ASCAP NEWSLETTER

Across-Species Comparisons And Psychiatry Newsletter
Volume 4, No. 12, 15 Dec 1991

"...relating is so essential a part of our being that we never stop doing it (just as our hearts never stop beating)." John Birtchnell[1]

The ASCAP Newsletter[2]
is
a function of the

International Association
for the Study of
Comparative Psychopathology
(IASCAP)[3]

Correspondence with IASCAP is c/o
R Gardner, secretary, and editor
of ASCAP Newsletter
1.200 Graves Building (D29), UTMB,
Galveston, TX 77550-2777, U.S.A.
Phone; (409) 772-3474
FAX: (409) 772-4288

Newsletter aims; 1. A free exchange of letters, notes, articles, essays or ideas in whatever brief format.
2. Elaboration of others' ideas.
3. Keeping up with productions, events, and other news.
4. "Proposals for new initiatives, joint research endeavors, etc.

IASCAP Mission Statement; The society represents a group of people who view forms of psychopathology in the context of evolutionary biology and who wish to mobilize the resources of various disciplines and individuals potentially involved so as to enhance the further investigation and study of the conceptual and research questions involved. This scientific society is concerned with the basic plans of behavior that have evolved over millions of years and that have resulted in psychopathologically related states. We are interested in the integration of various methods of study ranging from that focusing on cellular processes to that focusing on individuals to that of individuals in groups.

Comment: Maxine Sheets-Johnstone's letter last issue implied the newsletter might be more user-friendly. So we experiment with varied inserts, borders and print-fonts. Do these help? Please evaluate, fill out the questionnaire at the end and send in.

Letters; *15.09.1991*

On the behalf of the organizers of the Conference on Ethology and Evolution of Human Behavior, I am very glad to invite you to attend in Simferopol, Crimea, from May 11 to May 15, 1992.

For your information, I'm enclosing a copy of the Crimean Project hoping that it will be of some interest for you or your colleagues.

We would be very grateful to you if you will publish the information about our conference in The ASCAP Newsletter.

Vitaly I Egorov, Simferopol, Crimea

The plans sound very exciting and we plan to put the history and description of the project in a future issue. The circulated application form and conference information are included with the mailing.

I know that John Price from IASCAP's Executive Council has plans for traveling to Crimea.

Letters; (cont.) *15 October 1991*

I am a consultant psychotherapist who has worked for many years at the Tavistock Clinic, London, where I was a consultant child psychiatrist in the department headed by Dr John Bowlby. My special interest lies in developing attachment theory in order to understand the effect of parent/child relationships on both physical and personality development in childhood, adolescence and later adult life.

Dorothy Heard, North Yorkshire, UK

I hope that you will become interested in some of the ongoing issues of the contributors or/and generate some of your own.

Letters: (cont.) *5th November 1991*

Thank you for your positive comments to the letters from Tyge Schelde and myself in ASCAP October.

In fact, at its latest session the board of Danish Society for Human Ethology decided to seek further contact with IASCAP, and appointed me to be responsible for this initiative (IASCAP-contact person).

We have the following plans:
—to relate more extensively our own discussions of comparative psychopathology to those running in ASCAP.
—to invite members of IASCAP, who happen to be in Copenhagen, and maybe interested in an informal discussion (short notice) or in presenting a paper to a regular session in our society (Copenhagen is a cross-road for air traffic).
—to follow IASCAP activities and try to contribute. This also goes for the International Psychiatric Research, Roskilde, Denmark. By the way, the organizational ideas of this Center are related to those expressed by Mike Waller in ASCAP October.

As to the suggestions of Paul Gilbert about a data base: such work is being done by the International Society for Human Ethology and published in their Newsletter (although their subject area is not identical, but overlapping with that of ASCAP). Our Danish society might also, to some extent act as the clearing house for information you suggest, supported by the Research Center mentioned above. This Center will work mainly with ideas, and international exchange is one of the aims expressed in its statutes. However, the financial means are limited.

Finally, we hope for an international meeting in IASCAP not too far from Denmark.

Looking forward to your response, I remain yours sincerely,

Axel Randrup, International Center for Interdisciplinary Psychiatric Research, Byg. 24 B, Svogerslev, DK-400, Roskilde, Denmark, St. Hans Psychiatric Hospital Research Institute of Biological Psychiatry, DK-4000 Roskilde, Denmark
—Telephone: 46 33 49 68
—Telefax: 46 33 43 55

These are very positive developments and I am sure that I speak for the executive council of IASCAP when I say that I look forward to the future contacts that you outline. John Price and I are meeting in Galveston just as this issue of the Newsletter is being generated so that we will discuss your response.

You provided additional information about groups in Europe to be included in January's issue as well as information on the Crimean conference circulated in the added sheet.

Letters; (cont.) *15 November 1991*

I am in Boston and started my scientific program already by making a talk in Harvard Psychological Dept. My schedule includes lectures in the Univ. of Connecticut on 26-27 November, in Bethesda during the second week of December and in Univ of Wisconsin on 17-20 December. My departure to Russia will be 2 January. I am writing you all this because of course I would be very happy to meet you and to discuss the problems discussed in ASCAP. Unfortunately because of our post, the last issue of ASCAP I've got is a July issue. Was your meeting in England in July interesting and successful? I'm sure it was.

Maybe you know if someone here could be interested in a project of the study of energetics (ATP/GTP) and second messenger metabolism during the pronounced emotional disturbance in animal models and in case of humans, affective disorders. It seems to me, it is a very promising field of investigation. Not long ago, Dr. H Wachtel sent me his article on a second-messenger theory of affective disorder[4]*. His research gave me a new confidence that these aspects of affective state must be seriously studied. I'll be grateful for information if you've got some.*

Irina Zhdanova, Somerville, MA, USA

As we have discussed via telephone, how good you are here. I have sent articles and journal issues involving psychoneuroimmunology and intra- and intercellular metabolism, including one that measures second messenger activity with imaging methodology[5].

Letters; *November 25, 1991*

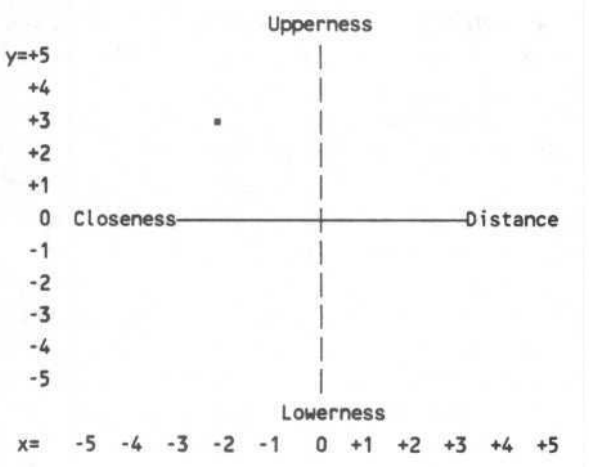
I have just returned from the American Anthropological Association meetings in Chicago where I presented my 'familial bond' hypothesis. It was well received by most of the audience and several anthropologists were quite enthusiastic. My talk was part of a session that focused on incest and incest avoidance. According to the organizers, three university presses have expressed interest in publishing the series of talks as a book....so that will be exciting if it works out.

Mark Erickson, La Jolla, CA, USA

Birtchnell-Gardner Exchange; X-Y plotting used in the spatial model by RG

As regular readers of the ASCAP Newsletter know, we featured an essay by me summarizing my learning at Odintune in July of John Birtchnell's spatial model of relating. I wrote that

Fig 1. Spatial (LUCD) ratings as X-Y plot for subject A at time t with reference to target subject B



and this piece shortly afterwards and sent them to him and he responded quickly; an initial portion of his response came just in time to include

We all need lowerness, upperness, closeness and distance

it in the Sep issue; the remainder begins on p 9 of this issue.

Dr Birtchnell's two bipolar dimensions possess an implicit x-y axis that allows particular states to be graphed in a Cartesian plot (Fig 1). We'll call it LUCD plotting (pronounced "Lucid"). For example, x= -2, y=3, below represents a person feeling some need for upperness and closeness simultaneously towards another person, upperness a little more than closeness at this particular time. This method of denoting adds quantification and precision to his spatial scheme for understanding interpersonal needs.

LUCD plotting as a method of characterizing an individual's state with respect to other people.

Dr Birtchnell has recently worked on intermediate states: individuals who are characterized by extremes of the two dimensions. This provides a quantitative method of registering this concept including the degree to which it is realized. While he has put it generally *("Upper-closeness* is a benevolent form of closeness, in which the upper person provides for, helps and encourages the lower one"), this scheme allows one to plot particular attitudes at the time that they happen. That is, in Fig 1 a mentor (subject A) can be seen to be somewhat close and somewhat supervisory of student B.

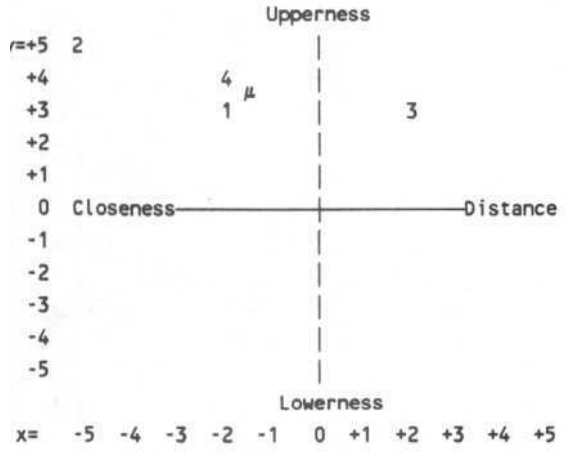
One of the questions that arises is how these feelings are best defined and measured. Later in this essay we will consider some of the methodological challenges LUCD plotting of Dr Birtchnell's scheme poses.

Application to a time series of ratings of a person's LUCD state.

Assuming a method of measurement, variability can be registered over time. The plot can diagram changes in a quantifiable way, as in Fig 2 where numbers signify different ratings over a series of samplings.

Thus let's assume that subject A is a mother and B her child. The first point is the same as in Fig 1, somewhat supervisory, somewhat close, but not extremely so on either dimension. The child may not need either as much as when a baby. Then both values would have been greater and the point would have been in the upper left quadrant at a greater extreme, say x=-5, y=5.

Fig 2. Spatial ratings for subject A at times 1 through 4 with reference to target subject B



But now let it develop that for some reason, the older B at present becomes quite rapidly more helpless and in distress, so the mother in response becomes more supervisory and more intensely involved: her upperness and closeness responses, desires or needs are augmented with respect to the child. Time 2 thus results in x=-5, y=5.

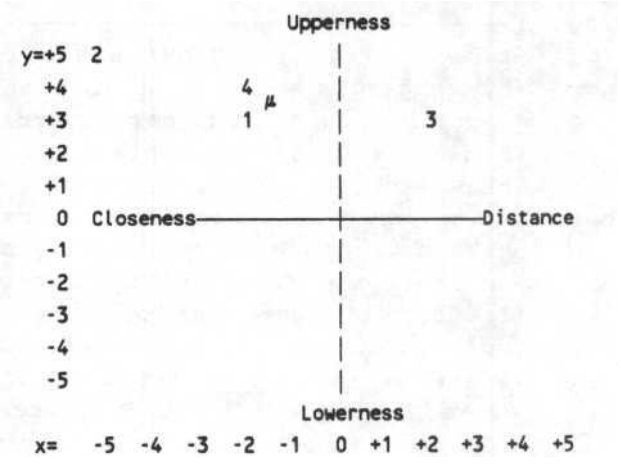
A mother and her child vary in how they need each other.

Time 3 tells us that, after some attention, the child has signaled that supervision is still needed but also that the child needs some time of its own. In response the mother's distance desire becomes greater and the dimensions are now x=2, y=3. Finally, with another but smaller crisis, some closeness is again

needed and somewhat more supervision. Time 4 gives us x=-2, y=4. In this smoothly meshed interpersonal situation, the mother's desires are closely connected to her responsiveness to her child and the child's need state.

This raises the possibility that if the child's need-state were also graphed in a LUCD plot (reversing the subject and the target), we might see interestingly different interactions with the mother when the mother is a responsive one vs a mother who is minimally responsive to the child on some or all dimensions, as what happens if the mother had been herself emotionally crippled by poor parenting. Some mothers, for instance, may have trouble allowing sufficient distance so that the child's distance needs are insufficiently realized. LUCD plotting has potential use for diagnosis of troubled relationships. Many possibilities that we take for granted and therefore quickly passed over unintegrated may be characterized quantitatively and precisely.

Fig 2. Spatial ratings for subject A at times 1 through 4 with reference to target subject B



But back to our sequence, let us envision that the four points so far defined for the mother are extended over a 24 hour period as a shifting spot of light, for example, that wanders over the LUCD grid visualized on a computer monitor. This creates data-overload of course, and one of the challenges then would be how to summarize it and make it intelligible. One method would be to leave a trace wherever the shifting spot went (similar to an film exposed to night traffic in which the moving automobile lights describe lines).

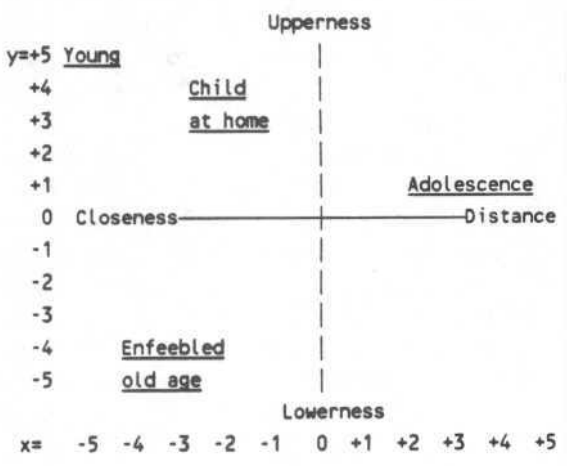
Needs and relationships require longitudinal definition

Another would be to average the ratings into a single point. To exemplify an average value for the four points mentioned here, it calculates to be x=-1.75, y=3.75 and is noted by in Fig 2. Variability could be approximated by calculating standard deviation on each dimension. Here, for presentation purposes, the discussion will be restricted to the mean value.

LUCD plotting of long-term relations.

How might μ vary over the lifespan? To illustrate the use to which LUCD plotting can be put, note that

Fig 3. Sums of LUCD ratings of a mother with reference to an offspring depending on age of both.



the prevailing μ will shift with the ages of A and B. Depending in part on the style of the mother as well as other variables (other members of the

family, issues at this time, the history of the relationship), the results would hypothetically show (for many mothers) that an initial value of x=-5, y=5 gradually reduces on both dimensions with increasing age of the child but usually stays in the upper left quadrant (Fig 3). However, adolescence and adulthood for most offspring usually means that the distance needs increase (and closeness decreases) if the mother is responsive to the child's needs. If an elderly mother is ill, however, and is cared for by B, then her lowerness and closeness needs may markedly increase.

Negative *LUCD states.*

Again along diagnostic lines, some persons are comfortable with changes mother A experienced as she aged but others are not. Some women or men might be grateful for the care and readily accept lowerness, as when patients in the hospital. Others hate it — they may hate the imposed lowerness and imposed closeness to hospital staff and the imposed distance from loved ones.

Being close, upper, lower or distant can be overdone

Registration of desired states in contrast to actual results might be an interesting use of LUCD plotting. I believe this to have a considerable potential, but will touch on it only briefly here.

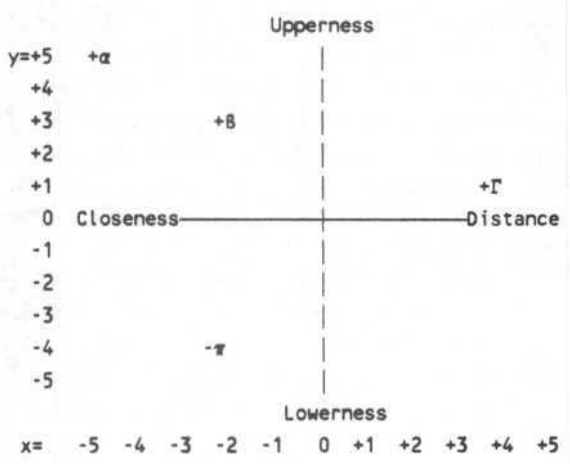
Thus, even though an elderly mother may be enfeebled from illness, she may not (?cannot) relinquish her upperness feelings and bitterly reviles the fates that caused her illness, including her children who prior to that time may have been easily "lower" than she.

This *imposed* lowerness of the mother could be a *negative* form of lowerness. Another advantage of Or Birtchnell's notation (negative and positive) might allow a literal sign to be provided on LUCD plots.

Thus, the words in Fig 3 are converted to signed symbols in Fig 4. A more elaborated version of this might more specifically characterize the four kinds of negativity listed by Dr. Birtchnell, ie, imposed, insecure disrespectful, and desperate.

Fatigue and oversupply states may also be registered in this way. Dr Birtchnell has noted that even closely attached lovers may become fatigued, so that a formerly positive state of closeness may be in oversupply at the later stage. This may be symbolized by the same rating over

Fig 4. LUCD ratings of Fig 5 with valence



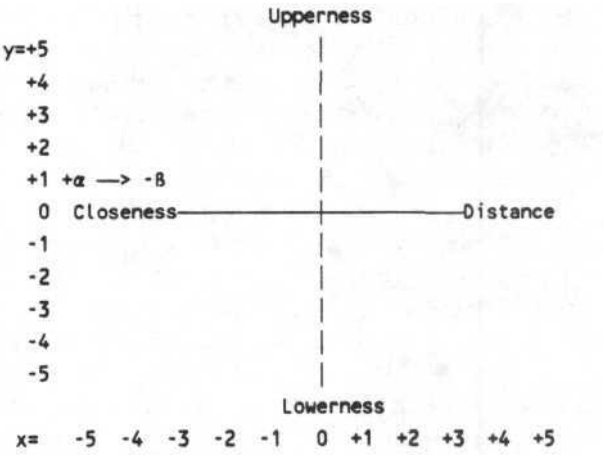
time attaining a minus sign. In Fig 5, compare a — maximum love at time 1-—to ß when fatigue has occurred and A (and B) feel a little less close than earlier.

Calculation of personality scores.

When we speak of personality style, we imply a similar average but calculated over very long periods-—or if not calculated, estimated on the basis of self or other evaluations. In addition, subject B instead of being a specific other individual, becomes "generalized other people." Actually, these estimations are hypotheses: personality disorders and psychiatric illnesses seem to be correlated with interpersonal trends

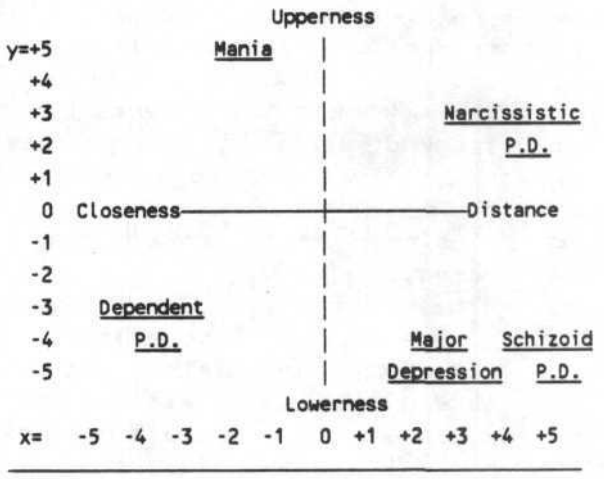
or styles. But we need actual measurements which are then averaged to demonstrate that the conclusions we now teach our students and assume to be the case are in fact the case.

Fig 5."Fatigue state" LUCD ratings for subject A (a lover) at times a and B with respect to target B



See Fig 6 for hypotheses about trends and styles evident for some psychiatric diagnoses.

Fig 6. Possible averaged LUCD spatial ratings as estimated with some psychiatric diagnoses.



Rhythms and diagnostics.

Consider the possibility of LUCD measuring over lesser periods, such as a day, and we'll return to one target, such as a spouse. Might there be circadean rhythms on the two dimensional plot? Some variations seem immediately evident, such as the increased distance during the sleep period, although closeness might occur during sexual intercourse. Other closeness peaks may occur during mealtime and other conversations.

One could anticipate that a marital diagnostic diagram might be available and useful in counselling if there was a desired vs actual measure of how each marital partner felt at specific times over the day. Moreover, a diagnostic scheme might compare the two persons as they shift from B to A, each has a plot of his or her own: how well will the two meet the reciprocal needs of the other?

This scoring implies some newdiagnosticdescriptions

If there are lowerness ratings on average or in particular situations, an important question would be "What is the sign?" For example, if one spouse experiences imposed or disrespectful upperness, this may auger poorly for the relationship or provide an area of mutual work. "You're in charge here — do it right!" What does B do to cause a LUCD rating to feel negative and what expectancy set does A have that causes an unintended negativity?

A method for the two individuals in the couple to understand their patterns might be to render these emotional topics into a more dispassionate data form that is less blaming and more matter of fact.

A research tack might involve calibration with healthy couples, with comparisons between theirs and various kinds of pathological relationships. Perhaps research already done on families would allow extrapolation of data gathered in other ways to be applied to this format.

Also plots with patients with

various kinds of psychiatric diagnoses could be made with "subject B" varying in different charts made on the various family members. Or in another study, B could be "generalized others" as when A has stereotyped attitudes and behaviors. This in fact might shed light on what goes on in families in ways that compliment or even improve present methods.

Scoring problems I: literal vs metaphoric meanings of closeness- distance.

Now let me provide a specific example with the values in Fig 2 as derived above. This example highlights difficulties with operational realization of LUCD. Assume A to be a mother who specifically is anticipating her child's (B's) arrival home from school (time = 1). With some degree of supervisory upperness, she feels warmth and interest which we indicate as x=-2, y=3.

Yet here is a self- vs behavioral rating glitch. The child is on the schoolbus and is literally quite distant. If these were non-human animals whose states were less inferable from verbal report, then we would be forced to estimate that the mother is in fact distant from her offspring. But as the mother-of-a-schoolchild waits, I found myself rating her x=-2, not with a positive value, as metaphorically close, not literally so; in anticipation, I assumed her to feel reasonably close in this thought experiment. This is a major methodological issue that needs to be addressed. Time 2 is when the child arrives home more than usually upset and distraught secondary to a fight on the bus, consequently expressing helplessness and pain. The mother responsively increases her upperness and closeness in order to elicit more information as well as to express support by her listening, nurturant tone of voice and offer of a cookie and milk (x=-5,y=5).

However, as B begins to feel the effects of the mother's intervention, the need lessens and the child desires to go off to the other room (which happens to be in earshot) to do schoolwork at the mother's suggestion. The mother sensitively backs off as shown with time 3, (x=2, y=3). When the child comes in to show the mother the results of the early efforts at the homework assignment, asking for A's comments, the rating changes at time 4 to x=-3, y=4. This may be a situation that contrasts to time 1 because on the one hand, the metaphoric and literal distances are congruent. But on the other hand, methodologically, on the behavioral level, how do we differentiate between visual and auditory distance?

Also how should we rate differences in *how* the child goes into the other room? For example, would the child flouncing into the other room angrily as a result of a dispute mean greater distance, that x would = >3? Of course, that is remedied by remembering that subject A is the mother and she may be quite unperturbed by the angry display; but the problem would remain if the child is subject A and the raters are forced to make a conclusion about the best rating at that moment.

Scoring problems II: methodological issues in estimating subject state.

So with this in mind, let us return to Fig 1 and ask again how the determination of x=-2, y=3 should be made? For me, at some future ideal time, that will be indexed by new measures of brain state, such as available through SPECT and PET technologies wherein metabolism of the cortical area for vision is much greater when the person is viewing something vs

Are *there problems with scoring LUCD operationally?*

eyes shut. This will be difficult because visualizing *vs* eyes shut are more easily objectified than are the LUCD measures — so far.

Even when a PET scan is devised that measures metabolic rate in the center/centers indexed by this top-down measure, how will the calibration be accomplished? However, striving to this is a major reason for my interest. Unless we know the importance of this goal, however, the importance of interpersonal processes will continue to be trivialized. Moreover, with the use of basic plan/parts concepts, the goal may more realizable than we now suspect.

In the literature of interpersonal theory Birtchnell has pointed out that Leary in 1957 considered five levels of "knowing." I experience these as heterogeneous categories but useful for pointing out the complexity. Let me summarize them here.

Leary's sources of knowledge are: (1) *public* as evident from behavior ratings, (2) *conscious* as evident from self-rating scales, (3) *private* inferred from dreams, artistic productions or projective tests, .(4) unexpressed evident from indirect means because A actively avoids the issue, and (5) *coveted* (my single word since Leary didn't summarize it that way) meaning how subject A would like to be. "Knowing" evident from the last three forms of information is different from (1) and (2) and renders them less reliably accurate.

Methodological problems stem from the fact that there are multiple sources of error for making any assessment. For example, if self-ratings are relied on, the observer needs to be cautious about the "conscious" information they provide. Self-ratings may be distorted from sources of knowing described above as "private" and "coveted." Those of us who do clinical work with patients know that "indirect" information certainly exists and is an additional means by which "conscious" ratings may be quite distorted. On the other hand, one could argue that such is an improvement over the behavior ratings which are the only ones available for animals and inarticulate humans who self-disclose less.

Other problems include "ways of knowing"

But behavior ratings may be made more reliable by tracking over time: if an animal changes from time 1 to time 2, can we infer a state of need at time 1? Are there non-verbal expressions of emotion that convey feelings akin to what happened when the child flounced angrily from the room in the example above?

A positive side of this methodological puzzle is that behavior ratings can be checked by asking articulate humans who have been observed how the behaviors compare to their conscious experience. This in turn needs to be evaluated according to the last three "sources of knowing" which amount to methods of checking for error. Thus, private and unexpressed facets of experience combined with desired states may interfere with the conscious report as well as with the behavioral evidence. However, we should gaze unblinking at these complexities because oversimplification also means harm in evaluating eventual results.

Summary and conclusion.

Dr Birtchnell's spatial scheme has considerable potential for analyzing data on interpersonal relationships. In this essay, the conventional x-y axes of a Cartesian diagram are deployed to actualize the use of the scheme in what I have called LUCD plotting. Uses of LUCD plotting are illustrated by typical interpersonal relation- ships and thought experiments. Clinical and heuristic uses are possible.

Behavior ratings made on animals present problems that are exemplified by gathering both behavioral and self-ratings in thought experiments. Literal and metaphoric distance must be distinguished. The sources of knowing that interfere with best ratings must be identified and the errors thus induced minimized. There is much to do for the future best exploitation of this method but it shows promise.

John Birtchnell's reply to R Gardner

[The beginning of Dr Birtchnell's essay was published in the Sept number of ASCAP after a summarization of it by me; the last paragraph there printed is reiterated here.]

... I call the theory a theory of relating. An assumption is that relating is so essential a part of our being that we never stop doing it (just as our hearts never stop beating). We not only do it to other people, we also do it to animals, plants and inanimate objects. Any person, animal, plant or object we come into contact with we begin relating to in one or more of the four ways. We also experience animals, plants and objects as relating to us, which is the basis of primitive religion. We make complex machines with which to relate and we use machines to help us relate to other people, animals, plants or objects.

The idea of commodities is central to the theory and I like Russell's analogy of filling buckets. We all need, at times, to attain the condition of closeness, distance, upperness and lowerness. When we do successfully we experience satisfaction. We also need to feel confident in our

"The idea of commmodities is central to the theory"

ability to attain them should we need to. It is important to remember that we both relate to and are related to by other people. A relationship between two people will work only if, most of the time, their relating is compatible. On the horizontal dimension compatibility is dependent upon both wanting the same commodity, ie, both wanting to be close or both wanting to be distant. On the vertical dimension it is dependent upon the needs of one being reciprocal to the needs of the other, i.e. one needs to be lower when the other needs to be upper.

Another central concept is that of respectfulness: each relater needs to be able correctly to assess what the other's needs are and be respectful of them. If, at any given time or over a period of time, the needs of two relaters correspond well, the relationship will run smoothly. It isat times when they do not that difficulties may arise. When one relater perceives that what s/he wants is not the same as what the other wants, s/he may (respectfully) sacrifice her/his satisfaction for the benefit of the other (eg, leave the other alone even though s/he wants to be close) or (disrespectfully) enforce what s/he wants at the cost of causing the other discomfort. S/he may rationalise this behaviour by maintaining either that it is what the other really wants or that it will ultimately be for the other's good. Being the recipient of another's disrespectful behaviour is a painful experience, particularly if it continues over long periods. Another term for disrespectful relating is self-centered relating; the person puts her/his own needs before those of the other. This makes it a form of distance. Yet one can have respectful distance (above) and disrespectful closeness (intrusiveness). It is important to try to understand what causes people to relate disrespectfully. It may be because they think they can get away with it; because

the other does not object strongly enough; or because they believe they can safely ignore the other's objections.

Degrees of respectfulness powerfully modify relating

A person may appear to be relating disrespectfully when what s/he is doing is all that seems possible in the circumstances. An aging mother who resists her daughter leaving home to get married is disrespectfully imposing closeness upon her daughter because she cannot bear the pain of being separated from her (and depleting her reserves of closeness to below tolerable limits). A father who refuses to acknowledge his children's successes is disrespectfully imposing lowerness upon them because he cannot tolerate the loss of upperness (in relation to them) which he has enjoyed throughout their earlier years. Perhaps a person relates respectfully only when s/he feels secure and unthreatened enough to do so.

In order that children should acquire a confidence in their ability to attain the four commodities, they need to have been permitted and encouraged to seek them by their parents and others and to have had ample opportunities for experiencing them. This requires their parents and others to have related in a respectful way towards them; perceiving when they need closeness and providing it; perceiving when they need distance and permitting it; enabling them to feel safely protected and cared for (lowerness); and encouraging them to lead, help and care for others (upperness). Parents and others who relate disrespectfully to children undermine their confidence in their ability to attain one or more of the commodities.

The developing child also needs to feel at ease with each of the positions. Learning to swim entails "taking to" the water and feeling happy when immersed in it. When the child is not at ease with a position s/he becomes afraid of it, just as a child might become afraid of the water. Some adults have a fear of closeness and keep away from people; others have a fear of distance and keep close to people; some have a fear of upperness and avoid assuming responsibility; others have a fear of lowerness and cannot entrust themselves to others.

In contrast to fearing certain positions, some people seem to have a great need for certain of them. There are those who love closeness and cannot get enough of it, always wanting to be with, touch and talk to people; there are others who love distance and arrange to spend long periods of time on their own; there are those who love upperness and strive for high status and positions of importance; and there are others who find lowerness appealing, who are humble, unambitious and content to devote their lives to the service of others. It is possible that the intensity of these needs is innate, for there is evidence that dominant behaviour can be influenced by hormones. It is difficult to determine where a great need for one position is linked with a fear of the opposite position. Does an autistic child fear closeness or love distance? To use Russell's analogy, do some people have a bigger distance bucket and a smaller closeness one? That is, do they reach a state of fatigue for certain positions more or less quickly?

The question of psychopathology

Sooner of later one needs to ask the question, what is psychopathology? Leary[6] inherited from Sullivan[7] the concept that abnormal behaviour is an extreme form of normal behaviour. His objective was to replace the psychiatric nosology of his time with a set of interpersonal descriptions. This has continued to be an

objective of the interpersonal psychologists . He believed that moving from the centre to the periphery along any axis of his interpersonal circle was equivalent to moving from "adaptive adjustment" to what he called "the psychiatric extremes." It does not make sense to argue that extreme adjustment equals maladjustment and I would maintain that maladjustment is qualitatively, not quantitatively, different from adjustment.

It is difficult to consider psychopathology without introducing the issue of the affective states which appear to feature in most classes of psychopathology. I would argue that these are not forms of relating even though they are closely associated with them. I have already discussed the fear of certain positions and this is a beginning.

Affective states are <u>not</u> forms of relating

Agoraphobia may be construed as a fear of distance and certain forms of sociopathy may be linked with a fear of closeness and a fear of lowerness; though there is also a lot of anger in sociopathy.

A common fear is fear of the disrespectful relating of others. On the horizontal dimension there is the fear that another may come too close or the fear that a close other will go away. On the vertical dimension there is a fear of what a powerful upper person may do or the fear of being toppled from power by the defiant upsurge of lower others. Fears in a current relationship may be a continuation of fears from the experience of previous disrespectful relating. A person who was rejected by a parent in childhood may continue to fear the rejection of others; and a person who was terrorised by a tyrannical parent may continue to expect to be terrorised by people they experience as upper to them.

Elation and depression are associated with the success of gaining a position and the failure of losing one. Over time, elation may give way to contentment and depression to defeat or despair. Whereas fear is a reaction to what a disrespectful other might do, depression is a response to what s/he has done or continues to do. This can occur in relation to any one of the main positions but most commonly occurs as a response to being pushed into a position of lowerness by a disrespectful upper person. Because upperness and lowerness are relative positions, it is possible to attain upperness at the expense of another's lowerness and this is why upper people sometimes push lower people down. I note that Russell (Fig 6 above) has placed mania in the position of upperness. It has to be said that mania is commonly a delusional condition in which the person quite incorrectly believes her/himself to be in an upper position, in the same way that a person with erotomania incorrectly believes her/himself to be in a close position. Both conditions may be a denial of the existing state of affairs.

The affective state of anger is an alternative response to the danger of losing, or the actual loss of a position. It differs from anxiety and depression by being geared to a determination to regain the position. It comes into play only if the person (or animal) feels confident of regaining the position. It is linked with fight as opposed to flight. Thus anxiety or depression can be converted into anger if the person can be persuaded that s/he has a chance, and anger can revert to anxiety or depression if the situation comes to look less hopeful.

To replace Leary's continuity theory, I would propose that psychopathology is best understood as (1) the fear of losing a particular

position (2) the despair of having lost one or (3) the discomfort of being forced and kept in an unwanted position by the disrespectful relating of another. It is perhaps unfortunate that the term psychopathology tends to be reserved for the condition of those who suffer rather than

Psychopathology has three elements

for that of those who, by their disrespectful relating, cause others to suffer. This may explain the relative absence of psychopathology in the upper position.

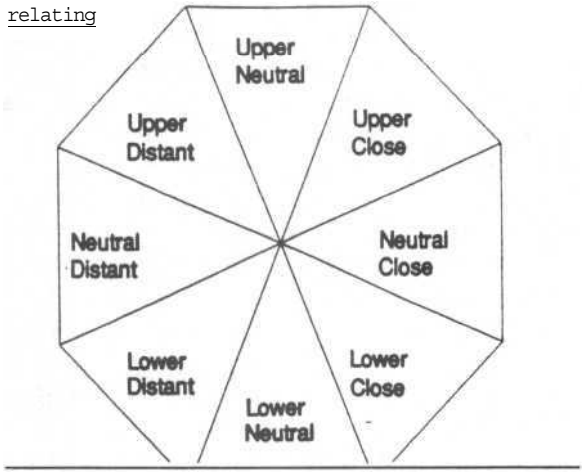
The question of measurement

Before proceeding to consider this question it is necessary to point out that, at any given moment, a person is relating or related to a whole host of people in the past and in the present (much of this being in the category of internal relating). To some s/he is predominantly close, to others predominantly distant, to some predominantly upper and to others predominantly close and sometimes distant, sometimes upper and sometimes lower and during the course . of a single conversation her/his position in relation to the other is constantly changing. Other people's relating to her/him is equally variable. Within this complex network there may be certain prominent relating difficulties: s/he may suppress her/his children; make excessive demand on her/his marital partner; be victimised by an employer; clung to by an aging parent; and ignored by a neighbour.

The descriptive terminology, and any related system of measurement, can apply to a multiplicity of circumstances ranging from the changes in a person's relating from minute to minute, during say, the course of a therapy session, to her/his enduring tendencies to relate over the course of a life time; to relating to one specified individual or to relating to people in general; to relating to someone/others or being related to by someone/others; to subjective judgments or to the objective observation of trained observers. A range of different methods of measurement is possible, depending upon the aspect of relating you wish to measure. It is not usually a matter of one form of measurement being more correct than another. Different measurements simply represent different perspectives.

To date, I have adopted two approaches, both involving self-administered questionnaires. In the fashion of the interpersonal psychologists, I created a circular ordering of eight octants around the closeness-distance and upperness-lowerness dimensions (Fig 1) and defined the positive and negative forms of relating which I considered best fitted each octant. The questionnaires include ten negative and two

Fig 2. Circular ordering of the eight categories of relating



positive items per octant. The first approach involved a questionnaire which concerned how the individual considered s/he related to people in general. This I administered to a general population sample and a sample of depressed patients. (I have plans to administer it to samples in other diagnostic categories). The second approach was intended specifically for work with married couples.

Each partner was required to complete two questionnaires, one concerning how s/he considered s/he related to her/his partner and the other concerned how s/he considered her/his partner related to her/him. These I administered to a sample of assumed well adjusted couples and a sample of couples attending a centre for marital therapy. With both approaches, the distribution of negative relating was variable, sometimes being restricted to specific octants, sometimes covering a spread of two or three octants and sometimes ranging around the complete circle. With both approaches there were highly significant differences between the normal and the pathological samples. With the marital therapy couples it was sometimes possible to diagnose the marital problem by comparing the relating patterns of the two partners (Pig 2).

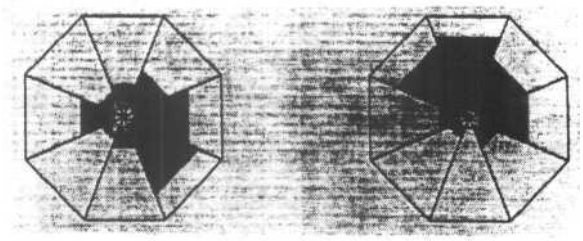
One needs to know one's patients

Russell's LUCD plotting approach is a precise one and would be suitable therefore for circumstances in which precision is both desirable and possible. An example would be identifying specific episodes of communication occurring say, during a therapy session. Taking the suggested relationship between a mother and her child, it is unlikely that the mother's relating would be as simple as this. The mother may well be predominantly upper, but there would be times when the child got the upper hand. Mothers usually alternate between being upper close (caring and protective) and upper distant (controlling and setting limits). There would be times when the mother would be respectful (being reassuring when the child was frightened) and times when she would be disrespectful (telling her/him to shut up when s/he screamed).

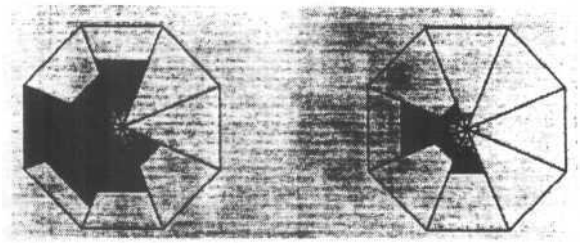
The theory certainly does have potential for the diagnosis of troubled relationships, but I am not sure that LUCD plotting would be the best way of using it. Because it pinpoints precisely what is happening it would be more useful for charting the course of a row. The double questionnaire approach has been shown to work in some cases, but I suspect that a semi-structured interview of each partner separately and both partners together would yield the better results.

Fig. 2 Spousal ratings of themselves and each other

Husband's view of self Wife's view of husband



Wife's view of self Husband's view of wife



I am glad that Russell raised the question of Leary's five sources of knowledge. Although questionnaires and direct observational methods of measurement are preferred by the conventional researcher, I have found, particularly in clinical work, that one needs to get to know a person well before one is able to formulate correctly her/his experiences of the relating of others and her/his principal modes of relating to key other people and to me. It is also necessary to become aware of how I find myself relating to her/him.

1. Birtchnell, J: page 3 of this issue.

2. c/o R Gardner, 1.200 Graves Building (D29), University of Texas Medical Branch, Galveston, TX 77550 FAX: 409-772-4288. For ASCAP Newsletter Volume 4 (Jan through Dec, 1991) please send $18 (or equivalent) for the 12 issues. For subscription to the ASCAP Newsletter, make checks or money orders out to "Department of Psychiatry and Behavioral Sciences, UTHB."

3. EXECUTIVE COUNCIL:
President: Michael R A Chance
President-Elect: John S Price
Vice President: Paul Gilbert
Secretary & Newsletter Editor: Russell Gardner, Jr
Treasurer: Leon Sloman

At this time this "informal" organization has no official budget.

4. Wachtel H: The second-messenger hypothesis of affective disorder. Pharmacopsychiat 1990;23:27-32.

5. Pettegrew JW, Keshavan MS, Panchalingam K, Strychor S, Kaplan DB, Tretta MG, Allen M: Alterations in brain high-energy phosphate and membrane phosopholipid metabolism in first-episode, drug-naive schizophrenics: A pilot study of the dorsal prefrontal cortex by in vivo phosphorus 31 nuclear magnetic resonance spectroscopy Arch Gen Psychiat 1991;563-568 (June issue)

6. Leary T: Interpersonal Diagnosis of Personality. New York: Ronald Press, 1957

7. Sullivan HS: The Interpersonal Theory of Psychiatry. New York: Norton, 1953

8. Kiesler DJ: Interpersonal methods of diagnosis and treatment. In (Ed) JO Cavernar, et al Psychiatry (Vol. 1) New York: Lippincott, 1986, pp 1-23.