Psychopathology

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Introduction

In this paper I wish to address the question of the nature of psychopathology. It might naturally be felt that we already know a great deal about psychopathology, and thus that such a paper would be primarily a review and discussion of the literature; I will argue, however, that the most fundamental form of the question concerning the nature of psychopathology is rarely posed in the literature, that it is prevented from being posed by presuppositions inherent in standard theoretical approaches, and that, on those rare occasions when it does get addressed, it has received inadequate answers. Therefore, the paper will have more of the character of a conceptual explication and theoretical exegesis than it will of a review of the literature.

The structure of the paper is in three general parts: 1) a brief summary of standard approaches and their inadequacies, 2) an explication and explanation of psychopathology as a manifestation of certain properties of experiential processes, and 3) an abbreviated discussion of some issues concerning the ontology of these psychopathological experiential processes. There is also a brief mention of some of the implications of the general analysis for psychotherapy.

Standard Approaches

Typologies and Models. Discussions of psychopathology commonly consist of typologies of presumed *forms* of psychopathology. The focus is on descriptive and diagnostic criteria, and the usefulness of the resultant categories for research, bureaucratic record keeping, treatment planning, etc. Such criterial considerations may be approached within the still current (within psychology) myth of operational definitionalism (Bickhard, Cooper,& Mace, 1985; Suppe, 1973, 1977), in which case the primary concerns will be with various forms of psychometric validity, with essentially no attention to the issues of the underlying ontology of, the basic nature of, the presumed categories. Alternatively, the typology of psychopathology may be generated within the framework of a personality theory, which personality theory may then implicitly or explicitly provide an underlying ontology for the categories.

What is common to the two typological approaches is that the categories of psychopathology are proposed as types of potential *dysfunctionality*, with no further attention given to the nature of those dysfunctionalities, and, in particular, no attention given to the question of what it is that makes those dysfunctionalities *pathological*. The issue that I wish to point out here is not that the forms of psychopathology commonly described are not in fact pathological (that point might in fact be argued for some of the diagnostic categories, but that is not my current concern), but rather that their

pathological nature is taken for granted - it is "obvious" from the descriptions that "this" constitutes a pathology - and that the fundamental nature of psychopathology is thus never examined, and, correspondingly, never understood. In general, what *is* obvious about such categories is that they seem in varying degrees and in varying ways dysfunctional, and, by not examining psychopathology per se, dysfunctionality and psychopathology are implicitly equated. As will be argued below, this is deeply false.

Psychopathology as Rigidity. The equating of psychopathology and dysfunctionality is in effect an equating of psychopathology with ignorance and error. Ignorance and error are problems that confront, and inevitably confront, everyone. They are unavoidable, and they inherently, by definition, produce dysfunctionality or reduced functionality. To equate psychopathology and dysfunctionality is to render everyone inevitably pathological simply by virtue of their finiteness - finiteness makes ignorance and error, thus dysfunctionality under this "analysis", into existential certainties. This is a nugatory explication of psychopathology (it does not do any work of differentiating anything from anything, since it applies to everyone), and is clearly not what anyone intends, but it is what the simple minded equating of psychopathology and dysfunctionality entails.

A more careful approach to psychopathology might attempt to explicate it as a certain *kind* (or kinds) of dysfunctionality, leaving the dysfunctionalities of simple ignorance and error aside. This approach, however, raises exactly the question of what psychopathology is *other* than, or in addition to, dysfunctionality - what *is* the differentiating characteristic? One superficially immediate answer would be that psychopathological dysfunctionality is more serious than that of simple ignorance or error; unfortunately, "simple" ignorance or error can be fatal, and some neuroses may be "merely" restricting or discomforting. A 'seriousness of consequences' based distinction does not fare well. I will argue, in fact, that psychopathology is *not* a kind of dysfunctionality per se at all, and, correspondingly, that its relationship to dysfunctionality is more complex than that of genus-species differentiation.

In particular, I would suggest that a valid explication of the notion of psychopathology is that psychopathology is constituted as *rigidity*. It is not being ignorant nor in error that constitutes psychopathology, it is the persistence of such ignorance and error in the face of sometimes massive and repetitive dysfunctionality, and in spite of the potentially desperate efforts of intelligent, motivated, and creative individuals to change. The paradigmatic form of psychopathology is the individual who even understands the pattern of his or her dysfunctionality, but whose every attempt to change that pattern manages to perpetuate it. Ignorance and error that is correctable by simple feedback or information is not pathological (Bickhard & Ford, 1979). Psychopathology is the rigidity of some way of being in the world.

It should be noted that the explication of psychopathology as rigidity shifts the focus of the concept from a relational consideration to an intrinsic consideration. Dysfunctionality is inherently a relational concept: one is dysfunctional only in or with respect to particular environments or situations. Rigidity is an inherent property of a person's way of being: the potentiality for, the openness to, change is present or absent independently of what happens to be the current situation or the current feedback that an individual is experiencing. It would be quite possible within this explication for someone to instantiate an extremely rigid, thus pathological, way of being but to be in an environment in which that way of being happened to be appropriate and adaptive - functional. It would also be possible for someone to manifest a strong dysfunctionality by various external criteria, but for whom that way of being was a full and open choice based on non-intrinsically-rigid values. This explication, in other words, splits the notion of psychopathology from that of social deviance, and thus avoids the dangers of abuse, as well as relativism, inherent in that model.[1] In practice, most instances of

psychopathology that one encounters will also be instances of dysfunctionality, but that is not an inherent constraint in this explication.

Structural Models of Psychopathology. The association of rigidity with psychopathology has certainly been noted before, and it has a feel of obviousness once pointed out, but it is rarely given the emphasis, the explicatory essentialness, that I am proposing for it. Within the majority of current approaches to the nature of the person, there are very good reasons for this: the person is conceived of as being essentially structural in nature, and structures are intrinsically rigid - rigidity is part of the meaning of what it is to be a structure, thus rigidity needs no independent explanation or explanatory model. If, for example, a certain form of psychopathology is presumed to be constituted as a particular structure of introjected object fragments and corresponding fragments of the self, then the persistence, the rigidity, of that structure needs no independent explanation: such a structure *is* the person, and structures are intrinsically rigid.

The fundamental question from such a perspective, in fact, is not the question of rigidity, it is the problem of change: if a person is intrinsically structural, thus intrinsically rigid, then how does change (to a new, presumably less dysfunctional structure) ever occur (Gendlin, 1970a)? Note that if persons are intrinsically structural, then they are intrinsically rigid, and psychopathology *must* be equated with certain forms of dysfunctionality, since the property of (structural) rigidity per se is common to everyone. The goal of therapy in such a perspective is to change a more dysfunctional structure into a less dysfunctional structure, but if the person is ontologically structural, then there is no intrinsic process by which that change can occur. At best, the process by which an individual can and does expand his or her way of living, by which an individual can overcome rigid dysfunctions, remains utterly mysterious, with correspondingly little or no guidance to the therapist in how to nurture and encourage that process. At worst, there is no way for that structure, that person, to change itself - there is no *process* in the model. Any change must be the result of an external intervention from the beneficent therapist. Structural models allow at most a state change model: if such and such is the current state, then creating XYZ conditions will yield a change from that (structural) state to this other (structural) state.[2] Structural models can define change, as a change in structure, and they can conceivably give recipes for externally induced medical-model interventions, but they cannot explain, cannot understand, cannot aid, self change. Without a process model of the nature of the person, they cannot accommodate the phenomena of, and therefore cannot guide the therapist with respect to, personal growth.

With a process model of the nature of the person, however - with a fundamental conception of persons as being in process and in development, as being continually and intrinsically growing and developing from at least birth onward - the basic question shifts from one of how could *change* possibly occur to one of how could *rigidity* possibly occur. Rigidity is intrinsic to the nature of the person within a structural perspective, and thus needs no independent explanation, but (the potentiality for) change is intrinsic to the person within a process perspective, and thus rigidity *does* need an explanation. Furthermore, if the ontology of person is fundamentally one of self-organizing open system, then rigidity not only needs explanation, it is intrinsically a blockage of, a violation of, that ontology - it is intrinsically pathological. Within a structural view, therapy consists of the induction of change; within a process view, therapy consists of the freeing from rigidity.

Process versus Structural Models. Once the problem of rigidity is recognized as a distinct issue in its own right, it forms a powerful question to bring to bear on proffered models of personality and psychopathology. With respect to a purported explication of psychopathology, the basic question is "How and why does it (the purported psychopathological structure or pattern) stay that way?" that is, "How and why is it rigid?" Any model that explicitly or implicitly responds to such a question by

referring to the structural character of the "disorder" is engaged in question begging. Structures are intrinsically rigid, so a question of how and why such and such a condition remains rigid is in effect a question concerning the justification for modeling it in a structural form in the first place. Structures simply presuppose rigidity, they do *not* explicate nor explain it. So, to answer that a condition is rigid because it is structural is in effect to answer that it is rigid because it is rigid - the basic question has not been addressed.

Structural models may sound like they at least address the general issue of pathological rigidity, but most often they simply provide some version of the nature of dysfunctionality, with the property of rigidity implicit in the structural character of the model. Psychopathology as the filtering of information, from the environment or from the purported "unconscious", provides a common category of examples. Something akin to such filtering certainly does seem to occur, at least in some cases, but the fundamental modeling question concerns how such a filtering process could maintain itself, how it could persist, how it could be rigid. There is no answer except the implicit allusion to the structural nature of the model. For this type of model there is even a deep logical problem concerning the fact that any meaningful filtering must involve knowledge of what something is in order to know whether or not to filter it, but such knowledge is precisely what the filtering was presumed to be preventing. If the person per se is presumed to be doing the filtering, then we have the paradox of someone ongoingly successfully lying to himself or herself. If a separate homunculus, e.g., a censor, is invented in order to "solve" this problem (the censor "knows" and can therefore filter, but the person is thereby prevented from knowing), then we are already in the realm of structural models - the censoring agent is somehow structurally different from the person agent - and, in any case, the logical problem simply recurs in the form of a meta-filtering, a meta-censoring, of the activities of the censor ("resistance") - the censor may be filtering from the person, but what prevents the person from discovering, from learning about, the activities of the censor? What makes such filtering rigid? What filters the filtering? The problem simply iterates and initiates an infinite regress. Whatever role informational filtering may or may not have in psychopathology, it cannot constitute the fundamental ground of psychopathology because it cannot in itself explain the core phenomenon of rigidity. It cannot explain why the person doesn't self-organize, learn, their way out of such filtering as a result of the postulated dysfunctionalities of that filtering.

Another common attempt at explicating psychopathology does have a process character, but it also does not ultimately succeed in solving the basic problem of rigidity. This is the attempted explication of psychopathology in terms of self-fulfilling prophecy (e.g., Wachtel, 1973). The basic idea is that an individual acts in the world in accordance with certain generically incorrect or incomplete expectations and assumptions concerning himself or the world, but that those actions induce reactions from other people that fulfill those expectations and confirm those assumptions. Again, this certainly occurs, but the phenomena is never perfect, there are variations in people's reactions, there are exceptions to the expectations, and the question remains of why and how the individual doesn't differentiate the underlying expectations and assumptions in accordance with such feedback. Why doesn't the individual learn when those assumptions are likely to be appropriate and when not? Why doesn't he or she learn their way right out of the dysfunctionality? Why is the self-fulfilling cycle itself rigid? There is no answer within a structuralist framework.

A Process Model of Psychopathological Rigidity

The first step in the development of a process model of psychopathology has already been taken: the explication of psychopathology as rigidity. The next is to understand how such rigidity could occur, and that will be addressed in two parts: first, a functional account of how rigidity is possible, and second, a process account of how such a functional property could be instantiated. There then follows

a discussion of some additional ontological and functional characteristics of psychopathology as it is generally found in the individual.

Rigidity as Auto-Protectiveness. The fundamental nature of the problem of rigidity is to explain how some particular way of being maintains itself, how it manages to not change. If the answer is in terms of some *other* process that protects the given process from change, then the question simply reverts to that second process - what keeps it rigid? Such derivative rigidity does certainly occur (see below), but foundational rigidity cannot be explained in such a form on pain of infinite regress. Somehow, the rigidity of a foundationally pathological way of being in the world must be explicable in terms of that way of being itself. Somehow, the way of being must intrinsically prevent its own change, must be *auto-protective*.

The issue here is not that the pathological way of being is unchangeable, but rather that it is deeply impeded from changing itself. For it to be unchangeable would be for it to be rigidly structural in the worst sense, and no therapeutic intervention would be possible by definition. For it to be not able to change itself entails that whatever *would* change it, is prevented by it. A pathological way of being must prevent, must forbid, precisely those forms of self-examination, problem solving, or whatever would be required, to change that way of being. It must protect itself against the discovery of its implicit error or limitation. A psychopathological way of being is so by virtue of being rigid, and it is rigid by virtue of being auto-protective.

Characteristics of Auto-Protective Processes. Autoprotectiveness, then, is a functional explication of rigidity, and thus of psychopathology, but in itself that does not explain how autoprotectiveness could occur. What form would the experiential activities of a human being have to take in order to have this property of autoprotective rigidity? What would have to be the process in order for autoprotectiveness to occur?

The general form of the analysis of autoprotective process will not be to present a process model and then show that it manifests autoprotectiveness. At best, that would simply show that autoprotectiveness is possible at the process level; it would provide a minimal sufficiency analysis of the autoprotectiveness of a process, but would not reveal *any* necessary features of an autoprotective process. The analysis, accordingly, will focus on necessary properties that a process must have in order for it to manifest the functional property of autoprotectiveness. There will be two general parts to such an analysis: the first will concern itself with those process properties that are necessary to autoprotectiveness by virtue of being constitutive of it, the second will concern those properties that are necessary further manifestations of it.

Centrality. Centrality is a cognitive aspect of any autoprotective process. It is constitutively essential to autoprotectiveness in that any process that is not central in the required sense cannot be autoprotective. The basic intuition of centrality is that any process that is subordinate in some sense to some other process will thereby be subject to evaluation and change from the perspective of that superordinate process - and will therefore *not* be autoprotective. By definition, the subordinate process cannot prevent the superordinate process from examining and potentially changing the nature of the subordinate process or of the superordinate-subordinate relationship. Centrality means that there is no superordinate process, no superordinate way of being, from which the given process can be examined and changed.

The are two basic senses of this superordinate relationship, and two corresponding aspects of centrality. The first is a functional centrality in the sense that the autoprotective process cannot be functionally subordinate to, cannot be a subroutine for or a means toward, some other process. When

means are not serving their ends well, they will tend to be changed, and thus not autoprotective. When change in such a case does not occur, then we must ask "Why is this dysfunctionality persistent, rigid?" and we are back to the case of a derivative rigidity. An autoprotective process, then, cannot be functionally subordinate; conversely, it must be functionally central.

Functional means-ends relationships are a dominant way of thinking about human beings in this culture, but the second sense of centrality derives from a much less examined, but much more fundamental, characteristic of persons: epistemic reflexivity. An autoprotective way of being in the world must not only be functionally central, it must also be epistemically central. The critical point here is that we not only have goals that make use of other goals, processes that make use of other processes, in the above functional sense, we also have goals and processes that are *about* other goals and processes, that reflect on them - goals and processes that have an epistemic, a knowing, relationship with other goals and processes. The subordinate relationship here is not one of instrumental means to an end, but rather one of an epistemically instantiating or satisfying object (or process or condition or property or way of being). The superordinate *knows* the subordinate, and the subordinate epistemically satisfies or fails to satisfy various criteria of the superordinate. Such an internal epistemic relationship is not commonly acknowledged or examined in psychology, but its reality cannot be denied (it is, for example, the foundation of developmental stages, of the knowledge of logical necessity, of higher reaches of human potentiality, etc. [Bickhard, 1978; Campbell & Bickhard, 1986]). Such internally epistemic goals are generally called *values*. An autoprotective stance in the world, then, must be both functionally and epistemically central. In being epistemically central, it must involve the most central, the most core, deeply implicit, values of the person - values that constitute the person, that are lived, not just those espoused by the person.

A corollary of this epistemic centrality with respect to values is that an autoprotective stance in the world must be central to a person's sense of self. A *person* is an entire way of being in the world; a self is the "core" of that way of being. There have been and still are many differing attempts at explicating that intuition of the self as "core", but I suggest that a fundamental aspect of the self is that it is the core in precisely the epistemic sense explicated above. One's *self* is precisely one's understanding of oneself, one's epistemic relationship to oneself. If the superficial circularity of this is troublesome, then it can be rendered more precisely, if somewhat more cumbersomely, as "A person's *self* is that person's reflective understanding, is that person's internal organization of epistemic relationships, is that person's relationship to his or her highest epistemic level (core) values".

Autoprotectiveness, then, must involve a person's central sense of values about the self. Autoprotectiveness must be constituted at that central a level of experiential process.

Terror. Centrality is a cognitive constitutive necessity for autoprotectiveness; terror is a roughly equivalent motivational necessity. The argument here concerns the nature of the "prevention of examination and change" that constitutes autoprotectiveness: centrality ensures that there is no *current* perspective from which the way of being could be changed, terror is what prevents there from *becoming* such a higher order perspective. To simply not have a current higher order perspective on one's current way of being would simply be a special version of incompleteness of a way of being - and a kind of incompleteness that is inevitable for everyone. It is a version of finiteness - one cannot have a higher order perspective on one's current highest level. So, although centrality is necessary for autoprotectiveness, centrality itself must answer the question of rigidity: how can a central way of being be autoprotective? How can it "protect" its centrality? How can it prevent the development of a higher perspective?

Since there is no current higher order perspective, the issue is *precisely* the prevention of the development of one. A functionally central part of a self organizing system - a highest level goal or end at the top of a hierarchy of means and ends - will control interactions of the system with the environment without itself being controlled by a still higher level: by hypothesis, there is no current higher level. But any such functionally central part of the system will have been constructed by the self organizing processes of the system, and *will still be subject to change or to supersedence by further constructions of that self organizing process*. Functional centrality is not at all the same thing as "self organizational centrality". The problem is to determine the properties of processes that can guide, and potentially misguide, self organization in a sense similar to that in which functional centrality guides interaction with the environment.

Functionally central parts of a system *can* guide learning, but only with respect to parts of the system that are subordinate to those central parts - the functionally central parts determine what counts as success and failure for the subordinate parts - but they do not do so for themselves, and thus cannot protect their own centrality. Some sort of process is required that can guide the construction of even functionally central parts of the system.

Emotions have the required properties. Emotions clearly participate in the guidance of environmental interactions, but they also participate in the guidance of learning and development, of self organization - including that of functionally central parts of the system. The additional key property of emotions in this regard is that emotions, among other things, not only provide heuristics for self organization (as well as for interaction), they also provide heuristics that can guide "*away from*" as well as "*toward*". Experienced failures of even functionally central activities can *invoke* self organization, and there is a sense in which the implicit success conditions for correcting those activities can be said to indirectly guide that self organization, but these *implicit* guidances of unrepresented success conditions of functional centrality cannot guide *away* from anything. (Explicit learning heuristics can guide both toward and away, but these cannot be functionally central: they are intrinsically subordinate to the categorizations of problem types that they have been developed as heuristics for.) Negative emotions, however, can both guide self organization, and can guide *away*, thus potentially participating in an autoprotective organization of processes - guiding away from what would be required for change. Negative emotions begin to capture the necessary self organizational 'centrality'. With central values involving deep negative emotional aspects, we find a confluence of functional centrality, epistemic or reflective centrality, and self organizational 'centrality'.

Autoprotectiveness requires not only avoidance at the level of interactive process, but also at the level of meta-process, at the level of self-organization. Emotions have the necessary character to provide both, and it is thus emotions that must provide the motivational aspect of autoprotectiveness.[3] Emotions yielding motivations to avoid are negative emotions, and thus an autoprotective stance involves negative emotions in the core central values concerning the self. Such negative emotions can involve such examples as disgust, contempt, dread, anger, etc., but the most primitive negative emotions are of the sort of distress, anxiety, and fear, with the extremes of panic and terror. I will use the word "terror" as a generic term for the primitive emotional motivation underlying autoprotectiveness, although all available terms seem to say both too much and too little for what is needed here (too much in that they are all construed in terms of fully explicit adult versions, and the autoprotective emotion will in general be neither adult nor explicit, and too little in that they do not capture well the "core of one's being" sense of the autoprotective emotion - in that respect, "dread" is a useful word, but its connotations are both too adult and too passive).[4] Autoprotectiveness, then, is constituted as a central terror at the center of, and concerning, one's being, one's self. Autoprotectiveness is a (cognitively) central (emotional) terror.

Centrality and terror jointly constitute autoprotectiveness. Autoprotective processes, however, will necessarily manifest a number of additional characteristics, some of which will be examined at this point.

Self Confirming. One important necessary manifestation of autoprotective rigidity is that the underlying terror will tend to elicit confirmations of that terror from others. That is, psychopathology will have a tendency to be engaged in cycles of self-fulfilling prophecy. These cycles, however, will not constitute the rigidity, but will rather be a manifestation of it, and will not be invariably present, but will rather be a tendency that is sometimes manifested.

The terror concerning the self may have the form of a terror concerning who or what I am, or what I might be, or what I might become, but, in any of these cases, it will strongly constrain the way in which I present myself to others.[5] I will develop many ways of being with others to hide what I fear may be so, to compensate for it, to try to escape it, and so on. A terror concerning myself is a terror concerning some sense of inadequacy, actual or potential, as a human being. It is a terror concerning some sense of actual or threatened failure to live up to full human status. It is a terror concerning my worth to others with respect to my own deepest values. Such a terror will severely constrain and distort my presentations of self throughout my life.

But such constrained presentations of self, such distorted ways of being, *presuppose* precisely the inadequacies that I fear the most. Only with respect to such inadequacies would I be engaged in such inadequate ways of being with others. My compensations and cover-ups, thus, implicitly communicate to others precisely what I want most desperately to hide, and define myself to others in precisely those ways that I most fear to be so. Others, in turn, will tend to pick up on these implicit self definitions and respond "appropriately" to them, thus confirming my terror.

Such an interpersonal process will sometimes be manifested in day to day interactions, but will be most likely to occur in deeper intimate relationships, in which more of the person is intrinsically involved, and thus the threat of exposure of what I fear is that much greater. Also, the confirming response from the other is not always as certain nor as clear as it would be in the pure self-fulfilling prophecy case - the other will have his or her own idiosyncracies and strengths and weaknesses and fears and sensitivities, etc. - but, the distortions of the pathological individual's way of being are inherently not as fulfilling to others as if those distortions were not present, and the almost inevitable negative reactions of some form to those distortions will be experienced as confirming the fundamental sense of inadequacy.

Autoprotectiveness presents my being as precisely what I fear I might be (or am), and thus tends to elicit "appropriate" confirming responses from others.

Self Affirming. Distortions in an individual's way of being will not only tend to elicit negative reactions from others, thus seemingly confirming the underlying terror, they will also tend to result in an even more fundamental form of reflexive support for that terror. The distortions of my way of being are potentially as available to me as they are to others. My being so kind to women, for example, so considerate and sensitive, so as to compensate for my felt terror of being fundamentally weak and pathetic, is something that I "know" for the weak and pathetic attempt to be humanly attractive it "really" is - my way of being presupposes my terror, and thus affirms its truth. After all, only someone who was truly inadequate would go about with all of the distortions and compensations and avoidances etc. that I find in myself. Autoprotectiveness as a way of being affirms precisely what I am terrified I might be, or already am.

Self Constituting. Autoprotectiveness is not only self confirming and self affirming, it is most fundamentally self constituting. It not only indicates via others and my own reactions that I am what I fear, it constitutes me precisely as what I fear. The terror of inadequacy distorts and constrains my construction of myself, distorts the development of my self, from, perhaps, early childhood. The terror of inadequacy, the sense of awfulness about myself, distorts not only how I present myself, but also who I have come to be. The presuppositions of my being who I am are precisely what I most fear. Only someone who was in fact what I am terrified of would in fact be as I am. Autoprotectiveness constitutes me as what I am terrified I might be (or am). My attempts at coping with a central terror of inadequacy and weakness has constituted me as a person of distortions, compensations, and avoidances; and those distortions, compensations, and avoidances at the center of my life and living *are* weak and inadequate - a weak and inadequate person *is* one who lives such a not-fully-human existence.

The realization of these points, especially the last, in therapy can be truly terrifying, in very much an explicit, adult sense. To acknowledge, examine, and explore them is to acknowledge, examine, and explore the truth of my worst terrors, my most fundamental dread, about my being. It is to contradict the entirety of the self that I have constructed in order to avoid and compensate for that terror of inadequacy. It feels like it is to loose that self, to annihilate the way of being that I am, for it is to give up on the struggle against the terror, and it is that struggle against the terror that I have formed myself around. It is to face the felt certainty of the crushing devastation of all my attempts to hide, avoid, compensate for, that fundamental human inadequacy. It is to ultimately acknowledge my basic failure to *be* a human being. Such an examination is extremely difficult, in both a cognitive and a motivational sense, yet only by such a process can those terrors, and concomitant distortions, be transcended. Only by giving up that struggle against the terror can the rigidity of that struggle be overcome, but that struggle against the terror cannot be transcended without directly confronting its felt truth, and the senses in which it is *in fact* true. Only by giving up that struggle can the rigidity be overcome, but only by understanding that struggle can it be given up: only by understanding what I am doing that constitutes that struggle - phenomenologically, experientially doing, doing in terms of interpretations of meanings and values, "centrally" doing, not merely behaviorially doing - do I have the choice to do something different, and thus step outside of the struggle. The almost impossibility of that confrontation is precisely constitutive of autoprotective rigidity.

To even approach such a confrontation can be exceedingly difficult. To focus on the central terror can feel like it is to be distracted from my focus on the continuous struggle of compensation. This can seem pointless in that my central inadequacy is simply my reality; it is what I have to live with, to accommodate to, to compensate for. It can seem frightening in that distraction from my compensations reduces their effectiveness, thus exposing my inadequacies more fully to the world, or in than distraction from my determined resistances reduces *their* effectiveness, thus making my inadequacies of potential even more real. It can seem terrifying in that it risks the possibility of giving up the compensatory struggle altogether, which would be, as I anticipate it, to sink totally into my centrally terrifying inadequacy: I cannot conceive that my central terror is something that I am doing, and can therefore do differently, it seems to me that it *is* reality, and the only way I can conceive of losing it would be to fool myself, to dupe myself, concerning the reality of those inadequacies. In this way, the very conception of giving up on the compensatory struggle can feel like it is a giving up on the self, a giving up on serving the self in the best, the only, way that seems possible - can feel like it is a giving up on myself and my life being *worth* serving with the efforts of my compensations. The only sense of worth and value and self respect that I *do* have, for example, may come from my sense of honesty and integrity in holding the values that I know I *do* not, and intrinsically *can*not, fulfill - the "honesty" and "integrity" of castigating and depreciating myself for those failures are themselves

my only source of self respect. In this way, the possibility of freeing myself can come to feel like it would be a betrayal or abandonment of myself - so long as the sense of inadequacy is taken as an immutable given, rather than as a consequence of my activity.

At still another level, the idea of transcending a central terror and thereby giving up on the derivative and compensatory struggles can simply seem incomprehensible, because those "compensations" *are* the problems of living (for me). They constitute my understanding of the boundaries and the issues of life, at least for me if not for others. They are what I want help with; I want to be able to engage in them more effectively. To "give up" on them makes no sense. In this version, I do not understand them as deriving from any central terror at all, but rather as being immutably definitive of myself and of the basic issues of life and living.

Self Double Bind. Autoprotectiveness is constituted most fundamentally as a centrality of a terror concerning the self. It also manifests the properties of being self confirming, self affirming, and self constitutive. There are in addition a number of other aspects of an autoprotective way of being, some of which make connections with other discussions of psychopathology.

One important additional property of autoprotectiveness is that it manifests the logical property of being an internal, self directed, double bind. "Double bind" is sometimes used in a loose sense to refer to any contradictory imperatives or expectations, but the intent here involves the strict sense of "double bind" in which the *fact* of a message or directive contradicts the *content* of the message or directive.

The autoprotective terror involves a directive concerning the avoidance of whatever inadequacy the terror is about, but that presumed inadequacy is an inadequacy of the person holding the terror. The terror is a directive to the individual to not (fully) be his or her self, lest that terror-laden inadequacy become realized and manifest. The autoprotective stance, then, is constituted as a directive to not be oneself, to not be who you really are. But being who one is is the only thing that anyone can possibly do, and yet the autoprotective directive itself is part of who the rigid individual is. So being who he or she is is in part to be directing oneself to not be who he or she is - a deep double bind concerning one's, constituting one's, basic being.

Double binds generally have the form of some version of "Be spontaneous" - be spontaneously happy, or sensitive, or caring, or authoritative, etc. - but this version is particularly virulent: "Be spontaneously not spontaneous in being who you really are!" For to be spontaneously who you really are is to sink fully into the inadequacy, while to be not spontaneous in your evasions, distortions, compensations, etc. is to fail in your struggle against that inadequacy. Double binds as usually considered are also social in nature, while this one is intrinsically intrapersonal. Interpersonal or intrapersonal, the only escape from a double bind is to transcend the framework within which it is posed. For the autoprotective double bind, that framework is constituted in the central self terror, and transcending it requires confronting it.

Self Contradiction. The internal double bind of the autoprotective person is a self imperative to not be oneself. There is a converse of this in that the rigid process *is being* exactly what it is denying of itself. That is, I deny my worth, my value, my legitimacy in my compensations, avoidances, coverups, apologies, and distortions, I affirm my lack of humanness in my fleeing from myself, in my self constitution, in my very living of my self denial. But precisely in so affirming my lack of humanness I thereby in-so-doing affirm my legitimacy in declaring myself illegitimate, my value in judging myself worthless, my power in making myself weak. I must be of value in order that my judgement of valuelessness have any value; I must be powerful in order that my self constitution and presentation as

powerless have any power; I must be of worth in order that my deprecations of unworthiness have any worth. *Precisely* my self-constitution as powerless, illegitimate, and valueless is itself an assertion, a presumption, a self-constitution, as powerful, legitimate, and worthy.

When the autoprotective individual realizes that he is the one, or she is the one, who is *making* all these central terrors true, then they are no longer experienced as an external truth about oneself, a given about one's being that must be "accepted" and accommodated to. Instead, they can come to be realized as something that one is *doing*, and, therefore, something that one can do differently. My being in the world may be weak and illegitimate, but my being that constitutes and affirms me as that weak and illegitimate being is instantiating its power and legitimacy precisely in those constitutions and affirmations. If I can come to understand the power that I am exercising in constituting my weakness, then I can have the freedom to choose to constitute myself differently. Such a realization is one powerful manner in which an individual can transcend an internal terror.

External Contradiction. My compensations, distortions, and evasions are *for* myself, but they are in large part *to* others. They are self presentations, masks, to the world in an attempt to escape the consequences of my true inadequacies, and live instead in terms of those desperate fakeries. They are attempts to induce the world to treat me as being adequate and human, to induce unawareness of, reassurances about, compensations for, and denials of my core failings. This is an externalization of the self contradiction. Such a way of being is a social living out of being so powerless as to have to ask others for my power, so empty of meaning as to have to ask others for my meaning, so illegitimate as to have to ask others for my legitimacy, and so on for my worth, my adequacy, my basic humanness. The implicit request in this aspect of rigidity already constitutes me as not being what I am requesting.

External Double Bind. Simultaneously, it imposes a double bind on the other in that I am asking him or her to accept me, to judge me, to declare me to be adequate and fully human, and yet the acknowledgement that I *need* such acceptance, judgement, or declaration is an acknowledgement that I am *not* adequate or fully human. I put the other in a position of either failing to respond to my request, or of contradicting that response in the very act of responding.

External Power. The rigid personality is forbidden from being fully himself or herself. The central "truth" about the rigid personality is that they are fundamentally inadequate to cope with the foundational human issues of worth, meaning, purpose, and so on. The rigid individual cannot survive these issues alone, so he or she must depend on some other power to be able to live with them - must rely on some "not-self" way of being in order to be strong enough to avoid their threat. The avoidances, compensations, and distortions constitute the person's reliance upon such an external power for living. More basically, those avoidances, compensations, and distortions constitute that individual's sense of a felt "non-self" way of being that is more powerful, more capable, more worthy, attractive, meaningful, than they are themselves. In this sense, autoprotectiveness intrinsically involves a reliance upon an external "non-self" power for living (Becker, 1973). It implicitly involves a "deal" with life that that external power be in fact sufficiently right, powerful, good, or whatever is required that one can "succeed" in life by virtue of holding fast to that power, of living up to that deal, even though one's self per se is unworthy and inadequate.

Lack of Courage. The terror of one's inadequacy, the double binding self directive to not be oneself, the sometimes desperate reliance upon an external power, all constitute a terror of being oneself, of even acknowledging oneself. They all constitute a lack of courage for living, a lack of courage in the face of the seemingly overwhelming problems of life, with respect to which one is fundamentally inadequate (Adler, 1964; Bickhard & Ford, 1976, 1979).

Cosmic Loneliness. An autoprotective central terror is a sense of the inadequacy of my deepest being to fulfill my own most central values and senses of meaning of living. It is a kind of void, an emptiness, in the center of my being. It is this void that makes me less than fully human. It is this void that I seek to fill with others, or to hide from others, or to compensate for in being with others. The central inadequacy is a central emptiness, a differentness, a less-than-ness from "everyone else", from all the full human beings in the world.

Such a central void is a sense of barrenness of one's being. It is an aloneness, an isolation, from meaningfulness and fulfillment. There is an intrinsic loneliness in this feeling in that by definition no one could possibly want to make true contact with me in that barrenness, no one could possibly genuinely accept that emptiness and inadequacy. But there is an even deeper aloneness, and a consequent cosmic loneliness, in that full human beings do not *have* such a void. There is not only no one who would be with me in my emptiness, there is no one (full human) with whom I share the experience, the awfulness, of that emptiness. I am cosmically alone in my very aloneness. I am cosmically lonely in my barren loneliness.[6]

Finitude. A central sense of inadequacy, of terror concerning the self in facing living, is a sense of finitude in the face of the infinite demands of life. One's finitude in confrontation with the intrinsically infinite demands for omniscience and omnipotence in living, the demands for never failing in being a full human, in being an ethical being, in being worthy, in making the best decisions in one's life, in being strong enough, or attractive enough, or tough enough, etc., is a finitude that guarantees inadequacy. A finite being cannot know enough, cannot do enough, cannot understand enough, cannot consider enough, to fulfill such infinite values and their demands. Finitude is a fundamental existential aspect of human being, and, thus, so is inadequacy in the face of infinite life demands.

The inadequacy of finitude is a basic truth in any central terror, but it is this existentially certain finitude that grounds the sense of barrenness, of less-than-humanness, of aloneness. It is a sense of finitude that feels as if it separates me from all others, that degrades me below humanity. It is in this finitude that I feel most alone, and cosmically alone in having a being that is finite.

Finitude, however, is an aspect of being for *everyone*. It is most deeply in my finitude that I feel most different from, most separated from, most inadequate with respect to, others, and yet it is precisely in my finitude that I am most like everyone else, that I am potentially most sharing with others, that I am least alone. It is in owning the weakness of my finitude that I am most strong, in accepting the illegitimacy of my finitude that I am most legitimate, in acknowledging the unworthiness of my finitude that I am most worthy, and in embracing the intrinsic inadequacy for human contact of my finitude that I am most human, most a full human being, most together with all of humanity. The deepest fundamental fact of an autoprotective central terror, the intrinsic finitude of human existence, is simultaneously the truth that transcends the terror.

The Elite. The full human beings in the world may be everyone else besides me, or it may be only some special elite, who *do* (in my eyes) live up to my, to the, central values - an elite that I fail to be a full member of - or that elite may be formed by people with some special powers of judgement concerning those values. If I meet a member of my elite in this sense, I can have an intense need for acceptance, for affirmation, by such a person. I may need to be accepted into the membership of those who are cool, or cultured, or tough, or smart, or intellectual, or "together", or popular, or "deep", or who never let anyone get the better of them, etc. or I may need to be accepted as a man by a woman, or as a woman by a man, or as a parent by my children, or as worthy by a hero or mentor, and so on. More deeply, I may live in abject terror of rejection - thus confirmation of all of my worst horrible fears about myself - from that person. I become a supplicant. I may even find myself bound to the

terror of possible rejection from someone that I don't even like or respect, as long as in some sense I have given them a power of judgement with respect to my central being.

Fragility. Affirmation from others can feel very good with respect to the central terror, but it can never satisfy. The very act of affirmation is a contradiction of the content of the affirmation. The response to the double bind that I impose on others (at least on members of my personal elite), is turned back on me in their response to it. Consequently, no affirmation does anything more than to hold off the terror for a while. It doesn't constitute me any differently, it simply soothes the terror - it doesn't change it. Consequently, my fundamental sense of inadequacy and vulnerability remains.

Furthermore, any such reassurances that I do receive are invalidated because they are simply responses to my masks, my fakery, my pleadings, my compensations. They are not really about me: no one knows me enough for them to be truly about me. My desperation makes *any* positive judgement impossible to receive because it is always (at least potentially) an insincere, deluded, or pitying response to that desperation (or its manifestations) itself. Still further, any temporary reassurance that I do feel simply affirms that I am so weak and inadequate as to need such soothing.

Conversely, my fear of another's judgement of my inadequacy is everpresent and overwhelming, for I "know" how true such a judgement would be. It would penetrate to the core of my being. I am deeply vigilant for possible such confirmations of my inadequacy. I am vigilant even for the absence of explicit reassurances and reaffirmations - such an absence, even a short absence, can give me a deep anxiety that I have been "truly" seen and judged for my "true" inadequacy. So my need for reassurance may be constant and effectively unsatisfiable - and my awareness of that unsatisfiability can give me just one more affirmation and constitution of my inadequacy. My sense of well-being, when and to the degree to which it is possible for me to have such a sense, is massively vulnerable and fragile.

Inauthenticity. When one's way of being in the world intrinsically denies and forbids one's way of being in the world, it is not possible for that being to be full and open and honest and genuinely spontaneous. To be self contradicting is to be constrained and distorted. The self imperative to be not-oneself and the reliance on an external power are forms of fleeing from oneself, of denying oneself. An authentic openness and resoluteness of one's central self values and meanings is not possible for someone who is attempting to live an evasion, an annihilation, of that central self. The rigid personality cannot be authentic (Guignon, 1983; Heidegger, 1962; Mehta, 1976).

The concept of autoprotectiveness makes contact with a number of aspects of psychopathology discussed in the current literature. I have briefly indicated connections with self fulfilling prophecies, Becker's external powers, deals with life, Adler's lack of courage, and the existentialist finitude and inauthenticity. Each of these could be given much more extensive elaboration and exemplification, and there are other possible connections as well. The general point that I would like to draw from these examples, however, can already be made: the connections are all with aspects of the *process* of psychopathology. That is, autoprotectiveness has been argued to be the basic functional characteristic that constitutes psychopathological processes as being in fact rigidly pathological. The general discussion has shown, in addition, that any autoprotective process will also manifest a number of other aspects of psychopathological process that have been noted in the literature. On the other hand, the model of psychopathology proposed here makes only indirect connections with structural models (see below).

Issues of Ontology

The discussion to this point has largely concerned an explication and model of psychopathology in terms of its functional and process *characteristics*. There remains, however, issues concerning the actual ontology of the form in which these characteristics are instantiated in the person: what is the nature of the processes that manifest those characteristics. Issues of ontology are frequently ignored in psychology, but only by taking ontological commitments seriously can science provide anything more than limitedly useful mythologies for our understanding of the world, including the world of others and ourselves (Campbell & Bickhard, 1986). In this case, issues of ontology are also crucial to the understanding of how autoprotectiveness is actually manifested and encountered in clinical practice. There follows a discussion of several of the issues of ontology that emerge for the proposed model of psychopathology. These include distortions in one's being that are derivative from the basic autoprotective stance, webs of cross protectiveness as a from of autoprotectiveness, and a more thorough explication of the implicit form in which a number of the autoprotective properties can occur.

Derivative Ways of Being. Rigidity is the conceptual core of psychopathology, and autoprotectiveness is its functional core. The process characteristics necessary to constitute an autoprotective system are, most essentially, a central terror concerning the fundamental value of the self. These core characteristics of psychopathology, however, are rarely directly encountered in therapy. Instead, multitudinous and widely ramified *derivative* ways of being and feeling are presented, discovered, and, hopefully, changed.

The core rigidity imposes severe constraints on the potentialities of ways of being open to the autoprotective individual. Full human contact and intimacy, free expression, a sense of meaningfulness and purposefulness, are all in varying degrees and ways closed to the inauthenticity of the rigid personality. Yet that individual's fundamental needs and desires and wishes for such intimacy, freedom, and meaningfulness are no less than anyone else's. But these fullnesses of living are most deeply ways of being, and the way of being of the autoprotective individual is distorted. Consequently, the ways of being, the manners of approach, which the rigid personality will develop in seeking these characteristics of openness and authenticity will be partial, indirect, and distorted. Full authentic humanity is closed, so some version of a distorted humanity will be developed.

The avoidances, distortions, and compensations of the rigid personality constitute a distorted humanity. These inauthenticities, the struggle against the terror, can have several different aspects. One is to shield oneself from confronting one's fears about oneself. A second is to shield others from knowing about the feared "truth" concerning one's true self. These two have already been differentiated. A third aspect has been less fully differentiated: compensations are for the sake of seeking for oneself and from others what would be illegitimate, laughable, pitiable, arrogant, hubris, to seek for one's own sake. Compensations invoke external powers - macho strength, perfect kindness, being "good" - that make it reasonable to hope for what would be outrageous to simply and openly want as a human being, for one is *not* in fact a full human being. Compensations can also take the form of being pathetic as a way of evoking pity as a third rate but attainable form of intimacy, or being obnoxious as an alienable way of distancing everyone so that one does not risk being rejected for who (what) one truly is, or being permanently sick so that one's failures in life don't reflect upon one's "true" self, or being permanently guilty so that the deeds one commits are continuously expiated, and so on. Compensations, in other words, are secondary (and tertiary, etc.) distortions of one's way of being and living that result from trying to cope with life within the constraints of the primary distortion of an autoprotective rigidity.

It is the derivative distortions in living that are primarily presented and discovered in therapy. They are the day to day manifestations of psychopathology, and the immediate triggers of the unhappiness

and misery that bring most people into therapy in the first place. Therapy is devoted in large part to improving one's secondary and tertiary ways of being, of overcoming secondary and tertiary fears, *within* the constraints of one's primary terror. Only occasionally will a client unfold the central core of the autoprotective terror - only occasionally will a client want to.[7] But the question of rigidity cannot be answered at the level of any of these derivative distortions as they do not have the property of pathological rigidity intrinsically in themselves. So their persistence requires a fundamental autoprotectiveness, and knowledge of that and of some of its characteristics is a guide in all levels of therapy.[8]

Webs of Protectiveness. Autoprotectiveness has been discussed to this point as if it were a property of a single unitary underlying belief or process. Such a singly focused pathology is possible. For example, if I believe that the world is a hard and unforgiving place, that any weakness is likely to be taken advantage of, and that the only source of self respect is to maintain a constant strength - to not let it get to me, to not let it get the better of me - then, among other things, I am likely to be all too aware of the many times and ways in which I fail to feel that basic strength, I am likely to have recurrent reminders of the shame of my inner weakness, no matter how much I may seem to be able to hide it from others, and, perhaps, even most of the time from myself. Such a person can be expected to be seriously constrained in his ability to be open, giving, intimate, "soft", and will correspondingly tend to have serious difficulties in intimate (and perhaps in work) relationships. Yet, precisely the inner examination, the acknowledging the weakness, the entering into the feelings of shame and self disgust, that would be necessary for this person to transcend this way of being is forbidden to him as itself being a deeply shameful, disgusting, weak, "soft" way of being. From his perspective, he seems to have to overcome the terror in order to enter into the terror in order to overcome it - he can't start without already having finished.[9] This is a paradigmatic instance of autoprotectiveness.

But autoprotectiveness does not have to occur in this singular a fashion. As commonly, or more commonly, the autoprotectiveness seems to be a functional emergent from interconnected webs of cross-protective manners of being and thinking and feeling and interpreting. There will always be an underlying theme implicit in such a web,[10] but it may well be only implicit. The experiential activities of the person can manifest common themes without those themes being singular unitary processes of being, and it can be those implicit themes that instantiate the direct autoprotectiveness, while the ontological level of experiential process has the character of many processes, each protecting others from examination, each providing excuses, distractions, fears, vulnerabilities, blindnesses, that prevent open examination and acknowledgement of themselves and other processes. In such a case, it is the whole web that instantiates the functional characteristic of autoprotectiveness.

Implicitness. Psychopathology is rigidity, which is manifested by autoprotectiveness, which is instantiated by a core central terror concerning the self, which can have a number of additional forms and properties, such as being self constitutive and inauthentic, and being implicit in webs of experiential ways of being. The sense in which much of this can be implicitly true of a person without necessarily being explicitly present in a person has been alluded to several times, but this sense of implicitness has not yet been explicated. Implicitness is a vastly ramified characteristic of human functioning that has in general not even been acknowledged in standard literature, and certainly not analyzed. This discussion will not attempt any full account, but is aimed only at indicating something of the nature of the realm and its importance.

Implicitness is directly involved in issues of the ontology of human functioning and experiential activity. It is essentially an ontological realm of characteristics that can be true of a person without being present in that person - of characteristics that can be implicit in that person's way of being. There is nothing particularly mysterious or metaphysically deep about this realm of implicitness, it

just hasn't been recognized nor taken into account with respect to human beings. The ontologies usually allowed for in persons are restricted to substance ontologies (e.g., structures, energies, believed encoded propositions) and/or agent ontologies (e.g., homunculi). In both cases, they are taken to be explicitly present, to be "things" of some sort that in some sense are literally present in the person. Many characteristics of persons that are generally implicitly true *about* a person have been distorted into conceptions of some sort of substance/agent/belief *in* the person. If such ontologies cannot be directly found in the phenomenological person - the person doesn't know them or about them directly in his or her experiencing - then they tend to be stuffed into a presumed Unconscious. After all, if they are true (e.g., implicitly!), then they must have an explicit ontology (invalid conclusion), and if those ontological realities are not explicitly present in the experiential person, then there must be some other region of that experiential person in which they *are* explicit - an Unconscious region. The dynamic homunculus Unconscious is largely a repository for the presumed explicit ontologies of characteristics of persons that are in fact various forms of implicitness.[11]

"Implicit" basically just means 'true of' without being "present in". A logical example is provided by presuppositions: "The king of France is bald." presupposes that France has a king, which happens to be false. But so also does "The king of France is not bald." presuppose that France has a king. "France has a king." is not explicitly present in either sentence, nor is it logically implied by either sentence (it cannot be implied by both a sentence and its negation), it is instead an implicit presupposition of the sentences (Bickhard, 1980b). A functional example of implicitness is provided by a simple thermostat: a thermostat implicitly presupposes that the heat flow in and out of a room will not exceed a certain rate, and that the oscillations from hot to cold to hot, etc. will not exceed a certain frequency, for if they did, then the capacity of the system would be unable to keep up with the heat flows, or the switching mechanism would be unable to accurately track the oscillations. Such presuppositions are implicit in the design of the thermostatic system. They are implicit in the functional capacities of the thermostat, in the interactive capabilities of the system, in the interactive relationships of the system to the environment, without being *explicit* anywhere in the system. They are true of the system in its environment without being present in the system per se.

Such functional implicit presuppositions of a system's interactions in the world will be true of any interactive goal directed system - including a human being. Such presuppositions are simply, for example, those potential facts which, if true, would make the activities, the interactions and interactive strategies, the ways of being, of the system (person) "work", would make them successful, sensible, valid, legitimate, meaningful. But such implicit presupposing of such facts or conditions need not be explicitly present in the person for that presupposing to nevertheless be *true of* the person.

For example, consider an infant who is physically taken care of, but is so in a way that is totally non-responsive to him per se. He is fed, changed, etc. on a schedule and by the rules, but his crying, his potential interactions with the world, are ignored. This infant will learn that crying only increases discomfort, will learn "quietude" as the only coping that is effective in minimizing, if not correcting, his pains and discomforts. This learning will take place on a very cognitively primitive level - there need be nothing more than a learning of a new way of being, "quietude", as the only one discovered that "works", that reduces discomfort. Nevertheless, this way of being carries implicitly the presupposition that no one truly cares about him, that no one is concerned about him as something beyond his physical needs.

Such implicit presuppositions of his way of being in the world can be true of him even though he is totally incapable of having any of the explicit cognitions that might seem to be involved in those presuppositions - he may be much too young to be able to conceive of anything like caring or even about other persons as objects and agents in the world. Nevertheless, such presuppositions can be

implicit in his way of being. (Thermostats are certainly incapable of cognizing their presuppositions, which are nevertheless certainly present.)

In the example, this level of presupposition is in fact true not only as a presupposition of the infant, but also of the environment he happens to be in. But the child cannot at such an age differentiate this condition, this environment, these "caregivers", from any others. This way of being is central to who he is, it is not just an adjustment to this particular situation. As such, this way of being is implicitly about the entire world, actual and potential, not just this part of it into which he has been "thrown". The lack of differentiation of this way of being with respect to alternative possible environments implicitly presupposes not only that no one *is* caring for him, but that no one would *ever* care for him. A lack of differentiation implicitly presupposes totality, again without any explicit cognitions or cognitive capabilities on the part of the infant.

This example also illustrates another important property of presuppositions: presuppositions can themselves have presuppositions. So, for example, "France has a king" presupposes that France exists. And the infant's presupposition that no one would ever care for him presupposes that he is not worthy of being cared for, that he is inadequate in some fundamental way, that he is not deserving of, is not a member of, full humanity. That is, a way of being can have layers of implicit presuppositions, and sufficiently deep layers of implicitness can involve a full autoprotective central terror about the self - implicitly. In this example, the infant may have no explicit sense of self whatsoever, and be developmentally incapable of any such cognition, and yet the autoprotective functional organization of his experiencing may already be implicitly present.[12]

There is much more to be examined concerning the realm of implicitness: forms of implicitness other than presuppositions, such as implicit goals or motives; the way in which "mere" implicitnesses can have developmental effects and persistence throughout life; the sense in which layers of implicitness tend to sequentially unfold into *explicit* meanings, feelings, and issues throughout personal development, and so on. The primary purpose of the present discussion, however, has already been met - to indicate the existence of a realm of implicitness for human functioning, and something of its potential importance for understanding that functioning, and, correspondingly, for therapy.[13] Most of the logical-functional structure of autoprotectiveness in most individuals will be implicit.

Therapy

It is impossible here to explore many of the implications of this model for psychotherapy, but there are two that are particularly salient that I would like to at least briefly indicate. The first has to do with a consideration of potential levels of therapeutic intervention. The second has to do with therapeutic implications of the level at which core valuings, and, thus, core autoprotective rigidity, must reside.

There are a number of levels of potential therapeutic intervention, including, for example, the behavioral level, the level of (purported) cognitions and beliefs,[14] goals, meanings, values, and the central valuing process by which values are constructed, revised, and changed. There are also multiple avenues of intervention, such as via environmental changes, cognitions, emotions, choices, and so on. The ontological presuppositions of many of these therapies are questionable, but my current focus is on the levels and avenues per se.

The basic point is that each level of intervention is most appropriate to *dysfunctionality* issues arising primarily at that level of functioning, but that the core *autoprotectiveness* of psychopathology resides at the level of an individual's values and valuing process. Correspondingly, any therapy that does not take this core level of personhood into account cannot per se guide the encounter with and the

transcendence of rigid distortions of a person's way of being. For example, a cognitive behavior therapy level of intervention may be perfectly appropriate for a dangerous or debilitating or illegal compulsion, and may be the optimal and professionally ethical choice for dealing with that compulsion before more central issues can be turned to, but that level of considerations per se gives no guidance with respect to those central issues. I wish to make it clear that intervention at almost any level is capable at least at times of yielding a confrontation of an individual with his or her central terror, but only a therapy that takes such central terrors of self values into account can give any *guidance* to the discovery and confrontation and transcendence of such terrors. Furthermore, any therapy that tends to *block* a client's movement into this level may in fact do harm. A major class of examples are those therapies (and personal styles of therapy for some people) that I call "guru" therapies. These therapies are often "targeted" at the level of a person's values, and can be quite powerful in their impact, but they do so in a manner that *devalues* the individual's own values and valuing process in favor of the "wisdom" of the therapy/therapist, and, in so doing, lend themselves to a powerful experience that strengthens and perpetuates the client's original sense of core inadequacy. The first point, then, is that various levels of intervention are appropriate and at times optimal for (often derivative) issues arising at that level of functioning, but that core autoprotective rigidities can only be explicitly taken into account at the ontological level at which they exist: central values and terrors concerning the self.

The second point that I wish to mention follows from the fact that the ontology of central terrors is intrinsically an experiential phenomenological ontology. Confrontations with one's self may possibly be the result of intervention at almost any level (though not necessarily a very optimally yielded result), but the confrontation itself occurs at the experiential level. Therefore, it can only be guided at that level. Transcendence of rigidity requires an experiential process, and nurturance for such transcendence requires being with someone at such an experiential level (Bickhard, in preparation; Gendlin, 1970b, 1974). Furthermore, it requires being with them in a way that instantiates in the therapeutic relationship the respect for the legitimacy and fundamental capacity of the client's own valuing process that is the hoped for outcome of the client's personal transcendence. A person's self construction of a legitimate and adequate human self cannot be encouraged and nurtured by a manner that denies such legitimacy and adequacy.

Therapeutic interventions can appropriately occur at many levels, but therapeutic guidance for the transcendence of a psychopathological rigidity can only come from a therapy that recognizes the experiential valuing process level of the self at which such rigidity most deeply occurs.[15]

Conclusion

This paper proposes the abandonment of the usual substance-structural ontology for human beings that is fundamental to standard discussions of psychopathology. Rather, an experiential process ontology is proposed in which the fundamental conceptual problem shifts from how to cause change, to how to free from rigidity. In an open process system, rigidity requires autoprotective process, which in turn can be instantiated only in the form of central self value terrors. Such a model of autoprotectiveness connects with a number of other process characteristics of psychopathology noted in the literature - such as self fulfilling prophecy, internal double binds, reliance on external powers, a lack of courage in living, inauthenticity, and so on. Webs of distorted ways of being are proposed as the common presentation of psychopathology, and are understood as derivative from core rigidities. Implications for psychotherapy include that the core level of experiential valuing must be taken into account, and that issues of autoprotectiveness can only be addressed at that experiential level. Further, therapeutic involvement at this core level is *necessarily* relational, and *necessarily* involves an ethical

stance of respect for the value and worth and legitimacy of the potentialities of the person, of the potentialities of the self constitutive values of the person.

In addition, more precise consideration of the ontology of such characteristics of persons leads to the discovery of the generally unrecognized ontological realm of the implicit. This has many additional implications of its own, such as the implications for therapy of the notion of nurturing the development of ways of being that involve pathological implicit presuppositions, versus the notion of uncovering and changing explicit but unconscious pathological beliefs or memories.

There would seem to be at least two levels of implications involved in this paper: one concerning the specific results with respect to psychopathology and psychotherapy, and the other concerning the importance and productivity of taking one's ontological assumptions and commitments seriously. Clearly, I urge both. But, whatever the specific deficiencies of the analysis of psychopathology might be perceived to be, it seems more than clear that the general questions of rigidity and structures, and the even more general issues of ontological assumptions and commitments, require serious attention. Standardly, with rare exceptions, they remain presupposed and unexamined.

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Footnotes

[1] It opens a different perspective as well on such notions as that of a pathological society. These will not be pursued here.

[2] Note that this is the basic logical form of "treatment strategies".

[3] The relationship between cognition and motivation, and the nature of emotion, are of fundamental importance for further aspects of this analysis, but will not be considered here in any detail. For further discussions, see Bickhard (1980a, 1980b, 1980c) and Bickhard (in preparation) and the relevant discussion in Vuyk (1981).

[4] I am ignoring many potential considerations here, such as, among others, the distinction between emotions and moods. See Bickhard (in preparation) for further discussion.

[5] Most examples will be given in the first person because the coherence that is being illustrated and invoked is an experiential, meaningful, coherence.

[6] It is this deep sense of emptiness and "unwholeness" as a human being that Kohut and the object relations theorists seem to be exploring (Eagle, 1984; Greenberg & Mitchell, 1983). Guntrip's example of the woman who dreamed that she "opened a locked steel drawer and inside was a tiny naked baby with wide open expressionless eyes, staring at nothing" is a deep expression of such a core barren isolation (Guntrip, 1973, p. 152). If the model that I am presenting is correct, however, then such a core terror is central to *all* psychopathology, not just to particular schizoid or borderline or self types of psychopathology. Such a view seems to be partially emerging in the psychoanalytic literature, though it is far from consensual (Eagle, 1984).

[7] And even if a client is so inclined, most theories of therapy, and most therapy training, gives no direction or guidance to, and frequently positively obstructs, any such movement. This and related points about therapy cannot be developed here, but see below in the text for some further discussion and Bickhard (in preparation) for an extensive analysis.

[8] Typologies of psychopathology are generally typologies of these derivative distortions. Without an underlying model of rigidity per se, such typologies tend to have a character of ad hoc descriptiveness, without any true theoretical coherence. This model gives some suggestions for a theoretically principled typology. For example, the core terror can take the form of a fear that I might become something terrible, that I might already be that something terrible, or that I am in fact that something terrible. Correspondingly, my underlying "terror" can range from anticipatory terror to dread to despair. Coping can take the form of avoidance or hiding from myself or from others, or compensation for the sake of myself or for others. To pursue one line of this slightly further, if I adopt a coping stance of avoiding the "truth" of my terror, of keeping it from myself, then I will have to develop ways of "doing something else" whenever there is a risk of confrontation with that terror. Eventually, I will have to similarly avoid my avoidance, of doing something still further or harder or with more concentration whenever there is a risk that my self deception will break down. And so on. Self avoidance can eventually exhaust one's capacity for functioning in pursuit of this infinite regress. This seems to have been the paradigmatic case for "repression" (and hysteria), except that repression is presumed to be successful without the infinite regress (see Schafer, 1976).

Another direction of potential development from a central terror would be for the person to live out a vigilance for possible assaults from the world - a vigilance for possible confirmations of one's inadequacy, of reflections and reminders of one's shameful finitude, of insults to one's being that strike home to the core of one's being. Shapiro has explored some possible versions and consequences of such vigilance (Shapiro, 1981 - Shapiro's concept of rigid character is a special case of rigidity as I am explicating it). Exploring and understanding the potentialities of autoprotective processes, the versions and consequences of rigidity, can be an important and fascinating task, but such nosological concerns will not be pursued further here.

[9] As mentioned above, however, he may well be able to vastly improve his way of being with others without ever touching upon this core level of self terror. The autoprotective core constrains and distorts derivative ways of being, but it does not fixedly determine them - there are always the potentialities of alternatives *within* the basic autoprotective framework, of additional "degrees of freedom".

[10] For a most rudimentary introduction to the concept of a theme, see Bickhard & Richie (1983). For an adumbration of the concept of implicitness, see below in the text. For more developed presentations of both see Bickhard (in preparation). For a discussion of the developmental reasons why it is expected that there will be such a coherent theme of personality, see Bickhard & Ford (1979) and Bickhard (in preparation).

(Standard approaches to psychopathology have as one of their problems that it is rare to find pure examples of their categories - most people exhibit [partial] mixtures, which is difficult to model in a non-ad hoc manner within a framework of entities and structures. The involvement of themes in psychopathology provides an alternative in that themes *blend* and *mix* like feelings and expressive meanings, rather than juxtapose and add like entities and structures [e.g., bricks, or introjected object fragments].)

[11] That is, the realm of the dynamic Unconscious is largely in fact the realm of the implicit. Even this is not fully true, however: explicit processes of internal avoidance, as mentioned above, are also often rendered in terms of repression into the Unconscious, and, in fact, this seems to have been the historically paradigmatic version. Characteristics that are lumped together into the Unconscious, then, do not even have a unitary nature - some are implicit and some are explicit - and fundamentally do not have the structural/homunculus ontology that constitutes the Unconscious. The issue here is not the existence of unconscious processes - clearly there are many processes and characteristics that are not present in, not understood by, one's consciousness (Bickhard, 1980d). The issue is the invention of a structural region of homunculi in order to account for such non-explicitly present characteristics.

There are many further issues to be addressed here - for example, the apparent paradigmatic instantiation of Unconscious repression in dissociative phenomena - but they cannot be developed in this paper. However, an intuition of an approach to dissociative phenomena within the framework proposed can be derived from an adaptation from Shapiro (1981). Shapiro points out how a person's excessive vigilance for damaging possibilities in the environment, e.g., slights or insults, can result in a narrowing, a constriction, of the apperceptive filling out of that person's understanding of the external world, and a consequent fragmentation of that world (not quite Shapiro's vocabulary). My adaptation derives from the realization that extreme vigilance for *internal* possibilities, e.g., horrifying thoughts or desires or presumptions, can similarly induce an *internal* fragmentation of mental process and understanding. See Bickhard (in preparation) for further discussion.

[12] If we only have recourse to explicit ontologies, then we will be likely to posit explicit but inadequate, perhaps fragmented, perhaps rage focused, perhaps hollow feeling, etc. introjected "objects" and "pieces" of the self, in direct contradiction to the actual capacities of the infant at such an age (Eagle, 1984; Greenberg & Mitchell, 1983). More broadly, we will be likely to reify implicit presuppositions in general into explicit but Unconscious beliefs.

Such explicit-ontology "analytic" approaches not only contradict the constraints of developmental psychology, they also make fundamental logical errors: they equate the self with an image of the self; they model a sense of fragmentation with an actually fragmented self (image); they model the tendencies of motivation and the processes of emotion as some sort of substance(s) that are attached to representations, disposed of by structures, have sources and sinks, and are in general fully ontologized. Too often, the reification of metaphor into some sort of substance or structure seems to be the primary conceptual tool available.

[13] For example, one's approach to therapy will tend to be very different if psychopathology is thought of as resident in explicit Unconscious beliefs, objects, memories, etc. than if it is conceived of in terms of implicit, not understood truths concerning the person's way of being.

[14] The "purported" caveat is simply because supposed "irrational" beliefs and self-talk has in many cases simply become the cognitive behavior therapist's equivalent of the analyst's Unconscious: the form in which implicit characteristics of the person are reified into explicit things and processes in the person.

[15] A major level that is not considered in the text is the level of social intervention, such as in family therapy. There are many relationships between the discussion here and issues in family therapy. For example, the general characterization of pathology as rigidity, and of rigidity as autoprotective processes can be applied directly to family processes. The basic question of "Why is this rigid?" can also be asked of family systems, and ultimately at least part of the answer has to be in terms of a rigidity in the individuals involved - so system and individual levels cannot be independent. Many methods of reframing and paradox work on the intrinsic internal (internal at the social level, as well as at times at the individual level) double bind of autoprotective processes, not just on the social double binds. And so on. These cannot be pursued in this paper.