For evolutionary psychiatrists, psychologists and others interested in sociophysiological Integration

ASCAP

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"[D]evelopmental biologists are showing us how the nervous system builds itself from highly conserved and evolutionarily ancient genetic instructions in conjunction with its own experience."

Stephen J. Simpson[1]

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ASCAP Society Mission Statement:

The ASCAP 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 psycho-pathologically related states. We are interested in the integration of various methods of study ranging from cellular processes to individuals in groups.

Across Species Comparison and Psychopathology (ASCAP) Newsletter Aims:

- ♦A free exchange of letters, notes, articles, essays or ideas in brief format.
- ♦Elaboration of others' ideas.
- ♦Keeping up with productions, events, and other news.
- ♦Proposals for new initiatives, joint research endeavors, etc.

The ASCAP Newsletter is a function of the ASCAP Society.

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ADDRESSED TO & FROM ...

Beck ASCAP Award Winner

The winner of this year's award is Edward Hagen, Department of Anthropology, University of California, Santa Barbara for an essay entitled: "Delusional and somatoform disorders as possible examples of intraspe-cific exploitative mimicry in humans."

Annual ASCAP Society Meeting: Make Your Plans

By Russell Gardner, Jr.

To reiterate and remind, our annual meeting is 8:00 a.m. to 5:00 p.m. Wednesday, 4 June 1997, just before the HBES meeting in Tucson, Arizona, USA. As mentioned last time, our meeting hotel is the Plaza Hotel where we have reserved a meeting room for about 50 people and ask those who are not presenters to register with us paying a registration fee of $20.00 to help defray meeting room costs.
Pre-registration will help us plan more appropriately so we will appreciate your sending in the filled-in sheet that accompanies this issue although registration on site will be possible also.

President Bailey has declared that psychotherapy is the primary focus of the meeting. We expect ample discussion. We have the welcome news that John Price, Chairman of the Psychotherapy Section of the World Congress of Psychiatry, plans to be there.

A more final version of the program is as follows:

8:00 a.m. Kent Bailey
Welcome and keynote address
8:45 a.m. Dan Wilson
9:15 am Ferdo Knobloch
9:45 a.m. to
10:00 a.m. Break 10:00 a.m. John S. Price 10:30 am
Andy Thompson 11:00 a.m.
Brant Wenegrat 11:30 a.m.
Helen Wood 12:00 noon Lunch has been ordered in for continuation of informal discussion 1:00 p.m.
Presentation by
Beck Award winner
1:45 p.m. Lynn O'Connor
2:15 p.m. The Bakkers

Break

2:30 p.m. to
2:45 p.m.
2:45 p.m. Open Discussion
3:15 p.m. Randy Nesse
3:45 p.m. Leon Sloman
4:15 p.m. Russell Gardner
4:45 p.m. Business meeting

See you-all there! We would also like to put out a call for items for the business meeting.

What is the evolutionary reason for a mother to murder her children?

Darlie Routier: Paradigmatic Exemplar or Error Variance Outlier or...

Kerrville, Texas: February 1997

Darlie Routier was convicted of murdering (with a knife) her two biological sons: one five year old boy and one six year old boy. Both sons were healthy and normal. A third son — a one year old — was not assaulted. The killings occurred on 6 June 1996.

Darlie Routier is 27 years old and a homemaker. No evidence was presented that she had suffered from any psychopathology. Her husband, biological father of the slain boys, has remained a resident husband to Darlie Routier. Suggested motivations for the slayings include dissatis-faction with her financial status and the demands of motherhood.

Question: How does ASCAP/ evolutionary psychology/evolution-ary psychiatry/sociobiology/ biocultural anthropology/human ethology handle this reality?

Does Darlie Routier fit into a theoretical bundle? To wit: She kills her own progeny, not in infancy, but after 5 and 6 years of (parental) investment. She does not assault her youngest son. She is not beginning fertility. She is probably closer to its terminus. She has a husband (aged 29 years) who — by all reported

accounts — is quite supportive of her. He is quoted as saying: "We've been spit on, beat up, but they can't take our spirit away. We still have hope... We have to keep fighting" (KTVT TV, Dallas).

If the work by Daly & Wilson is used as a template, Ms. Darlie Routier is an outlier of impressive deviancy.[1,2,3,4] If the work by Mann is used as a template, Ms. Darlie Routier is an outlier of impressive deviancy.[5] Yet Darlie Routier's behavior seems very much to be a reality.

How should such realities be addressed?

(a) An exception that proves the rule.

(b) An application of existing theoretical models explains Ms. Routier quite well.

(c) A clearly maladaptive bio-cultural package destined for extinction.

d) The facts, in fact, must be wrong. Mothers with such parameters do not behave as such.

(e) None of the above.

Said differently, Darlie Routier seems a difficult case to fit into a theoretical model. She appears to be an anomaly. And, just as Lewis Carroll admonished everyone to beware of the Boojum, Kuhn cautioned the scientific enterprise to be chary of anomalies.[6] How can evolutionary paradigm account for an anomaly such as Darlie Routier?

Ronald S. Immerman
Wade C. Mackay

Was there no Psychopathology?

I don't recall with precision nor completeness the newspaper items on Mrs. Darlie Routier (DR), but do recollect an allusion that she claimed to have been abused herself when young. Patients with such histories show up later with very complex sets of symptoms. More than 90% of patients with Dissociative Identity Disorder and about two-thirds of patients with Borderline Personality Disorder have this history. I also recall that DR's behavior included allegation of not remembering what had happened which is congruent with dissociative symptoms. While both comments are easily dismissed as facile explanations of bad behavior by a guilty party wishing to put the best possible face on it, they might also be viewed as symptoms.

Assuming for the moment that this is correct, now the Immenman-Mackay question changes to a different one: what are the evolutionary and proximate payoffs for dissociation?

ASCAPian Bruce Perry has addressed this question with abused children, examining the Waco Branch-Davidian cult children, for instance. He posits that if one is abused, two poles of reaction might occur: one might be sympathetically aroused (flight-flight) with the autonomic and other resultants, and the other is to be mentally disconnected and distant from the fray.

If one must endure, then do so with least cost.

Such endurance overtime may be canalized, however, in the lifetime of the endurer. Done much, it is done easily in response to cues that would not warrant response for anyone else. Cognitive errors get made, patients behave in ways that seem bizarre, that don't make sense, or that make weird sense to the onlooker. Might this extend to murder? Might calculations of one's personal survival override calculations of maternal investment?

I believe so. I have worked with people who have endured involvement with murders themselves in addition to considerable abuse of other kinds and whose subsequent thinking leaves much to be desired when in troubling circumstances. They display much anger, much poor judgment and much activity.

In other words, the questions is less: "Why does a deviant mother murder her children?" Then, "What are the evolutionary advantages for dissociative mechanisms and their vicissitudes?"

One of the world's experts on such matters, Jean Goodwin, follows in the next letter in which she takes me to task for advocating the term, sociophysiology, which omits the psyche. While I disavow reductionism, fomenting managed care, or ignoring the elephant in the room, she makes her points pungently and adds

nicely to the debate. Perhaps at a later point, she will also add some discussion to the Immerman-Maclay questions on Darlie Routier. I hope that Bruce Perry, too, might add some of his observations.

Russell Gardner, Jr.

Why not Sociophysiology?

There is never a logical argument against reductionism. You could substitute "sub-atomic" for "biopsychosocial" phenomena and be quite correct.

The question is why is it precisely the psyche that must be reduced into non-visibility. This is where the cowardice comes in. Funding sources and bureaucrats will love the idea of social physiology. Hormone supplements and flip charts are exactly what they believe in. As long as we do not start getting bogged down in messy questions like what is going on in the father's mind when he drinks orthe daughter's heart when she cleans or what images burn in the mother's psyche when she is angry ... As long as we pretend that none of this exists the bureaucrats who run our lives will be appeased.

People like me for whom physiology is a cumbersome inconvenience and whose principal relationships are with the sky and imaginary entities—we who will be the first to be sent to the camps to be re-socialized and physiologically stabilized — we have no choice but to cast our lot with the psyche.

Why should the rest of you consider including it in your calculations? Only because it is there. The psyche is the elephant in the room, the billions and billions of electrical connections being made. Sure, we can pass it all off as physiology, as the necessary hardware sustaining our social routines. But it is an awfully big elephant and it's not going to go away.

Jean M. Goodwin

Reply to Goodwin

The February 1997 *ASCAP Newsletter issue* carried a very thoughtful note by Jean Goodwin making the following points about comparator gene theory:

1. It shows an inappropriate and almost exclusive concern with self-elimination.
2. Comparing self with others has much wider utility than simply serving a putative comparator mechanism.
3. It would be impossible for the accuracy of comparisons between self and others to even approach 100%.
4. Neither theory or observation supports the notion that humans show a standard commitment to making such comparisons.

With regard to the first objection, I have to say that the fault is entirely mine. My "T Shirt" version of the comparator gene effect runs: COMPETE, COMPLEMENT, DEVIATE OR DIE! By this I mean that if you feel your performance to be significantly worse than that of other members of your peer group, you have three options before needing to consider self-elimination. Raise the level of your performance; find some supportive form of behaviour which raises the esteem in which you are held by other members of the group; or go off and do something entirely different and at which you enjoy greater comparative success.

However, in terms of the standard neo-darwinist model, these strategies are entirely uncontroversial. All are fully compatible with the notion that evolution - save only in the case of close kin - invariably favours self-interested survival machines. The idea of evolutionarily favoured self-destruction clearly cannot be fitted within this schema and it, therefore, is the sector of the battlefield on which I raise my tattered standard. I see no difficulty with the idea that comparisons of self with others have many other uses. Indeed, I take great comfort from it. I cannot remember who it was who "leapt fully armed from his mother's womb", but it is not something I claim for the comparator mechanism. My inclination is to think that, as in so many other cases, Jacob's

evolutionary tinker cobbled it together largely out of pre-existing bits and pieces.

Frankly, I view the 100% target, first raised by my old sparring partner Lee Kirkpatrick, as something of a red herring. In this context, to achieve fixation all comparator genes have to achieve is something better than natural selection as confounded by the effects of blind chance. Provided a low performer makes itself "easy meat" for either a predator or disease (weakened knees or a weakened immune system), the chance loss of an exceptionally well-fitted individual is dramatically reduced.

Finally, I make no claims that the comparator mechanism acts with uniform strength in every individual. No doubt there are limits. At one extreme, an actor fixated by the actions of others soon ceases to act. At the other, complete indifference to comparative performance might usually be expected to be long on short-term happiness but somewhat short on resource acquisition. No doubt inter-allelic competition is as strong amongst comparator genes as it is elsewhere. Similarly, as Jean suggests, the precise nature of a winning hand may well vary overtime.

P.S.: EEA enthusiasts should be aware of the fire with which they play. There is a new "warts and all" brutalism to wild life programmes being shown over here and a recent one dealt extensively with cannibalism. This was said largely to be explicable in terms of kin selection with some individuals apparently acquiescing in their own demise. I have also been told that the ethnographic literature can provide examples of kin-beneficial suicides. Against this background, merely by playing the EEA card with its kin groups of hunter-gatherers, the whole comparator thesis becomes boring old mainstream stuff! Trouble is I have a predilection for the north face.

Mike Waller
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What we do...

Your fascinating essay in the January ASCAP Newsletter honored me by including my name, and I'm sorry I took so long to reply. First I was waiting for the February issue, and then I was on vacation. I really appreciated being given the details of how you worked with specific people and their specific problems at all levels, from neurotransmitters to "life storylines" (which is not so different from what I called "psyche") to quarreling family members.

You managed to give helpful hints about your method (the ATP) without omitting the unexpected setbacks and breakthroughs of real treatment. I have missed reading inspirational case studies like this, which used to be in the APA journal before they were replaced by statistical analyses.

What I learned is that the way you do treatment and the way I do treatment is not so different, irrespective of what we call it. I agree fully with the "injustice to the integrated richness" of humans when "biopsychosocial" is read as three separate entities. I simply fearthat whatever causes that error is going to read "sociophysiological" as two separate entities, or worse.

Annette Hollander
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ANNOUNCEMENT

I am writing a paper looking at the similarities and differences of various concepts such a schema (cognitive therapy), archetype (Jung), internal working model (Bowlby), strategy (evolutionary psychology), and Memes (Dawk-ins). Does anyone know of any other similar piece? Also has anyone written anything on Memes or knows someone or something on it? The concept has much appeal but still seems very hazy.

Paul Gilbert
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You might look at Aaron Lynch's *Thought Contagion: How Belief Spreads Through Society.* New York, N.Y.: BasicBooks, 1996.

Russell Gardner, Jr.

ARTICLE:

by Russell Gardner, Jr.

Extract from a Book on Human Territoriality

Excerpts from Bakker, Cornelius B., Bakker-Rabdau, Marianne K.: ***No Trespassing! Explorations of Human Territoriality.*** **San Francisco, California: Chandler & Sharp Publishers, Inc., 1973. Most recent reprinting 1985. Can be obtained from: 11A Commercial Boulevard, Novato, California 94947.**

This lucid, well-composed book on a centrally important topic for The ASCAP Newsletter was for me a pleasant discovery resulting from the Bakkers joining The ASCAP Society. *They are a married couple, she a nurse and terroriality skills-teacher and he a distinguished psychiatrist from the state of Washington. I read a paperback copy of their book that had been printed five times, but I had not before heard of it. I discovered that they had put various defining and critical statements in italics.*

For fun, I decided to see if these would fit together in a narrative sequence, in other words, an extract. To my delight they seemed to do so and having obtained permission from the Bakkers whom I saw recently in person, I have put the extracts together for an essay that gives a sense of the core of their book. As you will perceive, they are first of all clinicians, knowledgeable on how families and their members function.

See what you think, recalling that I have spirited the statements from well considered context which gives each assertion rationale and examples. Don't hesitate to order the book from the publishers (a new printing is due soon), but react immediately too in the form of a communication to The ASCAP Newsletter: consider this a provocative essay, let's have a discussion. I'll begin with by stating my wish that they would have called what they now term, "psychological space, "by a label more accurately reflecting its Chancian origins. I would prefer "attentional space."

They have responded to the essay in their own words and I append their fax. Also, they will present at the annual meeting in June.

Territoriality indicates the inclination toward ownership, whereas territory refers to the object of ownership. Territory is that area of an individual's life which he experiences as his own, in which he exerts control, takes initiative, has expertise, or accepts responsibility. Private domain is the area which an individual stakes out in order to insure his privacy and security. The term psychological space indicates the total attention of the group, or the total amount of influence which each person exerts over the thought and feelings of all the individuals present. Action territory is the area in which the person considers it his prerogative to act, exert control, make decisions, exercise his expertise, and take responsibility, in other words an area of action which the person claims as his own. To the extent a person feels coerced to take care of a territory, he does not experience it as his own.

Identity indicates the sum total of an individual's past history and his expectations of the future, combined in the process of his present social interaction. Through his actions, the individual creates his identity, learns about it, and makes it known to others, all at the same time. With each decision to deviate from his usual pattern of action, a person creates a new aspect of his identity which henceforth will be a determinant of his behavior.

The territorial purpose as well as the territorial result of different methods of management may be the same, but the identity established by them may be obviously different. From a territorial perspec-

tive the result of different defenses of one's area may be the same, but the identity created may be greatly affected by the weaponry used. So long as an individual's territorial conditions do not change, his identity also remains the same. If a person wants to change his identity, he can do so by altering any aspect of his total territory. The individual can change his identity in the direction that he chooses by acquiring relevant skills and making appropriate changes in his territory.

Anxiety occurs when an individual finds himself in a situation in which he wants or needs to act, anticipates unpleasant consequences if he does not, but has insufficient experience, information, or knowledge to behave in a way that will give him control. The security an individual feels as long as he stays on his own territory provides a strong force against change.

Freedom means that man engages in his actions by his own choice, on his own initiative, in the pursuit of his own goals, and with a sense of personal responsibility. Throughout a man's life, territorial competition is inescapably a major, if not dominant aspect of his existence. Aggression is any attempt at moving a person's territorial boundaries outward.

Conversely, the act of moving the boundaries inward is regression. The terms are used in a specialized way using old terms ratherthan inventing new ones. A synonym of aggression is initiative. Regression does not mean here behaving in an infantile way. Aggression means active pursuit and exploration ratherthan destruction. In the context of territorial-ity, aggression means any act which results in an extension of the territory a person holds. Regression indicates an decrease in the size of a person's territory; any behavior that actively reduces the size of the territory is regressive.

In order to detenmine whether behavior is aggressive or regressive in a territorial context, one needs to observe who gains and who loses territory and to disregard other apparent qualities of the behavior. Whether or not territorial aggression has taken place is not determined by the loudness of the battle noise, the obviousness of the weaponry, the content of the words that are exchanged, or the type of territory under dispute. The ultimate criterion of territorial aggression is whether one person's territory has expanded while someone else's has been reduced.

Justification for one's actions are only of secondary importance in the arena of human conflict. Whenever an individual experiences a loss of territory, a response of some kind must be anticipated. We consider a response to be assertive when it is direct, and specific to the area under attack. An apparent paradox holds in that assertive individuals enjoy longer periods of peace in their lifetimes than the people who are less effective in their territorial defense.

Hostility is exhibited by behavior that seeks to destroy or injure an individual or his territory. Judgment as to whether any behavior seeks to destroy, on the one hand, or acquire new territory, on the other, must be made on the basis of the observed behavior and its consequences. Hypothesis: when an individual fails to react to a territorial loss with a response, he will resort to hostility. Therefore, beware of the individual who does not stand his ground. And on the other hand, if a person does not leave his opponent any avenue of defense, he should experience destructiveness in return. Hostility is retaliatory in nature. Hostility is eliminated when the individual learns to counter specific territorial invasions with an immediate assertive response.

Sharing is the acquisition, management, and defense of a common territory by two or more individuals. When a person feels that he needs approval for certain actions within a given territory, or if his approval is sought by someone else, the territory is a co-territory. The smaller the number of people with whom one shares a particular co-territory and the more personal the relationship between the partners, the less is the use of the area guided by well-established, clear rules and regulations.

If one does not wish to acquire an identity similar to that of someone else, it is wise to avoid sharing any territory with him. Self-disclosure is a stepwise procedure whereby one individual reveals himself to another. A delicate balance is the crux of marriage: to effectively preserve one's own interests relative to the partner and yet to maintain a basis of trust. In marriage, winning all the battles means losing the war.

Trust refers to a state of affairs in which a person believes that the other will respect, and if needed, protect his territorial integrity. The more one feels in control of an area the more easily he admits someone else to it (or the less defensive he is of it), and what is the same, the more easily he trusts others with it. The problem of the insecure person lies in that since he feels most desperately in need of the other's care, by attempts to force the other to give his love, is least likely to obtain it. A quote from Edmund Bolles states, "One question that still puzzles us is why the genes of language were so successful that they became a universal characteristic of man.... one possible reason is the universal power of language to make people feel they share a bond."

Criticism is a straightforward invasion of another person's territory, for it seeks to influence him to comply with the critic's preconceived notions of proper behavior. True constructive criticism is teaching which extends the territory of the recipient and his mastery of it. Criticism [can be] a means of taking territory. Protest is an immediate confrontation meaning "You are on my territory: get off. Protest is not a request.

A lament is an outcry of sorrow resulting from a serious loss. The lamenter is helped most by individuals who give him free and unreserved access to their psychological space. To help someone sorrowing, one must know how much territory he has lost, over what period of time, and the amount of vital resources he has left to work with, The serf was a person who because he was incapable of defending his own territory, gave the control and defense of it to someone else.

Whenever one person makes another helplessly dependent on him, he makes an enemy rather than a friend. Active and domineering though Queen Elizabeth the Great was, one of her strongest claims on men was herdependence on them. She excited those whose ambitions and hopes were the same as her own, and she made them understand she could not do without them.

The person learning new techniques must have actual practice in the skills he needs and not just the theory. The smaller the territory, the greater the importance of any part. Having no territory at all is equivalent to not being alive. A protester on a lark joined a picket line and suddenly got the feeling of, "This is it. When I felt the eyes of the crowd focus on me, a new feeling of self made me feel alive in a way I had never experienced before."

The centrality of a specific area is a major determinant of the importance it holds. By the term centrality we mean that a particular area interlocks with many other parts of the person's total territory in such a way that those other areas would become inaccessible with the loss of the central one.

A devoted mother lost her daughter when she moved away. Losing the maternal role constituted the loss of a central part of her territory, leaving her extremely little, if any, accessible realm of importance. Decentralization is an important strategy if one wants to increase the security of one's territory. The ease with which a person can abandon an area depends on the accessibility of new territory. The relative importance of one's territory increases with the greater need of security.

Territorial rights, like laws, are changed by precedent. Ultimately all traditional rights are squatter's rights. Territorial rights will change in a manner consistent with the views of the social order prevalent at any given time. Guilt induction is a frequently used weapon in territorial conflicts. About guilt, the only remedy is revolt. Ultimately it is not analysis or insight, but confrontation that is the liberator.

Before one can give something, one first has to own it. Generosity indicates the ease with which a person parts with that which he possesses. A person's ability to defend his territory correlates directly with the degree to which he can display generosity. Generosity is dependent on the interaction between the ability to defend oneself, the ampleness of one's resources, and the importance of the territory involved.

Destructive envy occurs when all avenues of access to a desired territory are effectively closed off. An implicit but important component of envy is comparison: to feel envy, one has to compare some aspect of one's territory with that of someone else. Each person has a reference group defined as those people with whom the individual is in a habit of comparing himself. Fear of envy provides a strong force towards maintenance of the status quo. Envy is a driving force toward growth and constructive action if there is perception of an avenue towards reducing discrepancies in comparison-estimates. If such a pathway is basically absent or appears inaccessible to the individual, the envy becomes destructive. Jealousy, the complement of envy, refers to the preoccupation with the possibility that something one possesses and values will be taken away. The expression, "I don't have enough" always has its counterpart in a person's identity as "I am not enough — I am insufficient, inadequate, a failure."

The essence of the word, weapon, refers to a means of defending or acquiring territory. Each individual resorts to those weapons which he knows best and which have proved to be successful on previous occasions. It is easy to give to those who have plenty. It is hard to receive for those who have nothing. In sexual seduction, flattery is likely to be more potent than sexual desirability by itself. Asking for advice or instruction is a subtle form of flattery. A man who has made himself indispensable through competence, has taken possession of that territory relevant to that competence.

Territorial impasse can be resolved by subdividing the territory under dispute. Those who do not signal territorial rights in a grouping are non-communicators who are either left alone or receive attempts are made to elicit more readable responses. An example is teasing. Deficient signalers can profit from special remedial skills training in nonverbal communications.

Family style is a social adaptation evolved to meet the needs of a biological necessity. Marriages which start out with basic inequities run unusually high risks of failure. The stability of the relationship is enhanced if the territory and its management rest with the same individual. To reemphasize: a relationship of inequality is hazardous to the marriage unless this inequality is an accepted part of the existing culture. Love and trust do not endure if a person is robbed of his autonomy.

It is not essential to provide a child with a permanent territory, but rather, to have him gain excellence in territorial skills. The gradual process of growing up requires a careful coordination between the child's increasing skills and the amount of territory in which he is allowed to operate. Con-strictive child-rearing is the practice of not allowing the child to expand into new areas in spite of the fact that he has a sufficient level of skill to do so.

Whether one constricts a child from love or callousness, in territorial terms the results are very similar. The spoiled child needs to be taught to develop new skills while being given his fair share only of psychological space. Dilated child rearing is the practice of allowing the child to enter new territories when he wants to, regardless of the level of skill he has attained. The overly permissive parent will progressively lose territory to the child and will predictably be hostile in an eventual retaliation. To the extent that territorial expansion from birth to adulthood is a gradual process which goes hand in hand with skill acquisition, to that extent one may expect adolescence to be peaceful not marked by turmoil and disruption. Insofar as the territory of the parent is dependent on the presence of the child, to that extent does the departure of the child create a threat to the parent.

Response of Marianne Bakker-Rabdau:

Both Cor and I have gone over your 3 March 1997 fax with the excerpts from our our 1973 book, *No Trespassing*! We go along with your essay "extract" as written. As we discussed, since 1973, I have continued to study, research, give lectures, seminars, and classes, and write about human territorial behavior. The material presented in *"No Trespassing!",* has been augmented, expanded, and refined.

In the next couple of years, I, together with Cor, will have 5 volumes ready for publication. This will include a book giving an overview of human territorial behavior, a book on the dynamics of human territorial behavior, and 3 volumes describing the territorial skills of assertion, congression, and affiliation. Cor, with my assistance, will also have a volume ready, which will present a psycho-biosocial understanding of human behavior in general. We have a vast amount of material at hand and are looking forward to the exciting task of putting it (at long last) in book form.

We note that you called for a discussion of "psychological space", and would have it called "atten-tional space" in order, as you have stated, to make it "a label more accurately reflecting its Chancian origins". Chance, in his most admirable book, *Attention Structure as the Basis of Primate Rank Order,* describes "attention structure", and while we are exceedingly grateful for his insights, it is not correct to imply that our "label" originated in his work.

We maintain the description "psychological space", as a accurate description of the amount of time a person occupies, or has a right to occupy, in the thought of another. The more psychological space one individual has or has a right to have in the thoughts (and therefore feelings) of another or a group, the higher that person's status *vis-a-vis* the other orthe group. Wars have actually been started by one person "cutting" or "snubbing" another. This refusal to accord "rightful psychological space", to another is perceived as "humiliation" and can be expected to lead to either overt acts of violence and recrimination or covert acts of hostility and subversion.

We have been in contact with our publisher, our last printing has sold out, and he will be having another printing done. I do not know when it will be ready, but ***ASCAP*** readers may be able to find the book in the library or they can call the publisher to have the book sent directly to them. *c8*

Thoughts on the HBES Conference (1996)

It's the big evolutional question I wonder about After those several days of hearing small ones Asked, and answered, some, and others guessed.

Some scientists are seeking gigantic syntheses, So improbable they laugh (but they watch the data As they dig for indispensable detail).

Some physicists hope to stretch their GUTs* to digest All of nature's forces - explaining everything. But evolution started with Darwin's GUTs.

Stratigraphers and other geologic types
Stratigrafied and geologized the mountains
And other such trivia for a hundred years -

And got it wrong! One man (and lots of kids!) Jig-saw the globe, but no sensible geologist Would swallow schemes of ocean-going continents.

Which kind of question will turn up for us: A heady vision of all-genomic synthesis Or a piece of puzzle any child could place?

*Grand **Unified Theories**

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ARTICLE:

by Russell Gardner, Jr.

Dynamic Psychotherapy Is Really Sociophysiological Treatment

Introduction: Joan Lang is a psychoanalyst and expert teacher of psychodynamic psychotherapy. She spoke recently at the annual meeting of the Titus Harris Society that annually brings together alumni of the University of Texas Medical Branch (UTMB) psychiatry training program.[1] Titus Harris was the UTMB founder of psychiatry in the 1930s and held forth as chairman for three decades. As a person who fostered EEG and ECT, he had eagerly sought new drugs to be used in psychiatry.

He thought little of psychoanalysis, but would mightily have approved the keynote speaker of the conference, Steve Dubovsky from the University of Colorado, who spoke on, "Update on pharmaco-therapy in geriatric psychiatry." In the three decades since his death, Dr. Harris would no doubt have been impressed with how much has been learned and how many new agents are available to help patients. What Dubovsky said could easily be subsumed as a clinical sociophysiological discipline. When drugs are given to correct a hallucinatory or delusional state, for instance, the person's aberrant sense of social relations ("I hear bad voices," "People are after me") are pharmacologically altered and the physiological state remedied. Psychiatric syndromes almost invariably involve interactions with other people.

But is the same true when we consider Lang's topic of psychoanalysis and related therapies? Here the *person* is focused on and the person's psyche takes center stage with society far removed. But in my suggested name of a basic science for all of psychiatry, including this component, I have proposed sociophysiology, omitting any mention of psyche *(ASCAP,* January issue). Jean Goodwin took me to task for this in the "To and From the Editor section of this issue. But I would like to continue the discussion, my interest persisting in the proposed name, using Joan Lang's lucid presentation of basic principles and new developments as framework for my rebuttal. I doubt Jean Goodwin would have problems with Joan Lang's formulations although I am equally sure she can and will speak for herself in future editions of the discussion, as would Joan herself, whose response I invite.

The timing is good. I especially thought I would do this in the April issue since under the leadership of our current president, Kent Bailey, the annual meeting in June of The ASCAP Society will chiefly feature issues of evolutionary psychotherapy and he has made it clear to me that he wants included a discussion of sociophysiological therapy. So I thought that I might examine what Joan said and clarify how it too is sociophysiological. Moreover, the psychoanalyst focusing on the individual person would seem to be the antithesis of the sociophysiological reframing. I caught much of what Joan said on computer as I took notes on my laptop and will share my summary of the first part of her remarks. Joan's title was "What's new in psychodynamic psychotherapy?" My editorial responses are italicized.

Lang talk partially summarized: Dr. Lang described the principles of modern psychodynamic psychotherapy as encompassing:

- The unique value of subjective experience.

This first point seems especially to make the point that one should not reduce psyche in some way to a mere socio-something as does the second point which follows immediately, I will return to these two first principles at the end of this essay.

- An emphasis on the meanings for the person which reside in the domain of mind.

- The concept of dynamic unconscious which implies that expression of it constantly presses forward.

The second bullet implies a machine inside the brain which carries forth the physiological part of sociophysiology. When Freud initiated his thinking, the person as machine was a popular nineteenth metaphor.[2] While he has been faulted for not deriving a theory in which replicable data could be tested by others[3] and he disconnected his observations from the physical brain as too little was known at the time of its operations, he had been trained as a neurologist and did have its implied presence fundamental in his thinking.

- The importance of early life experiences and the nature of the patient's family of origin.

Now this emphasizes not only the physiology, but the social and communicational end of things as well.

- The importance of the patient's history (relation ships, crises, experiences, etc).

So does this make the same emphasis; the person does not exist in a vacuum and learns good and bad things from other people.

- Attention to transference & countertransference.

In my experience with psychoanalysis and dynamic psychotherapy, this was considered by teachers and supervisors to represent the core feature of the theory and treatment. The patient learns from re-experience in a new and unusual relationship (with the clinician) how he/she has come to expect others to be with him/her. This is also of course quintessentially social and communicative.

Dr. Lang also noted that trends in modernization of the treatment have included:

- Lessened focus on conflicts and more on character, deficits, and defenses.

Otherwise stated, a person is not a standard issue machine in which conflicts operate in a stereotyped manner. The terms defenses and deficits imply machine components. The major point here is that individual differences make a difference and deserve emphasis.

- Increasing agreement that much can be learned from here and now: not only the past is important, but how it relates to the present and is realized in the present.

This reiterates the transference issue mentioned above and implies that one "transfers" attitudes learned from experiences with earlier persons to others in many realms of life other than the person in the therapist's office. Indeed, the vivid learning in the office can afterwards be applied with special effectiveness in the outside world because what the patient expected contrasts so much with what came to pass.

This illustrates the operation of the shiver/ATP model: there are automatic reactions like shivering in response to cold (the way one learned it from early experiences) and with an Ally (the therapist), one can Think things through better and make better Plans. Allies are not only therapists, of course, but can be described as other people known by the person who are friendly, helpful and mean well.

- Luborsky has talked of the core conflictual relationship (CCR) as a constellation of how the patient reacts and feels that has both past determinants and present realizations.

And often the CCR is like a shiver, as just described.

- Countertransference is accepted increasingly as not just something bad.

Dr. Lang quoted a revered supervisor from Los Angeles: "If therapy is to work, one of the two people in the room, hopefully the therapist, should

not be crippled by the experience of reliving past relationships in the present."

The admonition suggests that therapists too have shiver-like automatic responses from their own CCRs and are helped if their teacher-allies have previously helped think it through. The skilled analyst recognizes small instances of the shiver (without direct expression, for example, the therapist may find him/herself feeling sad, irritated, or seduced from the way a patient is that day). This is a warning to recall old admonitions from training: Why now am I having this reaction? What is going on that the patient has made me feel that way? It is a cue.

The skilled practitioner listens to those reactions and uses them in practice because his sociophysi-ological brain has become a finely tuned instrument not only in monitoring minute to minute social connections but internal cues from less than fully conscious features of one's own brain operations.

♦ The centrality of affects and feelings as core. Empathy is increasingly important and central to all forms of dynamic psychotherapy.

Dr. Lang went on to say in expansion of this point, that the experience of being deeply understood has intrinsic healing importance. Empathy is not always nice. Empathic identification can be used to hurt the other person which hopefully doesn't happen in the therapy situation. Empathically relating is now seen as a central skill. There are probably two forms of empathy, (1) an innate form, and (2) a form that can be cognitively appreciated and taught.

This too makes the sociophysiological point. Empathy is completely social-communicational! Innately some people seem to have in their neural repertoire a natural ability to resonate with the thoughts and style of other people and how they feel; others have to be taught. Are these different forms or do they characterize different kinds of people? For instance, people with autistic-like syndromes can't even be taught owing to deficient frontal and temporal lobe brain elements.[4]

♦ Supportive/expressive psychotherapies are important.

Uncovering psychotherapy formerly seemed the antithesis of supportive forms. But now clearly this is not a firm polarization. The extensive research of the Menninger project described in *42 Lives in Treatment* by Robert Wallerstein showed that supportive elements (affirmation, reassurance, praise) had in fact happened more than the study planners intended and were more important in helping the patient than had been expected. Control treatments meant to be supportive, on the other hand, had shown in their conduct significant elements of clarification for the patients and structural change as well. This outcome research showed that the two theoretically distinct kinds of changes as experienced by the patients were not clearly distinguishable from one another.

To my mind, this underlines Freud's original emphasis on analysis of the psyche. He assumed that the analyst and patient were like interchangeable machines. The patient simply went through the couch experience like the Model T Ford was to go through the new Detroit assembly lines in the decades soon to come. The analyst similarly did his nineteenth century machine job, providing a blank screen on which the patient would project his conflicts and his dynamic unconscious.

This is now giving way in the psychoanalytic and psychodynamic establishment to the recognition that the treatment and its results are social and communicational. So a basic science seems required in which shiver responses stem from Luborsky's CCRs and various ways of deploying the communicational principles denoted by ATP are applied in this as well as in other kinds of treatments/situations.

A megatrend of great importance includes that the era of polarization of either/or is replaced by both/and as already demonstrated by the just discussed dichotomy of uncovering vs supportive. Another is mind/brain.

Lang quoted John Nemiah as having said that integration is needed notdichotomization. Sometimes the language of biochemistry is better and sometimes that of experience. She mentioned Eric Kandel and co-workers who in 1983 showed that the sea snail illustrated biochemical changes at the synaptic level with learning. She cited Lee Baxter et al's neuroimaging data that brain changes from OCD could occur from either psychotherapy or pharmacotherapy.

Moreover, changes in affect and cognition both were important. She discussed her personal work with a cognitive therapist colleague with whom she teaches. Both have found that what they do is more convergent than divergent. She cited Fred Pine as saying in *Drive, Ego, Object and Self* that the skilled psychotherapist should grasp metaphors in each school of thought for which would be better for the patient at that moment. She lauded his suggestion that we need to move flexibly amongst the models.

To react to the last first, I have suggested that human brains contrast to those of another species in that the organ has extensive story-telling capacities. Metaphors are stories. Theories are stories. Fred Pine seems to suggest that one should adapt one's professional storyline to what the patient can understand best and find most applicable.

Though snails and humans may have some comparison features, they also contrast (snails aren't much at story-telling, at least so far as we know). But Kandell, Baxter and their co-workers have emphasized molecular and brain changes occur after learning or pro fitting from the therapies psychiatrists administer whether or not these feature the drugs with which Titus Harris was, or would have been, enamoured. Of course drug stories are other stories that help patients in part because they in fact affect the physiology, even if they don't do this directly, in that a third to a half of patients seem to respond to the idea something is being done (placebo effect). So however they work, the social- communicational phenomena of story-telling and story-appreciation are physiological on the one hand and medical/clinical on the other.

Subjectivity and stories: This represents the end of that part of Joan Lang's presentation summarized here. But echoing the admonition of Dr. Nemiah, former editor of the *American Journal of Psychiatry,* let me end with an integrating comment as the first two principles listed by Dr. Lang have not yet been addressed: if (1) *subjective experience is uniquely valued, and (2) if modern psychotherapy emphasizes mental meanings for the person of the patient,* how do these two first principles translate into sociophysiological medicine?

I believe that subjective experience and mental meanings can be reframed as the evolving personal storyline of the person. He and she remembers what happened and can relate to other people, as we do all the time, everyday, often with many audiences. While our stories, if we're from the same culture, have coherence that make them recognizable and appreciated by other people, they often also have strange determinants and twistings that make them idiosyncratic and unique, sometimes from inherited brain quirks and biases, sometimes from traumatic experiences or lack of optimal experiences.

To the extent these are shiver-like automatic reactions, they require ATP in the form of analysis (Thought) and better reactivity (Planning) with the help of a friendly other person (Ally). So socio-physiology easily and adequately encompasses the emphasis on learning extremely well other people's storylines implied by the words, subjectivity, mental meaning, and empathy. G3

ARTICLE:

by John S. Price

The Failsafe Mechanism and the ISS

The Davies have made their book *Humankind the Gatherer-hunter* available to the members of ASCAP, and so readers may already be familiarwith their concept of the failsafe mechanism. However, it is only a minor part of their thesis, and is embedded in much other material, and so, during the course of a delightful lunch meeting near Eastbourne, I persuaded them rather against their inclination to allow the section on the failsafe to be reproduced in ASCAP; and Michael Davies has helpfully added some further commentary. I would like to explore some similarities and differences between the failsafe mechanism and our idea of the Involuntary Subordinate Strategy (ISS).[1,2] The quotations are taken either from the Davies' book or from Michael Davies' commentary.

The failsafe over-rides the operator:

"...involuntary patterns of behaviour act to curb prolonged excessive effort on the part of individuals".

The failsafe is an automatic, unconscious, non-rational mechanism, which operates at a different level from the brain processes which are pursuing ongoing, voluntary activity. The failsafe is built into the machine, and is different from the operator of the machine. The operator may want the machine to work harder, and to exceed its design limits, but the failsafe overrides this aspiration, and leaves the operator helpless to get more out of the machine.

This ties in with what we know about human competition. That competitor wins who goes all out and does not think of the possibility of losing. We have seen the hype that boxers put out before a fight, and that politicians put out before an election. There is irrational optimism, and the possibility of losing or failure is laughed at. Not only must the fighter convince his followers, he must convince himself. He will not win if he is constantly worrying about whether his exertions in the contest are making him exceed his design limits. For this reason, the failsafe needs to come in at a different level of function, and to be impervious to the hype which characterises the competitive struggle higher up in the system.

The failsafe takes the form of physical illness:

"*.. .the failsafe would create an incapacity which would be acceptable to everyone, including the invalid, as sufficient reason for inaction. For this reason, the failsafe symptoms would tend to exhibit the known characteristics of a recognised incapacitating illness."*

I think it is reasonable to assume that in the EEA, our ancestors had concepts for physical illness and concepts for madness, but it is unlikely that they had concepts for neurosis or depression, at least in a form which would provide a socially acceptable reason for being off work. Therefore, depression probably took the appearance of physical disease, as it does today in many cultures. The idea of being off work with depression is an achievement of Western medicine, and even in our culture the diagnosis is resisted vigorously by many patients. In your EEA designed brain, you can only be off work with physical illness or madness, and if the doctor tells you that you must be off work but are not physically ill, the implication is obvious.

In a recent paper, we suggested that the message of the ISS might be conveyed using the metaphor of physical illness, saying to competitors "I am too sick to be a threat to you" and to supporters "I am too sick to go into the arena and fight on your behalf.[3]

The higher level de-escalating option is blocked:

"...in Western industrial society, the voluntary abandonment of excessive undertakings might be unthinkable. The moral, social, financial or legal pressures might impose a wholly unavoidable duty. In these circumstances, the mild neurosis or failsafe might be rendered self-perpetuating, and the sufferer might never fully recover."

This echoes our point that a common cause of the involuntary yielding of the ISS is "blocked voluntary yielding". If you give way with good grace, you don't need an ISS. We have used the analogy of shivering to illustrate the clinical approach to blocked voluntary yielding. If you want to stop shivering, you do not treat the shivering muscles themselves, you choose an alternative response at a higher level, like putting on more clothes, or turning on the central heating. You ask, "Why has the central heating not been turned on? Are they too poor, or too proud of their resistance to cold, or is the mechanism broken, or has someone forbidden them to turn it on?"

Likewise, if you want to stop being depressed, you look for situations in which voluntary yielding has been blocked for some reason, and then you deal with that problem at the higher level, by giving in, or fighting harder and winning, or leaving the field, or reframing, or in some rational way dealing with the impasse (see the case of Albert Squires).[4] When stubborn pride or dire necessity prevent any resolution at the higher level, the ISS/failsafe can be very intense and prolonged, as illustrated so vividly by Anthony Trollope in his novel, *He Knew He Was Right.*

The failsafe is a graded strategy:

"A relatively mild form would limit activity without interfering with the capacity to lead a normal life....nevertheless, the external or self-imposed exigencies might be so compelling that mild symptoms would be insufficient to hold back the zeal of an overconscientious oroverenthusiastic group member. When the point was reached that survival was threatened, the offender would be incapacitated by a significantly more severe syndrome. The individual would become an invalid and a burden to the group but would cease to be an overt risk."

We agree that there are a number of reasons why there should be variations in the intensity of the ISS. One is the intensity or importance of the struggle which preceded the ISS. Leon Sloman has pointed out that you probably get a mini ISS after something as mild as losing a game of tennis. There is a slight lowering of self-esteem, a slight reduction in braggadocio, and a slight downward readjustment of tennis-related goals. These slight changes favour the new cognition of "He (or she) is a better playerthan I am". If the struggle has been more important, like a parliamentary election, the ISS is likely to be more severe. The higher you rise, the harder you fall.

Also, the ISS may be superimposed on a lifetime low self-esteem or ISS strategy.[1] In that case, it might appear mild, and the individual not much different from before, but an ISS in someone playing a lifelong high self-esteem strategy might need to be more severe (presenting as psychotic depression, with delusions about past status and competence).

And, of course, the ISS can be expected to get more severe, the longer there is a failure of voluntary subordination.

There is no doubt that a moderate degree of ISS, enough to cause symptoms, is compatible with normal life and work. What is particularly inhibited in the ISS is social initiative (aggressive and sexual). The dysthymic person makes a good servant.

The failsafe may take the form of chronic fatigue syndrome:

"...features of a viral illness could be artificially prolonged."

I would agree that the ISS is one cause of chronic fatigue syndrome (ME). There is presumably a

centre somewhere in the brain whose activation makes you feel ill, and it is normally activated by interleucins or some other product of infection, and its adaptive value is to keep you out of harm's way until you are better. It is likely that this mechanism has been recruited by the ISS, and is part of the mechanism of the metaphor of physical illness.

The failsafe influences higher mental function:

"*.. .eventual, voluntary rejection of unrealistic targets would be the function of the failsafe."* Yes, we think the original function was downgrading of RHP (self-esteem), because targets for active competition depend on an evaluation of relative RHP. There is also a reduction in self-assertion (except to dependents and loved ones) but this is secondary to the reduction in RHP, since assertion is proportional to RHP. There is also signalling of low RHP to rivals and supporters.

The ISS creates a mental state in which ambitious projects are abandoned. This is partly due to downgrading of RHP (lack of self-confidence), partly to downgrading of resource value (loss of interest) and partly due to the depressive lack of sense of entitlement or ownership. It is significant that these three variables (RHP, resource value and ownership) are the determinants of the decision to attack rather than flee or submit in animal contests. The ISS makes the individual behave like a loser, look like a loser and feel like a loser. This is why we think the evolutionary origin of the ISS lay specifically in social competition rather than in a more general regulation of investment, as suggested, for instance, by Nesse,[5] and I think also by the Davies.

Switching to a bottom-up perspective, the brain tracts which may be responsible for the influence of the ISS on higher level decision-making have been described by Derryberry & Tucker:[6]

> Of special interest are the extensive sets of regulatory projections ascending from the brainstem and limbic system to the cortex. Ratherthan conveying information, these neurochemical systems appearto be involved in cortical processing during different emotional states. Such "bottom-up" modulation provides mechanisms through which emotion might influence learning and cognition and fits well with recent findings that emotion has important effects on attention and memory.

We would add that these tracts not only reflect the emotion generated by the limbic system, but also elevation and depression of mood generated in the reptilian brain (corpus striatum).

Specialists are more vulnerable:

"Specialised personalities (specialists) would be at greater risk from neurosis".

We have not related specialism specifically to the ISS, but note that Arieti and Bemporad suggested that specialists might be more vulnerable to depression.[7] They distinguished two main types of specialists:

1. Those who rely on social relationships for their support and self-esteem. At risk are those who rely on a small number of relationships. The paradigm here is the depressed widow who had relied entirely on her husband for emotional and physical support. These people are similar to Beck's sociotropic types, who tend to get depressed when they have interpersonal problems.[8,9]

2. Those who rely on their own achievement for their self-esteem. Specialists here are those whose goals are few in number and have little chance of being reached. These people are similar to Beck's autonomic types who get depressed when they fail to achieve.

These two types represent different competitive strategies. Some people rely on their group membership and their allies; others rely on their individual achievement and their prestige. With most people, there is a balance between the two. The principle here is that if you put all your eggs in

one basket, you are at risk of being left with only broken eggs - and it is the apprehension of all one's eggs being broken that triggers the failsafe/ISS.

Differences:

1. Our model sees the ISS as one of two (or possibly more) strategies in the "agonistic strategy set". The ISS is a de-escalating strategy in the sense that it de-escalates conflict by inducing the actorto give in. However, there is an alternative strategy in the form of the Involuntary Dominant Strategy (IDS) which is an escalating strategy and is the opposite of the ISS.

   In the IDS, RHP, resource value and sense of entitlement are all increased. If an outcome was uncertain before, the deployment of the IDS is likely to ensure that the actor wins. What we don't know is whether the strategy set is accessed in two different ways - an uncertain outcome might elicit either the IDS or the ISS in a randomised proportion, whereas a certainly negative outcome might access only the ISS. This is an empirical matter - our model merely draws attention to the problem.

   The failsafe model does not have an equivalent of the IDS - it would not make sense for a machine to accelerate when its design limits are being stretched.

   Why do we talk of a strategy rather than a reaction or response? We could easily say that the ISS is a response to social adversity. But this would conceal the fact that we are dealing with a two stage process. There is accessing the strategy set, which requires one type of information, and there is selecting a strategy from the set, which requires a different type of information.

   For instance, when a squirrel finds a nut, it may either eat it or bury it. The information which accesses the squirrel's "nut disposal strategy set" is the presence of the nut, but this plays no part in the selection of the strategy. This requires other information, such as the time since last nut eaten.

   If one wished to stick to the response model, one could say that there was ah interaction effect between nut disposal behaviour and state of hunger. But one would run into difficulties with more complex situations. Crawford, for instance, has pointed out that the choice of strategy may be either developmentally contingent (determined by events long before the strategy set is accessed) or concurrently contingent (determined by current information).[10]

   We think the ISS and the IDS represent one of three strategy sets at different levels of the brain, each set containing an escalating and a de-escalating strategy. This idea derives in part from the work of Paul McLean, who observed that the brain contains three relatively independent "central processing assemblies" at roughly neocortical, limbic and striatal levels.[11,12] The ISS and IDS are at the lowest level - the level which determines mood (depression and mania). Higher up is the limbic strategy set whose escalating strategy includes the emotion of anger, and whose de-escalating strategy contains a number of depressive emotions such as sadness, shame and guilt. At the highest level of voluntary action the escalating strategy is a determination to succeed (sometimes "at all costs") whereas the de-escalating strategy is an acceptance that one cannot get one's own way. At each of the three levels, there is a constellation of information used to decide when the strategy set is accessed, and a different constellation used to select either the escalating or the de-escalating strategy from the set. Thus, to describe the stimulus situation which determines the response to social adversity, one needs to specify six different constellations of information. I think the use of the strategy set model helps to clarify this complexity.

The reader may ask what happens when the different levels adopt conflicting strategies. We have discussed this problem with an illustrative case (Stevens & Price, chapter on Treatment).[4] In brief, problems arise when there is escalation at the higher (neocortical) level and de-escalation at the middle (limbic) and/or lower (striatal) levels.

2. Our model is more social. The failsafe model sees the individual getting depressed when overworked, and then jeopardising group cohesion by being inefficient. Our model is concerned when people are too efficient, especially when two different people or factions in a group are being efficient in opposite directions, and pulling the group apart. This is agonistic symmetry, in the Bateson/Kortmulder sense. Our agonistic strategy set is concerned with symmetry breaking. If two opposing factions are equally efficient, the deployment of eitherthe ISS or the IDS serves to break symmetry. It is like a group of children taking turns over some toy: the ISS means that it is not your turn; the IDS gives you centre stage and access to whatever is desirable. This is a situation in which only one child can play with the toy at once.

   If two powerful group members are pulling in opposite directions and are equally matched, it does not matter, from the group's point of view, whether one gets an ISS and takes to his bed, leaving the field free for the other; or whether one gets an IDS and becomes so confident, energetic and committed that he steamrollers the opposition. Of course, if both deploy an IDS at the same time, the group is in trouble -that is probably why mania is less common than depression.

Conclusion:

It is reassuring when people coming from different directions describe the same phenomenon in different language but with essentially the same meaning. This happened with the concept of catathetic signals (see my review of Frank Salter's book), which were described from the psycho-linguistic perspective as Face Threatening Acts, and with the concept of R-gap which was described from the position of sociology as a difference in energy.[13]

Now the Davies have described the phenomenon we have called the ISS, and, coming from the different direction of commerce and industry, they have used language taken from engineering. And it is a sobering thought that whereas we have been refining and elaborating our model for nearly thirty years, they have come upon it almost in its completeness as a mere by-product of their main interest in climatic change, culture and learning. They have come nearerto our model than any of those actually working in the field, such as Engel & Schmale,[14] Klinger,[15] Nesse,[5] and Powles.[16] OS

ARTICLE.-

by Paul Gilbert

Response to Kent Bailey

Re: Mismatch Theory 4: The Fourfold Model and Varieties of Depression by Kent Bailey.

Kent sent a preview of his article and asked me to comment for ASCAP. As readers will know Kent has been presenting a view that various forms of psychological disorder arise from the friction between modem cultural demands and evolved psychological mechanisms.

One of the interesting things about biological evolution and cultural evolution is that cultural evolution is clearly Lamarckian. It depends upon an accumulation of ideas that are passed from generation to generation so that knowledge accumulates rapidly and ways of living change increasingly swiftly. We have the same brain that we did 30,000 years ago and yet today we have sent people to the moon and communicate with E-Mail. Kent's point is that this rapidly changing Lamarckian process can outstrip the basic underlying evolved psychological mechanisms. The most obvious one is that we evolved in close knit hunter-gatherer societies but now live in mega groups communicating with people that we hardly know and may even have never meet, (e.g. e-mail again).

I believe this to be a very powerful argument. As some readers will know I have suggested that our need to constantly present ourselves as attractive to others, almost like theatrical clowns who constantly need to demonstrate their talent, ability and so forth and avoid demonstrations of weakness, vulnerability and inferiority, present significant problems to the human mind. However, let me focus primarily on Kent's four factor model. My first feeling is that this is pushing an interesting divide a step too far. For sure, cultural and biological evolution operate in different ways and cultural evolution has presented a massive social matrix which would be unrecognisable 30,000 years ago. Whether one can then go on to divide up these difficulties into biological and cultural is another matter. Let us look firstly at cell four, which is called severe pathology in which Kent argues that this is both low biological and cultural success. Unfortunately, we simply do not know this.

For example, he puts bipolar disorder in this cell, but we do not know what the reproductive success is for bi-polars. Presumably if he is talking at the biological level he is talking about the genes for bipolar disorder. Clearly bipolar disorder itself while the person is ill is hardly useful but the pre-morbid state of mild hypomania and 'driveness' may have very significant biological and reproductive pay offs. Since we do not know the-reproductive history of people (and their relatives) with bipolar disorder this is an unanswered question. It is quite unlikely that the genes for bipolar disorder do not carry some kind of reproductive advantage for the simple fact, that as Dan Wilson has impressed upon me many times, the rates of bipolar depression are so high that they have to have been selected in and cannot be the result of gene mutation. In other words these genes cannot be of low biological success.

Let us think of the other domain here which is suicide. Now there have been a number of evolutionary analyses of suicide and of course one of the common views is that suicide reduces the demand on resources that an individual makes and therefore allows kin more space and more resources. This view of suicide is interesting because new ideas about cancer suggest that one of the reasons that cancers grow is because a mechanism for cell death is not activated. In other words it is the failure for cells to suicide that

causes the problem. The point here is that placing suicide in a low cultural and, biological success cell is difficult because biologically suicide may have had important pay offs to kin in the EEA. Some people may develop reputations after suicide: I can think of various writers and painters whose reputation and prestige may then spread to relatives. Also of course we know that suicide has more than one cause and is activated in different contexts.

So one has to be cautious in assuming that the genes or dispositions for suicide only carry disadvantages. Secondly, I think it is very important that we recognise that if the rates of a behaviour are high then there is a chance that the genes for that behaviour may also be coding for some other kind of trait. Dan Wilson and Randolph Nesse would probably use the example of sickle cell anaemia here.

However, Kent's main point is that we have evolved various strategies to guide interpersonal behaviour which depend upon long term stable relating. Indeed most ethologists who study primates suggest that it is the long term strategies that are important to study, not short term strategies. This is particularly true in things like formation of alliances. What modern culture does however is to reduce the value of maintaining long term strategies and go instead for very short term strategies, quick and rapid gains where individuals will flit from one relationship to another or one group to another according to some short term benefits. We may call this ambition or career hopping or ladder climbing or whatever.

The other point that Kent makes extremely well I think is that our sense of self is determined by strangers, primarily bosses and superiors and one's status is often determined by individuals one is unable to form reciprocal relationships with. Kent also advises us that the pursuit of cultural success in the form of gaining prestige and maintaining access over your work and subsequent resources, can and does have the effect of reducing the time and attractiveness of pursuing intimate relationships. Indeed the main theme right now in the psychology of fathering is the fact that fathers were always too busy at work and too obsessed with their careers to spend much time with their kids. This is not so for the Kung!

Let me now think a little about Kent's theory of depression. I must say at this point I was slightly disappointed because there doesn't seem to be much of a theory over and above issues of loss and learned helplessness. However, depression is extremely heterogeneous and one of the things we have been doing in our department is to study different types of submissive behaviour. It is now very clearthat submissive behaviour takes many different forms. It can be voluntary (somebody devotedly submitting to their God) or it can be involuntary. An individual may escape, run away from the dominant and put distance between it and the dominant.

Alternatively, an individual may not be able to do this and so keeps a distance but the dominant is constantly in view and the individual is attentive to avoid eliciting anger from the dominant. Another form of submissive behaviour is a constant appeasing style which is not based on distance but on approach behaviour. Michael Chance called this reverted escape. Another form of behaviour which seems to be related to depression is called locked escape (John S. Price) or arrested flight (Keith Dixon) where the escape component is blocked for some reason. This may be associated with quite severe depression because it causes major demobilisation. This has led us to explore in more detail escape motivation in depression and of course escape motivation is extremely important in suicide.

In other words, this way of looking at psychopathol-ogy tries to understand basic defensive strategies which exist in lower brain areas (probably) and become recruited. If we think for a moment about arrested flight then the demobilisation associated with arrested flight could be activated either by some genetic error which allows this programme to come on when it shouldn't or it can be activated by

cultural situations where individuals really are trapped in relationships or situations that they can not get out of. Indeed in our research we find that there are a sub-group of patients, mostly women, who do feel trapped by relationships and do not have the resources to go.

Another interesting domain of entrapment relates to people who feel trapped by their obligations; be this to look after elderly parents or whatever. Now of course looking after parents in one's own home, especially if they are (say) dementing is a new cultural pressure. The degree to which we feel trapped by obligations, guilt or even love has a fundamental impact on how subordinate or helpless we may feel in any situation. I believe this theme is greatly under researched — but we're on the case! Now in many ways this bears very closely on learned helplessness but the person is not really helpless. They feel trapped by some other mechanism which has to do with, for example guilt; in other words, I think that we need to understand psychopathology as related to underlying pre-human adapted strategies which are recruited into "human" psychological systems and then wreak havoc. It is difficult to study psychopathology unless we are much clearer in our minds about what those underlying strategies are. Submissive behaviour for example turns out to be extremely complex. Although people tend to think of submissive behaviour as one type of behaviour, various studies and research suggests there are many forms.

To come back to Kent then, I think that the basic thrust of considering mis-matches between biological and cultural evolution is a great idea but I don't think there is any need to try to impose a four cell model on it the way that Kent has. I think the idea is much richer and more complex than that suggests. Kent has much to say on mismatches and I find his work inspiring, thought provoking and extremely helpful. My suggestions here are to help separate a clearer idea of "biological", and to suggest that cultural contexts can have the effect of activating old brain strategies, an issue Kent is more than familiar with. *c8*

DEPRESSION

What is Depression (and what is it not)?

http://abac.au.ac.th/~u3626805/depwhat.html

Health Care Information Resources - Depression (Internet) Links

http://www-hsl.mcmaster.ca/tomflem/depress.html

Depression - Depression resources from Finland.

Depression - Walkers in Darkness resources for the depressed.

Depression - Wing of Madness: a Depression Guide created by a patient.

Depression - Depression Home Page simple guide to resources.

Depression - NARSAD resources on schizophrenia and depression.

Depression - Depression Central an exhaustive collection of links!

Depression - Depression Connections links to other depression pages.

Depression - Online Depression Screening Test from the Department of Psychiatry at NYU.

Depression - National Foundation for Depressive Illness, Inc. from the U.S.

Depression - The Port Internet society for manic depressives.

Depression - Clinical Depression Page from UBC/VHHSC.

Depression - National Depressive and Manic-Depressive Association information and support for a range of problems.

ABSTRACTS & EXTRACTS...

Snyder, L. H.; Batista, A. P.; & Andersen, R. A.: Coding of intention in the posterior parietal cortex. *Nature,* 1997;386:167-170

Abstract: To look at or reach for what we see, spatial information from the visual system must be transformed into a motor plan. The posterior parietal cortex (PPC) is placed to perform this function, because it lies between visual areas, which encode spatial information, and motor cortical areas. The PPC contains several subdivisions, which are generally conceived as high-order sensory areas. Neurons in area 7a and the lateral intraparietal area fire before and during visually guided saccades. Other neurons in areas 7a and 5 are active before and during visually guided arm movements. These areas are also active during memory tasks in which the animal remembers the location of a target for hundreds of milliseconds before making an eye or arm movement. Such activity could reflect either visual attention or the intention to make movements.. This question is difficult to resolve, because even if the animal maintains fixation while directing attention to a peripheral location, the observed neuronal activity could reflect movements that are planned but not executed. To address this, we recorded from the PPC while monkeys planned either reaches or saccades to a single remembered location. We now report that, for most neurons, activity before the movement depended on the type of movement being planned. We conclude that PPC contains signals related to what the animal intends to do.

Knobloch, F.: Towards integration through group-based Psychotherapy: Back to the future. Journal of Psychotherapy Integration, **1996;6(1):1-25**

Abstract: This approach to the integration of psychotherapy differs from [so-called integrative psychotherapies] in at least two respects. First, it was developed on the Eastern side of the Iron Curtain between 1950 and was introduced to North America. Second, although it embraces individual, group and family modes of treatment, its main inspiration comes from a specific therapeutic community. The practical goal of this approach was to create both a quality-focused and cost-effective psychotherapy in a country with newly nationalized health services; the theoretical goal was to integrate the empirically accessible themes of psychoanalysis, learning theory, and ethology. The result was a conceptual framework based on an extended theory of small social groups. A highly cost effective clinical system developed from this approach and was applied to the population of Prague in the 1960's. The approach is recommended for evaluation by clinicians and managed-care administrators in the budget-conscious 1990"s in the United States and elsewhere.

Thieme, H.: Lower Paleolithic hunting spears from Germany. *Nature,* 1997;285:807-810.

Abstract: Little is known about the organic component of Lower and Middle Paleolithic technologies, particular with respect to wooden tools. Here I describe some wooden throwing spears about 400,000 years old that were discovered in 1995 at the Pleistocene site at Schoningen, Germany. They are thought to be the oldest complete hunting weapons so far discovered to have been used by humans. Found in association with stone tools and the butchered remains of more than ten horses, the spears strongly suggest that systematic hunting, involving foresight, planning and the use of appropriate technology, was part of the behavioural repertoire of pre-modern hominids. The use of sophisticated spears as early as the Middle Pleistocene may mean that many current theories on early human behaviour and culture must be revised.

Cummins, D.D.: Evidence for the Innateness of Deontic Reasoning. ***Mind & Language;*** **1996;11(2):160-190.**

Abstract: When reasoning about deontic rules (what one may, should, or should not do in a given set of circumstances), reasoners adopt a violation-detection strategy, a strategy they do not adopt when reasoning about indicative rules (description of purported state of affairs). I argue that this indicative-deontic distinction constitutes a primitive in the cognitive architecture. To support his claim, I show that this distinction emerges early in development, is observed regardless of the cultural background of the reasoner, and can be selectively disrupted at the neurological level. I also argue that this distinction emerged as a result of selective pressure favouring the evolution of reasoning strategies that determine survival within dominance hierarchies.

Markson, L. & Bloom, P.: Evidence against a dedicated system for word learning in children. Wafure, 1997;385:813-815

Abstract: Children can learn aspects of the meaning of a new word on the basis of only a few incidental exposures and can retain this knowledge fora long period-a process dubbed 'fast mapping'. It is often maintained that fast mapping is the result of a dedicated language mechanism, but it is possible that this same capacity might apply in domains other than language learning. Here we present two experiments in which three- and four-year-old children and adults were taught a novel name and a novel fact about an object, and were tested on their retention immediately, after a 1-week delay or after **a** 1-month delay. Our findings show that fast mapping is not limited to word learning, suggesting that the capacity to learn and retain new words is the result of learning and memory abilities that are not specific to language.

Swann, W.B. Jr.: ***Self-Traps: The Elusive Quest for Higher Self-Esteem.*** **New York, NY: W.H. Freeman and Company, 1996, p. 27.**

Extract: The tendency to infer who we are from our social context is so general that it appears even in other species. In a fascinating study, researchers required a female chimpanzee who had been raised as a member of a human family to sort a series of pictures of humans and animals into two stacks. Without fail, the chimp placed pictures of humans in one stack and pictures of animals (including chimps) into a second stack. When she came to a picture of herself, however, hse placed in the stack of humans. Apparently, a lifetime of being *treated* like a human caused her to conclude that she belonged in the same category as humans. [This referred to research reported by K.J. Hayes and C.H. Nissen in 1971].

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WordPerfect 6.1, Microsoft Word 6.0, or ASCII format preferred.
Diskettes will be returned to you.

AS CITED BY.....

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1 Simpson, S.J.: Review of the *The Neurology of the Insect Brain* by Malcolm Burrows. Oxford University Press, 1996. *Nature,* 1997;385:785-786.

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