

CPN Archives

Change the Name and You Change the Game

Jay S. Efran and Kerry P. Hepner

Department of Psychology, Temple University

Retrieved from

http://www.constructivistpsych.org/wp-content/uploads/2010/11/Efran_change.pdf

ABSTRACT

Structure determinism emphasizes the central role of language in shaping human affairs. It has implications for understanding the addictive experience and the work of the psychotherapist. Language makes complex social interaction possible, but also generates the possibility of hypocrisy in social endeavors. People — especially addicts — confuse themselves and others by telling lies and half-truths about the nature of their engagements. Mental health workers may actually contribute to the confusion through their use of terms such as “addiction,” “habit,” “alcoholism,” “denial,” and “disease.” Therapy, as we understand it, is fundamentally an opportunity to sort through the implications of semantic falsehoods.

“Please don’t ask me what the score is — I’m not even sure what game we’re playing.”

Ashleigh Brilliant (1933-)

“We save our lives many times over through hypocrisy.”

Humberto Maturana (1928-)

“To fall into a habit is to cease to be.”

Miguel de Unamuno (1864-1936)

In an earlier article (Efran, Heffner, & Lukens, 1987) we discussed how the theory of “structure determinism” (Maturana & Varela, 1987) might be applied to the realm of

alcoholism and other addictions. Structure determinism provides a systematic, inclusive perspective about how living systems operate. It emphasizes both the self-producing nature of living organisms and the central role of language processes in shaping human affairs (Efran, Lukens, & Lukens, 1988, 1990). In this paper, rather than reviewing the theory's basic tenets, we will amplify our previous discussion of how addiction and psychotherapy appear when viewed from the perspective the theory affords.

From our point of view, therapy isn't about directly trying to change people. Instead, it is the provision of a context in which people can state more clearly who they are and what they are doing. Under those circumstances, changes tend to occur naturally. Because of the importance of language in forming the social fabric of people's lives, the words they use to describe their actions determine, to a large degree, the outcomes of those actions. Therefore, the heart of the therapy process, as we construe it, is a close examination of the language people use in talking about (and to) themselves.

LANGUAGE AS FRIEND AND FOE

The role of language in human activity cannot be overestimated. Language allows us to differentiate and label objects, to know who we are, to compare and evaluate ourselves and others, to generate and exchange meanings, and to entertain hypothetical scenarios. "Shoulds" and "mights" exist only in language, and so do all those "problems" — mental and physical — to which people devote their conceptual attention. A problem always consists of someone — using language — having made something of some thing.

According to structure determinism, "linguaging" — which includes the use of both words and symbols — is an essential element in the coordination of human social performances. Although members of other species may coordinate behaviors in rudimentary ways, only people, using language, are able to develop the far more elaborate "second order" action patterns that characterize human interaction. Language requires people not only to dance together, but also to describe, discuss, plan, and analyze the nature of their dances. Thus, people create and perform a series of life minuets, labeling these enactments as they go along. Unfortunately, they may also delude themselves and each other by assigning and accepting false

labels for the activities in which they are engaged. Language is not just epiphenomenal — it is an integral part of action processes. Therefore, as the title of our article implies, when a game is inaccurately named, it affects the nature of the game itself.

Behaviors that may seem roughly equivalent in appearance can lead to entirely different outcomes when carried out under different linguistic “banners.” For example, two individuals may go to the same AA meeting, and both may appear to be listening intently to the proceedings. To an observer, both seem to be engaged in similar tasks. Yet, it could be said that they are actually attending quite “different” meetings and are involved in different processes. One person may be “proving” to himself or herself that AA has little to offer, while the other may be actively seeking an opportunity for personal “surrender.” Notice that although AA provides the meeting place, it does not exert control over the nature of the games that are played at that meeting. The first person in our example is playing something that might be labeled “being right,” although he or she is likely to call it something else, such as “seeing what AA has to offer.” The second is “being helped.”

Researchers almost invariably want to objectively evaluate the effectiveness of AA and other procedures, formats, or treatments. From our point of view, it might be more profitable to study instead the effects of the varied games that people choose to pursue in such settings. Figuratively and literally, that is “where the action is.”

STORIES, LIES, AND HYPOCRISIES

Even a cursory examination of daily living reveals how often people say one thing when they mean something else. Secrets, lies, deceptions, cover-ups, bluffs, diversions, and subterfuges are prominent features of all human enterprises, including international diplomacy, economics, labor negotiations, religious practice, family interaction, and even scientific and educational endeavors. According to the classical legend, Diogenes failed in his quest to locate one honest man in ancient Greece. It is unlikely that he would have been any more successful if he had set about his mission in contemporary times. Whether we are talking stocks, sports, sex, or sales, hypocrisy — saying one thing while doing another — seems to be more the rule than the exception. To put the matter bluntly, all of us — addicts and therapists included — are inveterate liars, and our unrecognized and unacknowledged lies have

the potential to corrupt and undermine the very endeavors we pursue.

FOOLING ONESELF AND OTHERS

Given the self-reflexive nature of language, it is not difficult to comprehend the mechanisms by which people sell themselves and others a bill of goods about who they are, what they are doing, and the factors that are presumably "making" them do it. Since the dawn of civilization, people have found ways to attribute their less admirable qualities to factors outside themselves, such as the actions of gods and devils, "extenuating circumstances," the exigencies of heredity and environment, and various elements of luck, chance, and fate.

Moreover, in explaining themselves, people rarely "play fair." They take personal credit for laudable performances and successful outcomes but at the same time insist on ducking direct responsibility for perceived failures and limitations. They develop and promulgate a "sad tale" (Goffman, 1961) that accounts for predicaments and personal characteristics that might otherwise seem less than ennobling. As essayist C.S. Lewis once noted, "It is only our bad temper that we put down to being tired or worried or hungry; we put our good temper down to ourselves."

In other words, people, as living systems operating in language, continually "argue" for themselves. Even when people appear to be more willing to openly admit to negative characteristics, a moment's consideration usually reveals that they have not changed their overall policy of trying to look good — they have simply switched tactics. For instance, they have decided that on this particular occasion "discretion is the better part of valor," or they have given up head-on competition and are instead angling for the sympathy vote. They may be distracting attention from still more grievous transgressions that have not yet come to light, or they may have decided to cut their losses by an act of self-derogation that will beat others to the punch. Perhaps, as Szasz (1973) has suggested, they have discovered that it is better to be wanted for murder than not to be wanted at all.

At the same time that people are attempting to look good, they are busy devising ways to avoid recognizing the duplicity involved in constructing and promulgating such self-justificational tales (Goffman, 1959). As Bateson (1972) pointed out, a person's belief system will become partially self-validating, regardless of its ultimate

truth or falsity. As social beings, people tend to enact and reenact their own stories so often that the line between spontaneous happenings and dramatized performances — between reality and invention — is easily blurred.

One of the authors remembers his days as an inexperienced therapist, when he felt compelled to pretend that he knew exactly what he was doing even at moments when he was feeling totally lost. After a while, as his “therapist act” became more practiced and polished, he began to acquire increased faith in his abilities. He was, so to speak, taken in by the success of his own performance. He thus felt more natural in a role he had initially been play-acting. Similarly, individuals who receive doctoral degrees, as they get used to the new title, may convince themselves that they really do know a lot (Kelly, 1969).

Parties, weddings, graduations, funerals and similar social occasions usually represent peculiar admixtures of staged performances and spontaneous happenings. Often the central participants of such events — such as the bride and groom at a wedding — cannot easily separate out, in their own experience, the “real” from the fabricated. Similarly, cheerleaders may buoy their own spirits as they reenact a preplanned and carefully rehearsed routine.

Even when a person is in a room completely alone, peering into a mirror, he or she engages in a calculated act of impression management based on one of a number of recognizable social scripts. For example, a man may attempt to adduce from the image in the mirror evidence that he looks attractive, mature, suave, slim, and so on. He may simultaneously be aware, at least dimly, of the posturing and stage management that goes into making this performance persuasive — for example, that he is actively holding his stomach in or favoring one profile over another. If, however, he becomes too self-conscious about the bias of the performance, it may fail to convince him and he will have to modify it or reenact it later. People will sometimes walk away from the mirror and then return to it several times in order to get “a fresh view.” (Teenagers have a well-deserved reputation for working at such mirror routines for hours on end.)

KEEPING OUR STORIES IN ORDER

All of us have, as a primary life obligation, the task of bringing conceptual order to our narrative world. This requires a continual process of invention, editing, and self-negotiation. A fuss has been made about the “denial” behavior of the problem drinker or addict. However, such drinkers are only doing what comes naturally. We all engage in lengthy conversations with ourselves and others about where we stand in life. In those self-dialogues, we attempt to portray ourselves in very particular ways.

However, despite all our efforts to create and maintain a viable and consistent self, our narratives tend to remain precarious. In an unpublished study performed a number of years ago at the University of Rochester, it took investigators only a few minutes to puncture large (and potentially disturbing) holes in the narratives of undergraduate students, chosen at random. It was an easy matter to find and point to inconsistencies, for example, between their stated values and goals and their prior records of activity and accomplishment. Fortunately, our personal stories are rarely subjected to that kind of direct scrutiny. Usually, others are quite forgiving of gaps in our “yarns” and, reciprocally, we are willing to accept their presentations at face value. When a person is in conflict with others, however, the rules change. There is then a tendency to focus on the gaps and inconsistencies and to seek special explanations for them. Ordinary hypocrisy is gradually converted to “pathology.”

PATHOLOGIZING THE OBVIOUS

Many members of the helping professions tend to underestimate the degree to which people in general (and clients in particular) are inclined to lie, cheat, and steal to get what they want. This leaves them with a lot of “pathology” to explain. For instance, they may talk about the “denial” of the problem drinker as if it were a primary and serious symptom of a “disease.” This construction ignores the extent to which each of us — mentally healthy or mentally ill — “languages” our situation in self-serving ways. When we are in a jam, we may become even more extreme in our attempts to portray our actions in favorable terms. In the social world, there are small and large acts of “denial” all around us. For instance, virtually all accident survivors — regardless of how many bones they may have broken and how miserable they may be feeling — are encouraged by their friends and relatives to consider themselves “lucky,” given what might have happened to them. That is surely a form of denial. Why isn’t it just as plausible for a person to consider himself or herself quite unlucky,

given what did, in fact, happen?

THE COMPUTER COMPARISON

The tendency to pathologize has unfortunate ramifications. Unless used with extreme caution, the language of psychopathology is a language of defamation — what Szasz has called the “language of loathing” (1973, p. 27). In the mental health field, “symptoms” are rarely described in neutral or complimentary terms. These terms serve to emphasize distinctions between people rather than similarities. Yet most of what problem drinkers and other addicted individuals do is perfectly ordinary and does not require invoking mental health jargon or fancy explanatory schemes. At the level of organism operations, the behavior in question is perfectly functional and understandable (e.g., Steinglass, Bennett, Wolin, & Reiss, 1987).

Only in language, from the viewpoint of a hypothetical outside observer who applies artificially high standards of rationality and consistency, does such behavior appear “sick” — self-defeating, and dysfunctional. The mental health worker often takes exactly that perspective, and so does the drinker himself or herself (often in between drinks). Such observers, confusing semantic abstractions and actual system operations, create for themselves a need to posit special explanations for the presumably “odd” behavior they believe they are witnessing. They therefore focus on peculiarities in the person’s developmental history or attribute what they see to deviant genetic and biochemical processes.

This sensed need for an extraordinary explanation is heightened by the false belief in the rationality of people. This belief, although widespread, is essentially a cultural myth based on very dubious assumptions. People are not at all like computers that calculate the odds and behave accordingly (cf. Gazzaniga, 1988). In fact, they frequently insist on engaging in high-risk or self-defeating behavior in which the odds are clearly stacked against them. Human beings, unlike computers, often spite their noses to save their faces and act in a multitude of other ways that might seem foolhardy to a dispassionate observer.

For example, people are often reluctant to take a moment to buckle their seatbelts, even though that act might save their lives. They do not necessarily cut their consumption of fried foods, despite the risk of coronary disease, nor do they stay out

of the sun to avoid skin cancer. When the jackpot increases, they make a mad rush to buy lottery tickets, even though the odds haven't shifted, and the difference in payoff amounts is hardly consequential to the average individual. Moreover, people's decisions concerning jobs, marriage, and large purchases are often based more on sheer caprice than actual facts.

THE PRIMACY OF PREFERENCES

From a biological perspective, a strong case can be made that we are fundamentally arational (i.e., not rational) creatures. In fact, Maturana and Varela assert that all our systems of thinking and logic are based on arational starting preferences. Thus, for human beings, preferences are primary and logic is secondary — not vice versa. However, using language, people quickly paste a veneer of justification on top of whatever they happen to be doing. In this way, their choices can often be made to appear to be sensible. People draw up lists of considerations, but when the list doesn't tally with their hunches, they add or subtract items until it comes out right. Even actions that are patently contradictory are made to sound consistent and reasonable. As we pointed out earlier, this facade of consistency, created through the use of language, rarely holds up under close scrutiny. The accounts people give of their actions — their "stories" — seem plausible only when viewed at a certain aesthetic distance, from which glaring discrepancies are ignored, underemphasized, or successfully explained away.

At various times, even the clever use of language or an appeal to common sense cannot mask the basic arationality of our operations. For example, when normal individuals are made uncomfortable by any number of factors, such as a foul smell, a rise in temperature, or physical stress, they may automatically become irritated and angry at targets that — logically speaking — have nothing whatsoever to do with the source of their discomfort (Berkowitz, 1990). They may even realize that they are being totally unreasonable, but they may be powerless to do anything about it. A person in the midst of a "pout" may recognize that he or she is playing a losing game, and perhaps even acknowledge that the initial premise was farfetched or entirely erroneous. However, the person may find it difficult to "reverse engines," and helplessly hears himself or herself making pronouncements and taking positions that border on the preposterous. These primitive mechanisms are commonplace, not psychopathological. They characterize the life of the therapist as well as the client.

There are many other circumstances that occur on a routine basis in which people do not act "as advertised." For example, rarely in real-life situations do we maximize rewards in the way we might expect from learning-laboratory experiments. In situations involving "distributed choice" — where current decisions recursively influence later reinforcement values — people routinely pick alternatives that actually serve to limit rather than maximize their overall profit margin (Herrnstein, 1990). Furthermore, it is well-known that people are swayed by immediate and short-term contingencies, often to the detriment of their long-term goals and interests. A person may walk away with the model that's on the shelf rather than wait for the one that both customer and salesperson recognize as being more suitable. Someone may decide how much to "budget" for a particular purchase but will often exceed that figure several times over on the basis of momentary whim or impulse. The costly purchase will then be defended on the basis of one or more newly invoked principles, such as "penny wise and pound foolish," "you only live once," or "I've worked hard and deserve it." Somehow, when the budget was being planned, such principles were not considered worthy of being taken into account.

The principles embodied in our cultural folk sayings cover all bases. For example, people can argue that they should "never put off until tomorrow what can be done today." On the other hand, they can point out that "tomorrow is another day" and that "all work and no play makes Jack a dull boy." When accused of "chasing rainbows," they can cite the advisability of "hitching your wagon to a star." A steadfast or stubborn man can be said to be "sticking to his guns" and "avoiding switching horses midstream," although if and when he is ready to give up a position, he can argue that it is pointless to "beat a dead horse." Does "absence make the heart grow fonder" or is it "out of sight, out of mind"? Do "birds of a feather flock together" or do "opposites attract"? Should a person "leave no stone unturned" or should he or she avoid "rocking the boat" and "let sleeping dogs lie"?

Before a behavior is labeled "pathological," it should be evaluated against this background of ordinary inconsistency and irrationality. Theorists and practitioners who want to understand why people gamble, eat, drink, work, or love "to excess" might be advised to attend to the relatively mundane rules of distributed choice, partial reinforcement, and the potency of immediate consequences. Fancier explanations may be unnecessary. The very same operating principles that control addictive states probably also apply to the coffee fiend, the sports fanatic, the inveterate pack rat, the perennial procrastinator, the video junkie, the compulsive

doodler, the cleaning fanatic, the computer nerd, the arcade freak, and so on. However, most of these patterns are either too common or insufficiently upsetting to others to qualify as bona fide addictions.

In fact, over time, several such behaviors that used to represent merely bad judgment have now been reclassified as “genuine” addictions (e.g., gambling, overeating, working hard, and sexual indulgence). Almost all of these now have their own 12-step programs, and some have the usual array of adjunct programs for friends and relatives. If the trend continues much longer, virtually every individual in the civilized world will have at least some support group to join. A person may someday be able to find a local chapter of “Bookworms Anonymous” (for those who find themselves reading prodigiously) or “Punctuality Anonymous” (for those compelled to arrive at work on time). Researchers will periodically announce breakthroughs in finding the neurological, genetic, and family-history correlates of these exceptional patterns — and there will actually be some. Any occurrence — good or bad — can always be connected to aspects of a person’s developmental history or biochemical colorations. We are, after all, little more than the sum total of our bodies and our histories.

THE DRIFT OF LIVING AND THE SEMANTIC DOMAIN

According to Maturana and Varela, life is simply a “natural drift” — an essentially purposeless journey of an organism through a medium. It is a kind of random walk, with each step paving the way for a new set of choices. Every step is as important as any other, since it connects the past with the future. As the person drifts, his or her structure continually changes, as does the structure of the medium. Therefore, the person and the environment co-evolve a suitable “fit” much the way a foot and a shoe accommodate to one another through continued wear. When the fit becomes insufficient for the individual’s structure to remain intact, disintegration occurs — the person dies.

On the biological scale, then, an individual life is simply a series of mutual accommodations that end when a destructive interaction comes along. Meanings — purposes, goals, intentions — are all added to this “drift” by a human observer, who uses words and symbols to create, distinguish, describe, and label familiar or recurrent action sequences or patterns. The observer delineates boundaries, assigns

causes, narrates stories, and breaks up the ongoing flow into a series of cognitively manageable events and units. It is there — in the cognitive domains of observers — that terms such as “addiction,” “mental health,” “habit,” or “therapy” have their currency.

Such concepts are, of course, consequential. It matters how we divide up the world of our experience and what we decide to call things. As we already suggested, different words and symbols can lead to different outcomes. For example, people who claim that they drink too much because of a special habit, a biological abnormality, or a particular family background (rather than on the basis of preference) dictate a distinctive form of interaction with others. If people allude to their “drinking habit,” they invite others to interact with them as “minimal selves.” They are not in charge — the habit is. As de Unamuno notes in the opening epigram, a person who claims to be operating out of “habit” disappears from view. Terms like “habit” are used mainly as part of social negotiations, but they are not applied to all behaviors for which they might be deemed appropriate. For example, we rarely call behaviors we admire “habitual,” even if these are performed repetitively and sustained over long periods. In other words, people are apt to describe their smoking as a habit, but not their toothbrushing. A man who, contrary to custom, decides one morning to remain in his pajamas until after breakfast does not lament the need to first “break” a very long-standing “dressing habit.” However, moments later, when his spouse suggests that he give up gambling, he will almost surely argue that making that kind of change would be practically impossible, given the number of years he has played cards.

Other explanatory schemes can also be milked for their “political” advantages. Following recent news reports of possible advances in genetic research pertaining to alcoholism (Blum et al., 1990), one client told his case-worker, “Don’t argue with me, argue with my genes” (R.J. Leffel, personal communication, May 26, 1990).

REDUCTIONISM AND REIFICATION

Explanations in terms of brain chemistry often seem more “real” to us than those that focus on, say, patterns of communal living, reinforcement schedules, or personal gain. This is, of course, the reductionistic error to which our culture is prone. Virtually any pattern of human activity — from falling in love to falling down

the back stairs — can legitimately (and sometimes usefully) be described in the language of biochemistry. However, positing an explanation in one linguistic domain — the biochemical — does not replace nor invalidate explanations proffered in other domains, such as the sociological, psychological, religious, economic, and so on. Structure determinism cautions us to avoid this sort of reductionism and reification. Explanations never replace the phenomena they seek to explain. Lightning is still lightning, even though it can be described in terms of ion exchange. Similarly, although one person's body is not like the next one's (and ingested substances obviously have different effects on differently constructed systems), it does not follow that biochemical descriptions are inevitably and always the best tools for understanding and describing drinking patterns or other activities that take place within a social matrix.

The ways we go about living together — including how and when we gamble, drink, take drugs, commit infidelities, and so on — remain matters to be examined through all of our "knowledge lenses." These include the linguistic domains of philosophy, ethics, mathematics, learning theory, cultural anthropology, political science, aesthetics, and education. Moreover, it is crucial to note that these "lenses" are languages — not variables or factors. Therefore, a particular behavioral pattern or event, such as hanging around bars, should not be said to be "caused" by economics, biochemistry, religion, or what have you. Similarly, it is inappropriate to claim that hanging out at a bar is 20 percent sociological, 40 percent family history, and 40 percent heredity. Such statements confound the phenomenon being explained with the sets of descriptive terms people use to talk about it. The description may be "sociological" or "medical" or "religious," but the event itself isn't. The map is not the territory — the explanation is not the phenomenon to be explained (Korzybski, 1941).

Two important — and sometimes neglected — corollaries of this general principle are that (a) it is permissible to intervene non-chemically in patterns of activity that have been described in chemical terms, and (b) it is permissible to intervene chemically in those patterns that were originally explained in non-chemical terms. That is, an event — such as problem drinking — does not become the exclusive "property" of any given discipline, no matter how much research has been done within that domain. Thus, it is fully legitimate to prescribe ibuprofen for a headache that seems intimately connected with a precipitous drop in the Dow Jones average; it is also

legitimate to prescribe Marx Brothers films or relaxation exercises for someone attempting to slow the growth of a tumor or pass a kidney stone (e.g., Cousins, 1979). On the one hand, the stock market can figure into medical practice, and, on the other, cancer can be addressed by the entertainment industry.

The discovery of biochemical sensitivities or genetic predispositions does not restrict the range of social action possibilities available to a given individual. Religious figures have regularly renounced sexual activity, despite the fact that humans are strongly primed to respond to reproductive urges. Equally impressive are the large numbers of individuals who have initiated hunger strikes (sometimes resulting in death) or set themselves afire in order to make a political point. The kamikaze pilots of World War II aimed their planes toward enemy targets and certain death, in defiance of ordinary survival instincts. In accomplishing such feats, people have demonstrated time and time again that social-linguistic arrangements are not trivial — even in domains of activity that are usually described biochemically. In slightly less heroic fashion, individuals with allergies, diabetes, hypoglycemia, or dozens of other ailments — including addictive patterns — regularly demonstrate the ability of people to adopt entirely new lifestyles, modifying or giving up favorite foods (including salt, sugar, meat, or dairy products) as well as a wide variety of cherished activities and routines.

In the face of all this evidence of human malleability, it is nonsense to assert that any single set of biological or historical “factors” forces an individual to remain imprisoned within just one or two life options. Researchers and clinicians have noted that in the case of hand-washing compulsives, people do not literally need to perform a given compulsion at a set time — they may want to wash, and be uncomfortable in postponing the act, but they are indeed capable of doing so (e.g., Foa, Steketee, Grayson, & Doppelt, 1983). Even chronic alcoholics are able to control their drinking when it is worth their while (Chase, Salzberg, & Palotai, 1984; Miller, 1983).

In this context, it may also be useful to remind ourselves that experienced drinkers are able to act and feel intoxicated even when the placebo drinks they have been served are devoid of alcohol content (e.g. Marlatt & Rohsenow, 1980). In other words, such individuals can “do a drunk” on just tonic or soda-pop — they do not need much direct chemical assistance. Moreover, they may be as convinced as

anyone else of the validity of their performances. Here, again, people demonstrate more latitude in designing their social selves than we usually acknowledge.

THE POWER OF ACKNOWLEDGEMENT

From our perspective, the traditional “denial” of the addict is not necessarily a denial of illness — it is a denial of responsibility. The addict’s claim, “I can stop whenever I want,” may be valid after all. Equally valid is the unspoken second part of that statement — “I don’t want to.” Rather than acknowledging this, however, the person is invited by society to espouse the opposite position: “I want to quit, but I can’t.” As a result, the addicted individual is subtly given permission to be irresponsible — to blame others, to make half-hearted “attempts” to curb consumption, to relapse frequently, and to explain his or her “illogical” behavior through allusions to hereditary factors and past life circumstances, including the addictive behavior of parents and close relatives. As we have argued elsewhere (e.g., Efran, Heffner, & Lukens, 1987; Efran & Lukens, 1985), this leads to a series of paradoxical injunctions that get in the person’s way. For example, in the typical 12-step program, one is required to simultaneously admit being powerless over the addictive substance and to somehow refrain from consuming it.

We submit that any strategy that first requires that the person construe himself or herself as “addicted” has disadvantageous elements. That is, it concedes in advance that the individual is operating at the effect of a particular substance or activity. Such a concession reifies an organism’s behavioral choices or preferences into “afflictions” — a stance that diminishes the role being assigned to the self. This linguistic maneuver justifies and potentially amplifies personal helplessness. It can easily set the stage for repeated failures at making alternative choices, or even convince the person that there are no other choices. It also demands that the person subscribe to a claim that is probably not true — that he or she really wants to quit. Like the author who said, “I hate to write but love to have written,” most addicted individuals may wish to have the effects of having quit but that does not necessarily mean that they intend to quit at the moment.

As the existentialists have noted, a person is his or her choices — now. Therefore, it is a hazardous policy to require that individuals lie about what they are actually doing or demean their current set of choices. “Reform” movements, which always

sound so noble on the surface, almost invariably have a hidden “down side” — they require that the individuals involved renounce their current achievements and choices. Promising to reform says to the world, “Will you accept me if I agree to be someone other than who I now am?” This establishes a context of self-abrogation — of enforced distance from the self. Changes that derive from that kind of negating context, motivated by fear and threats of disapproval, are often short-lived. The moment the threat is reduced, people tend to revert to their previous behavior. It is far better for people to fully acknowledge who they are and where they have been, so that they can operate from a position of strength rather than weakness. Acknowledgements of this kind, which fully endorse the self, transcend the domains of right and wrong, good and bad. They more solidly set the stage for responsible action. Therapy can provide a context in which these distinctions can be made.

CANDOR AND PSYCHOTHERAPY

Hypocrisy is not only an important feature of everyday social life — the grease that helps keep social interaction running smoothly — it is also a central, defining component of client-therapist interaction. Construed in this way, therapy must begin with a “lie” on the part of the client.¹ We have given a common example above — the addicted individual asserts that he or she wants to quit, when this isn’t exactly true, and that he or she cannot quit, when that isn’t really the case either.

A person who has a problem expressed in psychological terms is spinning a yarn in which there is a lie — a crucial element has been omitted, underplayed, overdramatized, or altered (Efran, Germer, & Lukens, 1986). The description the client offers of his or her plight is intended to mislead listeners — including, perhaps, the person who is telling the story. Consider, for example, the client who begins an initial therapy session by claiming that “circumstances are hopeless.” Obviously, if that were literally so, the person would not have appeared at the therapist’s door. Thus, his or her presence suggests that the statement is not to be taken at face value — it is hyperbole.

Clients, as heroes or heroines of the exaggerated tales they tell, frequently like to portray themselves as “innocents” struggling against nearly impossible odds to win a battle against powerful external and internal forces. The situations with which they have been confronted are described as not being of their own making. They may

admit to having committed some minor infraction or having made an understandable error of judgment along the way. They may even acknowledge having had to operate under certain limitations of personal equipment or experience. Nevertheless, the heart of their "argument" is that their basic faults (and therefore their current predicaments) are not actually their fault (Brilliant, 1988).

The "sad tale" each client brings to therapy — and which he or she sometimes refines and embellishes while there — is a mixed blessing. The personal "innocence" it purchases carries a high price tag. It requires the sacrifice of self-respect and self-satisfaction. It ensnares the person in the role of victim — a role from which it becomes increasingly difficult to escape. It is impossible to be an "innocent" and an autonomous, responsible adult at the same time.

People who are willing and able to be totally clear about their situation — taking credit (and blame) where these are due — rarely need the services of a therapist. Such individuals have not made a mystery of their lives. Therapy is the treatment of choice only for problems that hinge on self-deception. In those arenas, therapy provides an opportunity for a client to "come clean" — to tell the truth about his or her experience. Basic assumptive structures can be examined; pockets of self-deception, which in other social settings may go unnoticed or may even be actively encouraged, can be revealed. Therapy, at its best, breaks up the little — but highly consequential — conspiracies of everyday life (Rabkin, 1970). That is why it is so crucial that therapists and other "helpers" not become a party to the ordinary social conspiracies, even under the headings of "being supportive," or "joining with the client."

The smallest linguistic details in the client's narrative may warrant therapeutic attention. For example, when a person says, "I need to find another job," instead of "I want to find another job," a little piece of the self is subtly being given away — and might usefully be restored if the proper client-therapist dialogue takes place. Although the content of the two sentences is virtually identical, the speaker presents himself or herself as "smaller" in the first formulation — the self is being disclaimed (Schafer, 1976). Similarly, a person who "needs" a drink or a fix is less potent than a person who merely "wants" one — even if he or she wants it "badly." Just as the research has shown that hand-washing compulsives can resist the urge to wash, so too can alcoholics resist the urge to drink.

TWO REAL-LIFE EXAMPLES

Throughout our presentation, we have emphasized the importance of language. In the therapy we do, we are continually interested in what things are being called, since that determines what they are apt to become. We attend to snippets of language, continually asking ourselves and our clients, “What is being acknowledged or disclaimed?” “What are the hidden assumptions about self and others that are being taken for granted?”

We have learned, over the years, that when a person claims to be unable to make a particular decision, the core issue is generally not contained in the dilemma as the person is posing it. We recall someone who was conflicted about whether or not to take a new job. He went back and forth, describing the advantages of the offer and the related risks of trying something new. However, in all this discussion he neglected to highlight how strongly he felt about leaving his friends and relocating in another city. He had been taught that “smart” people do not allow friendships to interfere with their careers. “You can always make new friends” was a familiar slogan in his family. Thus, he wanted to stay in town, but did not have his own permission to turn down an attractive offer on the basis of attachments to friends. The dilemma was resolved when he acknowledged that at this stage of his life, friends were as important to him as career advancement. He coined a new slogan: “You can always find another job.”

A 25-year-old single woman complained not only about drinking to excess on a regular basis but also of being involved in an ongoing relationship of several years without being able to decide whether to marry her boyfriend or to look elsewhere. Neither her drinking patterns per se nor the decision to ditch her boyfriend were critical. What was more central was a conflict over the meaning of success and accomplishment in life. Members of her family expected her to marry, settle down, raise children. To them, that — and only that — constituted success and fulfillment. But this woman, who had been moderately successful as an art student, entertained the notion that making a mark in the world of art was as meaningful as starting a family. However, she didn’t have the courage of her convictions. Since a noteworthy career in art was far from a certainty, it was especially risky to give up the immediate prospect of family life.

The existence of a boyfriend allowed her to keep her options open and to fend off potentially embarrassing questions from her family. However, she doubted that she actually loved him, and she had the guilt-provoking suspicion that she was just “stringing him along” for her own convenience. When she drank, all of this made less of a difference, and she was even able to convince herself that perhaps she did love him after all. They had some good times together, and he was an understanding and reasonable person. “Can anyone really be certain what love is?” she would argue.

In resolving some of these issues, it was necessary for her to speak more clearly about the truth of her experience: Her family and boyfriend would need to know that she intended to define herself as an artist first, even if this meant facing critical failure and postponing the start of a family. She liked — but didn’t love — him, and they were not, in fact, headed toward matrimony. The pathway she was choosing was risky but honest. Nothing was being promised that wasn’t being delivered. (To be satisfied, one needs to be true to self, until or unless that “self” changes.)

After she made her position clear to her family and boyfriend, her drinking disappeared as a major concern — not because she had made a self-conscious decision to go on the wagon, but because she felt less alienated from her pattern of choices and activities. There were fewer times when she experienced a desire to “take the edge off.” Because, in this case, drinking ceased to be seen as a problem, some readers might want to argue that she was never an “alcoholic” in the first place. We would agree. However, it may be that the term “alcoholism” is an appellation that does very few of us any good. It is a term that has been reified and given an undeserved life of its own (Fingarette, 1988; Peele, 1989).

SUMMARY

Structure determinism emphasizes the central role of language in shaping human affairs. “Languaging” is the essential element in the construction of complex social performances. Using language, people not only engage in a series of “life dances” but are also impelled to tell stories to each other about the nature of these engagements. However, our language tools spawn hypocrisy in social living. There isn’t always truth in labeling, and when the games people play are falsely labeled, the players find themselves diminished — their enterprises may take unexpected turns and lead to outcomes that fail to satisfy the participants.

From our perspective, therapy is a place in which individuals can reexamine the implications of the tales they tell to themselves and others. As Rabkin (1970) suggested, therapy is as much about candor as it is about change. During the course of therapy, clients frequently discover that they have been sabotaging their own efforts. They have sought to dodge responsibility for their preferences, but the innocence they have protected has been purchased at enormous cost. They portray themselves as pawns of history, biochemistry, and fateful events. In this helpless role, they find themselves unwilling or unable to create new and useful opportunities for themselves. Only by reclaiming responsibility for their preferences — even those that now seem like mistakes — can clients regain a sense of mastery over their lives.

To aid in this process of repossessing disclaimed action, therapists must take a number of steps: They must avoid entering into the social collusion that enables individuals to skirt responsibility for their actions. They must pay more attention to the intricacies and inconsistencies in the client's personal narrative. They must be judicious in applying the language of psychopathology to the patterns of addicts and others, most of whose behavior is, given the situations in which they operate, quite ordinary. They must resist the temptation to reify biochemical and learning theory explanations of addictive behavior — most of which are little more than technical restatements of the obvious. It would be also useful if they avoided confusing semantic descriptions — terms such as "addiction," "habit," "alcoholism," "denial," and "disease" — with operational realities. Under these conditions, therapists will be in a better position to help clients clarify the actual game being played, and to see why the labels they previously attached to those games have caused such frustration.

FOOTNOTE

¹The therapist also usually begins with the lie that he or she has a "treatment" to offer, but that's a point outside the scope of the present paper. The interested reader can find a discussion of the "lies" of psychotherapy in Efran, Lukens, & Lukens (1990).

REFERENCES

- Bateson, G. (1972). *Steps to an ecology of mind*. New York: Ballantine.
- Berkowitz, L. (1990). On the formation and regulation of anger and aggression. *American Psychologist*, *41*, 494-503.
- Blum, K., Noble, E.P., Sheridan, P.J., Montgomery, A., Ritchie, T., Jagadeeswaran, P., Nogami, H., Briggs, A.H., & Cohn, J.B. (1990). Allelic association of human dopamine D2 receptor gene in alcoholism. *Journal of the American Medical Association*, *263*, 2055-2060.
- Brilliant, A. (1988). *I may not be totally perfect, but parts of me are excellent, and other brilliant thoughts*. Santa Barbara, CA: Woodbridge Press.
- Chase, J.L., Salzberg, H.C., & Palotai, A.M. (1984). Controlled drinking revisited: A review. In M. Hersen, R. Eisler, & P.M. Miller (Eds.), *Progress in behavior modification* (Vol. 18, pp. 43-84). New York: Academic Press.
- Cousins, N. (1979). *Anatomy of an illness*. New York: W.W. Norton.
- Efran, J.S., Germer, C.K., & Lukens, M.D. (1986). Contextualism and psychotherapy. In R.L. Rosnow & M. Georgoudi (Eds.), *Contextualism and understanding in the behavioral sciences: Implications for research and theory* (pp. 169-186). New York: Praeger.
- Efran, J.S., Heffner, K.P., & Lukens, R.J. (1987). Alcoholism as an opinion: Structure determinism applied to problem drinking. *Alcoholism Treatment Quarterly*, *4*(3), 67-85.
- Efran, J.S., & Lukens, M.D. (1985), The world according to Humberto Maturana. *The Family Therapy Networker*, *9*(3), 23-25, 27-28, 72-75.
- Efran, J.S., Lukens, M.D...& Lukens, R.J. (1990). *Language, structure, and change*. New York: W.W. Norton.

Efran, J.S., Lukens, R.J., & Lukens, M.D. (1988). Constructivism: What's in it for you. *The Family Therapy Networker*, 12(5), 27-35.

Foa, E.B., Steketee, G., Grayson, J.B., & Doppelt, H.G. (1983). Treatment of obsessive compulsives: When do we fail? In E.B. Foa & P.M.G. Emmelkamp (Eds.), *Failures in behavior therapy* (pp. 10-34). New York: Wiley & Sons.

Fingarette, H. (1988). *Heavy drinking: The myth of alcoholism as a disease*. Berkeley: University of California Press.

Gazzaniga, M.S. (1988). *Mind matters: How the mind and brain interact to create our conscious lives*. Boston: Houghton Mifflin.

Goffman, E. (1959). *The presentation of self in everyday life*. Garden City, NY: Doubleday.

Goffman, E. (1961). *Asylums: Essays on the social situation of mental patients and other inmates*. Garden City, NY: Doubleday Anchor.

Herrnstein, R.J. (1990). Rational choice theory: Necessary but not sufficient. *American Psychologist*, 41, 356-367.

Kelly, G.A. (1969). *Clinical psychology and personality? The selected papers of George Kelly* (B. Maher, Ed.). New York: John Wiley & Sons.

Korzybski, A. (1941). *Science and sanity: An introduction to non-Aristotelian systems and general semantics* (2nd ed.). Lancaster: Science Press.

Marlatt, G.A., & Gordon, J.R. (Eds.). (1985). *Relapse prevention*. New York: Guilford Press.

Marlatt, G.A., & Robsenow, D.J. (1980). Cognitive processes in alcohol use: Expectancy and the balanced placebo design. In N.K. Mello (Ed.), *Advances in substance abuse* (Vol. 1, pp. 159-199). Greenwich, CT: JAI Press.

Maturana, H.R., & Varela, FJ. (1987). *The tree of knowledge: The biological roots of human understanding*. Boston: Shambhala.

Miller, W.R. (1983). Controlled drinking: A history and a critical review. *Journal of Studies on Alcohol*, 44, 68-83.

Peele, S. (1989). *Diseasing of America: Addiction treatment out of control*. Lexington, MA: Lexington Books.

Rabkin, R. (1970). *Inner and outer space: Introduction to a theory of social psychiatry*. New York: W.W.Norton.

Schafer, R. (1976). *A new language for psychoanalysis*. New Haven, CT: Yale University Press.

Steinglass, P., Bennett, L.A., Wolin, S.J., & Reiss, D. (1987). *The alcoholic family*. New York: Basic Books.

Szasz, T.S. (1973). *The second sin*. New York: Anchor Press/Doubleday.