

on the other hand, they are enjoyed and sought out. Fortunately, many types of synergy (e.g. those involved in figurative art and in humour) seem to help to induce the paratelic state in which they can then be enjoyed.

References

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PERSONAL CRISES AND REVERSALS

Introduction

Personal crises are of many kinds and may be triggered by many different kinds of events. Some of these events are externally imposed upon the person. For example, a person who suffers a loss or bereavement through a motor accident, a person who experiences rape or a woman made redundant because of the bankruptcy of the firm for which she worked - all may experience a crisis but have no real control over the onset of that experience. Other crises result from some feature of the person themselves. For example, periods of lethargy, feelings of depersonalisation or sexual impotency seem often to be due to some feature of the person's own psychology. In fact, most crisis events and experiences involve the interaction of these personal and environmental factors. In particular, the different reactions of people to the same environmental factor (e.g. some see redundancy as a crisis, others see it as a liberation) and the different reactions of the same people to grossly similar events occurring at different times clearly illuminate this person: environment relationship.

Crises are a fundamental concern of humanistic psychologists. Much of the early impetus for humanistic work came from psychotherapy and work with people in crisis. The practical work of Rogers, Perls, Goodman and Berne, for example, led them to the early formulations of their positions and most of this early practical work was with crisis clients. What is interesting to note about the humanistic tradition is that it has produced models of what it is like to experience crisis which give attention to the person as a whole being. Conventional psychological models of crisis focus upon either the behaviour of the person in crisis, (but not their feelings) or upon the interpretation of crisis process offered by professionals. Reversal theory is humanistic in both its impetus and construction and it too has constructed a series of models of the crisis experience which are statements about 'being' rather than behaviour. To date, this work on crisis has provided one of the clearest indications of the value of reversal theory for helping others through eclectic therapy and co-counseling. (1)

A Non-Humanistic Model of Crises

Transactional analysis offers some models of the personal life-positions most likely to lead to crises. In documenting life-position in TA, Berne (2) and others document two which are crisis-laden. These are: (a) 'I'm not OK/You're OK' and (b) 'I'm not OK/You're not OK'. When these life-positions are related to the other features of TA, - notably to rackets, games, stamps and scripts - then TA-users are able to develop an understanding of what it means to be in crisis and to use these tools for looking at the onset and development of a particular crisis experience. TA thus provides a model of being in crisis and is a humanistic model both because of the nature of TA as a set of constructs and because of the conventions which govern the correct use of TA in co-counselling and other therapeutic relationships.

A non-humanistic model of crisis experience is offered by Gerald Caplan. In what has become known as 'crisis theory', Caplan offers a four phase model for the development of a crisis.(3) He describes these four-phases in roughly the following way:

Phase 1: The individual perceives a current situation to be stressful and finds hitherto successful coping mechanisms inappropriate for reducing the stress and solving 'the problem'. As a result of these perceptions, the individual becomes increasingly aroused. This adds to the feelings of stress and so reduces his or her ability to call upon previously successful coping mechanisms.

Phase 2: Arousal, experienced as tension about both the situation and the individual's inability to cope, continues to rise, and the individual continually calls forth the same responses in an attempt to solve the problem. The failure of these coping strategies leads to higher tension and disorganisation. The individual becomes less able to cope, and experiences feelings of higher arousal in terms of anxiety, self-doubt and helplessness in the face of the apparently insoluble 'problem'.

Phase 3: In a desperate attempt to overcome the crisis and to return to a stable state, the individual mobilises all the internal and external resources available. Novel and untried problem-solving techniques are often tried for the first time (despite the anxiety they generate), and the 'problem' may be redefined in order to bring it within the range of previous experience. Some aspects of the 'problem' may be set aside for later attention. The individual regards this as the 'make-or-break' phase.

Phase 4: Those who do not resolve their crises at phases 2 or 3 have exhausted all their internal/external resources and now feel that there is nowhere else to turn. Arousal, now experienced as extreme anxiety, reaches a critical level, and there is increased disorganisation and almost total self-rejection. According to Lindeman, it is at this phase that psychotic episodes may occur.

There are two major difficulties with Caplan's model from within the perspective of reversal theory. Before documenting these two difficulties, it is necessary to make the observation that Caplan regards these four phases to be an inclusive model for all crises and that he tends to play down individual differences in coping skills and emotional development which not only give rise to

different reactions to crisis events but also gives rise to a variety of different forms of crises. The non-negotiable quality of Caplan's model makes it non-humanistic.

Reversal theorists have two other objections. The first is that Caplan regards individuals as seeking emotional equilibrium - what Fritz Perls called homeostasis. That is, they seek to live their lives in such a way as to maintain their emotions in some kind of stable state. Mike Apter makes clear in the first paper in this collection that, for a great many psychological dimensions, there is good evidence that people move systematically between opposite ends of the same dimension - Mike Apter calls this bi-stability.

The second problem with Caplan's model concerns his interpretation of how we react to high levels of arousal. According to Caplan, increasing arousal leads to increased distress. According to reversal theory, this is true only for the telic state. In the paratelic state, increased arousal is actively sought after since it is experienced as pleasant and exciting. This last observation means that some people create crises (e.g. engineer crises at work or in marriage) so that they can experience excitement and high arousal - this may provide an explanation of why some husbands batter their wives.

Crises and Reversals

These objections to Caplan's model and our work with people in crisis have enabled the development of a number of models of the experience of crisis which people recognise as being of value to them both as a framework for thinking about their crisis experiences and as a vehicle for action to resolve the crisis in their terms. These models are of three kinds: (a) models which concern the failure of the person to reverse between the telic and paratelic states, despite their desire to do so: (b) models which concern the persons' shift within a particular state to a more extreme form of that state, and (c) models which concern reversals which are felt by the person to be inappropriate to the situation in which they find themselves. Whilst these models may sound a little complex, they are intuitively attractive and seen to be useful by those in crisis.

Reversa] Failures

Sheila came to see me some time ago. Here's a brief description of her crisis experience which she has agreed to allow me to share with others:

Sheila is a very beautiful girl aged 22. She is not married and finds male relationships impossible to make and sustain. She finds sexual advances especially difficult to cope with and usually avoids any kind of encounters which may lead to a sexual advance. Consequently she does not go to pubs, clubs, discos, cinemas or cafes, and has lost all of her female friends.

She now finds that sexual connotations are being placed on her actions by several of those with whom she works. It seems to the counsellor that the 'sexual advances' she are no more serious than office jokes and repartee, common in a great many office settings. No sexual advances appear to have been made by any given individual: Sheila simply identifies the atmosphere of the office as 'all sex talk'. She sees all the joking and repartee as both serious and directed towards her. Others in the office see her as a reserved and shy person who needs 'bringing out of her shell': hence their special attention to her. They are, they say, 'only trying to be helpful'.

The crisis arises for Sheila when she begins to feel that she can no longer face her colleagues at work ('they all want to rape me - even the other girls want to sleep with me') and begins to feel that all offices would behave the same way towards her. She has stopped going to work and will not now leave the house. She has been referred by her parents, who suspect the beginnings of agorophobia.

Following a series of workshop sessions with others and some extensive co-counselling work, Sheila interpreted her crisis as not being able to have fun and not being able to engage in activities where just doing the activity is what matters, rather than

the outcome. She couldn't reverse into the paratelic state but realised that she wanted to. This proved to be the source of her crisis.

Contrast the case of Sheila with that of John, who has also agreed to let me share with others:

John is 36 and a successful young marketing executive in a large international company. For about five months John has experienced quite a change in his view of his world and in his behaviour. He has become a regular user of marijuana, a frequent blue-movie goer and a regular user of prostitutes. He has also had his driving licence removed for a series of drunken-driving and speeding offences. Previously, John had been a workaholic and did not engage in experiences which in any way would raise his arousal levels. Now, it seems to him, he seeks high arousal all the time. 'Mercifully', he says 'I've been able to keep my lively desires separate from my work'.

The crisis for John occurs when he reacts 'badly' to a situation at work. In order to 'sell his own praises' he exaggerates his achievements in marketing. When the factual situation is revealed, he tries to 'cover his tracks' by accusing the market research team of incompetence. The deputy executive director supports the research team, and John accuses her of conspiring against him in order to take over his position. John then proceeds to engineer a boardroom battle over this issue. As part of his campaign to discredit the deputy executive director, he claims that she once appeared in a blue-movie. She decides to sue him. John decides to fight the case (even though he knows that none of the accusations he has made have any grain of truth) and feels locked into a situation which he feels unable to escape from. He feels he must persist with his self-defense.

This crisis was real for John. He stood to lose his job and its many benefits, and to be so discredited that alternative employment in marketing would be difficult to obtain. In these circumstances, I again attempted to facilitate reversal, though here it was from the paratelic to the telic. A number of strategies were used, but most effective was the use of the 'hot-seat' technique developed by Perls (see Polster and Polster, 1973) and of some of the tech-niques

derived from reality therapy. In addition, rewards for practising adult ego-state behaviours within the framework of transactional analysis had considerable effect.

John later analysed his own behaviour in terms of seeking higher arousal levels from his work environment. He claimed he obtained vicarious pleasure from the lying deceptions and battles he engaged in. He began to recognise a more rational approach to his situation, but could not act in a way which would help him achieve a resolution of his crisis. Understanding the reversal mechanism, facing up to the consequence of his reversal failure and re-discovering a relationship between the telic and paratelic aspects of his behaviour helped John considerably, though changes in his actions took a considerable time to achieve.

As is clear from this description, John was having difficulties and experienced crisis because (in his view) he could no longer operate in the telic state - he was obsessed by the need to create highly arousing situations, despite their personally undesirable consequences for him and others.

These two cases indicate two different kinds of reversal failure. These are: (a) a failure to reverse into the paratelic state and (b) a failure to reverse into the telic state. It seems that these two forms of reversal failure are common sources of life-crisis.

Shifts Within A State

Reversal failures are just one category of crises which we have identified in our negotiations with people in crisis. Extreme shifts within a state (from moderate telic to extremely telic or moderate paratelic or extremely paratelic) are another. The two cases below illustrate this crisis form. Once again, the persons concerned have given their consent for these descriptions to be shared with others.

Janet is 21. She left school at 18 and went to London to earn 'good money'. She drifted from office work into modelling, from modelling into drugs, and from drugs into the life of a clubland gangster. To satisfy herself sexually and to satiate her desire for arousal, she engaged in increasingly bizarre behaviour, even within her own terms. After

one or two occasions of engaging in a particular behaviour, she needed some alternative and more exciting behaviour to obtain pleasure. On one occasion she was hospitalised with severe lacerations on all parts of her body following a flagellation session: she described it to her doctor as 'just a way of having fun!' Some three weeks later she was again hospitalised following a drugs overdose. On this occasion she told the psychiatrist that she just couldn't seem to find any way of getting pleasure.

Michael is a medical student in his final year. He is extremely skillful in terms of practice (i.e. surgery, diagnosis and treatment of patients, pharmacology), but weak at verbalising or expressing the processes and procedures used, and hardly capable of writing technical reports. He is extremely anxious about examinations. At the time of his finals, Michael sets himself impossible revision tasks (for example, being able to memorise substantial sections of medical textbooks), impossible schedules (working an 18 hour day), and impossible checks on his revision learning. When, after a short time, he fails to meet the task-schedule, he sets himself still more difficult goals to achieve. When, in turn, these prove too much for him, he is totally self-negative. The period before the exam is best characterised as obsessional and neurotic. He seeks guidance from tutors and obeys their advice slavishly and without imagination.

Janet was constantly developing more and more extreme paratelic actions and increasing her tolerance of pain so as to experience higher levels of arousal. On the rare occasions she felt serious and arousal avoiding (telic) she wished to lead a more 'normal' life - 'like I used to when I first came to London'. Michael, in contrast, shifts to more and more extreme forms of the telic state under the threat of exams and has found it increasingly difficult to come down from this state after the exam period has ended and his results have become known. He said that 'for six months of the year I just could not experience any pleasure or even dream of having fun'.

Inappropriate Reversal

The final model of the crisis experience we have identified concerns people who find themselves doing the opposite of what they consider to be the most desirable, given the circumstances they

are experiencing. When they feel that the circumstances require them to be serious, careful in their choice of words, planning oriented and conscious of goals but actually behave and act in such a way as to appear frivolous, rude, 'here and now' oriented, unconcerned with the long term consequences and self-centred. Others feel that they want to act in a given situation to show that they are not serious, that they are sensation seeking and that they want to gain and give pleasure, but find themselves being serious, concerned about goals, cautious, and unable to cope with increasing levels of arousal. A predominant expression is 'I knew what I wanted to do, but I found myself being someone else'. This is a frequent source of crisis, especially in relation to sexual experiences and family-work.

Implications

In looking at these models of crises and the case materials used to illustrate them two key points emerge. First, these models provide a useful starting point for work with people in crisis in helping them to articulate the meaning they attach to their experience of crisis events. Second, those of us who work with people in crisis need to have a wide range of tools to use so as to help achieve reversal, or a moderate shift or to encourage appropriate reversals. Crisis intervention is thus an eclectic form of therapy, requiring helpers to work on 'fun' as well as 'seriousmindedness'. It's not easy, but these models are proving helpful.

Notes

1. Murgatroyd,S. (1981): Reversal Theory - A new Perspective on Crisis Counselling. *British Journal of Guidance and Counselling*. 10(2).
2. Berne,E. (1961) *Transactional Analysis in Psycho-therapy*. NY: Grove Press.
3. see Caplan,G. (1966): *Principles of Preventive Psychiatry*. London: Tavistock.