'll just be on the basis that you can't make these kinds of connections.

Q. Contrasting — low intelligence or another organic —

PGO. Right. What would happen, though, is that then you would expect a clean and essentially absolute break. You wouldn't expect any significance sensitivity up here if it worked that way. And given that we have the cases of the paranoids who are selective but do have significance all the way up and down the line, that sort of thing becomes less plausible.

With that, you would expect a complete loss of ability to see significance, and we know that lots of schizophrenics don't have a complete loss; they have a selective loss, and it's hard to explain the selectivity on this kind of model. It's like having a case of blindness where you're only blind to people and are not blind to anything else.

Q. For example, you can create a paranoid real easy by giving him amphetamines on a regular basis.

PGO. I don't know how much you're including under "paranoid." You get people who are suspicious and keyed up and vigilant, but do you also get all of this? Do you get the selective, full–blown delusions? Do you routinely get it, or do you just get it sometimes?

Q. The world looks really strange to him.

PGO. Strange, yes, but strange in the same way? One thing I'd like to see is some research where you're kept in suspended animation and you're just pumped full of the drug, and suddenly awakened, and then see if you have all of those full–blown symptoms, or whether the symptoms depend on the interaction between its initial and further effects, and your reactions to that, and the reactions to that, and the reactions to that, and your reactions to your reactions, all of the other psychological contributions to what is merely set off by the physiology.

Let me come back to something. I said there are some things that you can't just do; you have to do them by doing something. The "by doing something" includes all of your physiological functioning. If the only way you can think about something is to have certain things going on in your head, if something prevents that, it's also going to prevent you from thinking. If thinking in certain ways involves using a certain part of your brain in a certain way, anything that keeps that from happening is going to keep you from doing that, because that's the only way you have of doing that. So wherever there is a one–to–one relation here, and the only way of doing something here *is* something down here, then if you can prevent this [moving your arm] you're going to prevent that [saving the country]. And if you can enable this, you can enable that.

Q. What about auditory hallucinations? Is that subsumed?

PGO. Yeah, think of thoughts that are not mine. How can I experience thoughts that are not mine? I hear voices. I think that one is pretty straightforward.

Q. How about visual hallucinations?

PGO. That's something else. Remember the freedom to give anything whatever significance I want, and the connection with that and dreaming. I'm free at the upper levels of significance, like I am in dreaming, to construct whatever I want because it's not going to be subject to reality constraints at the concrete level. And if I don't have reality constraints going, I don't have the usual distinction between dreaming and waking, which is not as simple as saying I confuse the two. But I'm going to be able to do some of the things awake that I normally will just do dreaming, because I don't have the usual restrictions that operate in the normal waking state. That's not entirely satisfactory, but I think if you pursue that idea, you might come up with something satisfactory.

Q. I'm treating a Hispanic woman right now, and clearly her auditory hallucinations are this kind of experience, the voice that says "Kill him," and I guess what I've been doing is inclusively working this way around, taking instances when voices occur during the therapy session. So she'll be talking to me, and then she'll stop and say, "The voices say, Don't tell him that." And I say: "Do you feel kind of ambivalent about what you were going to say, the statement you didn't want to say?" But it's a lot easier to work at that level than to deal with the kill idea.

PGO. Yeah, in a therapy session, you don't want to be dealing with orders to kill.

Q. So, Pete, what are the — one, two, three — therapeutic strategies.

PGO. I didn't say anything about that. [laughter]. And I don't think we have time to get into that. Let me just mention difficulties here. Recall in the paper on humor and jokes, and the idea was that some client groups, there are deficiencies that go with their having the pathologies that they do, and that make it risky to use certain kinds of humor with them. Think along the same lines for the schizophrenic, and the kinds of limitations that the schizophrenic has. For example, he can interpret what you say in almost any way

he wants. Then ask yourself, What sort of resources do I have to work with? What sort of connections can I make at all, that I can count on? That's the major problem. In my day, part of the folklore — the slogan was, "By the time you get to where you can talk to a schizophrenic patient, he's cured." So think of it as that kind of problem, rather than the usual kind of therapeutic problem, which is how do you solve this sort of problem? How to you deal with this neurosis, how do you change this person from being a caretaker to somebody else? You mainly do it by communicating, and you presuppose that you can communicate. With a schizophrenic, you don't presuppose that, and that is the therapeutic problem.

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STATUS MANAGEMENT:

A Theory of Punishment and Rehabilitation

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I . Introduction

The violation of group norms is an age–old phenomenon, and efforts to deal with such violations are equally ancient. In modern societies the phenomenon takes the form primarily of crime. Around it have grown a variety of legislative, enforcement, and correctional institutions. Our present interest concerns the latter.

Traditionally, the rationale for the apprehension and punishment of those who commit crimes has been provided by one or more of three major theories. (We will use "punishment" to refer to any or all correctional system programs including incarceration, parole, work–release, diversion, et cetera.) The first of these is the Deterrence Theory, which affirms that the point (and justification) of punishment is to deter potential criminals from the commission of crimes. The second is the Rehabilitation Theory which affirms that incarceration and punishment are justified because (or to the extent that) such treatment rehabilitates the criminal into a law abiding citizen. The third is the Retribution Theory, which affirms that criminal *should* be punished, irrespective of whether the punishment has any practical or instrumental value, e.g. in deterrence or rehabilitation. As to why they should be punished, an earlier view is "because they deserve it" and a later view {Day 1978} is that the State owes it to both the criminal and the law abiding citizens because the State has an obligation to its citizens to see to it that a condition of justice prevails.

Traditionally, deterrence and rehabilitation have been the generally accepted bases for the punishment of criminal activities {Silberman 1978}. However each of these theories has lost its major force in recent years. Both theories provide a purely instrumental rationale. That is, punishment is justified because it is instrumental in producing a desired effect, i.e., deterrence or rehabilitation. It follows from such theories that if punishment does not have these effects it is not justified. The major thrust of recent empirical evidence is that in general, punishment does not deter or rehabilitate {Mastinson, et al. 1976}. In the face of these findings there remains

special pleading for special programs of either sort, but there is no longer the earlier wide acceptance of either theory. There is some consolation in the thought that at least the convicted criminals are not committing crimes during the time they are incarcerated, but even this is undermined by evidence suggesting that incarceration fosters later crime.

Retribution Theory has not been a generally acceptable rationale. Objections have taken the form of saying in one way or another that although the motivation to punish the criminal is understandable in individual persons, it is an ignoble motivation (hatred, revenge, etc.) and therefore unjustified as an action by the State. Even such formulations as that of J. P. Day {Day 1978} which deny that revenge (or hatred, etc.) are involved, have not achieved wide acceptance.

At the present time there is no generally accepted theory of punishment in this country and there is no general confidence that our correctional institutions have either a rational basis or a sufficient social value to warrant their continuance, except that no acceptable alternatives are to be found, either. It does not appear that an adequate rationale will be one which is grounded merely in the technical instrumentalities of our criminal justice system. Rather, it appears that there is a compelling rationale couched in more fundamental terms which reflect the logic of persons and groups. The major aim of the present paper is to present this rationale and an illustrative example.

The general conceptualization on which the rationale is based is the Status Dynamic Model within Descriptive Psychology {Ossorio, 1978a, 1969/1978b}. The specific theory of punishment to which it gives rise was initially designated as the Degradation–Accreditation Theory. For convenience, although the earlier title is more accurate, we now refer to it as the Status Management Theory. The Status Management Theory accomplishes some of the aims of both the Rehabilitation and Retribution theories.

The central tenet of the Status Management Theory is that (a) our criminal justice institutions exist to perform two indispensable

functions which would otherwise be performed in other ways, and (b) those functions are (1) to make rational changes in the status of individuals within society, and (2) to manage the implications and consequences of those changes. This statement, of course, requires explanation.

II. Basic Concepts

For any social group, or community, each member has, at any given time, relationships of various sorts to other members of the community and a particular place, or status, in the community. A person's status in the community reflects the relationships he has to other members. Although in most communities there are many different statuses (ultimately, each person has a unique status), statuses and the corresponding persons may be classified in various ways.

One type of classification is of central interest here, namely one which distinguishes between (a) what one might call full membership in the community and (b) various forms and degrees of limited membership. The difference between full membership, or full standing, and limited membership, or limited standing corresponds to a difference in eligibilities. A person who is fully and simply a member of the community, is one who is maximally eligible to participate in the social practices and activities of the community.

The status which carries with it this range of eligibilities also carries with it a corresponding set of responsibilities/obligations with respect to other members. Accordingly, when a person demonstrates that he is unable or unwilling to carry out these responsibilities the expectation of others in regard to his behavior are reduced. Correspondingly, his eligibilities are also reduced. In the simplest case the loss in eligibility directly mirrors the default in responsibility. For example, one who tells lies is no longer listened to; one who cheats is not allowed to play, or no one does business with him any more; one who drives recklessly is no longer allowed

to drive; and so forth. In other cases there is simply a rough quantitative correspondence between the seriousness of the default and the amount of reduction in eligibility. The limiting case here is a total reduction in eligibility, which may be accomplished, e.g., by expelling the transgressor or putting him to death.

The reduction in the behavioral/social eligibilities of the transgressor constitutes a qualitative and quantitative limitation in his possibilities of participation in the community. Once it has occurred, the limitation remains in force until it is reversed or undone. Normally this is not done until and unless the transgressor demonstrates that he is once more willing and able to carry out his common responsibilities. In general, then, the group response to the violation of its requirements for membership is in principle a matter of changing and monitoring the status of violators in a way which is rationally responsive to both the necessities of the group and the limitations and potentials of human beings.

A more systematic formulation of such considerations, both in individual relationships and in social/political relationships, is provided by the emerging discipline of Status Dynamics {Ossorio, 1969/1978b, 1971/1978c, 1980}. Of interest here are three definitions and their elaborations:

1. A person's status is his place within a network of personal, social, and other relationships. The concept of status may be used wherever an individual can be placed within a domain in which involves various individuals and their interrelationships. For example, a person may be said to have a status within his family, in his job setting, in a circle of friends, in his church setting, in a civic, organizational or national setting, and so forth . A person's status determines (in a logical, not casual sense) his possibilities (and impossibilities) for behaving. This is why it is a fundamental concept.

2. A person's status is subject to change. He may acquire new eligibilities, or behavior potential and he may lose eligibilities, or behavior potential. Of interest here are the status changes which are brought about by other persons and which reflect

changes in what they are willing to do with the person or how they are willing to count what he does. Status changes which correspond to decreased eligibilities, i.e., to lessened behavioral possibilities, are designated as *degradations*. Status changes which correspond to increased behavioral possibilities, are designated as *accreditations*. Status changes which may involve either increases or decreases in eligibilities or both are designated as *status assignments*. Likewise when we wish to refer to a specification or change in the status assigned to a given person by another person without implying anything about what elements of degradation or accreditation are involved, we speak of *status assignments*.

3. A person assigns statuses to himself as well as to other people. These status assignments may be in limited context or they may be global status assignments. A person's self concept is essentially his formulation of his behavioral possibilities, and this corresponds to his global, or real world, status.

4. In general, different statuses call for different treatment. Knowing a person's status or assigning him a status carries with it the knowledge of how it makes sense to treat him.

The concept of degradation has been systematically formulated by Garfinkel {Garfinkel 1967} in a discussion of the formal conditions for a successful degradation ceremony. As paraphrased by Ossorio {Ossorio 1978a}, a successful degradation ceremony has the following elements.

1. There is a community of people having a set of values such that adherence to those values is a necessary condition for being in good standing in the community, i.e., for being purely and simply "one of us."

2. Three members of the community are involved: namely, a Perpetrator, a Denouncer, and (some number of) Witnesses.

3. The Denouncer and the Witness act as representatives of the community in two senses:

a. They themselves are in good standing, act as members in good standing

b. They act in the interest of the community and not in their private interest.

4. The Denouncer describes the Perpetrator to the Witness as having committed a certain Act. If necessary, the Denouncer redescribes the Act in such a way that the incompatibility of the Act with the community values follows logically.

5. The Denouncer presents a case for judging that the Perpetrator's engaging in the Act (as redescribed) is a genuine expression of his character and is not to be excused or explained away by reference to accident, extraordinary circumstances, atypical states of mind, etc.

The logic of the successful degradation ceremony is that the Denouncer has shown that one of the necessary conditions for the Perpetrator to be in good standing in the community has been violated. Further, he has ruled out the possibility of acceptable exceptions. As a result, he has shown that the perpetrator is not, and never really was "one of us." The assent of the witness marks it as an action by the community rather than a merely personal one.

After the successful degradation the Perpetrator has a new standing which corresponds to having a more restricted set of possibilities for acting in the community. The new standing reflects the kind and degree of transgression involved in the Act.

Degradation ceremonies require three statuses, but only in the standard, or paradigmatic, case do they require three distinct persons. In other Uses a single person may serve in two of the statuses or even in all three. Again, only in the paradigmatic case is degradation accomplished by an overt, explicit ceremony. In derivative cases it may be accomplished informally, person to person, or fully in private, and it may be done implicitly and overtly rather than explicitly and overtly. The full range of these various possibilities will not be of central interest here.

Of course, not every attempted degradation is successful. There are various possible defenses, which can be relatively simply associated with the elements of the successful degradation ceremony, and these defenses may be successful.

1. The "Perpetrator" may argue that in fact the community has no such value as the Denouncer is appealing to.
2. Or he may claim that the value appealed to is not a necessary condition for being in good standing. In either case he may argue that no relevant violation has occurred which calls for an attempted degradation, hence there is no call for anyone to be in the positions of Denouncer, Perpetrator, and Witness. Such defenses are common in civil liberty or "right to dissent" cases.
3. The "Perpetrator" may challenge the standing of the Denouncer or Witness or both. (a) He may challenge their standing in the community, hence their fitness to serve as Denouncer and Witness. (b) He may accuse them of ulterior personal motives which disqualify them as representatives of the community. Charges of systematic bias against particular groups exemplify this kind of defense. So do charges of conflicts of interest.
4. The "Perpetrator" may deny having committed the Act at all ("I was home in bed at the time"; "I have never told him that"). Or he may admit to the act but deny that the redescription applies ("Yes, I killed him, but it wasn't murder"; "Yes, I ran, but not to escape arrest").
5. Finally, the Perpetrator may admit to the Act as redescribed but deny that committing the act was a genuine expression of his character. ("I wasn't myself"; "I was overcome by anger (or fear, etc)"; "It was just a wild impulse"; " I didn't really consider what I was doing.") The "character" type of defense is of particular interest to us. How can a person demonstrate to the community that a transgression was not a genuine expression of his character and that he really does hold the community values and is capable of upholding them?

One such defense which is often successful is for the Perpetrator to make restitution. In this case he renounces whatever advantage would otherwise accrue to him by virtue of the transgression (he gives up his ill–gotten gains) and compensates the victim (if there is one) for his loss. Of course, restitution is not a compelling character defense if it is not done (a) voluntarily, and (b) prior to being apprehended.

The logic of restitution lies in two related basic psychological principles.

1. If a person has a reason to do something he will do it, unless he has a stronger reason to do something else.
2. If a person values A over B, and if he has an opportunity to choose either A or B but not both, then, other things being equal, he will choose A over B.

In the case of restitution, the Perpetrator values being a member in good standing more than he values the gains which stem from his transgression. Under these conditions he has a stronger reason to make restitution than to retain his ill–gotten gains. Conversely, the fact that he makes restitution is evidence of this motivational priority, hence it serves as a character defense. To be sure, there is still the issue of whether the Perpetrator really holds the values of the community or whether he merely upholds them for the sake of the various benefits of being a member in good standing. However, in many cases of interest upholding the community values is considered sufficient.

Of course, restitution is not a general solution to the character defense problem, since it is only possible under special circumstances. It is not possible, for example, if the victim has been killed or irreparably harmed, or if the stolen money has been spent or the stolen silver melted down, or if the transgressor is apprehended before he has a chance to make voluntary restitution.

The general solution is provided by penance. There are two classic forms of penance.

In the first case, which we may designate as *Punishment*, the Perpetrator voluntarily subjects himself to a condition of exceptional pain, suffering and/or deprivation as a condition of regaining full status. Again, the logic is provided by the two psychological principles noted above. Whatever the punishment may consist of in detail, it is something which, by common consent, the Perpetrator has a very strong reason to avoid. Under these conditions, choosing to accept the punishment rather than lose his standing in the community demonstrates that retaining his standing in the community has a very high motivational priority for him — enough to outweigh a choice which he has a strong reason to make, i. e., to avoid the punishment.

In the second case, which we will designate as *Pledging*, the demonstration is accomplished by virtue of successfully undertaking not to repeat the transgression during a substantial period of time. The compellingness of the demonstration involves both a psychological and a statistical aspect. The psychological aspect again is provided by the two principles above. The nonrepetition of the transgression provides evidence that in the ordinary course of events the Perpetrator did not have reason enough to transgress. This alone is not prime evidence of motivational priority. The demonstration depends on the argument that in the ordinary course of events the temptation to transgress occurs with substantial frequency. Given this, the fact that the Perpetrator never transgresses is good evidence that he does uphold the relevant community value. (The statistical argument is, "If upholding the relevant community value were not a high priority, what is the likelihood that, given repeated opportunities to give something else a higher priority, the Perpetrator would always decide in favor of upholding the relevant community value ?").

As in the case of restitution, there is a residual issue of whether the Perpetrator really holds the relevant community value to a high degree or whether he merely is willing to uphold it for the sake of the various benefits which go with being a member in good standing.

In general, a community in which there is no "way back" following a transgression has a very different character from one in which there is such a way. Most communities are of the latter sort. In such communities it is a matter of considerable significance to the members that there are some "ways back" to good standing and it is a matter of considerable significance what those ways are, for every member is a potential Perpetrator.

Just as there are degradation ceremonies, there are accreditation ceremonies. The conditions for successful accreditation have a close relation to the conditions for successful degradation. They may be summarized as follows.

1. There is a community of persons having a set of values such that adherence to those values is a necessary condition for being in good standing.
2. Three persons in three statuses are involved. These are the *Accreditor*, the *Candidate*, and the *Witness*.
3. The Accreditor and the Witness act as representatives of the community, and they do so in two senses.
    a. They are members In good standing and act in that capacity.
    b. They act in the interest of the community and not out of any private interest.
4. The Accreditor describes the Candidate to the Witness(es) as having committed certain acts. If necessary, he redescribes the acts in such a way that it follows logically that the acts are expressions of the essential community values.
5. The Accreditor presents whatever case needs to be made to the effect that the acts, as redescribed, are genuine expressions of the Candidate's character rather than, say, the result of luck, chance, accident, ulterior motivation, deception, theft, et cetera.

6. The Candidate signifies his willingness to participate as a member of the community.

The effect of a successful accreditation ceremony is to increase the Candidate's behavioral possibilities within the community.

As in the case of degradation, the public, explicit accreditation ceremony is merely the paradigmatic case. Other cases of accreditation may require less than three persons though they will still require three statuses. Likewise, accreditation may be accomplished informally, person to person, or in private, and it may be accomplished implicitly and covertly. The case described above involves the induction of a person into a community. This would fit, for example, becoming a citizen or joining a religious, business, professional or avocational organization. Other cases, which will be of primary interest here, are those in which the Candidate is already a member of the community but has his status raised. This would fit, for example, graduating from school, receiving a driver's license, moving from apprentice to journeyman, or regaining full standing after having been previously degraded.

III. The Criminal Justice System

The analysis of degradation and accreditation provides a basis for understanding the components of the modern criminal justice system as rational institutions. It also suggest some explanations of the ineffectiveness of these institutions as they are presently functioning and provides some guidelines for greater effectiveness.

A. Criminal law may be regarded as a more or less implicit codification of certain of the values of the community the adherence to which is a necessary condition for maintaining full standing in the community. It is explicitly a codification of those Acts which will be taken as violations of those values. Many of the problems with the laws stem from the fact that in general neither the relevant values nor their violations can be equated to any given set of Acts

except (a) approximately, for practical purposes (b) within a social context which is specified both in general and in detail. This is why old laws may become obsolete and new laws are needed. It is also why often the writer of a law is tempted to put it in more general form (in order to approximate the community value more closely), which then leads to problems of vagueness and interpretation. (For example, Pornography laws are classically subject to these difficulties.)

Other criminal justice institutions are designed to deal with violations of those values which are codified in the criminal statutes.

B. The primary function of the police as law enforcers (vs peacekeeping) is to serve as Denouncer/Witness. It is the function of the police officer to determine whether a violative Act, i.e., a crime, has apparently taken place and whether some identifiable "perpetrator" apparently has committed the Act.

The police officer will normally look for and assemble evidence concerning the commission of a crime and the perpetrator of it. Often the evidence will include the testimony of a victim who also serves as a Denouncer.

When a possible or apparent Perpetrator has been identified the officer may take actions which change the civil status of the perpetrator from that of a citizen in full standing to that of an Accused. Given the complexity of the body of relevant law, and the variety of options open to him, the officer's decision is often not a simple one, and various ways of codifying the relevant considerations have been attempted.

In one of the most recent efforts of this kind, in the First Judicial District of Colorado, a series of arrest standards have been developed. These arrest standards specify the several alternatives to arrest and approximately 30 conditions which provide reasons for or against taking each alternative. For example, two conditions which counterindicate incarceration are (a) Hostile victim or witness and (b) Personal relation of victim and accused.

C. The status changes initiated by the police officer are provisional and will be reversed if no further action is taken. It is the function of the Prosecutor's office to make a formal Denouncement or to elect an alternative course of action. The function of formal denouncement calls for (1) good evidence, (2) the ability to redescribe effectively, (3) an effective information flow among police, prosecutor, and courts, and (4) the ability to conduct investigations and build cases. The prosecutor makes the decision as to whether or not the "Perpetrator" qualifies for denouncement and if so, for what and in what way.

Just as the police officer has alternatives to arrest, the prosecutor generally has alternatives to filing and prosecuting a charge. Most of the alternatives are designated as "diversion programs."

D. When a charge is filed and prosecuted, the prosecutor clearly serves as the Denouncer. Just as clearly, the judge and/or the jury serve as the Witnesses. Classically, the charge to the members of the jury is that they act as representatives of the community and without personal bias. Jurors are selected from members in good standing in the community and prospective jurors may be rejected for cause if it appears that they will not be able to act without personal bias.

In the paradigmatic degradation ceremony the assent of the Witness marked the ceremony as an action by the community. In a court trial, the same result is accomplished when the judge or jury assents to the prosecutor's denunciation.

E. In a court trial in which the Perpetrator has been convicted it is the function of the judge to specify the kind and degree of degradation which is to be suffered by the Perpetrator. Similarly, in the case where the prosecutor elects a diversion program rather than a court trial it may be the prosecutor's function to determine the kind and degree of degradation, if only through the choice of diversion possibilities.

In the foregoing we have seen how the operation of the criminal justice system works to accomplish the function of degradation in those cases in which the community value and its violations are specified in the criminal statutes. The criminal justice system is an institutionalized form for conducting an attempted degradation, allowing for the various defenses, evaluating the balance of accusation and defense, and acting on the outcome.

Although problems arise in these connections, they tend to be practical and professional problems rather than fundamental ones. In contrast, it appears that the more basic difficulties in the result of criminal justice system functioning lie in the other aspect, i.e. accreditation. The difficulties discussed initially have to do with the fact that incarceration, parole and other system programs apparently do not demonstrably deter or rehabilitate sufficiently to sustain the traditional rationales for incarceration and other forms of treatment of citizens convicted of criminal acts.

Certain points need to be made in this regard.

A. Incarceration is ambiguous. As a significant deprivation, it has some of the features required by the "Punishment" form of penance. However, it does not have the crucial feature of being voluntary. Moreover, it does not qualify as restitution, either. Thus, the notion that a person who has "served his time" has also "paid his debt to society" and therefore ought to be accepted back into society automatically is simply mistaken, and citizens who look askance at the ex–convict are not simply bigoted.

B. The traditional notion of parole is equally ambiguous. It has many of the characteristics of the "Pledge" form of penance, but it is lacking significantly in the personal commitment, or promissory, aspect, since eligibility for parole is primarily a matter of law or administrative decision rather than something initiated by a personal commitment. Further, the monitoring of the parolee's activities is typically insufficient to distinguish between upholding the community values and failing or refusing to do so. The notion that the convicted criminal earns his eligibility

for parole by serving a certain amount of "good time" resembles the statistical rationale of the "Pledge." However, "good time" in prison does not qualify as a job sample of being a good citizen in that society, so that neither the motivational nor the statistical arguments really apply.

For example, if a "Perpetrator" is sentenced to serve a term in prison and is released on parole after three years, the following has occurred. Perpetrator X has been removed from the community. He is placed in a community where to be "one of us" involves vigilance, realistic paranoia, fear, enrolling in a pecking order based on being the toughest, meanest "son of a bitch" to survive. The "Witness," Parole Board, then reviews the individual not on the basis of what has the individual accomplished in terms of becoming one of us, but of how well he has maintained a low profile in a hostile community and how appropriate he has been within a limited environment. The person then is placed back in the community without being accredited. He is told, "Your term is over," but he is not told, "You are now one of us." The individual carries the label of "Ex–Con." He is viewed without trust. Expectations arise for actions that transgress community values, and he is not given a normal place in the community. Statistics show he has problems with employment, relationships, and so on, and as a result is most likely to continue criminal behavior. In short, the Criminal Justice System successfully accomplished the degradation, not for the period of time given by the sentence, but for life, because there is no corresponding accreditation process for graduating from the status of "criminal."

C. Rehabilitation programs have focused primarily on developing job skills and on achieving job placements. However, although being employed and employable may in fact be essential for a person to participate fully in society, this issue is quite separate in principle from the question of how a person convicted of a crime regains his full status in the community.

D. The primary "rehabilitation" problem is the problem of providing rational and practical ways for the citizens to regain full standing in the community. They must be rational in order to command the assent of the citizens who are in full standing, for if they do not assent they will not give the former criminal the status of "one of us." They must be practical because if they are not they will not provide actual opportunities for the former criminal to make his way back. Thus it appears that the possibilities of genuine rehabilitation depend on the logic of the "character defense" described above (restitution, penance). The possibility of rehabilitation depends on the possibility that the criminal Act was not a genuine expression of the Perpetrator's character or that the Perpetrator's character changes so that it is now the case that a criminal Act would not be a genuine expression of it.

The foregoing considerations strongly suggest that if the criminal justice system is to be more than minimally effective, it must institutionalize the elements of accreditation as well as it has institutionalized the elements of degradation. To be sure, some limitations in this regard must be recognized. For example, it is no longer possible merely to exile those who reject the eligibility to be "one of us," and the present paper does not address this problem. However, there is no reason to question that in principle the elements of accreditation can be effectively institutionalized. Rather than an abstract survey of possibilities, an actual example may be most pertinent.

The Jefferson County (Colorado) Adult Diversion Program is based on the rationale of degradation and accreditation and can serve as a paradigmatic example. Within the Adult Diversion Program penance, restitution and rehabilitation take place. The Adult Diversion Program reaccredits the person, defines steps to be taken to receive reaccreditation and monitors the process.

Eligibility is based on non–violent felony charges. The "Perpetrator," meets with the Adult Diversion staff member,

"Denouncer," where under strict rules of confidentiality the perpetrator describes his act of transgression and his standing in the community. The "Perpetrator" also states what he is willing to do for a definite period of time to regain his status of "being one of us." What is required of him coupled with what he is willing to do is placed in a written contract. This contract includes such items as keeping a job, no drugs, going to school, restitution, preserving or attaining mental health, etc. The "Denouncer" redescribes the "Perpetrator's" acts before a council of "Witnesses," community representatives from criminal justice and the general community. The "Perpetrator" is questioned by the "Witnesses" to determine the level of willingness for penance or restitution. The Adult Diversion Program staff participate in the accreditation process by referral where abilities need to be developed and legitimizing and treating the individual as if he were one of us, but one who has to deal with the limitations that have prevented him from being recognized as one of us. Each success is reinforced. What he does towards earning his way to normalcy is treated as doing something that counts. The goal is to make the person himself the accreditor of such efforts, since that is essential to really *being* "one of us."

At the termination of the program the individual appears before the "Witnesses" and is presented as being "one of us," is congratulated as being "one of us." The "Accreditor" is the Adult Diversion Staff person who cites all the ways in which the individual is now one of us, all the acts he has performed to become one of us. With successful accreditation, the person is now no longer on deferred prosecution status. He has officially been given the status of one of us. The recidivism rate for felony rearrests after 5 years of program operation and 765 participants is the incredible low rate of 1.5% for the 765 participants who completed the program successfully.

An example is only an example, of course. This example provides support for a view which regards the proper function of the criminal justice institutions to be the rational management of the status changes which are called for by the phenomenon of criminal activity. In addition to suggesting reasons why traditional

rehabilitation programs have substantially failed, this view offers a unifying and human approach which can be implemented in various ways in particular settings and circumstances with some expectation of success.

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