

A CONCEPTUAL FRAMEWORK FOR ECLECTIC PSYCHOTHERAPY

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ABSTRACT

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

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

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

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

THE DEFICIT MODEL OF PATHOLOGICAL STATES

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

Significant Restriction in Ability

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

Deliberate Action

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

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

“Participate”

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

Social Practice

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

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

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

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

Summary

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

Advantages of These Definitions

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

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

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

BEHAVIOR

Parametric Analysis

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

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

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

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

where

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

- I = Identity: the identity of the person whose behavior it is (e.g., Jill)
- W = Want: the state of affairs which is to be brought about and which serves as a logical criterion for the success or failure of the behavior (e.g., winning the trick, winning the game)
- K = Know: the distinctions which are being made and acted on; the concepts being acted on (e.g., trump vs. non-trump, hearts vs. diamonds vs. spades vs. clubs)
- KH = Know-How: the competence that is being employed (e.g., competence at recognizing trumps, playing a trump card)
- P = Performance: the process, or procedural aspects of the behavior, including all bodily postures, movements, and processes which are involved in the behavior (e.g., all of the physical processes involved in Jill recognizing which card to play and physically laying it down, which could in principle be described at any level of analysis appropriate to the behavior describer's needs—molar hand and arm events, finer muscular events, molecular brain and other central nervous system events, etc.).
- A = Achievement: the outcome of the behavior; the difference that the behavior makes (e.g., winning the trick, winning the game)
- PC = Personal Characteristics: the personal characteristics of which the behavior in question is an expression; these may include Powers (abilities, knowledge, values), Dispositions (traits, attitudes, interests, styles) or Derivatives (capacities, embodiments, states) (e.g., Jill's intelligence, knowledge of bridge, skill at playing it).
- S = Significance: the more inclusive patterns of behavior enacted by virtue of enacting the behavior in question (e.g., by playing the trump card, Jill wins the trick; by winning the trick, she wins the game; by winning the game, she defeats her arch-rival, etc.)

To put this matter in another somewhat cumbersome but hopefully illuminating way, we can say: "The state of affairs which can be described simply as 'Jill playing the trump card' is the same as the totality of states of affairs which includes Jill's acting to accomplish purposes W_1 W_n , Jill's acting on discriminations K_1 K_n , Jill's exercising competencies $K-H_1$ $K-H_n$, Jill's engaging in performances P_1 P_n , Jill's achieving ends A_1 A_n , Jill's expressing person characteristics PC_1 PC_n , and Jill's engaging in behavior having significances S_1 S_n ." (Compare: "The state of affairs that can be

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

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

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

EXPLANATIONS OF PATHOLOGY

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

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

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

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

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

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

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

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

PSYCHOTHERAPY

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

Direct Access

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

Indirect Access

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

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

CONNECTIONS TO EXISTING THEORETICAL EXPLANATIONS

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

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

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

Theory: Psychoanalysis

Explanation #1: Repression and Denial

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

Explanation #2: Conflict

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

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

Explanation #3: Transference Distortion

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

Explanation #4: Eriksonian Developmental Arrest

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

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

Theory: Behaviorism

Explanation #1: Behavioral Deficit and Maladaptive Behavior

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

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

Explanation #2: Classical Conditioning of Anxiety

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

Theory: Cognitive

Explanation #1: Cognitive Deficit and Cognitive Misconception

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

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

Explanation #2: Learned Helplessness

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

Explanation #3: Self-efficacy

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

Theory: Client Centered

Explanation #1: Self-estrangement

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

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

Explanation #2: Anxiety State

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

Theory: Family Systems

Explanation: Family Process

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

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

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

Conclusion

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

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

FINAL CONSIDERATIONS

An Integrative, Not a Destructive, Framework

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

Summary

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

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

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

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