

PSYCHOLOGY IS A CONCRETE AND KNOWABLE SCIENCE

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The reader should keep in mind that many of the statements made in this lecture are targeted specifically to thoughts on relatively severely psychiatrically disabled clients. Still, the basic concepts apply to the general population as well.

Good afternoon Ladies and Gentlemen, Nice to see you and to be here. Today I am going to speak about something near and dear to my heart – psychology, and especially psychology as a science that it is. As is well known by this audience, there is a crisis in psychology and mental health care. Even in academic psychology, people have branched off into neuroscience, linguistics, biology, behaviorology, etc, leaving academic psychology a weakened and fading discipline more than it was before. It is time for psychology to come out of the closet to demonstrate its value, its truth, and its scientific rigor – to take its rightful place in the science of human thought.

For purposes of this lecture, please cancel your way of thinking. In order to demonstrate the ultimate significance and truth of psychological reality I believe we must change our way of thinking to psychology as the science that it is. Psychology is a hard (as in hard science) and knowable science. Its datum is behavior description of the intricate organization of what a person says, does, and feels. I intend to talk about and demonstrate that science of description, manipulation, and control. For the purposes of today's lecture, I will relate that science to mental health care.

A congressional legislator was recently quoted in a financial newspaper as calling for reduction and elimination of insurance benefits which would be "fluff" in any new health care plan. He cited mental health care as a fluff item. Insurers, needless to say, are on the war-path against mental health care costs and benefits, using the logic often of there being no demonstrable need, or, more substantially, no substantial result, or often, more precisely, no method or language capable of demonstrating useful result from psychology. We have to be more convincing. In so doing we would be well considered and appropriately scientific to change our thinking to a more psychologically environmental and phenomenological frame of mind – which stems from a behaviorist approach – an approach which I shall describe and mostly focus on as we continue – to repeat: a more psychologically environmental and phenomenological frame of mind which synthesizes all major lines of reasoning in psychology.

There are three major lines of reasoning for grasping the psychology of a person who is in front of us.

The lines of reasoning are – DYNAMIC (analytical), BEHAVIORAL, EXISTENTIAL

The dynamic analytical can be represented by certain sweeping principles. To mention a few, such principles would be that

the truth behind behavior and action is often startlingly different than that which is observed or reported

that people sometimes act in ways opposite to certain feelings that they may have

that people have defenses and resistances

that feelings are complex and changeable

that denial, eg., for better or for worse, afflicts everyone of us to be blind to aspects of ourselves – or unable to change what we do not like about ourselves

This is to name but a few principles which can be gathered from dynamic psychology. Also that, in any intervention, treatment cannot move profitably faster than the psychological, i.e., (dynamic) situation will allow and that having a good (trained) sense for how people feel, and how they are dynamically driven, so to speak – is indispensable to effective intervention.

That said, unlike the indispensable dynamic apperception or grasp of who the individual is, and, what she is feeling to cause her to be as she is, the behavioral approach follows a more apparent representation of individual life – a face value approach, if you will, to the subject we see before us. Behavior psychology is not the use of simplistic notions of reinforcement and models based on them, which, in practice, pretty much mimic the hit and miss patterns, we, as lay persons in society at large, use to try to influence behavior. Behavior psychology is based on the explanation and study of behavior regarding the raw material of behavior and how humans function at the apparent level – apparent to our senses – level of organization. Such study includes, for example, gradients of motivation

parameters of trial learning, observational learning, and modeling

motor behavior and control

gestural, practice, and reflex organization – as in ethology

principles of conditioning

principles of cognition – development, maturation, structure, and semantics

sense perception
information processing

Psychophysiology

individual and various levels of collective human behavior

dimensions of personality

and so on to name a few categories of experimental study.

Given the experimental study of behavior, a true behavior approach follows the phenomenology and function of behavior. Phenomenology is the appearance of behavior to our senses and the natural – mechanical, if you will, - way that behavior flows. Phenomenology involves intricate description and detail of what is before us according to our scientific psychological knowledge, and great sensitivity and learning about the technology and science of elements of behavior and how behavior is formed and represented. It involves diligent schemata of available historical references about a person's behavior. More importantly, it involves astute observation of what we see before us and appreciation for the symbolic significance or function of behavior – eg., that humans have many meanings, conscious and unconscious, to what they say and do, do not say and do, as well as in their postures, logic, denials, habits, psychoses, and so on.

Throughout, the revolutionary insight into our thinking about psychology is the fact that literal, or phenomenological, features of psychological environment are forever controlling and influencing who we are and what we do - right down to the size of the room, the seating arrangement of a room, noise level, news on television, advertising on television, to say the least of dynamic history and contemporary dynamic interplay. Some of the aforementioned types of ignored or less obvious influences on behavior have subtle or great influences on behavior all of the time.

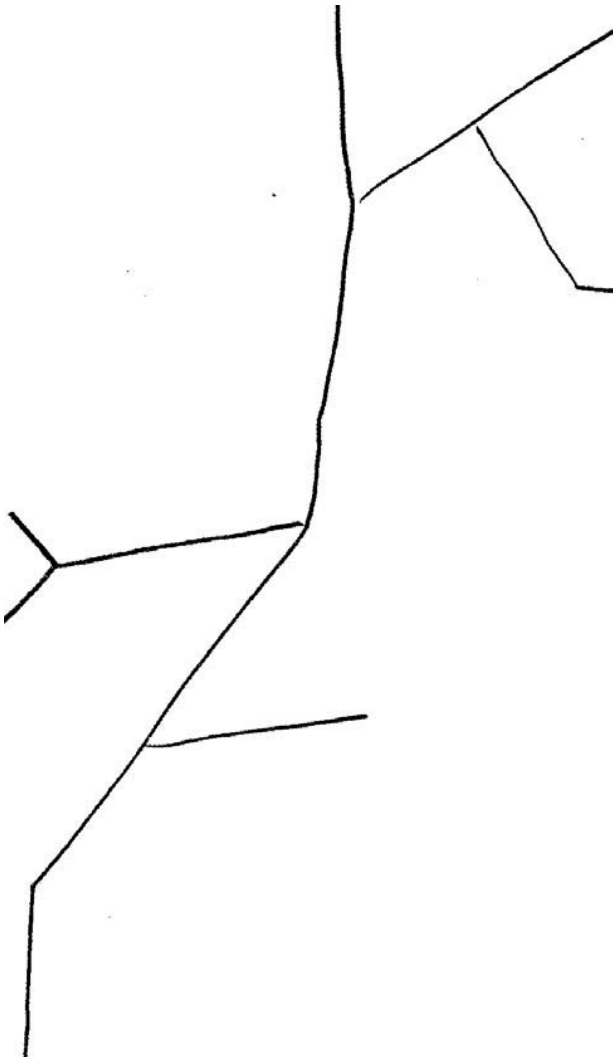
It is radical and revolutionary to change one's focus and thinking to the integral and literal interplay of environment and its occasioning of human response. This is a fully underappreciated and under recognized way of looking at ourselves and who we are. Environment is far more literal and often physical, than for example, one's background, neighborhood, or home life kinds of concepts commonly entertained as signifying environment.

Environment– tangible to our senses, as well as, immaterial (including emotional) to our senses, influences on biology and behavior

Occasioning - (to) Occasion – a determining condition responsible for behavior to occur

Contingency – conditional event to which behavior is incidental or upon which behavior is dependent

Diagram of behavior tree

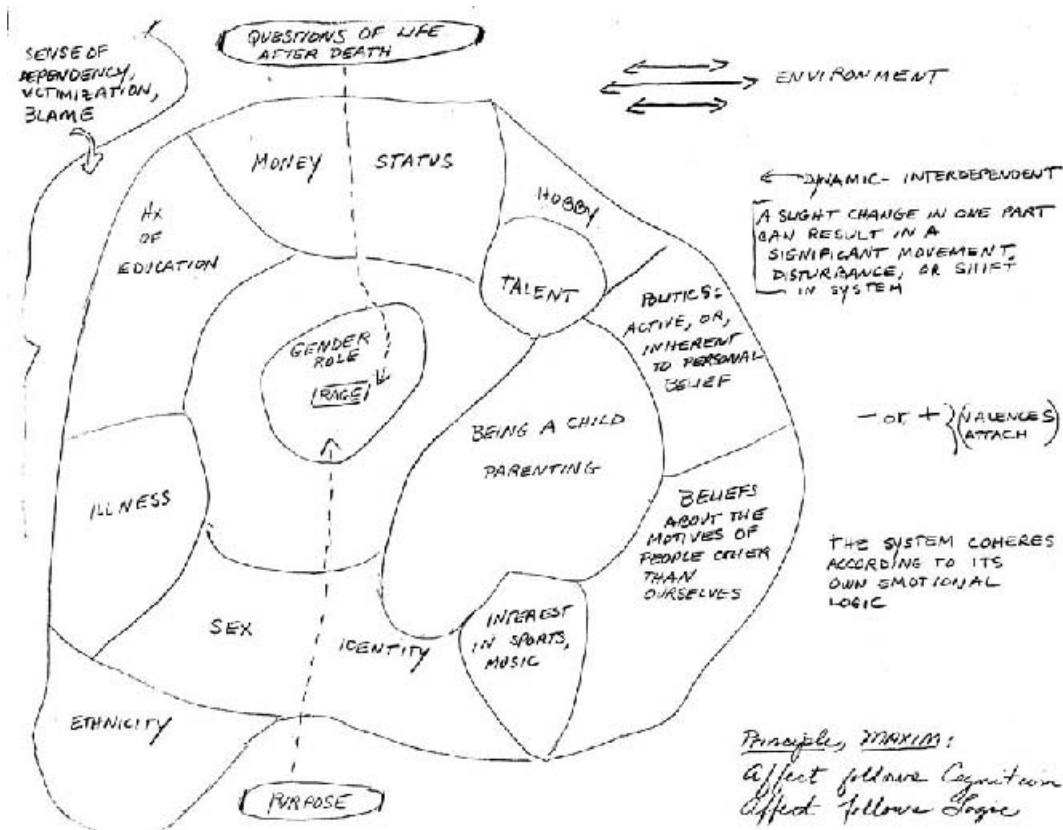


We are defining behavior as a force of dimensions, parameters, roles, beliefs, fears, appetites and so on. In this case dynamic indicates a system of reflex, instinct, conditioning, thinking, environment, and response, which is stochastic.

Stochastic: a set of sequences, each of which has a probability, and, in our case, in contingent variation to each other. In this model, affect follows cognition.

Field force – modular concept for dynamic-static multidimensional life force represented by vectors and valences of systems movement and combination(s); dynamic as in stochastic representation

Schematic representation of field force:



Each person is a behavior tree and field force of conditioning and development for whom contingencies are reciprocal to behavior and for whom treatment depends on behavior analysis and observation so that we can walk inside the shoes, so to speak, of the person inside. Contingencies, - those stimulus features on which behavior depends, can be anything from decibel level to thoughts to a traffic light to temperature to a credentialing process. When we take a phenomenological approach to behavior, we look at the topography of behavior, or, the raw material of its quality and meaning given as its process and form. There are molecular and molar levels of behavior and there are molecular to molar levels of contingencies.

Behavior is a choice and conditioned process. True behavior change mostly proceeds in very small steps and is hard to achieve. It can be subtle and both simple and complex in its occurrence. The language that clients use to talk about themselves also is stated typically in terms which are too global, ambiguous, vague, or obscure as compared to their actual behavior. A mental health clinician must lead clients on a pathway implicitly or explicitly set to break behavior down into smaller, more manageable bits for the client's own treatment sake. We will have a tighter grip on a treatment situation if we get away from global statements until such time as those statements can be based on piecing small and real changes in behavior together.

By the way, insight often occurs as a side effect to the goal of changing small features of behavior. Also, as we said before, a change in a small parameter of behavior can influence the entire field; so behavior change is a powerful tool. The following is a listing of some examples of elements of behavior – all of which, by the way, involve meaning as well:

Posture

Facial expression

Tone of voice

Volume of voice

Intonation

Sighs - including sometimes as a signal of mini relaxation, or, mini relief

Physical proximity

Punctuality - on time, early, late

Rate of speech

Content of speech - logic, semantics (changes in grammatical usage, levels of semantic organization; in some cases form, such as telegraphic speech eg., in psychiatric dementia: skipping predicates or object-subject relations; skipping prepositional phrasing; - all of which require more intricate levels of thinking and of organization of thinking)

Verbal pauses

Attitude (molar)

Attention

Level of breathing

Gestures

Conditioned statement phrases such as "I hate that" and "I don't care"

Beliefs stated such as "life sucks"

A walk on grounds

Talk about spouse

Also, you have got to know when you have got a change – to be in control of what you are doing. Eg.,

seeing a topographical behavior emission which has never occurred before

or, eg, in practice, having an incessant repetitive babbling person field a comment by babbling a quick suggestion that you choose another person to be of focus even if momentary

Such are mini-major events – you have to be quick to see or to hear them. And, you have to have patience – nothing works better than true undemanding patience.

Since the mind is a calculating and symbolically representing organ, in using a science for psychological treatment we also proceed on logic of persuasion according to the logic and “wavelength”, so to speak, of the client at hand. We take our cues from the client and elicit from her the logic of her reasoning. We post our questions, comments, silences, etc., on knowledge of the science of psychology and what we observe before us, to subtly and slightly interfere with, or cause gentle orienting dissonance to, peripheral and core cognitions. Cognitions and affect go hand in hand. Just because perhaps emotions are the most intimate feature of our existence, does not mean that we change best and most by trying to work on emotion.

As clinicians, we must remain impassive. We hold behavior in unconditional positive regard. We are non-judgmental. We are technical and compassionate. We shape what is good for the client and we ignore, by fading, what is bad for the client. To us there is no good or bad behavior. It is all behavior from the technical point of view.

{demonstration here of what is NOT ignoring:
eg., making a point of what a client can or cannot say or do.}

We have to work more on our OWN emotional reactions – to, eg, if a client asks for something at an inappropriate or improper time.}

Of necessity, in taking our cue from the client, we have assumptions, tentative hypotheses, which we accept or disregard, as we proceed along the pathways of our individual behavior tree. We are implicit and explicit in our technique. We save our reinforcers. It is not prudent to waste them. This involves judgment based on the knowledge of psychological expertise. It is probably true that we are most effective more of the time by not bringing small progressive changes to the explicit attention of a client either by pointing them out, or, so to speak, by reinforcing them. But, we keep track of them and “reinforce” them by “flowing” with the behavior and by fading – literally failing to attend to – what is counterproductive.

The following is a list of kinds of assumptions we might make in treatment, depending on the behavior of the client

talking is good

silence, or talking less is good

rest is good

(an) activity is good

alertness is good

attention is good

The aforementioned kinds of assumptions bear on a severely disabled population. The more general client list of assumptions would include eg.,

talking to spouse, other persons

ways of talking to spouse, other persons

initiating communication

refraining from engaging

etc.

In looking at the individual in front of us, we have person-specific goals which make sense for the individual, and, as I have said, these goals, or objectives, are small. They can be, eg.,

moments, seconds, or minutes spent silent and alert/engaged to the external surrounds

total time in eye contact

a decrease in statements which, eg., refer to being overwhelmed

a slight smile or an attempt at humor

We work at the literal level and at the literal level of observation. We look for sub vocal and sub behavioral expressions or emissions, or, as well for diminutions, of our target responses which we truly describe and know only as they appear before us. We are taking our cues from the client and we are learning what cues the behaviors which the client emits.

Emit – to do; voluntary; also, instinctual

For some clients alertness is good, for others nodding as in acknowledgement, or for others one statement directly related to a group discussion, - as per an

unending number and kind of assumptions such as those noted in the very partial and basic list provided.

Our assumptions about the kind of evidences in behavior which indicate and lead to improvement in the mental health of an individual are proven psychological benefits to human life experience. The definition and proof of mental health and mental health evidences cannot be explored here. We will also keep in mind the mutual relationship between mental and physical health. Parenthetically, we must not fall into the trap of pitting models and measures about our thinking in psychology against the models and measures of physical science. Ours is the science of the description and logic of behavior. We have discovered principles and relationships over many years of study and time. The description and logic of behavior is uniquely organized – as is every thumb print to the individual case.

Many incoherent clients have a wherewithal which can be tapped into congruence and logic with dyadic conversation; but, for the most part, they live in fear and distress of what they have experienced as ordinary conversation.

In general, punishment and coercion are not viable tools in the management of behavior. For one, people are cognitive creatures and they will dig their heels in on principle. Punishment, according to the individual value system which has evolved, will often mean nothing, for example, to today's adolescent client. For her, punishment can fuel the flame of opposition. Also, punishment, if expedient, suppresses behavior, perverts the individual force of inclination, creates resentment, and is not a tool for maximizing human potential.

In all of this, we must remember that the client is reacting to her physical and inter personal , intrabiological, and intrapsychical environment. Our control and conscious manipulation of ourselves, the clinicians, can be more pivotal than the individual's control of herself. In being good behaviorists, scientists, and phenomenologists, we must be first and foremost knowledgeable and attuned to our own feelings. We must be attuned to how we regard people and their behavior – and, to our own reactions to them. We must separate our own attitudes from those of the client which can all too humanly elicit conditional positive (or other) regard from us, ridicule, or downright antipathy. The only opinion we have about behavior is how to change it. We must study behavior with an objective eye, we must practice impassivity, so that when we are intervening into an individual's field force, we are adopting the client's position – while distancing ourselves from it – in order to change her or his pathology.

It is useful to state our language in passive, objective, literalistic terms. We do not want to pity and divide clients and hold mental concepts of them as, for example, “poor souls” who are docile and obedient to our rules or as “negative louses” who are “disruptive”. “Disruption” is a valuative term. There are reasons and function to a person's acting out, for example, and these reasons should be studied in neutral terms as

events which are targets for change.

For science, and , for insurance purposes as well, we want to limit personal valuations of clients in our speech – such as “disruptive”, “doing well”, “feeling better”, and so on. – unless these are statements from the client. Our language cannot be loose; it must be tight. Further, we are not taking the verbal as always a most representative, bona fide, or veridical indicator of cause or substance in an individual’s behavior. Instead, we can chronicle specific changes in various targeted facets of individual function – as outlined in the small list of elements of behavior given earlier on.

The description of these changes will range from micro to molar levels. Description will include the meaning of behavior which is as well as the meaning of behavior which is not verbal. If we exert ourselves to be increasingly precise and specific in our use of language as a scientific and experimentally based technical tool, we increase our capacity to demonstrate ourselves, and, we can increase our capacity to control and influence an empirically identifiable outcome, the nature of which unfolds according to who the client is and what the client says and does. In sum, the language corresponds to identifiable realities or events whether they are material, cognitive, or emotional.

We can say a client slouched in her chair, walked on the grounds, or talked about a spouse, and the parameters of such notations. It may be good, however, to eliminate terms such as “self esteem”, and, similarly, the broad based construct of “seeking attention”. The phenomenon of attention from a psychological scientific point of view is a literal one. It can be attention to an observer or attention to a television. It can be recounted in empirical technical terms as mental focus. On the other hand, the many forms and parameters of need attention or of attention seeking behavior are symbolically significant and can be described by finer elements of behavior – for example, extending one’s leg out, baring it from under a pant, and pulling up a sock; or yelling; or, not appearing someplace – each of which has its own derivation and significance more important, specific, and meaningful than “attention seeking”. It is precisely the ways in which people manifest their needs and drives that makes them unique and tells us about the logic of their behavior and behavior tree organization.

Finally, I come to the metassential or existential level at which we interface with other human beings. This is, more or less, in certain ways, the ‘individual difference’ level of human operation. This involves the natural inclinations of individual human beings. It also involves their deep concerns of identity, purpose, meaning, and if you will, their faith. We must work hard to restrain our own values from dictating who the client should be and how she is who she is. It is now the age of ‘individual difference’. If you follow a behavior tree of contingencies pertinent to the individual life and conditioning, the ‘logic’ of that life will appear natural and naturally.

Existentially, in working with clients, we should let them shine. In so doing we have to be more ready than they, and maintain an attitude, to foster independence and separation from ourselves. In sum, mental health providers must know themselves and be true to themselves. In keeping with this, it can be more important to know your impression of a

client at any given moment than to know a client. Without surrendering expertise, you thereby will be most suited to do your job best: service the client.

In this lecture, I focused most on behavior and the phenomenology of behavior to be in keeping with the scientific fashion of the present. The present is a time of mechanistic, reductionist, and microscopic focus. In many ways, we are least ready to work with the existential realities of human existence.

Finally, Ladies, and Gentlemen, it is a time for psychology to go public and demonstrate in a panoramic and pervasive way the reality of psychology as everything we are. It is time to demonstrate the science of psychology as the bulwark of understanding for life in the twenty first century (or any century).

And - in addition to being able to demonstrate truly that we achieve results, - and how we achieve results -, it is time to teach people to care about the quality of life for the sake of the quality of life.

Thank you

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Behavior tree – a modular diagrammatic representation of individual contingency – behavior (= choice), flow, order, relation

Conditioning – (mostly) subtle structural or architectural changes in behavior made possible by habituation to a stimulus, exposure to a single trial or repetition of a stimulus or stimulus complex, and, cognitive process associative, inductive, or deductive fit to a stimulus or stimulus complex (including, eg., participant environmental – cognitive factors bearing on belief); A never ending tedious process of natural variation to appearance, substance, and form of behavior; available and unavailable to ordinary consciousness

Contingency – conditional event to which behavior is incidental or upon which behavior is dependent

Cue – a stimulus (or stimulus complex) which prompts behavior; can be conditioned or unconditioned

Elicit – to draw out; reflex(ive)

Emit – to do; voluntary; also, instinctual

Environment – tangible to our senses, as well as, immaterial (including emotional) to

our senses, influences on biology and behavior

Field force – modular concept for dynamic-static multidimensional life force represented by vectors and valences of systems movement and combination(s); dynamic as in stochastic representation cues; involves complex behavior and whole behavior chains

(to) Occasion – a determining condition responsible for behavior to occur

Phenomenology – study of the appearance and occurrence of behavior as it exists to our senses

Reflex – involuntary, biologically automatic, response of quick and circumscribed topography; can be conditioned

Stimulus – conditioned and unconditioned cue; goad to behavior; also, discriminator property to cognition; as a goad, can be conditioned

Stochastic - a set of sequences, each of which has a probability, and, in our case, in contingent variation to each other

Topography – quality, as in kind, of response; behavioral features of appearance or representation