

# THERAPEUTIC SOCIAL PRACTICES

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## ABSTRACT

The conceptual framework called Descriptive Psychology provides a perspective from which several therapeutic approaches are seen to be related. A conceptual analysis of social practices along with a selective review of psychotherapy literature helps reveal the meaning and implications of the analogy: Behavioral Family Therapy is to Structural and Strategic Family Therapy as Cognitive Behavior Modification is to Generative Personality Approaches (Gestalt Therapy, Redecision Therapy, and Ericksonian Hypnosis). Thorough understanding of the concepts of social practice and reflexive social practice within the context of the Descriptive Psychology perspective can provide the practitioner with great procedural flexibility while maintaining conceptual coherence.

The field of psychotherapy is characterized by a multiplicity of approaches, techniques, and theories. Each approach carries with it an ideology, technical jargon, and usually an enthusiastic following. Unfortunately, this situation leaves many practicing clinicians unable (or worse yet, unwilling) to communicate with others of different orienta-

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tions. Often there are heated polemics about which approach is generally superior or more "scientific." Behavior modifiers cast aspersions on "cognitive" behavior modifiers (Ledwidge, 1978). Family therapists tend to see individual psychotherapy as incomplete. Stylistic differences and preferences becomes epistemological or metaphysical propositions. Practitioners often seek certification as Gestalt Therapists, Transactional Analysts, Official Hypnotists, or even Neurolinguistic Programmers. Clients even seek particular brands of psychotherapy. And somehow, in the clamor arising from this Tower of Babel, the simple notion that as therapists we deal with persons engaging in social practices has been overlooked.

This essay does not offer yet another set of techniques for psychotherapy or even another theory. Rather, an effort is made to articulate a perspective deriving from competence in the use of social practices. From this perspective therapists may gain access to alternative therapeutic approaches and use different techniques with greater flexibility. However, this is not to suggest the popular eclecticism of taking something from one approach, something from others, and *hoping* that they will all make sense. Making sense of psychotherapy must precede using a particular method. Finally and most importantly, an attempt is made herein to build some bridges between therapists who practice within one or even several approaches and the conceptual system which is Descriptive Psychology (Ossorio, 1973, 1976, 1978, 1971/1978, 1970/1981).

This chapter is divided into two major sections: a review and extension of some concepts within Descriptive Psychology, and a selective review of some therapeutic approaches. No attempt has been made to be exhaustive in choosing therapies to examine. The intent is rather to provide examples and give substance to the notion that as therapists we are all engaged in similar activities, regardless of orientation. Perhaps as the formal relations between such diverse approaches as Gestalt Therapy and Behavioral Family Therapy are spelled out, a different understanding of each therapy will develop.

## DESCRIPTIVE PSYCHOLOGY AS A CONCEPTUAL FRAMEWORK

Descriptive Psychology is a coherent conceptual framework for understanding persons and behavior. Descriptive Psychology is not another psychological theory; rather, it provides a kind of bookkeeping system for organizing facts about behavior. The major feature which distinguishes Descriptive Psychology from existing approaches in psychology is the stress placed upon preempirical conceptual analysis. A wide variety of ordinary language concepts have been used to provide a perspective

on persons, behavior, language, and reality. In particular, the concept of social practice is explored here as a unifying concept for the psychotherapies.

### Social Practices

Ossorio (1970/1981) states, "Social practice descriptions are used to represent unitary sequences of behaviors by a single individual or patterns of behavior involving multiple participants" (p. 4). Among the daily social practices in which one might engage are dining, negotiating a disagreement, solving a problem, or playing a game. The activities are recognizable, repeatable, and learnable. Therapeutic activities such as doing systematic desensitization, inducing a trance, identifying and altering internal dialogues, and modeling a parenting strategy are also examples of social practices.

A social practice is a special case of the concept of process. Ossorio (1971/1978) has developed a format for describing processes which is called the Basic Process Unit. The parameters of a process, or ways in which processes can differ from one another, include: Name, Stages, Options, Versions, Contingencies, Elements, Individuals, and Eligibilities.

Playing a game of chess provides a clear example of the sequential aspects of a social practice. The moves of the game are the Stages of the process, and for each move the player considers various Options. The rules for the movement of the pieces and the conduct of the game are called the Contingencies. Each different game of chess represents a particular Version of the process.

The parameters of Elements, Individuals, and Eligibilities are most simply understood in a play. The Elements are the characters or roles, while the Individuals are the particular actors. The Eligibilities provide a casting list, so that each actor is assigned as a character in the play. Any social practice can be fully described by providing values for each of the parameters.

A person's behavior is often described by reference to his or her participation in a particular social practice. When a person "moves pawn to queen 4," he or she is making a move in a game of chess. Within Descriptive Psychology, to describe a person's behavior in terms of participation in a relevant social practice is one way of indicating the Significance of the behavior. In this case, Significance has a particular technical meaning as one of the parameters of behavior. The concept of behavior, also called intentional action, has been analyzed by Ossorio (1973) to have the following parameters: Identity, Want, Know, Know How, Performance, Achievement, Personal Characteristics, and Significance.

When a person chooses among behaviors, he or she is said to be

engaging in deliberate action. In deliberate action the values of the Know and Want parameters are given by specifying some behaviors. Deliberate action descriptions are the paradigm for the behavior of persons. In a social practice each Stage has behavioral options, and consequently a participant in a social practice is choosing among behaviors. The behavioral sequence in a social practice is thus a sequence of deliberate actions. Sometimes persons may become locked into one version of a particular social practice and describe themselves as having "no choice" with respect to that particular social practice. Recognizing that social practices are inherently sequences of deliberate action provides at least formal access to the possibilities of choice and decision.

There are various classes of social practices. To name only a few, there are rhetorical (having a debate), instructional (teaching a child arithmetic), regulatory (disciplining a child for misbehavior), recreational (playing tennis), occupational (programming a computer to solve a problem), and evocative or dramatic (reciting a poem). Within each class there are many separate social practices.

### Social Practices in Psychotherapy

Negotiation, problem solving, and status assignment are examples of social practices that are important in psychotherapy. The Stages in the social practice of negotiation include: (a) stating positions, (b) criticising the other's position and supporting one's own position, (c) adjusting positions, and (d) agreeing or agreeing to disagree. People can go through the first three Stages as often as needed to reach the final Stage. Couples who come for therapy often have gone wrong in one or more of the many ways that they could go wrong in this social practice. For example, they might have failed to state positions clearly, perhaps simply assuming that each knew the other's position. Failure to recognize that agreeing to disagree is one acceptable stopping-place can lead to interminable negotiating, or more frequently repetitive fighting.

Problem solving has many formats, spelled out by various writers, though they are all generally similar. The diversity results from being able to decompose any Stage of a process into constituent processes. Bourne, Dominowski, and Loftus (1979) identify three general stages: (a) preparation (understanding the problem), (b) production (generating solutions), and (c) judgment (evaluating the solutions generated). Spivack, Platt, and Shure (1976) have found that many clinical problems can be seen as deriving from faulty interpersonal problem solving. Failures may occur because a person doesn't recognize a problem, doesn't understand consequentiality or causality, is deficient in means-end thinking, or is deficient in generating alternatives. Their therapeutic approach involves specifically teaching the person the practice of interpersonal

problem solving with attention to the ways in which a person can go wrong.

Status assignment, as a social practice, is demonstrated in a variety of contexts such as a marriage ceremony, college graduation ceremony, judicial proceeding, or assignment of a psychiatric diagnosis. Generally any accreditation or degradation ceremony involves the social practice of status assignment (Schwartz, 1979). The concept of status is central in the clinical applications of Descriptive Psychology (Ossorio, 1976).

The concept of status designates the totality of a person's relationships with elements of the real world. Status indicates the person's place in the world, though not in a merely hierarchical sense. One way of describing a relationship is to indicate the social practices which are appropriate to that relationship. For instance, the social practices appropriate to the friendship relationship are different from those appropriate to the doctor-patient relationship. Speaking of the repertoire of social practices that a person has acquired and is eligible to participate in is another way of indicating his or her status. What a person is capable of doing and/or eligible to do is called behavior potential. Status is a summary statement of a person's behavior potential.

When a person's status changes, his or her relationships, behavior potential, and repertoire of social practices change. Perhaps the clearest example of a social practice which leads to status change is the "degradation ceremony" (Garfinkel, 1956). The perpetrator of an act which clearly violates the values of the community is degraded when a denouncer successfully claims that the act demonstrates that the perpetrator is not a member in good standing in the community. Ossorio (1971/1978) has used the Basic Process Unit to elaborate the structure of this social practice. In the degradation ceremony the Elements are perpetrator, denouncer, witnesses, group, and act. The Stages are (a) description of the act, (b) redescription of the act as reprehensible, and (c) characterization of the perpetrator by the act. A person who has been subjected to a successful degradation ceremony will have lost behavior potential and will no longer be able to engage in the social practices for which he or she was eligible prior to the degradation ceremony.

In status assignment, "treating a person as an X," where X can be any particular status, becomes quite important. To the extent that I treat a person as a friend, for example, I will be encouraging that person to behave in ways which are compatible with this status assignment, and also interpreting his or her behavior as an expression of status. In family therapy, the positive connotation technique (see Palazzoli, Boscolo, Cecchin, & Prata, 1978) is a social practice of status assignment which gives the therapist access to important observations about the system's functioning. The therapist makes a positive appraisal of both the symptomatic behavior of the patient and the symptomatic behaviors of the

others. One way to do this is to indicate that their actions serve the common goal of preserving the system's functioning. This kind of status assignment also puts all members of the family on the same level.

### Reflexive Social Practices

Social practices generally are thought of as public sequences of behavior involving two or more persons. Once someone has grasped the concept of social practice and understands the structure of a social practice, that person is able to recognize that in some instances the potential for similar behavior or activities exists for that person whether alone or with others. A social practice is reflexive when a single individual acts as both the Individuals and Elements parameters of the social practice. In this case the Eligibility parameter indicates that the person is eligible to be each of the Elements. Persons can be both the critic and the subject of their own criticism; a person may be judge, jury, prosecutor, and defendant. Several schools of therapy employ the metaphor of "parts of the person." Gestalt Therapy (Perls, 1969) has the topdog and underdog; Redecision Therapy (Goulding & Goulding, 1979) has the Parent, Adult, and Child ego states. Of course, these are not really substantive parts because the concept of Elements is basically methodological, not substantive.

Because reflexive social practices are special cases of social practices, it is logically difficult, if not impossible, to engage in a reflexive social practice for which there is not a social practice specifiable. To play a game of chess with oneself, one has to first understand what it is to play chess. Generally, reflexive social practices appear developmentally after social practices. Children, however, may develop mastery in some social practices through practice in the homologous reflexive social practice.

Clinically important reflexive social practices include persuading oneself to do something, denouncing oneself for an act, and coaching oneself to better performance. Just as one can assign status to others, one can assign status to oneself. Depression is a particularly interesting case of self-status assignment. One formulation of depression (Ossorio, 1976) involves the reflexive use of the degradation ceremony; the individual becomes the perpetrator, denouncer, and witness in this instance. Following a loss of status, such as the loss of a relationship, potential activity, or eligibility for certain social practices, the person overtly recognizes his or her lowered status; this amounts to engaging in a degradation ceremony with oneself. Ossorio (1976) says:

So if what you're recognizing is the loss of status or a lower behavior potential, and if you're overtly engaged in a degradation ceremony that is the recognition of that, then indeed, on both counts you will have less to think about and less to do, because both your thoughts and your performances have to do with your behavior.

The less behavior potential you have, the less there is to think about, the less choices to be made, the less performances to engage in. (p. 56)

Not only does this formulation provide for the relative inactivity of the depressed person, but it also accounts for the self-condemnation so typical in depression. In the self-condemnation, the person is playing both denouncer and perpetrator.

In Gestalt Therapy, Redecision Therapy, or Neurolinguistic Programming (Bandler & Grinder, 1979), the person is instructed to “talk” to a particular part of himself, to carry on a dialogue, change positions, and choose new options within a particular reflexive social practice. In the presence of a good therapist, this monodramatic activity often results in behavior change, for reasons which will soon be noted.

In the self-instructional approach (Meichenbaum, 1977), the person is encouraged to overtly, and then covertly, coach and instruct himself as to what actions are appropriate and necessary. The person thus engages in reflexive social practices modeled after the social practices of instruction or coaching. Again, behavior frequently changes as the person gains mastery of this new set of reflexive social practices, which were formerly not in use.

A final, more subtle use of the concept of reflexive social practice can be found in what is traditionally called dissociation. Under hypnosis the person may show anaesthesia while a “hidden observer” is aware of the pain (Hilgard, 1977). In dissociation the person doesn't recognize his or her *eligibility* for participation as a given Element in the reflexive social practice; it is as though one were to watch a play and be able to see and hear only one actor, instead of the whole cast. More about this later.

One can recognize reflexive social practices in cases where an action has reference to the self, or when the person acknowledges engaging in a reflexive social practice, such as having a conversation with himself or herself. Experience with people can also provide a guide for recognizing implicit reflexive social practices.

### Imagining Social Practices

It is important to distinguish engaging in a reflexive social practice from imagining a social practice. While both involve only one person doing the acting, there is considerable difference. To understand the difference, it is useful to consider how imagining a social practice is different from engaging in the social practice. Following Neisser's (1976) approach, I will suggest that imagining something amounts to anticipating, being prepared to act upon, something. To imagine a social practice is to be prepared to act upon it. Essentially, imagining a social practice is a way of specifying the value of the Know parameter of behavior.

Often it is helpful actually to engage in a social practice before trying to imagine versions of it; indeed, one must have the schema of social practices to be able to imagine a variety of social practices. It is not necessary, or even desirable, however, to engage in every social practice that one can imagine. Being able to imagine a social practice can have considerable effect on behavior, since the person can then make choices among more Options, or more adequately evaluate Options within a given social practice.

How is engaging in a reflexive social practice different from just imagining a reflexive social practice? Further, is the difference between imagining and engaging in a social practice the same as the difference between imagining and engaging in a *reflexive* social practice? In a reflexive social practice, one person is eligible for all Elements of the social practice. This reflexive social practice may be acted out visibly, or a person may imagine that he or she is engaging in the reflexive social practice. The difference here is between acting out a monodrama and imagining the action of a monodrama. It is a matter of the degree of involvement, just as reciting Hamlet's soliloquy is different from imagining the recitation of the soliloquy. If someone tells you that he or she was imagining a dialogue with himself or herself, that person indicates anticipations and gives you a promise that he or she would be able, in appropriate circumstances, to act out the dialogue.

Talking to oneself, at least among adults, is usually carried out imaginatively, rather than overtly. No doubt, however, our internal dialogues and debates and monodramas can significantly affect our behavior and decisions. It is unlikely that we would be able adequately to imagine reflexive social practices without having some practice and experience in actually engaging in them. Children, it should be noted, can often be heard instructing themselves, debating with themselves, and so on. As we develop and become members of our society, we learn to imagine reflexive social practices, rather than to engage overtly in them. In fact, when a Gestalt therapist requests that a person talk to a part of himself, there is often a feeling of silliness, self-consciousness, and peculiarity, almost as though the therapist had requested that the person act again as a child does, and implicitly then to be "one-down" in the presence of an adult.

Both imagining social practices and engaging in reflexive social practices affects behavior by giving the person new choices and new grounds for evaluating a behavior. To watch a play, listen to a story, or hear a trance induction gives room for persons to place themselves imaginatively as one or more of the Elements in the series of social practices. When a person recognizes new Versions of a social practice, or new Options within a social practice or reflexive social practice, he or she can engage in new Versions, if he or she has sufficient reasons.



### Therapeutic Practices and Procedures

According to Ossorio (1976), pathology involves a significant restriction on a person's participation in some social practices. Conversely, a social practice is therapeutic to the extent that it removes inappropriate restrictions on a person's participation in, eligibility or capability to participate in, or motivation to participate in relevant social practices. A person may not be able to participate in some relevant social practice because he or she is not eligible, lacks appropriate skills, or has reasons not to participate in the social practice. A person may also fail to participate in a particular social practice because he or she has no opportunity to do so; in this case, the therapist's task involves constructing a situation so that the person has such an opportunity and recognizes it.

While adhering to the therapeutic policies of treating the client as a person, legitimizing, and being on the client's side (Ossorio, 1976), the therapist can follow four principles to achieve therapeutic ends.

1. Assess the social practices the person uses or can use, as well as those the client desires but can't or doesn't use.
2. Treat the person as a collaborator (a corollary of being on the client's side, which is particularly useful if there is more than one client).
3. Show the person social practices that are new in at least some parameters, such as Options, Versions, or Contingencies, by using demonstration, injunction, description, or metaphor.
4. Give the person the opportunity to practice new social practices, and names for the new social practices, so that the person's action can be clearly seen by him or her to be deliberate action.

**Principle 1**, assessing the existing and desired social practices, alerts us to the process nature of what we observe between persons and in a person's relations with himself. Rather than nominalize or hypostatize, the therapist can remain closer to what he or she observes actually happening. The therapist may examine the repertoire of social practices which the client displays or recounts. Of interest may be the extent and depth of this repertoire, the person's predilections, and the person's skill at a given social practice. In family therapy, the therapist can observe the regulatory, instructional, evocative, and recreational social practices used by and available to the family members. The family therapist generally looks for patterns with the same kind of theme (see Haley, 1976). In individual therapy, constellations of misconceptions may be seen as attributes of implicit participation in some reflexive social practices, and the therapist may ask the client to make this participation explicit.

**Principle 2**, treating the client as a collaborator, serves as a reminder about the status of the client. When one observes expert therapists like Erickson, Satir, or even Socrates, one notices that the range of social practices employed are generally consistent with those used by collaborators. When a family system is the client, being a collaborator with each member of the family to achieve a desired change is a most effective way of joining each member. In approaches using the metaphor of parts, treating each part as a collaborator helps insure that each aspect of the person is legitimized and validated (something the client is probably not doing).

**Principle 3**, showing the person new social practices, arrives at the crux of the therapists' activities. A social practice is new or different if any of the values of the parameters changes. The therapist may model or demonstrate desired social practices, roles, or Versions, as is commonly done in role-playing, so that the client sees, hears, and feels how to go about doing something different. The therapist, particularly a strategic therapist, may give the client a specific injunction, so that the client discovers new options in the social practice. For example, a therapist may instruct a client to decline an invitation to an argument by simply acknowledging that the other person said something, without making any commitment to the content of what was said. The client is told to respond nonchalantly with words such as OK, wow, gee, and so forth. By responding in this way, the client can avoid the social practice of continuing an argument without ignoring the person. A therapist may also utilize stories, metaphors, or examples (see Gordon, 1978) to show the person new versions of particular social practices. Even so-called nondirective therapists show new versions of social practices as they interact with their clients, and thus allow the person to take on alternate status assignments. By modeling the social practice of recognizing, accepting, and exploring an experience, the therapist shows the client how to adopt a new relationship to an experience.

**Principle 4**, giving the person the opportunity to practice new social practices, highlights the importance of practice and experience in learning (see Maxims 6 and 7 in Ossorio, 1970/1981). Practice may occur by observation, participation, imagination, or any combination of these modes of practice. In this way the therapist can also guide the client through the various stages of learning and help the client become even more effective. In the second section of this paper, each of these principles will be exemplified in the context of particular therapeutic approaches.

## STANDARD THERAPIES FROM A DESCRIPTIVE PSYCHOLOGY PERSPECTIVE

In this section, I review a variety of therapies in light of the concepts and perspectives developed in the previous section. These therapies include Behavioral Family Therapy, Structural and Strategic Family Therapy, several of the approaches generically referred to as Cognitive Behavior Modification, and several of the approaches which use the metaphors and concepts of the Generative Personality (Gilligan, Note 1), specifically, Gestalt Therapy, Redecision Therapy, and Ericksonian Hypnosis.

The general progress of this section is from interpersonal to intrapersonal modes of therapy. The following analogy also provides structure to this section: Behavioral Family Therapy is to Structural and Strategic Family Therapy as Cognitive Behavior Modification is to the Generative Personality Therapies. The first system of each term is usually explicit, direct, and instructional, while the second system of each term is usually more implicit, indirect, and dramatic/evocative. The first half of the analogy appeals to social practices and engaging in them, while the second part appeals to reflexive social practices and imagining social practices.

### Behavioral Family Therapy

Behavioral Family Therapy (e.g., Blechman & Olson, 1976; Patterson, 1968, 1976; Patterson, Cobb, & Ray, 1973; Stuart, 1969, 1971, 1976) can be seen from the Descriptive Psychology perspective to instruct persons in the social practices of negotiation, problem solving, and regulation of behavior. Specific instruction and practice often result in enhanced participation in the relevant social practices; for example, more effective child discipline or more satisfying marital interactions.

Stuart's (1969, 1971, 1976) approach, which is based on behavioral exchange and the establishment of equity in marital and parent-child relationships, focuses primarily on teaching family members how to go about contracting for behavioral change. In the establishment of such contracts, family members learn to specify desired behaviors clearly (state positions), negotiate mutually agreeable Contingencies (supporting and criticizing positions and adjusting positions), and agree to initiate the Contingencies (come to agreement). This process then is practice in negotiation, with the aid of a therapist to insure that it does not go wrong in one of the ways in which it can go wrong. Blechman and Olson's (1976) Family Contract Game specifically instructs the members on interpersonal problem solving. Players have the experience of learning on a board game the Stages, Options, Versions, and Contingencies in interpersonal problem solving.

Regulatory social practices such as discipline are frequently the concern of parents and often the target of behavioral interventions. The work of Gerald Patterson (1968, 1976) is paradigmatic of these kinds of behavioral programs. Parents are taught the general principles of Social Learning Theory with particular emphasis on the effect of various consequences on behavior. Parents learn through observation and instruction how to structure Contingencies so that a child is less likely to engage in a particular action, that is, has fewer reasons to do so. Parents learn to specify behaviors and to give more adequate social practice descriptions. For example, a parent might learn to be quite specific about what counts as compliance with a directive such as "clean up your room." Because the parents learn to provide different Contingencies for actions, they soon find themselves involved in new social practices. Instead of "coercion-aggression," they find themselves involved in "command-compliance." However, this is not always the case, which serves to highlight the nonautomaticity of consequences on behavior.

To provide a new consequence for a behavior is to give the person a new reason for action. Action still depends on the person's choices, and he or she may have stronger reasons for continuing the undesired behavior. Indeed, sometimes parents will fail to utilize the new techniques, because they have failed to understand them, or mistakenly believed that they are applying them, or have stronger reasons not to use them. When these behavioral approaches are successful, it is often found that family members feel differently about themselves and others (Patterson, 1976). That is to say, through participation in new social practices or new Versions of social practices, the family members have changed one another's status assignments. A parent might come to see a child more positively as child and parent engage in successful command-compliance interactions.

A procedural outline for Behavioral Family Therapy includes at least three major segments: (a) teaching the people to observe and describe behavior and social practices (antecedents and consequences, as well as a particular action), (b) providing explicit instruction in changing the Contingencies and thereby generating new Versions of a social practice or new social practices altogether, (c) encouraging observation and/or practice of new social practices.

### Structural and Strategic Family Therapy

Structural Family Therapy (Minuchin, 1974) seeks to alter relationships among members of the family, the structure of the family system. The Descriptive Psychology concept of status, the totality of a person's relationships, provides access to such related notions in the family therapy

literature as boundaries, fusion, enmeshment, disengagement, coalitions, and alliances. To talk about boundaries is a way of talking about relationships; a rigid boundary means that there is little opportunity for interaction, while a diffuse boundary suggests little room for independent functioning within the relationship.

Structural Family Therapists seek to redefine members' positions within the family; that is, to change their status assignments and thereby make them eligible, or sometimes ineligible, for participation in new types of social practices. When the therapist instructs the parents to sit next to one another, excuses a parental child from the room so that parents may interact, or gives homework assignments that will bring father and son closer together, the therapist is using tactics of status assignment.

The therapist may use reframing or relabeling to put a behavior from one social practice into another and thus change its significance. One way of achieving this is to make Move 2s (see Ossorio, 1976). Move 1 and Move 2 indicate the first two Stages of a social practice. To make Move 1 is to initiate a certain social practice and thus invite someone to make Move 2; for example, to ask a question is to invite an answer. A person may make a Move 2 in a certain social practice without the other's having intended to make or having made Move 1. Making Move 2 puts pressure on the other person either to construe one of his actions as Move 1 or to indicate explicitly that Move 2 was inappropriate and unwarranted. For example, when a therapist says "thank you" and praises a family member for disruptive behavior, he is relabeling the disruptive behavior as compliance with a request, even though no request appeared to have been made. Role-playing and exchanging roles are other ways that the therapist may explicitly change the position of each member and consequently the realm of social practices which occur between them.

Because most status changes require recognition of, opportunity for, motivation for, and participation in a new status, it usually takes some time to accomplish a change. Structural Family Therapists use transitional structures, with transitional relationships, to get from one structure—that is configuration of statuses—to another structure. The general pattern of therapy involves joining the family and restructuring the family. Joining the family occurs when the therapist successfully occupies a place within the family, usually a status which no other member has or could have. This pattern of joining and restructuring occurs repeatedly throughout the course of therapy, and is formally identical to the pattern of "pacing and leading" which Bandler and Grinder (1975) identify in hypnosis.

Strategic approaches to family therapy (Haley, 1963, 1976; Palazzoli,

Boscolo, Cecchin, & Prata, 1978; and Watzlawick, Weakland, & Fisch, 1974) require the therapist to observe sequences of interaction closely. The sequences of social practices engaged in by the various family members tend to be repeated and thus begin to define the hierarchy—in Descriptive Psychology terms, the set of status assignments—for the family. The Contingencies within and among these social practices are the rules the family lives by. From a Descriptive Psychology perspective, the interventions which are characteristic of this approach can be seen to aim at providing new Versions of relevant social practices and thus generating more appropriate status assignments. For example, a “helpful” wife can learn to be less helpful to her depressed husband, and thereby open for him the options of being more independent and less depressed.

Strategic Family Therapists often use paradoxical maneuvers in therapy. Generally, this type of therapy involves accepting the current set of social practices and status assignments as the best that the family can do at the present in an attempt to maintain homeostasis. The therapist acknowledges this for the family and thus is allied with the survival tendencies of the system. When intervening, the therapist uses injunctive rather than interpretive language in order literally to change some aspect of the social practice and thus to alter the sequence of interactions which is problematic. For instance, an injunction to cease efforts to solve a problem is based on the insight that the attempted solutions perpetuate the problem. Injunctions may appear paradoxical to some participants, but not necessarily to the therapist. When the therapist encourages a person to *try* to do what he or she is already doing unsuccessfully, this seems paradoxical to the person. After all, the therapist is supposed to help the person change, not make things worse or keep them the same. The therapist recognizes that this move redefines the person’s activities as a success—namely, complying with the therapists’ directive. Alternately, the person may succeed in what he or she was attempting to do and also succeed. Either way the therapist can legitimately treat the person as successful—that is, give him or her a new status.

Generally, social practices may be described in more than one way, since each behavior may be redescribed in terms of Significance. “Reframing” a behavior is possible because a given behavior may belong to several distinct social practices. Watzlawick, Weakland, and Fisch (1974) consider this practice in terms of the theory of logical types; but the language of social practices and redescription makes the same kind of sense.

#### *Family Therapies and Social Practices*

The Descriptive Psychology concept of social practice provides access to the diversity of concepts and procedures in the field of family therapy.

From the perspective of the Descriptive Psychology framework developed above, one can see that, despite differences in style and emphasis, both Behavioral Family Therapy and Structural and Strategic Family Therapy essentially seek to alter repetitive patterns of interaction. Behavioral Family Therapy focuses on explicitly and directly instructing family members in new Versions and Contingencies for social practices. Structural and Strategic Family Therapy focus on altering statuses, or eligibilities, and relationships, which are determined by engaging in a particular set of social practices.

In family therapy approaches, the focus is on social practices rather than reflexive social practices. In the next sections individual therapies which treat the person as a family of sorts are explored.

### Cognitive Behavior Modification

Cognitive Behavior Modification is a generic term which refers to a variety of therapies and procedures. The work of Beck (1976), Ellis (1962), Mahoney (1974), Meichenbaum (1977), among others (see for instance the recent collection by Kendall & Hollon, 1979), exemplifies this approach. Therapists usually focus on cognitive distortions (Beck, 1976), misconceptions (Raimy, 1975), or irrational thinking (Ellis, 1962). Central to these approaches are the notions of "self-talk" and imagery. Self-talk is usually covert. Therapists seek to make the self-talk overt and then teach the client to change this. My thesis is that Cognitive Behavior Modifiers seek to identify and systematically change a person's reflexive social practices, such as self-rhetoric, self-instruction, self-regulation, or self-status assignment. The Cognitive Behavior Modifier also seeks to change the client's imaginings of social practices and reflexive social practices.

Cognitive distortions or misconceptions can be seen to arise from practice, or in some cases nonpractice, in particular reflexive social practices or imaginary social practices. Perhaps the clearest example of this involves the thinking errors that Beck (1976) identifies as central to depression. The cognitive triad of negative evaluations of self, world, and future can be seen as arising naturally from participation in the reflexive social practice of a degradation ceremony carried out on oneself. The tendency to attend selectively and to overgeneralize is part of playing out the roles of denouncer and witness. The expressions of hopelessness reflect the loss of status accorded to the perpetrator. "Castrophizing" can be understood as the person's imagining that he or she will be unable to cope adequately with events at each stage. Cognitions, as specifications of the Know parameter of behavior, are inherent elements of social practices, and social practices are often values of the Know parameter.

A special case of great concern to the Cognitive Behavior Modification approaches is self-control. Self-instructional training (Meichenbaum, 1977) is used, for instance, to teach children how to be reflective rather than impulsive. The therapist actually coaches the child in how to behave. The child also watches the therapist engage in a reflexive social practice in which the therapist instructs himself in problem-solving procedures. The child is then encouraged to do the same. Finally, the child is encouraged to do the self-coaching silently, in imagination. Ultimately the child achieves greater self-control in the sense that he or she is less impulsive. Vygotsky (1978) explains the general principles as follows:

The greatest change in children's capacity to use language as a problem-solving tool takes place somewhat later in their development, when socialized speech (which has previously been used to address an adult) *is turned inward*. Instead of appealing to the adult, children appeal to themselves; language thus takes on an *intrapersonal* function in addition to its interpersonal use. When children develop a method of behavior for guiding themselves that had previously been used in relation to another person, when they organize their own activities according to a social form of behavior, they succeed in applying a social attitude to themselves. The history of the process of the *internalization of social speech* is also the history of the socialization of children's practical intellect. (p. 27, emphases in original)

There are several conceptual issues in self-control which can be clarified by Descriptive Psychology. Self-control is not ordinarily a matter of using imaginary reflexive social practices, but derives from a status achieved through practice in imaginary reflexive social practices and social practices. Self-control training involves achieving a new status in which the person does not have the same set of dispositions. Ordinarily we take it that a person has control of his or her behavior in the course of a daily routine. It is only when the person has certain dispositions, such as eating to alleviate stress, that the question of self-control even arises. The sequence of (a) making explicit what is implicit (reflexive social practices), (b) having the client observe and practice new reflexive social practices, and (c) encouraging imaginary engagement in reflexive social practices, seems to be a common sequence within this therapeutic approach. Imaginary involvement in a reflexive social practice can provide anticipations which make possible new choices, in the same way that imagining a social practice can make possible new choices. The advantage of the reflexive social practice format is that the person, the client, is eligible for each of the roles, that is Elements, within the instructional social practice, rather than imagining someone else in the instructional or regulatory role.

Coping skills training (Meichenbaum, 1977) anticipates that in learning any new response, there will be times when the new response does not work and thus the client must be prepared to cope with this eventuality.



Accordingly, coping skills training uses imagining a sequence of events, that is, social practice, and having the person develop new responses to each challenge. In dealing with stress, anger, and even alcohol abuse, the person is taught a series of new responses, and given the opportunity to practice imaginatively or overtly these new Versions of old social practices in the face of challenges.

Beck's (1976; also Hollon & Beck, 1979) cognitive therapy of depression provides some good exemplifications of the therapeutic principles mentioned in the first section of the paper. Beck's style is generally one of Socratic dialogue with the client, treating him as a collaborator. In therapy the client is urged to become an unbiased, or less biased observer of himself and his situations. This is accomplished by having clients engage in a variety of tasks which will help them discover whether their expectations about themselves and situations are right or in need of revision. In so doing clients begin to participate in the new social practice of conducting an experiment and give up self-derogatory practices. The clients are taught new ways of thinking, self-talk, and imagery, and practice these as well. Because the clients are also keeping a log of activities, they are encouraged to begin participating in more pleasurable social practices, and to recognize participation in some which they may have overlooked. These are all practices in keeping with a new status assignment which is self-attributed.

### Generative Personality Approaches

Generative Personality Approaches include Gestalt Therapy (Perls, 1969; Perls, Hefferline, & Goodman, 1951), Redecision Therapy (Goulding & Goulding, 1979), Neurolinguistic Programming (Bandler & Grinder, 1979), and Ericksonian Hypnosis (Bandler & Grinder, 1975; Erickson & Rossi, 1979; and Gilligan, Note 1). The role of reflexive social practices becomes particularly evident when these therapies are examined from the framework of Descriptive Psychology. In these approaches clients are encouraged to establish communication with parts of themselves, which they usually "disown," in the attempt to achieve integration and change. It is quite important to remember that these parts have only methodological status and are not entities.

The most important aspect of reflexive social practices in these approaches is the Eligibility parameter. In doing Gestalt Therapy or Redecision Therapy, one can notice that the person has often failed to recognize eligibility for all of the roles within a monodramatic sequence; hence, the discomfort with playing disowned parts. In Gestalt Therapy theory (Perls, Hefferline, & Goodman, 1951) the terms "introjection," "retroreflection," "projection," and "confluence" can be understood to refer to various restrictions on the Eligibilities parameters of relevant

reflexive social practices. (These four terms are used within Gestalt Therapy theory to refer to mistaken boundaries between self and others.) A variety of hypnotic phenomena depend upon the person's agreement to be ineligible for participation as a particular Element, namely, the unconscious.

Despite the variety of procedures used within Generative Personality Approaches, a procedural outline can be discerned. First, using primarily monodramatic and evocative reflexive social practices, the therapist's task is to observe the implicit or explicit reflexive social practices and to encourage the person to make explicit any implicit reflexive social practices. Second, the person is encouraged to act as if he or she were all of the parts; this is to redefine the Eligibility parameter. Third, the therapist helps the person develop new Versions of the reflexive social practices by suggesting new Options or having the person create new Options. Fundamentally, reflexive social practices are changed from futile attempts at negotiation or problem solving, such as blaming, to more successful Versions of these social practices. Going from old to new Versions of reflexive social practices involves using transitional Versions so that the change is not so abrupt as to be rejected. Finally, the person is encouraged to practice these new reflexive social practices and to experience the cognitive and affective changes that go along with these.

This outline is compatible with that offered by Bandler and Grinder (1979) for the process they call "reframing." In Gestalt Therapy or Redecision Therapy, the impasse is resolved as the person learns to "listen" to the disowned parts of self, change harangue into dialogue, and to make new decisions—in Descriptive Psychology terms, to choose new Options within these reflexive social practices. Again, as in Cognitive Behavior Modification, we notice the sequence of taking what was implicit, making it explicit, changing it, and allowing it to be implicit again.

### *Hypnosis*

Hypnosis is a particularly interesting case of utilizing reflexive social practices embedded within social practices, and deserves special attention for the ways in which it sheds light upon the integration of the preceding concepts. Ericksonian Hypnosis (Erickson & Rossi, 1979; Gilligan, Note 1) can be understood as an interpersonal relationship based on mutual acceptance. Characteristically, the hypnotist tends to accept whatever the behavior of the subject is, which makes it easier for the subject to accept the behavior of the hypnotist, that is, making suggestions.

The pattern of pacing and leading (see Bandler and Grinder, 1975) is an important one to understand. A person paces another when he or she mirrors and acknowledges the behavior of the other. A hypnotist can pace such aspects of behavior as the subject's rate of breathing, level

of activity, affective style, imaginations, and physiological responses. Pacing can be either verbal or nonverbal. After some pacing, it is possible to lead, suggest a response, and pace whatever happens after that. Repeating this pattern of pacing and leading is one excellent way of inducing a trance. The hypnotist is very careful to define any behavior which the person offers as acceptable, and as much as possible to define it as a hypnotic response. This can also be accomplished by using general language and covering all possibilities of response in a description; for example, "to experience an unusual sensation," rather than saying what particular sensation the person will have.

Coe and Sarbin (1977) adopt a dramaturgical model for hypnosis. They speak of the hypnotist's inviting the subject to participate in a minidrama and giving role assignments, through using counterfactual and counter-expectational speech. Indeed the social practices used within hypnosis are primarily dramatic or evocative. The term evocative is used to highlight the similarity of hypnotic language to poetic language, which evokes the unconscious. The subject may accept or reject such an invitation. Once the subject has accepted it, he or she has already begun to respond with acceptance to the suggestions of the hypnotist. The hypnotist strives to make any option which is chosen count as one which indicates acceptance; this is where the phrasing of suggestions and the hypnotist's response to the subject's response becomes so important. The hypnotist may succeed in these endeavors by giving permission for the person to do what he or she is already doing. One must observe very closely the behavior of the subject to do this effectively. In many ways, then, the hypnotist and subject maneuver one another (see Haley, 1963, for more detail), as each person's actions set limits on the options for the other's actions in order that they can develop a very special relationship.

A most important device of the hypnotist is the use of language implying reflexive social practices, particularly reflexive social practices in which the Elements are the "conscious mind" and the "unconscious mind." For example, the hypnotist may tell the subject to "allow yourself to . . ." or tell the subject that he or she doesn't have to listen, but the unconscious mind can hear. The Elements of conscious mind and unconscious mind in this context have significant implications for the attribution of agency, motivation, perception, or performance. The person is eligible to be both conscious and unconscious, but the conscious is not eligible to participate as the unconscious. Thus, hypnotic phenomena are experienced as occurring autonomously, even though by one description—the observer's—the person is clearly performing the action. The unconscious as an Element in any reflexive social practice has particularly interesting attributes, for example, whatever is experienced as alien to the person can be counted as action by the unconscious. Results

can be achieved without the experience of effort. The term unconscious is sufficiently vague to defy precise status assignment and thus can be successfully assigned a wide variety of attributes.

Most importantly, in the Descriptive Psychology formulation one need not be concerned with questions of the existence of the unconscious, because it is an Element within reflexive social practices just as white is an Element in the social practice of chess. Because the person is eligible to play both the conscious and the unconscious, he or she may under appropriate circumstances be able to report on the action of both elements in the social practice, just as Hilgard's (1977) "hidden observer" can report on the experience of pain and the efforts to distract attention from the pain.

So far we have seen that induction of a hypnotic trance involves two people engaging in a set of social practices such as pacing and leading and permission giving, as well as one, the hypnotist, invoking the possibilities of reflexive social practices involving the conscious and unconscious. The therapeutic utilization of hypnosis involves successive efforts to define the kinds of behaviors for which the unconscious is eligible, and giving the subject practice in a new set of reflexive social practices involving the conscious and the unconscious.

The variety of hypnotic phenomena indicates the range of behaviors for which the unconscious is eligible, for example, anesthesia, analgesia, amnesia, or hypermnesia. Generally, in hypnosis the unconscious is given eligibility for beneficent actions such as healing, protecting, helping, or learning. This is somewhat in contrast to the subject's conscious understanding of the unconscious actions. They may often be seen as problematic, bothersome, unpleasant, or senseless. The hypnotist successfully redefines the person's view of the unconscious as the hypnotist elicits beneficent unconscious behavior.

The hypnotist can then give the person the opportunity to practice a new set of reflexive social practices involving the conscious and the unconscious. As the person accepts the hypnotist's suggestions of giving permission to the unconscious, he establishes a cooperative rather than conflictual or controlling relationship. The permission giving is acceptable because of the way in which the unconscious behavior potential was defined as benevolent. The unconscious can act helpfully and not hostilely because the relationship is one of permission giving rather than coercion. In sum, the person is given the opportunity to practice and experience new therapeutic reflexive social practices involving the Elements conscious and unconscious. The therapist has modeled this new relationship through a relationship with the subject characterized by mutual acceptance and collaboration. The hypnotist operates on the premise that persons can be uniquely helpful to themselves. Or as Er-

ickson said, "All the therapy occurs within the patient, not between the therapist and the patient" (Erickson & Rossi, 1979, p. 160).

Given practice in this new set of social practices and reflexive social practices, the subject can use "cues" to access this whole relationship. Indeed, as the subject gathers practice and experience in these new kinds of social practices, he or she becomes more proficient and develops a new relationship between conscious and unconscious.

The preceding brief description of hypnosis suggests that hypnosis is not so much a matter of inducing a particular state and making suggestions, but of modeling in the social practices between hypnotist and subject, and evoking a relationship of subject to hypnotist and ultimately of subject to self. As the person begins to redefine his or her eligibility to play both conscious and unconscious Elements and to experience cooperation rather than conflict, the person's behavior can and usually does change, as the person gains access to more of his or her own creative and therapeutic powers.

#### *Intrapersonal Therapies and Social Practices*

The Descriptive Psychology perspective on Cognitive Behavior Modification and Generative Personality Approaches involves the concepts of engaging in reflexive social practices and imagining social practices. As in the family therapies, the differences between Cognitive Behavior Modification and Generative Personality Approaches are differences of emphasis and style. Both approaches seek to alter the repetitive patterns of behavior which individuals display with reference to themselves. Cognitive Behavior Modification generally relies upon explicit and direct instruction in alternative reflexive social practices. Generative Personality Approaches are generally more evocative and dramatic than Cognitive Behavior Modification. In Generative Personality Approaches, the emphasis is on changing relationships among various parts of the person through having the person engage in new reflexive social practices.

## SUMMARY

In this paper I have attempted to show how the conceptual framework called Descriptive Psychology provides a perspective from which several psychotherapeutic approaches can be seen as related despite their diverse origins, emphases, procedures, styles, and theoretical explanations. Particular attention has been paid to the concept of social practice and the special cases of reflexive social practices and imagined social practices. The social practices of negotiation, problem solving, and status assignment have been seen to be important in psychotherapy. Four principles were articulated in order to assist the practitioner in applying the knowl-

edge about social practices. The therapist should assess the existing and desired social practices, treat the client as a collaborator, show the client new social practices, and provide the opportunity for practice.

A selective review of therapies was provided to highlight the many ways in which the Descriptive Psychology concepts developed in the first part of the paper provide access to concepts and practices of superficially divergent therapeutic approaches. A guiding analogy was articulated: Behavioral Family Therapy is to Structural and Strategic Family Therapy as Cognitive Behavior Modification is to Generative Personality Approaches. The first pair of approaches focuses on social practices within a family context, while the second pair of approaches focuses on intrapersonal patterns of behavior, that is, reflexive social practices. While Behavior Family Therapy and Cognitive Behavior Modification are usually explicit and direct in providing instruction in alternative Versions, Options, and Contingencies of relevant social practices, Structural and Strategic Family Therapy and the Generative Personality Approaches are somewhat more indirect and implicit in encouraging changes in eligibility or status, through practice in new or sometimes unusual social practices.

The concept of social practice is invaluable in helping us to recognize the patterns of interpersonal and intrapersonal behavior. The concept itself is content-free, but provides a template for a number of content areas. When one understands the concept of social practice and its applications, one can take a flexible approach to therapeutic problems. By having systematic access to a wide variety of therapeutic approaches, the therapist's range of choices is expanded. The effective therapist will exercise skill and judgment in his or her selection of therapeutic practices. Competence in operating from the Descriptive Psychology perspective articulated in this paper means that the practitioner can act with great flexibility while maintaining conceptual coherence.

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