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Loaded and Honest Questions: A Construct Theory View of Symptoms and Therapy*

Finn Tschudi
(In collaboration with Sigrid Sandsberg)

I. Introduction

Kelly (1955, p. 835) does not commit himself to any specific point of view on “disorders”, “it represents any structure which appears to fail to accomplish its purpose”. Admittedly “this is an extremely flexible definition” and Kelly is “content to let ‘disorder’ mean whatever is ineffectual” from some point of view, be it that of the client, the stuffy neighbours or even God.

This paper elaborates one point of view, derived from and compatible with Kelly’s position, but hopefully somewhat more precise. “Symptom” and “symptomatic behaviour” are preferred as more specific terms than “disorder”. The point of view which will be explored in this paper is: symptomatic behaviour is behaviour which obliquely gets at the issues which are important for the person.

As will be discussed in Section II, advances in Repertory methodology provide a convenient tool for exploring the personal meaning of the symptoms. A simple form of a construct network, typically consisting of three constructs (which we label ABC), may in many cases be helpful in locating the important issues which the symptom obliquely gets at, in the person’s own terms. Several examples of such networks will be offered. The form of presentation may have the advantage of facilitating the search for therapeutic steps. This approach we label “the ABC-model”, and it is deeply influenced by Greenwald (1973).

In earlier presentations of this model a frequent comment has been that it is too “cognitive” and does not appear to account for emotions, drama and

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suffering. Part of the difficulty may be that Kelly’s theory is very abstractly stated and this makes it difficult to flesh out a coherent picture of symptoms and therapy.

Section III carries the perspective further by selecting one development from learning theory which closely resembles Kelly, Goldiamond (1974). Berne’s transactional analysis which both keeps some ties with psychoanalysis and also moves in directions compatible with Kelly, is also found useful.

What makes these two perspectives so compatible with Kelly is that they explicitly ask the simple but vital question: “what is the person after”? The obliqueness of symptoms may, however, call for redefinition of what the person is after. This may be a difficult process with several dangers on the road. To emphasize what the person is after, his project, is the essence of Kelly’s paradigm man-the-scientist. This paradigm is extensively discussed and defended elsewhere, Tschudi (1976). There we propose that if one label should be applied to Kelly, it would not be “reluctant existentialist” as Holland (1970) would have it, but rather “existential behaviourist”. Is it possible to close the apparent gap between “existentialism” and “behaviourism”? Reaching out to another person so that both simultaneously have maximal possibilities of exploring their basic constructs is perhaps an “existential” project, Bannister and Fransella (1971, p. 38) call it love. This project is seemingly far removed from what the greycoated scientist may be up to in his gadget filled laboratory, perhaps he is a “behaviourist”. Kelly’s unique contribution is to invite us to construe similarities between these projects. Whatever he does, Kelly insists, man asks questions, “Behaviour is a question” (1970) (see also Mair, 1976).

The bridges Kelly tries to build, the gaps he will have us close, invite us to strange and perhaps tortuous roads. This paper is only a small beginning in the necessary Kellian tightening. There are vast numbers of pitfalls and difficulties on the road. What is the place of experience? of cognition? We skirt these issues to get ahead.

Kelly almost exclusively emphasises formal aspects of constructs, and only incidentally content (cf. p. 935). This, we think, makes it necessary to bring other theorists to join the party.

Hopefully this will not only serve to bring Kelly closer to mainstream psychology, but more generally to further our understanding of the vital questions man poses. The aim of the present paper is to outline a way of thinking which may be a step in the direction of understanding how to help man clarify his goals and pose less oblique questions.

II. The ABC-Model

A. STATEMENT OF THE MODEL

The model to be described in this section equally draws on construct theory and Greenwald’s “Direct Decision Therapy” (1973, especially chaps. 1 and 16). The reader may want to consult the next subsection for several examples of the abstract constructs described here. The first step in Greenwald’s therapy is to define the problem. The very first question he asks may be “what is your problem”, “state your problem as clearly and completely as you can”. Problems may be stated fairly specifically: “cannot have orgasm”, “fear of height”, “unhappy marriage” or more generally as “way of being”-problems: “inauthentic”, “unhappy”, “unassertive”, what may be described as “lives of quiet desperation”.

The symptom, or the problem, may in personal construct theory be regarded as one pole of a construct. According to the dichotomy corollary this pole will have a contrast end which may be more or less clearly defined, it may even be submerged. We use the symbol A for the construct describing the problem area. A has two valued poles. The negative pole will be denoted a1 and the positive pole a2. a1 may be “inauthentic”, “unhappy”, “unassertive” and a2 may be “authentic”, “happy”, “assertive”. A is then a generic term for both poles. Since there generally is no separate term for the construct, it will often be described by listing its two poles: “inauthentic-authentic”. The construct corresponds to a dimension and the poles to differently valued positions on this dimension. A defines the dimension where the person wants to move. The person finds himself at a1 but wants to be at a2. In a statement like “I want to stop drinking”, A and its poles are immediately given: a1: “drink too much”, a2: “stop drinking”. The problem is a1, and a2 is the preferred alternative.

What keeps the person from moving? Greenwald assumes that the symptom always has its payoffs, that there are advantages of the symptom here and now. Depression may, for instance, imply that no one expects much of you, and give rest and possibilities for taking it easy, overload is avoided, cf. Example 1. Greenwald may sometimes directly ask “what’s the payoff”. The point of view that there always are advantages of the symptom is basic in the present paper, it will be repeated in all the examples to be discussed later.

It is not always equally straightforward to get at such advantages. We have found Kelly’s Rep method, combined with Hinkle’s (1965) laddering technique useful in this respect, and unless otherwise stated this approach has been used in the examples reported in the next subsection. The point of departure is a Rep test where the person is always part of the triad. Having

* This presentation has also profited from several workshops and discussions with Greenwald. Some of the examples used here have only been presented orally by him.

† Would it be simpler to use a+ instead of a1, likewise a— instead of a2? This would imply that the valuation always was unequivocal. Quite often this will not be the case. Example 6 in the next subsection is a case in point. Associating ‘+’ to ‘2’ and ‘—’ to ‘1’ is just a first approximation.

† See also Bannister and Mair (1968).
The basic feature of the problem statement is that the system is blocked, the person is stuck or "forced to" run in circles. If he tries to move from $a_1$ to $a_2$, he is faced with the implication $c_1$. Assume now that to avoid $c_1$ or achieve $c_2$ is more important than $a_2$. This will then "force" the person back to $a_1$ where he can achieve $c_2$. But if $C$ is more important than $A$, why does he then come for help? Does not this imply that $A$ is more important than $C$? There is a contradiction here if the only way of achieving $c_2$ is by means of $a_1$. But is, e.g., the only way of avoiding overload to be depressed? A preliminary way of stating the therapeutic goal is to find other ways than $a_1$ to $c_2$, or equivalently: find a way to combine $a_2$ and $c_2$. Another way of stating this is that the symptom solves a problem but that the price is felt to be too high. Can one, however, "have one's own cake and eat it too"? There appears to be a gap or a cleavage separating $a_2$ and $c_2$ (since $c_2$ is implied by the opposite of $a_2$), and metaphorically the problem may be put as "how to cross the cleavage". Since there is nothing immutable by psychological implication, such changes will in most cases be possible.

But does the person want to change? An advantage of Greenwald's approach is that, having elicited payoffs, it is not facetious to ask "do you really want to change?"; give up dope, homosexuality, whatever. The person gets optimal possibilities for reviewing whether a change really is a worthwhile undertaking. He, not the therapist, should be the judge of the projects he wants to pursue.

We take the concept "network" to imply that a change anywhere in the network may have repercussions for the rest of the network. But however likely this may seem in a specific case, it is a hypothesis which may be validated or invalidated. The second possibility makes it necessary to have two parts of the second statement of the ABC model:

**Change statement:**

1. Given the network $ABC$, find a step from anywhere in the network which seems likely to lead to change and which the person decides to carry out.
2. If this does not lead to the desired change, re-evaluate the network, and find a new step. This may call for reconstruction, forming new constructs.

The problem statement and the first part of the change statement, give a relatively simple model of therapy, a sequence of steps is indicated, a linear model. By studying the examples in the next subsection, the reader may get a feeling for the usefulness of such a linear model. The second part of the change statement, however, opens up for all kinds of complexity.

Therapy may be considered as an ongoing process where at any point the whole process may have to be repeated within any problem area. If the network has to be reconstructed so that at any step there may be a new network, this can no longer be described by a linear model. In technical jargon...
a recursive model is called for. The examples to come hint at the inadequacy of a linear model. In Section III we then discuss the necessity of forming new constructs and consider some of the difficulties involved. First two comments on Rep methodology.

In a therapy where all kinds of problems may turn up, the therapist (if not the client as well) may fear getting “lost”, is progress being made, are relevant issues being explored? Constructs from the Rep test and laddering is one way of keeping track of the process, and new tests may be one way of assessing change. This is particularly the case for Example 5, it would be valuable with more experience on this.

Another use of Rep methodology as here discussed, is to serve as an analogue of a medical check-up. It will make a sweep through the most salient aspects of the construct system, and the person may be confronted with dilemmas where it “aches”. Not all implicating dilemmas may be problematic. But sometimes the person feels “caught” in an undesirable alternative, or the symptom has an alien, “not Self” quality, as Wright (1970, p. 222) describes in a valuable paper on implicative dilemmas. These may be among the cases where the person particularly wants to change.

**B. EXAMPLES OF THE MODEL**

**EXAMPLE 1.** DEPRESSION

<table>
<thead>
<tr>
<th>a₁</th>
<th>being depressed</th>
</tr>
</thead>
<tbody>
<tr>
<td>b₁</td>
<td>1. I can’t do things I’d like to</td>
</tr>
<tr>
<td></td>
<td>2. I’m not as good a wife as I would like to be</td>
</tr>
<tr>
<td></td>
<td>3. I pity my husband who is so much alone</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>a₂</th>
<th>not being depressed</th>
</tr>
</thead>
<tbody>
<tr>
<td>b₂</td>
<td>1. I could do things I like to</td>
</tr>
<tr>
<td></td>
<td>2. I could be a better wife</td>
</tr>
<tr>
<td></td>
<td>3. I could keep my husband more company</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>c₁</th>
<th>avoid doing unwanted things</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2. avoid playing happy wife which I am not</td>
</tr>
<tr>
<td></td>
<td>3. avoid unwanted intercourse</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>c₂</th>
<th>1. must do unwanted things</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2. must play happy wife which is disliked</td>
</tr>
<tr>
<td></td>
<td>3. must have intercourse when not wanting to</td>
</tr>
</tbody>
</table>

The crucial aspect of the depression may be the urge to avoid disliked things as stated by c₁. Perhaps at one point the patient did not have any alternatives but being depressed which implies “I can not”. This would fit Haley’s view of symptoms:

“The crucial aspect of the symptom is the advantage it gives the patient in gaining control of what is to happen in a relationship with someone else” (Haley, 1963, p. 15, 19).

* This example was first described jointly by Larsen and Tschudi, see Larsen (1972).

But the price to pay is that “I can not” is made “legitimate” by the depression. This then precludes doing wanted things as well, cf. b₁. The tragedy of gaining control by such means is that “one cannot take either credit or blame for being the one who sets those rules”. Symptoms imply that responsibility is abnegated and

“it seems to be a law of nature that one must take the responsibility for one’s behaviour in a relationship if one is ever to receive credit for the results” (Haley 1963, p. 19).

Following Ellis’ (1962) Rational Emotive Psychotherapy, one may directly counteract the c₁ poles by encouraging the wife to say “no”, for instance telling her husband that she does not want to have intercourse (c₁.a). This approach asks her to assume responsibility for her behaviour. If this is not an appealing choice for the patient, one can use a more indirect approach. As a response to c₁ she can be told to deliberately play being depressed. In this way she can gain the advantages of a₁, that is to achieve c₂, without the unpleasantness of really being depressed. This is an example of “encouraging symptomatic behaviour”, a favourite procedure with the Palo Alto group, (see Watzlawick et al., 1974 for a recent statement). Interestingly Kelly (1955, pp. 995–997) also discusses this procedure. He sees it as “controlled elaboration” which properly used may facilitate awareness and choice. Why, however, does she have to resort to such oblique ways as “depression” to solve marriage problems? Perhaps both spouses must be brought in. Furthermore the C construct is what may be called an avoidance construct. Such constructs do not state any positive goal, the choice is move away from or suffer a disliked state. Avoidance constructs clearly call for replacement by statements of what the person wants to move towards, what is she after?

**EXAMPLE 2. DISHONESTY**

<table>
<thead>
<tr>
<th>a₁</th>
<th>Not particularly honest</th>
</tr>
</thead>
<tbody>
<tr>
<td>a₂</td>
<td>Honest (truthful)</td>
</tr>
<tr>
<td>b₁</td>
<td>1. promotes painful confrontation and subsequent retreat</td>
</tr>
<tr>
<td></td>
<td>2. work may get sloppy</td>
</tr>
<tr>
<td></td>
<td>3. must be on guard to remember own tales</td>
</tr>
<tr>
<td>b₂</td>
<td>1. prevents painful confrontation and humiliation</td>
</tr>
<tr>
<td></td>
<td>2. produces better work</td>
</tr>
<tr>
<td></td>
<td>3. doesn’t have to be on guard</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>c₁</th>
<th>1. allows for being more colourful</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2. makes for expansiveness and taking chances</td>
</tr>
<tr>
<td></td>
<td>3. doesn’t make difficulties for others</td>
</tr>
<tr>
<td></td>
<td>4. makes life easy</td>
</tr>
<tr>
<td>c₂</td>
<td>1. no nuances: things appear black/white</td>
</tr>
<tr>
<td></td>
<td>2. hinders expansiveness and taking chances</td>
</tr>
<tr>
<td></td>
<td>3. may hurt others by expecting “the ideal”</td>
</tr>
<tr>
<td></td>
<td>4. makes life more bothersome</td>
</tr>
</tbody>
</table>

It was a relief for the person to see that the guilt-provoking behaviour, a₂, also implied acceptable wishes, c₂. It was emphasised that in order to change
to a₂ it was necessary to find other ways of taking care of the motives expressed in c₂. Suggestions for practice, homework, were:

Accept and promote own wishes of being colourful and expansive, further to inform others of this when appropriate, cf. c₂₁ and c₂₂.

Protest against over-devoted, narrowly literal interpretation of "truth", and encourage reconstruction (redefinition), of A.

An interesting aspect of this example is that after three years the subject no longer had any problems concerning "honesty", but remembered that it had been a very bothersome problem.

EXAMPLE 3. MONEY

a₁ can't handle money     a₂ handles money well
b₁ 1. doesn't get what one wants b₂ 1. get things one wants
     2. too carefree, "doesn't give a damn"     2. keep control
     3. intense discomfort, stomachaches 3. avoid discomfort
c₂ avoids being boring, pedestrian, trivial, dropped out of "the rat race"
c₃ bourgeoise, trivial, dull, sticks to the rules "the freedom of a child playing at the beach"

The person was asked whether it might not be conceivable to gain the advantages of b₂ without necessarily losing the precious uniqueness and "freedom" implied by c₂. This was vehemently denied, but with a show of laughter. Further inquiry revealed an embarrassed attitude towards c₂. What was the worth of this goal if the only way of reaching it was by mishandling money? In the light of this discussion it was decided to take one concrete step towards a₂, that is every time a cheque was written out to record this carefully. Habitually neglecting this, and consequently never knowing if the cheque account might be overdrawn was a factor specifically mentioned as leading to the discomfort, b₂₁. Fairly soon, however, the person reported a failure in carrying this out when he was lining up in a queue shopping. A primary reason for the neglect turned out to be feeling embarrassed by "unnecessarily" holding up the queue. The fact that the failure was done in awareness provided a unique opportunity to revise the theory and the person has since not reported any difficulties in handling money. But we are left wondering about what may happen to "the child playing at the beach". Is he left alone when the sun is down?

Perhaps even better strategy would have been also to promote c₂, as in the previous example.

EXAMPLE 4. READING

a₁ not read scientific literature     a₂ read scientific literature
b₁ not be proficient                   b₂ be proficient in one's field
b₂ do what is fun, not strive so much     c₁ heavy duty, drudgery

After extensive discussion of the person's "time-budget", it was decided to take some small, specified steps in the direction a₂. This seemed to work for a few weeks, but then progress stopped. Further discussion revealed what was only hinted at in the first session, that what Greenwald would call a "life choice" was operating. a₂ seemed to be in the focus of convenience of "yielding" ("like a small child having to eat properly with the spoon"), whereas a₁ (and even more pronounced c₂) was governed by the contrast to "yielding", that is "be independent". In the light of the superordinate construct "yielding—be independent" any exhortations in the way of rational planning (move towards a₂) simply strengthened a₁ and c₂.

After conclusion of this session, however, the person "spontaneously" reported having arrived at a solution. She redefined herself in her occupational role, as previously being a teacher who somehow had to find time for research, but now seeing herself as a researcher who had to face interruptions of other chores. After this, time spent on reading scientific literature and writing research reports greatly increased.

EXAMPLE 5. BEING FORWARD. (Anne)

a₁ not-dominating                  a₂ dominating
b₁ others define one, submissive, boring, reticent, repulsive
b₂ being forward, liberated, self-assertive, get one's way, stand up for one's rights
b₃ good contact with people, to be loved
b₄ dominating in condescending way, drown people in words

Anne is going to be a nurse. "Being forward" initially turned out to be a central feature of what she strived for, and a training programme to promote this as a way of being was initiated. The self-assertive tasks she had to "practice" included such things as: to be heard in class—at least once a day take the word, stick to one's position, insist on having her suggestions taken seriously. A criterion for success would be that this programme would lead to her blossoming forth and that she herself should experience active participation in defining situations and be listened to. But this did not happen. Quite the contrary, the programme led to exhaustion and depression, she felt stuck. We had worked on the "wrong" problem, A and B required redefinition. A slightly different problem (also indicated by Rep) was worked through by fixed role therapy. Then Anne once exclaimed: "it is not my
nature to be "forward", that is not me". Further discussion revealed that this construct was imposed on her by her boyfriend, who preferred girls to be that way. Using a new grid the A construct to replace the previous B (and A) was:

\[ a_1 \text{ domineering and tendency to bully} \quad a_3 \text{ direct, but not commanding} \]

Here she could "be at home" under the pole \( a_3 \), and there was no longer an implicative dilemma involved.

**EXAMPLE 6. LITTLE GIRL–PRIMADONNA. (Tove)**

1. \( a_1 \) not express thoughts and feeling
   \( b_1 \) hold oneself in the background
   \( c_1 \) primadonna
2. \( a_1 \) little girl (anxious not to measure up)
   \( b_1 \) in the background, shy, boring, is exploited
   \( c_1 \) kind, generous, can see both sides of the issue
3. \( a_1 \) not sex
   \( b_1 \) not contact, lack stimulation
   \( c_1 \) respectable, avoid guilt and shame

Tove who is 15 years old has a long story of school truancy. Therapy has proceeded for some five months, but clear progress cannot be reported since establishing a good cooperative relation has proved difficult (see comment in section on therapy). The example is intended to indicate more complex networks, and emphasise the necessity of reconstruction. A in (1) was the most important construct of the initial Rep. She could not clearly place herself under either pole, but the difficulties of expressing thoughts and feelings have been a repeated theme. Later in therapy “little girl–primadonna” has been elaborated,
case story carefully, one feels quite some irritation with the step by step procedure.

Example 8 from Greenwald:

"A radical, American university professor was committing 'indecent exposure'; occasionally he would urinate in public. Asked why he would do such a thing, the man answered that it was his way of expressing contempt for the establishment. Not without humour Greenwald pointed out that he was by no means flaunting the establishment. On the contrary he was a living proof of one of the most cherished notions of the 'silent majority', the deep conviction that 'radicals really are nothing but sex perverts'. The man stopped urinating in public and took to writing vitriolic letters to the newspapers which commented on various inequities." (These letters even caught the interest of a publisher, Greenwald reported.)

The therapeutic technique is a good illustration of redefinition, relabelling or reframing. Whereas exposure was previously seen from the point of view of expressing contempt, it was put in a quite different frame, namely supporting the prejudices of a despised group. This frame fitted the "facts" of the same concrete situation equally well, or even better, and thereby changed its entire meaning, its implications, cf. Watzlawick et al., 1974, p. 95, on reframing. This made it easier to move away from a₁ and discover another way of achieving c₂. Perhaps then also the meaning of c₂ changed? If, however, an alternative way to c₂ had not been available, therapy would have had to proceed with caution.

**EXAMPLE 9. OEDIPAL CONFLICT**

\[ a_1 \rightarrow a_2 \]

\[ c_1 \leftarrow c_2 \]

\[ a_1 \rightarrow a_2 \rightarrow a_3 \]

\[ c_1 \leftarrow c_2 \]

This network takes its inspiration from Wachtel (1975) who very clearly describes the "running around in circles" quality of one specific type of symptomatic behaviour:

"In looking at a man with signs of strong Oedipal conflicts and with a less than satisfying current sexual life, I could see how his conflicted ties to his mother led him to approach interactions with other women in a fearful and inhibited way, which led to frustrating and unsatisfying sexual experiences and frequent rejection by women which confirmed his anxieties about sex and his yearning for gratifying his sexual needs with the woman who had nurtured, caressed, and comforted him as a child, and hence set the stage for the repetition of the same cycle of events."

Wachtel does not discuss therapeutic steps. From his description it seems appropriate to condense the A and C constructs above and render the position of the person as "only mother is all-loving", a position which clearly calls for extensive reconstruction.

**SUMMARY OF EXAMPLES**

<table>
<thead>
<tr>
<th>Controlled elaboration</th>
<th>Redefine</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. DEPRESSION</td>
<td>Change context of A</td>
</tr>
<tr>
<td>2. DISHONESTY</td>
<td>1. DEPRESSION</td>
</tr>
<tr>
<td>4. READING</td>
<td>7. TELEPHONING</td>
</tr>
<tr>
<td>5. BEING FORWARD</td>
<td>7. TELEPHONING</td>
</tr>
<tr>
<td>6. LITTLE GIRL-PRIMADONNA</td>
<td>1. DEPRESSION</td>
</tr>
</tbody>
</table>

**Arrows (starting from a₁) indicate "stuck" quality if movement attempted.**

<table>
<thead>
<tr>
<th>c₂</th>
<th>a₂</th>
</tr>
</thead>
<tbody>
<tr>
<td>avoid intercourse</td>
<td>non-depressed</td>
</tr>
<tr>
<td>colourful</td>
<td>honest</td>
</tr>
<tr>
<td>be a child at the beach</td>
<td>handle money well</td>
</tr>
<tr>
<td>have fun and ease</td>
<td>read scientific literature</td>
</tr>
<tr>
<td>good contact with people, to be loved</td>
<td>being forward</td>
</tr>
</tbody>
</table>

| 6. primadonna | express thoughts and feelings |
| 7. hide loneliness | telephone freely |
| 9. faithful to mother | achieve mature sexual relation |

(only mother is all-loving)
III. Converging Approaches to Symptoms

A. SYMPTOMS AS A SOCIALLY INADEQUATE MODEL

The position of the person is that he cannot have both $a_2$ and $c_2$. This may well have the character of a subjective law, but if we look at the six positions first listed in the summary, these cannot be regarded as intersubjectively valid positions. The therapist cannot be expected to share the position that for instance “express contempt” requires “indecent exposure”. Psychological implications have no absolute necessity, and this serves to make change possible. Things could be otherwise, cf. Kelly’s philosophical point of departure: “constructive alternativism”.

This point of view may contribute to give insight into the person’s suffering. He cannot readily expect others to understand his predicament since he is stuck with an inadequate model from the other’s point of view. This may serve to increase alienation from other people. And it may be difficult to get valdiational material for an inadequate model.

But is it sufficient to say that the symptom is an oblique way of going at otherwise “reasonable” ends? Or is it the case that the obliqueness also infects $c_2$? Perhaps means contaminate ends. Perhaps an oblique way of going at one’s goals contaminate the goal. Can Anne (Example 5) really be loved by being submissive? We should remember Haley’s views discussed in Example 1. Similar questions can be asked (perhaps more or less forcefully) for the rest of the six first listed positions. A combination of $a_2$ and $c_2$ may in many cases be thought of just as a preliminary therapeutic goal, cf. part 2 of the change statement.

The last three positions (Examples 6, 7 and 9) might also be said to reflect socially inadequate models, but the most salient feature of these examples is that reconstruction of $c_2$ is called for. This is especially obvious in the psychoanalytically inspired Example 9.

The general case may well be that $c_2$ needs reconstruction. This hypothesis receives further support by Berne’s analysis of games (which is an important part of transactional analysis). This analysis also emphasizes how the person is stuck with symptomatic behaviour.

B. SYMPTOMS AS GAMES

Example 10 is the game most extensively described by Berne (1961, pp. 99–102, 1964, pp. 45–52) cast in terms of the ABC model (all games may be expressed in terms of this model). It is introduced as “the most common game played between spouses”. One should bear in mind that while Berne claims that all five types of advantages can be identified for all games, only two or three of them are described for most games. The trouble with transactional

<table>
<thead>
<tr>
<th>Type of advantage, “payoff”</th>
<th>$a_2$ constricted</th>
<th>$a_3$ explorative</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$b_2$ not allowed to indulge in social activities and “have fun”</td>
<td>$b_3$ participate in outdoor social activities and “have fun”</td>
</tr>
<tr>
<td>External psychological advantage</td>
<td>$c_2$ 1. helped to avoid phobic situations</td>
<td>$c_1$ 1. social phobias exposed</td>
</tr>
<tr>
<td>Internal psychological advantage</td>
<td>2. receive gifts to indemnify his “severity”</td>
<td>2. not get gifts</td>
</tr>
<tr>
<td>Structure time</td>
<td>3. provide fresh spring of “if it weren’t for you” resentment</td>
<td>3. expose void, (no common interests, no intimacy) boredom</td>
</tr>
<tr>
<td>Provide strokes</td>
<td>4. get social stimulation, resentment</td>
<td>4. withering isolation</td>
</tr>
<tr>
<td>Confirm existential position</td>
<td>5. prove “all men are mean and tyrannical”</td>
<td>5. caught short of an existential position (no unifying theory)</td>
</tr>
</tbody>
</table>

analysis is that the devotees may be inclined to take it too seriously. It is excellent for the heuristic inspiration it may provide, but if all the concepts do not fit a specific example, one should listen more closely to the person than to the theory.

Bearing this in mind, we turn to the game where we here have made explicit the right hand poles which Berne just implies. With this impressive list of advantages to boost, why would she relinquish the game? Similar advantages are listed for all games. Some of the titles indicate, perhaps even more clearly than in Example 10 the distress which may be involved, “Alcoholic”, “Rapo”, “Debtor”. In transactional analysis all symptoms have game features.

A critical question is how we react to the type of goals implied by the $c_2$ poles. Are these the type of constructs we choose to elaborate (or like to see others elaborate)? You and I probably feel uncomfortable subscribing to this, so let us consider them one by one.

If we do have phobias we struggle valiantly to overcome them. If we get gifts it is certainly not by deviousness. We have “real interests” to share with our friends and fear of boredom is simply irrelevant. The social stimulation we get is, if not always heartwarming, not that crooked.

The preferred type of “strokes” is related to the kind of existential position to vindicate (cf. Berne, 1972, pp. 137–139; Steiner, 1974, pp. 109–111). In
Example 10 the position is of the type “I'm let down” where feeling of resentment is the related “stroke”. Other types of “they are no good” positions may yield as strokes feelings of anger, whereas “I'm no good” provides feelings of depression. Strokes are colloquially referred to as “trading stamps”. Some people amassed large collections, and comparing such collections may be a favourite way of passing time (“Ain't it awful”). It is also possible to trade in a sufficiently large collection for some dramatic event (as the little green, blue or brown stamps one gets as a premium for buying groceries or gasoline may be traded in for some “free” object). Feelings of anger, “red stamps”, may be traded in for a “free” physical assault or even a “free” homicide if the collection is sufficiently large.

We immediately recognise that the gamestress in the example is engaged in defeating (vicious) self-fulfilling prophecies, she gets" what she asks for". This may well be a critical feature of games. Berne suggests that the husband is probably an accomplished cogamster, shrewdly picked precisely for that reason.

You and I, on the other hand, are reluctant to spell out any “existential position”, and we do not treasure such nongenuine feelings as “trading stamps”. (?)

Game behaviour not only obliquely gets at the issues but the C constructs themselves appear “oblique”, in need of reconstruction. Berne and Steiner note affinity with the theories of Erik H. Erikson, and this leads us to suggest that “basic trust” makes for “positions” which one need not continuously “defend”. Game positions may tragically lose the quality of open-ended questions, and take on the quality of orders to follow: “I must confirm my position”. Having received sufficient confirmation of one's relatedness to other people (“trust!”), one can venture further, to questions beyond games.

C. SYMPTOMS AS COSTLY OPERANTS

The point of view that there are advantages of the symptoms finds strong support in many approaches stemming from learning theory. Goldiamond (1974) is here considered, partly because he draws on a very broad clinical experience, but mainly because his “constructional approach” is particularly close to Kelly.

Goldiamond describes symptoms as costly operators. They are operators, there are maintaining or reinforcing consequences, (advantages of the symptom) and the cost is the suffering involved. Two illustrative examples:

(a) A cockroach phobia which prevents a wife from moving unaided from room to room is interpreted as

"a highly successful instrumental behaviour which dramatically forces the husband to provide the legitimate attention which he had hitherto withheld and deprived her of." (p. 15)

(b) Uncontrollable tremors, reported as anxiety attacks, is described as a way a "competent librarian" copes with a series of urgent requests on the job (pp. 32–33).

This is not to say that Goldiamond would subscribe to any simple view of behaviour as being primarily “shaped” by external “reinforcements”. His critique of token economies is here particularly relevant. He points out (p. 30) that if one knows what the patient is after, then extrinsic reinforcement in the form of tokens, points etc. is not necessary and in many cases even highly unethical! This fits well with Kelly's sharp critique of traditional reinforcement theories. "Avoid bribery!" is a position common to Goldiamond and Kelly.

Goldiamond's position opens for a closer comparative analysis of the partly overlapping concepts “reinforcement” and “validation” (construct theory) but that cannot be pursued at present.

Goldiamond draws a sharp distinction between an eliminative (pathological) and a constructional approach to therapy. He emphasises that the goal should be to develop less costly ways of coping and not to eliminate the symptom. For the cockroach phobia the (constructional) goal was to teach the husband to respond to her legitimate needs and to teach her to get these more readily across to him (and not to eliminate the phobia). Goldiamond asks how she could develop such a startling solution “to get the recognition you and I get without any effort”. The high price she pays testifies to the importance of the issues and a viable alternative may not be easy to come by since she has settled for such an unconventional and costly solution.

Likewise no work was done to eliminate the librarian's reported anxiety attacks, but steps were taken to find out how she could turn down low order requests in less costly ways.

As a final example we consider stuttering where Fransella (1972)—in the Kelly tradition—has fleshed out a constructional approach which is congruent with Goldiamond’s approach to stuttering (p. 14).

(c) Fransella sees stuttering as having grown to be “a way of life” (as may also obesity, compulsive patterns and many other disorders), and a way of life is at least something to “hang on to”. The alternative may be a void and that one cannot face. Fransella shows that initially “not stuttering” is practically devoid of meaning (implications) and so painstakingly meaning is built into the goal of “being a fluent speaker”.

Summarising these examples:

\[ \begin{array}{ccc}
  c_2 & a_2 & c_1 \\
  (a) & no & no \\
  (b) & cockroach & attention (??) \\
  (c) & phobia & overloaded, worn out \\
  & no & a void, no "meaning"
\end{array} \]
The concept "costly operant" will now be seen to add to our understanding of symptomatic behaviour by drawing on Kelly's structural approach to "anxiety". The most overriding advantage of the symptom is to provide structure, conversely, the danger of the alternative is that which cannot be faced, lack of structure, cf. c₁ in the three previous examples. Basically Kelly (1969, p. 264) equates "anxiety" with "loss of structure" the formal definition is:

"the awareness that the events with which one is confronted lie mostly outside the range of convenience of his construct system" Kelly (1955, p. 485).

Kelly's position invites two different perspectives from which to view human behaviour. While admittedly difficult to separate them in concrete cases, the following outline tries to capture the essence of the two different perspectives (cf. p. 894 ff).

Direction of movement

<table>
<thead>
<tr>
<th>away from anxiety</th>
<th>Towards optimal anticipation of events</th>
</tr>
</thead>
<tbody>
<tr>
<td>stuck with a₁</td>
<td>grope towards a₂ (reconstruction)</td>
</tr>
<tr>
<td>scamper away in any direction one happens to be facing</td>
<td>probe for better ways to anticipate the future, find meaning, structure for anticipation</td>
</tr>
<tr>
<td>avoid chaos (failure of structure, or ultimate anxiety which is incompatible with life)</td>
<td>avoid living in unpredictable world</td>
</tr>
</tbody>
</table>

We venture to suggest that symptoms may be considered from the point of view of "running away from anxiety"; it is a way of providing structure "at any cost". In terms of the diagram above the person runs left instead of right.

We can now (perhaps somewhat broader than Goldiamond) consider the dangers of an eliminative approach and conversely the advantages of the constructional approach.

Most of the examples in Section II were preliminarily interpreted as "socially inadequate models". A therapist might be tempted to say to the client: "Look, a₁ is a stupid way to get at c₂". For the game analyst the temptation is to expose the game, "you do not really dare to have fun". Such interpretations can be seen as attempts to eliminate a₁ by providing "insight". This procedure is, however, strongly contra-indicated if c₂ cannot be taken care of. If the person is directly confronted with failure of structure (anxiety), the results can be disastrous. One cannot eliminate the symptom without providing an alternative. Goldiamond points to the risk that "less desirable operants may appear" so "symptom substitution" is not a dead issue for learning theory. Kelly's structural approach to anxiety may be valuable in dealing further with these problems.

A major advantage of the constructional approach may well be to avoid anxiety. It is noteworthy that Goldiamond has no explicit discussion of "anxiety". This may be because his approach does not leave the client "out in the cold". Notice that it would be a misinterpretation of the constructional approach to rely on "take small step to a₂", (see the summary of examples). The proper understanding of "constructional" is to take care of c₂. Provided this is done one may of course also find steps to a₂. There were no startling successes to report for "steps to a₂" for Examples 3, 4, 5 and 7 and it would not be likely to succeed in Example 9. What was more true to the constructional approach, to "promote independently" c₂ (Examples 2, 7 and 8) seemed more successful.

Berne's emphasis on structuring time readily fits with the Kellian view of anxiety. Waking hours must be filled with some activity, having no way of using time ("boredom"), clearly represents failure of structure. This again points to the dangers of the eliminative, symptom removal position. A leading learning theorist, Kanfer (1975a), did for instance point to a case where a mother spent several hours a day nagging her small children. Removing this nagging behaviour led to psychotic behaviour in the mother. The point should now be simple. If no viable alternative is available, the symptom may be "better" than what may happen when the void is faced.

What kind of projects are most fraught with anxiety? It is significant that for most games Berne (1964) describes the psychological advantage in terms of "avoiding intimacy". Indeed, intimacy is the desirable contrast to games.

One may sometimes marvel at the beautiful choreography performed to avoid intimacy. An example from Berne (1970, p. 160) on sex:

"He: 'How come your mother invariably knows the exact time to call? [to interrupt sex]. She: 'How come you invariably start something at the time my mother usually calls'"

One must, somehow, relate to others. Fostering less oblique ways of communicating is a major challenge to a constructional therapeutic approach.

D. SYMPTOMS AND HOSTILITY. ON THE DANGERS OF INTERPRETATION

Kelly invites us to think in terms of experience cycles. A question is asked, a project is launched. If the answers confirm the position from which the project was launched, the person can venture further with his next project. One cycle is completed. If the answer does not confirm (validate) the position
he should rephrase or ask a different question (reconstruct). This also completes a cycle.

Some projects may extend over years and the answer will then be an (irregularly) growing body of evidence. One may conceive of smaller cycles within larger cycles. (Subprojects within larger projects are well known to students of “problemsolving” who then use recursive models.)

But what if the person faces invalidating evidence in an important project and there is no structure which allows reconstruction? Lack of structure is anxiety, and this must be avoided. One way out is to “cook the book”, to resort to exhortation instead of reconstruction. This is Kellian “hostility” (as with anxiety the point of view is mainly structural).

Hostility may be seen as a blocking of the experience cycle, the formal definition is

“the continued effort to extort validational evidence in favour of a type of social prediction which has already been recognised as failure” (my italics).

For Kelly (1969) Procrustes is the original example of hostility. He distorts the data (his guests are either stretched or cut down to size, they are literally distorted) to fit his hypothesis (the excellency of his bed, that it perfectly fits everyone). This is bad science!

Both from a conceptual and an empirical point of view, however, “hostility” poses unresolved problems. To use a favourite Kellian illustration, the hostile person is like the one who tries to collect the winnings on his bet after the race is lost. Too much is at stake, he can’t face losing (invalidation). But then he has not recognised the failure! In this he objects that the race “really” has been run. And his “social experiment” has not failed, he is just having one more go at validating his project. All the others are simply wrong, when they construe failure. They are not sufficiently familiar with the issues!

One approach to define “amount of hostility”, however, is in terms of the amount and clarity of the invalidating experiences the person has encountered. The more there is continued exhortation in the face of massive invalidation, the more hostility. The hostile person is blocked at the end of the experience cycle. He clings to his project in the face of negative evidence. Too much is at stake in his project. His construct system monolithically (cf. Norris and Norris, 1973, for an attempt to operationalise this concept) centres on his project. He has no other questions to ask.

“Hostility” is here used as a descriptive concept, a blocking of experience cycles. Such blocking is a tragedy. If projects are not carried through “we may see the same experimental fragment... repeated over and over” (Kelly, 1969, p. 264), the person is stuck.

Hostility may be seen as characteristic of a closed system where the intrusion of events threatens loss of organisation. Hostility epitomises bad science.

Scripture and dogma reign, the evidence is distorted to fit. Good science, on the other hand, has characteristics of open systems where free interchange with the environment promotes elaboration and change. If the project involves relating to people one knows well, it is sometimes called “love”. Love and intimacy is furthered by “good circles”, cf. Benedict’s concept “synergy” as picked up by O’Neill and O’Neill (1972). (Cf. Buckley, 1967, for further discussion of “open” and “closed” systems.)

Do all symptoms involve hostility? Berne (1964, p. 52) suggests that children pick up games by watching their parents. This would be an example of learning from models, cf. Bandura (1969). Games based on modelling may be regarded as a (partial) blocking early in the experience cycle. If the person has not learned anything but oblique questions, he may not have received much of an answer. For the costly operators Goldiamond describes, there may, however, not have been any “models”. The cockroach phobia may be seen as the result of a problem-solving process where “trial and error” may have played a large part (she may have “stumbled” on the phobia as a solution). Perhaps there was a certain amount of invalidating evidence (the husband didn’t give attention for “normal” behaviour), so problem solving may represent blocking somewhat further in the experience cycle than games.

But this is guesswork. The safest assumption seems to be that all symptoms involve more or less hostility.†

Amount of hostility may be important for understanding the limitations of interpretative techniques. The following hypothesis is suggested:

With little hostility involved, interpretation may be very successful. The more hostility there is, however, the more interpretation will tend to be unsuccessful or even dangerous.‡

There are a variety of interpretative techniques. Within the Palo Alto school it is called “reframing”, cf. Example 8. Within transactional analysis, interpretation would be to point out the gamelike features. Games are dishonest, and the analyst may be tempted to expose the game. Done with humour and compassion it may be a very useful technique (and it may even be some fun as a pastime) but not if the pattern is based on hostility. Berne (1964, p. 68) describes an example where the game of a female alcoholic in group therapy was exposed. She asked for the other’s “real opinion” of her, but what she was after was self derogation. When the others refused to play

* A large chunk of everyday activities seems neither “good” nor “bad” science, but rather “neutral”. I brush my teeth, get dressed, read the morning newspaper and go through an “uneventful” day. This may be seen as part of a closed system in stable equilibrium.

† Further research may clarify the relation between history of learning and amount of hostility. But present learning theories seem inadequate to describe how Procrustes “learned” to fit his guests.

‡ With sufficient operationalisation the hypothesis may turn out to be circular, but it may still have heuristic value.
her game, she went on a binge, topping her previous ones, which led to prolonged hospitalisation. Unfortunately Berne does not give details which allow us to evaluate the amount of hostility in this case.

It is becoming increasingly evident that psychoanalysis, which leans heavily on interpretation ("insight") poses real dangers, cf. Tenov (1975). Her major theme (well documented) is that the general oppression of women is carried further by the "dynamic" therapist (colloquially "the rapist"). In the present terminology the her theme may be stated that the client has massive evidence that her way of life lacks "meaning", yet she persists in her ways. Albeit in a more esoteric language this same message is repeated and repeated in therapy, the therapist adds to the pile. It may be too much.

With the present terminology, it is perhaps a shade easier than from other positions to see that hostility is not something reserved for the client. Though he may exude "warmth", the therapist is hostile if he keeps on repeating a message which has not produced any change. We may put the game of "archeology" (Berne, 1966, p. 324) in terms compatible with this view: "If you don't hit the ore with your shovel, you must dig more and dig deeper." If the patient is hooked to this game, we may have a galloping spiral as in other cases of hostility. There is no end to the analysis. Deeper and deeper it goes.

Hostility poses difficult problems in therapy. For Procrustes to change would imply losing face since everyone else has seen how inadequate his behaviour is. It is very hard to admit that one has been basically wrong! It might be profitable to explore other areas not directly related to the core topics (e.g., the bed and the guests for Procrustes). The Rep test may be profitable in this approach. (The therapy with Anne provides an example which will be discussed elsewhere.)

E. SYMPTOMS AS LOADED QUESTIONS

How do the perspectives discussed so far add up? The following features characterise (in varying degrees in specific cases) symptomatic behaviour, a1.

(a) Obliqueness in getting at the issues, c1, the person has a socially invalid position.

(b) Cost: There is suffering involved, this speaks to the importance of the issues involved, c2 (Goldiamond).

(c) Infested goals: Obliqueness prevents healthy feedback, cf. the cockroach phobia, and Haley's views of symptoms. (Example 1.)

(d) Contaminated goals: Regardless of the characteristics of a1, the analysis of games tells us that the goal may in itself be contaminated. There may be two sides to c2, a viable one, and a "nongenuine" one, (cf. e.g., the feelings discussed as "trading stamps"). The less dominant the viable side, the more re-construction of c2 is called for.

(ec) Negative direction of movement: Symptoms may be seen as "running away from anxiety" (provide structure at any cost, avoid the challenge of intimacy by settling for games). Related to this is amount of hostility which prevents movement or blows up in vicious circles. * Hostility is further characterised by defeating self-fulfilling prophecies, these are also involved in vindication of existential positions in games.

(f) Lack "steering" of behaviour: Kelly emphasises the direction of movement as primarily towards anticipation. Symptoms may, however, primarily involve avoidance of anxiety, see (e).

But another possibility is that there is no unequivocal "steering" in the positive direction, and that oscillating courses are likely.

All these features are clearly revealed in the Oedipal conflict in Example 9.

Games are dishonest, Berne says. Those familiar with double bind theory will wisely nod their head and note the subtly incompatible communications in Example 10, "give me freedom", "protect me".

One way to suggest an integrated perspective is to introduce the concept "loaded questions". Kelly is there since "behaviour is a question". Tribute is paid to Berne since "loaded" (dice) carries the connotation "dishonest". The dishonesty is revealed by (a) obliqueness, furthermore by the fact that (d) the goals may be fake, (e) perhaps also make fake by the way of going about them. The sadness of the drama is that there may be high costs to pay, cf. (b). The points (e) and (f) capture the "stuck" quality (negative or oscillating direction) of loaded questions, the person is "not getting anywhere".

Loaded questions are poorly posed, they carry all the marks of bad science. Good science is characterised by questions that go directly at vital issues. Good scientists pose honest questions.

We now formulate two hypotheses which will be of value in describing interpersonal relations.

I. LOADED QUESTIONS INVITE EVASIVE ANSWERS.

Any scientific adviser is stomped by questions which he cannot see pointing anywhere in particular, and if not in an unusually helpful mood, will tend to be evasive. This, we hypothesise, will be the general rule in interpersonal relationships.

It is now straightforward to formulate the goal of therapy: Help the person

* Kelly (1955, p. 881) mentions that the imporuntly, the exhortation of the hostile person may pay off, the other may try appeasement. ("Yes, you really are right dear"). But if the ineffectiveness is not satisfactory (and how could it be?) a heated quarrel may be on ("you don't sound as if you mean it") and the reader may fill out the conversation. Anyone happening to eavesdrop will see that real issues are avoided, but plenty of strokes provided. Fur the next round odd are worse for straight questions to get across: "How can I believe you, when you got so mad at me last time?"

† "The Balcony" by J. Genet, provides a chilling illustration of fake goals.
to replace loaded by honest questions. Train him to be a good scientist. An interchange of honest questions and honest answers, is here called “dialogue”. The goal of therapy can also be said to be to “decontaminate” or “purify”* questions and answers.

In the field of close (intimate) interpersonal relations, the present sense to “dialogue” is one approach to “love”. It is interesting that Steiner refers of “uncontaminated”, “pure” strokes as “love” (1974, p. 26).

The second hypothesis is the converse of I:

II. Honest questions will facilitate, but cannot guarantee honest answers.

This is intentionally chosen as a guarded formulation, there may be little reason to overvalue the extent of “good circles”. Hypothesis II will be useful in raising the problem of the possibilities and limits of therapy. The present perspective will be illustrated by discussing rape.

IV. Loaded Questions and Evasive Answers: On Rape.

Dialogue: A Goal Beyond Therapy?

Suppose we regard rape as a set of loaded questions. This perspective first points to the tragedy of the victim who is “forced” to give evasive answers. But the rapist is also stuck and prevented from intimacy. The analysis illustrates Hypothesis I and indicates that supplementary variables which deal with power, should be added.

The present analysis is inspired by Brøgger (1973) and draws on her descriptions. She starts by stating that the really vicious violence is not just the genital assault but equally the structure of the preliminary communications which lead up to the rape. She considers cases where the jury (in the relatively few cases of this sort which lead to trial) is led to conclude that “she was a willing accomplice, she must have known what would happen”. Consider the lonely woman who tentatively accepts the first “invitation”. She wants some company and is willing to settle for a cup of coffee near by, but not more. The second step is that the man “gallantly” opens the car door without in any other way asking whether she is willing to take the step of entering his car. Brøgger points out that this is principally the same sort of violence as in rape. The apparent innocence of the invitation is highly deceptive. The woman is stuck. If she refuses, it implies that she can take no risks and thus is not “free”, further it turns down a seemingly “accepted” social contract (for company). Refusal would further invite nasty comments on prickliness and prudishness. If she accepts, this is taken as a sexual invitation, or rather it allows for later reinterpretation as a sexual invitation. So this is a highly pertinent example of a loaded or dishonest question.* It is a sexual invitation, cleverly veiled as gallantry. We might add that even her experience of the sexual overtones may be stifled, so that she can later say: “I never knew this would happen”’. The viciousness of the question is that it prevents an honest answer. So she turns to an evasive answer or as Brøgger puts it: “she is forced to use a code”—“it is more convenient to walk”. Breaking the code reveals that “she is afraid of being eaten”, but that sounds a bit stupid to say, and she is stuck with the really peripheral issue of car versus walk. She is then bullied into entering the car. Ten successive steps with the same structure as in the second step lead up to the genital penetration, a 30 seconds ugly rape.

A pattern of evasive answers may lead to compromising one’s autonomy and dignity and is part of a pattern where even the contact with one’s own body is undermined.† In construct theory: the evasiveness prevents elaboration of one’s own questions, she has no honest reply.

Honest questions would have made it possible for her to refuse when she would go no further. They facilitate honest answers and the sombre “inevitability” of the vicious snowballing Brøgger describes is avoided.

But why could she not openly have refused? She might even have exposed the game in his own terms. Brøgger suggests as an example: “You little whoring prick, and for free! it can’t be much good.” But (fortunately) she does not find this kind of talk at all appealing. This would presuppose the woman in a one-up position (she might also be in need of advanced judo self-defence techniques), and she is in the one-down (oppressed) position. This makes it impossible for her to expose the game both for psychological and physical reasons.

This kind of analysis may hopefully be useful in other areas of interpersonal behaviour. It calls attention to the lack of power of the victim—the oppressed—and the further degrading by being treated in oblique ways. But the oppressor is also stuck! There is for instance no reason to imply, as does Brøgger, that rapists enjoy their conquest and show of power (as there is no reason to impute sadistic gleam to Procrustes). The rapist cannot risk rejection and turns to exhortation. This bars him from intimacy, and he is stuck with the pathetic position that “she really enjoyed it”. Perhaps other oppressors also believe they are doing “what is best” for their victims?

This analysis does not deny that the victims are “worse off” than the oppressors. It does, however, question an “eliminative” approach towards the oppressors. Severe sentences for rapists would exemplify this type of solution.

* Flirt is not a loaded question. It is not dishonest but based on the mutual contract “this is play”, cf. Tschudi (1972, p. 230). If, however, there is reason to doubt whether there were two “consenting adults” to the contract, flirt may shade into seduction which may shade into rape.

† The most complete study of rape today, aptly titled “Against Our Will” (Brownmiller, 1975), supports the generality of Brøgger’s perspective.
But the problem is to find a *constructional* approach to intimacy, to foster *dialogue* between woman and man.

How far can therapy take us towards this goal? Consider Tove (Example 6). We hope that she will not be stuck in a one-down position. Building up self-confidence may provide a viable self-assertion to protect her from being caught in vicious circles when she is faced with loaded questions.

But this does not necessarily lead to dialogue, cf. Hypothesis II. The men she will meet must on their own start the long road to posing honest questions. The burgeoning literature on men's liberation (cf. Steiner, 1974, chap. 27 for an example) may be a small, but promising sign that at least some men are willing to reconsider their ways.

The general point is that therapy *cannot guarantee* a dialogue. The client(s)—the couple, the family whatever group the therapist is working with—is communicating with people outside. The therapist has no possibility of teaching *them* honest questions. It would be highly desirable to have good descriptions of the "laboratory" out there, but that is a further task. As a therapist you can do nothing but teach your client(s) honest questions, help them to decipher the communications (more or less loaded) they receive, and not compromise with themselves when faced with loaded questions.

A further issue is to probe into the origin of loaded questions. Berne (1970, chap. 3) draws on ethnological material and suggests that "this is the way things are", nature pulls her mean tricks on all of us.

Steiner (1974), however, is not content with this answer and puts the blame on the "artificial" lack of pure strokes to go round (the "stroke economy") so that the alternative is to exhort contaminated strokes. Drawing on, among others, Marcuse and Reich, he suggests that the stroke economy is related to the modes of production. Clarifying these issues may bear on such problems as: How much of the responsibility for the surroundings can the client possibly face? Can a "successful therapy" isolate the client from other people? To what extent can psychology be useful in fighting oppression?

V. The Therapeutic Situation

What can be added to Kelly's (1969, pp. 60–61) observations of the similarities between the roles of psychotherapist and the role of scientific adviser? The key issues centre around providing control, that is to reduce the number and complexity of variables as much as possible, and above all to be pertinent. This is elaborated in the three points below:

(1) **Keep to the issues.** Projects with which clients want therapeutic help are likely to involve intimacy in interpersonal relations. To help with such projects the therapist must be able to provide purified strokes, and to teach the client to recognise such feedback. If the person is emotionally starved or deeply stuck, a handshake, pat on the shoulder etc. *may* be appropriate.

Tune in to the client. This is related to but perhaps not identical to Rogers' (1957) "unconditional positive regard" and "empathic understanding". We warn against any exhortations in terms of generally exuding "warmth". Honest children teach us this. If we marvel at the ten year old: "what a nice plane you have built, sonny!", he stoops to point out that the point of gravity is somewhat displaced, and asks how long ago (if ever) you built a plane. Tuning in was a real problem in the therapy with Tove. Praising her poems was not of any help. "Warmth" was of no use to her. She had not asked for this, did not know what to do with it, but it was not for her to tell the therapist how she goofed. This problem may not be special to teen-agers who have no great reason to trust "helpful" adults. So here is a caveat: Do not prematurely try to reduce the distance between you and your client. Should you persist in this you are showing hostility and may end up with a large category of patients "unsuited for therapy".

(2) **Recognise a gap to be crossed—offer an "as if" stance.** Carving out new pathways may leave the client stranded in the wilderness with no roads to point out directions (anxiety). Faced with this possibility, he is likely to require guarantees that he does not have to give up his ways. The therapeutic problems this raise may be expressed by drawing on Berne (1912, pp. 37, 349, 351) who takes inspiration from fairy tales of princes and princesses disguised as frogs. The client, the frog, is steeped in his ways and does not believe that he will ever become a prince. He wants to be a braver frog. The neurotic (so say "dynamic" clinicians) doesn't come to get well, but to learn to be a better neurotic. "I want to live more comfortably while holding on to the sides of a tunnel!", the client might say. In the present terminology: Frogs ask loaded questions and settle for evasive answers. They are unwilling to become princes and change to honest questions. But the therapist will believe that frogs ("losers") can be turned into princes or princes ("winners"). There is thus a gap between the therapist and the client. Metaphorically the therapist has the prince point of view, and the client is at the other side of the river, unwilling to jump the gap. But the therapist should have a precise understanding of the client's position. She should understand the point of view from which the client's solution is not "stupid" or "irrational". (One of the steps in Greenwald's therapy is to understand the context of the decision.) There exists a point of view from which even the cockroach phobia is good science, but the client can do better.

Perhaps the most important help the therapist can provide to make the jump safer is to reduce the gap by drawing on the "as if" character of hypotheses (constructs). New constructs may be "tried on for size" and not necessarily be "for keeps". This is the essence of fixed role therapy, a technique which should be subject to much further innovation. Knowing that "there is a way back" may be a decisive factor in making the client jump some of the
gaps facing him. The complexity of the situation is reduced to manageable size.

Advising students poses similar problems. There will be a point where the student has to be on his own, the adviser may then reduce anxiety by carefully pointing out that everything is not at stake.

(3) Provide a laboratory with more than one tool. The Kellian view of therapy requires "orchestration of techniques" (1969, p. 223). There is no reason why the Kellian therapist should not use systematic desensitisation, Gestalt techniques, biofeedback, self-management techniques etc. etc. A basic point to bear in mind, however, is that the results of any technique should be evaluated jointly with the client. He is the principal investigator!

The classic psychoanalytic situation is a curiously restricted laboratory with basically only one tool ("follow the first rule, and I will at proper times interpret"). While there may be cases where this is sufficient, the present stance is: "it is no shame to have more than one tool!"

VI. Concluding Comments

Loaded questions may not be all there is to disorders of construction. There may be cases where there simply are no advantages of the problematic behaviour. Kanfer (1975b) draws a distinction between behaviour with "conflicting consequences" and "behaviour deficits". In the latter case there are no advantages. A case in point may be provided by Argyle et al. (1974) who devised a social skills training programme for young adults equipped with psychiatric labels like "schizoid", "immature" etc. The report does not disclose any advantages of patterns of behaviours described as "vicious circles of rejection and withdrawal" (p. 64) and the successful training programme followed the formula "take small steps to a".

Further analysis may reveal that many therapies involve both behaviour with conflicting consequences, loaded questions, and behaviour deficits. It may even be the case that a specific behaviour can be regarded as belonging to the one or the other class depending on the abstractness of the point of view from which it is seen.

A second example where there may be no advantages to the complaint is psychosomatic disorders. Wear and tear, stress and sleeplessness is not always in order to achieve something, though there are those who "seek suffering, like polyurgy addicts" (Berne, 1964, p. 98). Criteria for differentiating these types may have therapeutic implications.

Finally, there are ambiguities in the present use of "question" and "answer". It has implicitly been taken for granted that behaviour can be seen as either a question or an answer (to the behaviour of others). But this is just a rough first approximation. As Bateson (1975, especially pp. 250–280) makes clear, any behaviour can be seen as both a response to preceeding behaviour (an answer) and also a stimulus for further behaviour (a question). This is evident for the remarks in conversations.

It may be worth while to explore the suggestion that in concrete analyses any given behaviour may be placed on a continuum where the end points are "pure" question and "pure" answer respectively.

A somewhat different issue is whether the behaviour of some persons is at all appropriately described as "questions". Perhaps it seems to lack the autonomous qualities suggested by "question", and is better described as "forced". Some people seem to "follow orders" in all their undertakings. This is partly captured by "loaded question". The more the behaviour is "loaded" (or "evasive"), the more there may be a compulsive aspect to it, and conversely honesty will imply "autonomy".

But fostering honesty may, as previously discussed, take us beyond psychology, and there may be aspects of behaviour falling outside the range of convenience of the present conceptual framework.

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