Four Assumptive Worlds of Psychopathology I:

Setting the Social Constructive Stage

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The headlines cry out about the psychopathology challenges being faced not only in North America and Europe, but also in virtually every other region of the world. These challenges are often related to such diverse and pervasive societal maladies as violence and terrorism, opioid use, stress and trauma, and even dysfunctional leadership. Compounding these societal challenges is the illusive nature of this entity we call "mental illness." In a recent article appearing in *The Atlantic* (Greenberg, 2019), Gary Greenberg declares in the title of his article that the misunderstanding of psychopathology provides evidence of the psychiatrist's "incurable hubris."

Greenberg quotes a noted Nineteenth Century psychiatrist, Pliny Earle, who declared the following regarding the etiology and classification of psychopathy: "in the present state of our knowledge, no classification can be erected upon a pathological basis, for the simple reason that, with slight exceptions, the pathology of the disease is unknown." Greenberg goes on review a much more recent critique: Anne Harrington's *Mind Fixers: Psychiatry's Troubled Search for the Biology of Mental Illness.* Harrington suggests that we are not in much better shape today:

> . . . this is not a story of steady progress, Rather, it's a tale of promising roads that turned out to be dead ends, of treatments that seemed miraculous in their day but barbaric in retrospect, of public-health policies that were born in hope but destined for disaster. (Greenberg, 2019, p. 30)

In this series of essays, I propose that this failed history of psychopathic diagnosis and treatment is founded, at least in part, on the assumptions being made in approaching this complex human phenomenon. Four different "assumptive worlds" are portrayed in the following essays. Psychopathology is portrayed, diagnosed and treated as

(1) a spiritual aberration,

(2) an inappropriate distribution of bodily energy, fluids or functions,

(3) a social deviation or

(4) a mental illness.

This leads up to a final essay in which a more detailed analysis is offered regarding the most recent assumptive world: the framing of psychopathology as "mental illness." In this sixth essay, with the invaluable assistance of my graduate students and fellow faculty members, I link the fourth assumption to the highly influential role being played in contemporary times by the DSM-V Manual. In providing this historical analysis, I think it is appropriate, first, to identify the nature and purpose of assumptions we make about our world and rely, in part, on wisdom regarding pervasive societal assumptions offered more than 50 years ago by Peter Berger and Thomas Luckmann.

Social Construction of Reality

Before turning specifically to the observations made by Berger and Luckmann, I provide a broader analysis of what is often identified as the framework for a general notion about knowledge (*epistemology*). On the one hand, we have what is called an *Objectivist Perspective* on epistemology: there is a real world that we can accurately perceive and assess over time. By contrast, there is a *Constructivist Perspective* regarding knowledge: we don't know what the real world looks like (weak constructivism) or even if there is a real world (strong constructivism). While the objectivist perspective has dominated Western culture (and particularly Western science) for many centuries, the constructivist perspective has begun to hold sway—particularly in what is often referred to as a postmodern frame of reference in both the sciences and humanities (Bergquist, 1993).

Two social scientists, Peter Berger and Thomas Luckmann, led the way in this emphasis on constructivism by identifying the "social constructions of reality." (Berger and Luckmann, 1967). They proposed that social systems are particularly effective (and important) in the creation and reinforcement of specific constructions in any society. Considerable reinforcement of this social constructivist framework has come from other social scientists and observers since Berger and Luckmann first offered their thesis in 1966. (cf. Searle, 1997)

Recently, we find expanded support in the field of economics from those who have championed the inter-disciplinary initiative called *behavioral economics*. Kahneman, Tversky and Thaler have received two Nobel Prizes in recognition of their success in taking on the task of documenting how specific heuristics (what Berger and Luchmann might call social constructions) influence daily decision making as well as the formulation of public policy and commercial marketing. The behavioral economists offer a particularly important question regarding social construction regarding our topic (the nature and classification of psychopathology): who is at the table? Who influences social constructions and what is the agenda being held by and inserted into the conversations by these highly influential participants? It is

in the establishment of criteria for judgement and, even more fundamentally, the topic(s) to be addressed that powerful social constructions are formed and reinforced.

Basis of Social Construction I: Content and Structure

To gain some sense of what is occurring in the social constructive act, I turn first to an even more basis foundation (linguistics) and specifically the distinction to be made between semantics and syntax. Put all too simply, semantics concerns the content being conveyed through use of language, whereas syntax refers to the structure of the language being used. I propose that the basis (in part) of social construction resides in both domains of language.

Semantics: Benjamin Whorf (2012) and his more widely accepted predecessor, Edward Sapir were among the most controversial (and at times influential) proponents of a constructivist perspective regarding the role played by the content of language—a perspective often broadly identified as *symbolic interactionism*. The so-called Whorfian Hypothesis concerns the influence of words on our thoughts and subsequently our decisions and actions. On the one hand, there is a version of this hypothesis that is often called the *Weak Whorfian Hypothesis*. This version is based on the strong correlation found between words and priorities: we finely articulate that about which we care. There are many semantically defined distinctions to be made in domains where we have much invested—while there are few distinctions drawn in areas of less social value. The classic example offered by Whorf is the many different words used among the Inuit (Eskimo) when identifying and describing what most of us would call "snow." In recent years, we can point similarly to the many words used by ski and snowboard enthusiasts for the "snow" in which they operate. Those of us with minimal interest in "snow" use just the one word, while the Inuit, skiers and snow boarders use many different words, because they are living and navigating (at least part of their life) in this "snowy" world.

I would offer the example of differentiations made by the Ancient Greeks in the domain of what we in contemporary life would call "love." Most of us use the single word, "love," whereas the Greeks identified four different kinds of committed engagements: *eros, philia, storge* and *agape*. The Whorfians would suggest that Ancient Greeks might have placed greater value on the domain of "love" than is the case with those of us who place greater value on and attend much more diligently to other matters. A similar case could be made for the Inuit, skiers and snowboarders. The critical point to be made here is that this version of the Whorfian hypothesis is called "weak" because correlations do not imply causation – only mutual alignment.

Some Whorfians and renegade linguistics and psychologists move beyond this "softball" approach to understanding the interplay between words and thought. The *Strong Whorf Hypothesis* is based on the

assertion that our language (and specifically our words) strongly influences and even determines our perceptions of and actions in the world. The strong question becomes: do the Inuit and skiers see something different and take different actions as a result of their more detailed distinctions regarding "snow"? Did the Greeks see something different in their loving relationships with one another? Were there differing perceptions that led to differing decisions and actions as a result of the words being used?

Clearly, this pull between a weak and strong Whorfian perspective is important when we turn to the use of words to understand and classify the seemingly elusive phenomenon called "psychopathology." Semantics play a critical role in the assignment of labels to particular forms of psychopathology. Specifically, we seek to find remedies for the emotional and mental problems afflicting those who are classified as "psychopathological." Is our concern about and "valuing" of specific domains of psychopathology (such as anxiety and substance abuse) reflected in finer semantic differentiations of these domains?

Syntax: It is not just the words being used that seem to form a social construction. It is also the way in which these words are arrayed. Some languages, for instance, are "right-branching" whereas others are "left-branching" These two terms refer to the way in which a sentence is structured. The language in which this essay is written (English) can be identified as "right branching"—for the modifiers are placed after the subject. For instance, as the author of this essay, I can write that "psychopathology is a domain in which there is considerable confusion and in which a great deal of money is at play." The emphasis in this statement is upon the word "psychopathology" – while the modifiers are what I have to say about psychopathy. You, as the reader, are directed to attend first to the main topic: psychopathology. I then take you in one or more directions from this main subject.

A left-branching structure is less commonly used in English—though it is quite common in certain other language groups. When an English sentence is structured with left branching, then the subject comes after the modifiers. Our sentence would now read: "A great deal of money and considerable confusion is at play when we consider the domain of psychopathology." As the reader, you must wait for the "punch line." What is the writer leading us to with this concern about money and clarification? There is drama in the use of left-branching structures (this sentence itself is left-branching). However, the left-branching structure can also produce quite a bit of misunderstanding (this is a right-branching sentence).

Many readers will recognize that the distinctive between right and left branching is perhaps nothing more than the distinctive made between active voice (right branching) and passive voice (left branching). It is actually more complicated than this; however, in the present analysis we will consider the terms active and right (and passive and left) to be essentially equivalent. The term "right branching" usually refers to

the preponderance of (and preference for) active voice in a particular language group, with "left branching" similarly referring to the preponderance of (and preference for) passive voice. I am interested in the notion of branching because I believe that dominant branching does relate to and perhaps impact the way in which we perceive and act in our world.

With this clarification in place, I suggest that there is much more at play when we consider the syntactic structure of a sentence and the predominance of right or left branching communication. We are 'in control" with right branching communication: we set up the subject for our reader and then go to work on it. Conversely, the left-branching statement is much less clearly in our control, for our reader is likely to set up their own assumptions about what we are about to say or write. While the left-branch can be dramatic and sometimes compelling (with the reader waiting for clarity), it can also be a source of not only misunderstanding but also distraction and loss of focus.

What then, does this have to say about psychopathology. I propose that there is at least a *Soft Branching Hypothesis*: the way in which we structure our communication is aligned with the sense we have about our own personal control over the content of the statement(s) being offered. When we are "out of control" we are likely to be left branching. There might be an even more forceful (and controversial) hypothesis. The *Strong Branching Hypothesis* would suggest that the nature of branching has a direct impact on the way in which we construct our reality – especially the way in which we identify and act upon our assumptions about what is called "locus of control."

When assuming we have control over the domain of psychopathology (control in this instance being defined as a clear understanding of its nature, classification and treatment), then we are likely to be assertive and direct—we are likely to make extensive use of right-branching structures. Writing like Ernest Hemingway, we are likely to express ourselves in simple, declarative statements. We "know" what is true and what is false. We live in an objectivist universe. There is no constructivist hesitation. We are clear and in charge of our faculties and the facts. We live in an assumptive world of internalized control.

By contrast, what if we are living with a prevalent assumption of living in a world where we have very little control over the facts or actions to be taken based on the facts (whatever their source). This assumption leads us to and is reinforced by left-branching statements. We are hesitant about what is true and what is false. We qualify everything and "back into" our recommendations, rather than offering them "up front." Our writing is speculative. We are less in the Hemingway camp, and more in the camp of those postmodern authors who can't write an intelligible sentence! We are "out of control" and are without clear bearings or direction. The world of volatile and vulnerable constructivism is alive and well (or not so well).

I will be looking at two fundamental ways in which this syntactic issue is at play when applying this linguistic notion about branching to the domain of psychopathology. First, there is an important way in which the left-branching and the accompanying passive voice is indicative of an absence of certainty in the domain of psychopathology. Those who are working in this domain are often "kidding themselves" if they believe there is clarity and certainty in the field. As Gary Greenberg noted in his *Atlantic* article, the field might be saturated with "incurable hubris." As we will note in a later essay, this hubris is particularly prevalent in the use of DSM to classify different types of psychopathology. As a psychologist, I note that "hubris" is likely to be coupled with anxiety and that both lead to a rigidity of thought and action. We desperately long for objective truth when our analysis of psychopathy is saturated with hubris and anxiety—but find that the domain of psychopathology is embedded in constructivism. The subject is elusive, leading to misunderstanding and misdirection in the specific modifiers (such as money and confusion) being attached to this domain

There is a second, perhaps more profound, implication associated with this syntactic analysis. Left and right branching tends to shift the way in which we view causality. Causal analysis is a critical issue in the domain of psychopathology—as we shall note throughout this series of essays. The direction of causality is clear when the subject comes prior to the modifiers. We can say: "the boy hits the ball" or we can say: "the boy hits the ball out of the park". In either case, it is the boy who is the primary cause. Nothing changes with the addition of more modifiers. When the subject follows the modifiers then causality can be confusing. We say: "The ball was hit by the boy". This is the same thing as "the boy hit the ball." However, we are a bit more in doubt, for the ball seems to be particularly important. In some way, did the ball choose the boy who is to do the hitting? Of course not.

If we replay "boy" with "mental patient" and replace "ball" with "violence", then the issue becomes a bit more in doubt. "The mental patient became violent" is not quite the same thing as "violence was exhibited by the mental patient". This second statement doesn't differ much from "violence seems to have overtaken the mental patient." These left branching statements seem to place some causality in the state of violence: is this person becoming 'unstable' because of the violence (or is the violence a symptom of the patient's mental instability)?

On the surface, these variations in the presentation of a description seem trivial; however, I would suggest that they are not and that any thoughtful review of contemporary theories about and strategies for treating psychopathology must address the often-subtle issue of implicit (as well as explicit) causality. A sequencing of causality is critical in seeking to understand and treat psychopathy. While semantics plays an important role in the diagnosis and classification of psychopathology, syntax (or at least the

fundamental ordering of causality) plays a role in the formulation of assumptions about etiology and, subsequently, treatment.

Basis of Social Construction II: Espoused Theory vs. Theory in Use

I offer a second way in which to view the nature and course of a social construction—that I shall apply in my analysis of the assumptive worlds of psychopathology. This second view comes from the work of two psychologists, Chris Argyris and Don Schon (1974). During more than twenty years of remarkable collaborative work, Argyris and Schon provided a detailed analysis of the way in which we, as leaders, members of a work group, or someone treating psychopathology, operate with two distinctive theories about human behavior and about our own behavior. On the one hand, we have an *Espoused Theory*. This is the theory we offer to other people when asked why we do what we do: "Why do I confront this person who works for me by offering examples of his misconduct? I do this because, he needs to know what he is doing in order to improve his performance." "As a leader, it is important for me to treat all of my employees in a fair and equitable manner. That is the modern way to be a leader." Our espoused theories often come from the books or articles we have read or the training session we attended last week (if we can still remember what was contained on the power points). At some level, we even believe that we operate in a manner that is aligned with this theory—though we are usually aware that there are "exceptions" – such as when my subordinate has ignored my previous feedback, or when the organization I lead is "in crisis."

This moves us to the second type of theory identified by Argyris and Schon. This is the *Theory-In-Use*—the theory that guides the way in which we actually operate. This is the theory that would be identified by someone who is being objective and perhaps naïve (the proverbial "person from Mars") when observing our behavior. Many years ago, I was conducting a summer program that involved learners of all ages. My two children were attending this program. One day, I asked one of my young children what she had observed. My child indicated that there seemed to be a lot of time spent sitting on uncomfortable chairs just talking about stuff. "Dad, why do people spend all of their time sits on their butts? Don't they want to start doing something?" My child seems to have captured my pedagogical theory-in-use: people learn and somehow remain engaged when they are just sitting around and talking to one another.

For our thoughtful boss who is offering feedback to his subordinate, the theory-in-use might be: "I will provide the feedback, knowing that nothing will change; however, I can feel good about myself knowing that I provided the feedback and can use this as evidence that my subordinate will never change, even though I have offered him my candid feedback." The caring leader may hold a more general theory-in-use that suggests: "the way in which to get people really working is to identify the current situation as a crisis

and push hard for results. I am only being tough on people because of the crisis and will return to a more - kindly style of leadership once the crisis is over."

Someone from the outside could probably figure out the theories-in-use of our boss, our leader (or me as educator), after watching them in operation for several weeks (or maybe just a couple of hours). The outside observer would note that the employee receiving feedback from the boss seems to be quite anxious when confronted by the boss and is not really paying much attention (seeking instead to identify the reason for their behavior or reason to blame someone else for poor performance). It might be even easier to identify the leader's or my theory-in-use, for it is displayed in a very public place: the leader's organization seems to always be in crisis, at least in part because the leader is always acting in an erratic and dehumanizing manner. My students and I are sitting on our derrieres and just talking.

It is remarkable for each of us to note how "blind" we are to our theory-in-use – or how reticent we are to acknowledge that this is the theory we are actually using most of the time in our relationship with other people. Argyris and Schon have offered us valuable insights about our own behavior—though we are often unwilling to act upon these insights. It is not just that these insights are uncomfortable for us to hear and act upon. It goes much deeper than this. Our theories-in-use are often self-fulfilling (we get what we expect). Our employee doesn't do anything different after we offer the feedback. Our organization can legitimately be considered "in crisis." My students declare that they are "learning" even though not doing anything other than talking. This justifies our actions and reconfirms our theory-in-use. The condition in which we find ourselves and upon which we base our actions is "real" – but we are not being "realistic" (or honest) about our own complicity in bringing about these conditions.

There is yet another ingredient that contributes to our lack of theory-in-use awareness: no one is telling us what is really occurring. There is no "person from Mars" or if there is this neutral observer, they don't want to confront us with the "bad news". They have their own theory-in-use about us: "this person won't listen to what I have said and will never change." We end up looking a lot like the subordinate we identified earlier who never seems to change. Conversely, the theory-in-use of the neutral observer often concerns their own credibility or neutrality:

"I might not be seeing what is really happening" or

"I have too much at stack in viewing this situation to be in any way objective."

"I shouldn't say anything at this point because I might be wrong" or

"I might be biased."

The resulting decision takes place in the observer's mind:

"I will remain quiet, even if asked what I have observed."

Thus, any conversation about theories-in-use is avoided. Argyris and Schon identify this as the "self-sealing" nature of theories-in-use. These theories are non-discussable: we can't talk about them or don't see any reason to talk about that which is "obvious". When you add together the "self-fulfilling" and "self-sealing" dynamics inherent in our theories-in-use, we see how powerful these theories can be and how resistant they are either to inspection or change. We continue to live comfortably with our espoused theories and close the door on our theories in use.

Why bring up this piece of social psychological and organizational change theory? Because it is directly relevant to the concept of social construction. I propose that theories-in-use are often influenced (perhaps determined) by dominant social constructions. While our espoused theories may be based on the book we have just read or lecture we have just attended, our theories-in-use are likely to be informed by much deeper, and much less explicit, constructions of reality.

Basis of Social Construction III: Paradigms, Models and Practices

I offer one other perspective regarding the social construction of reality—a perspective (like the other two) that I will introduce spe3cifically in my analysis of the assumptive worlds of psychopathy. This third perspective is derived from the highly influential, historical framework offered by Thomas Kuhn (1962) in *The Structure of Scientific Revolutions*. Without going into details regarding Kuhn's revolutionary analysis of revolutions, we can cut directly to the chase: Kuhn proposed that most scientific work (particularly in the physical sciences) is based on an underlying *paradigm*. Kuhn was one of the first to use this term. It has now become widely (and often inappropriately) used. Kuhn has himself been accused of using the word "paradigm" in multiple ways and has contributed to the confusion regarding this important word. Paradigm refers, in essence, to a community or cluster of ideas, practices, standards, criteria (who can sit at the table), institutional allegiances – and assumptions.

A revolution occurs when the dominant paradigm in a particular science is overturned—to be replaced by an alternative paradigm that does a better job of addressing what Kuhn calls *anomalies*. These anomalies are phenomena in a specific scientific domain that are not understood, explained or amendable to either prediction or control when the current paradigm is applied. Anomalies are first ignored and are often addressed only by those members of this particular scientific community who are marginalized because of gender, location, race, ethnicity or social-economic status. These marginalized players often lack the credentials or sufficient prestige to be taken seriously by the mainstream of a scientific community.

The successful attempts by these marginalized players to apply a new paradigm to the elusive anomaly can be effectively ignored – for a while. Eventually, however, the message gets out that something "interesting" or even "important" is occurring in this backwater location. Gradually, there is acceptance of the ideas and practices embedded in the new paradigm and successful work with the anomaly. Expansion of the marginalized approach and answers eventually leads to a revolution. The new approach and answers become the new dominant paradigm. Many of the "old-timers" hang on to their precious but outmoded paradigm, but their time in the scientific spotlight has passed. They are now only acknowledged in the history of science textbooks. It is important to recall that Kuhn focused primarily on the physical sciences. He believed that psychology (and most of the other social and behavioral sciences) are "pre-paradigmatic"—meaning that they are operating at the present time without a dominant paradigm or (to be a bit more generous) are operating with paradigms that are frequently overturned or significantly modified.

In recent years, I have tried to expand on the important analysis offered by Thomas Kuhn. I have been aided in this effort by my work during the last decades of the 20th Century with a remarkable collaborator: David Halliburton. David was the member of multiple departments at Stanford University, having made significant contributions in such diverse fields as literary interpretation and philosophy. It is quite unfortunate that David passed away recently. He had much more to contribute to the many disciplines in which he operated. My work with David consisted mostly of consulting as a team with colleges and universities throughout the United States on curricular matters. We often found ourselves at the end of a long day of consultation sitting in a conference room with many sheets of flipchart paper hanging on the walls (I feel guilty about chopping down several trees during my years of working with David.)

During one of these end-of-day reflections in which David and I always engaged, we both noticed that diagrams drawn with magic markers on the flipchart pages were quite similar to the diagrams that we had drawn on many other flipcharts working with different disciplinary groups in other educational institutions. We began to realize that there were three fundamental ways in which issues were being addressed by the academics with whom we were working. The first way was viewing their curriculum as a monad (a single theme or issue) from which the total curriculum emerged. The second way was based in dualism: identifying and building on a fundamental tension engaged in the field on which the curriculum was being built. The third way concerns a three-fold analysis (in the form of a triangle or lens) that led from clarify to diffusion and then back to clarity and then back to diffusion and so on.

David and I came to recognize that these three ways in which to conceive and construct a curriculum were actually paradigms! It seems that paradigms exist not only in scientific realms, but also in areas of diagnosis and design. We went further in our analysis and identified a process for working with academic

teams. We noted that specific *Models* seem to emanate from (or help to modify) the fundamental paradigm. The models, furthermore, are often imported from other fields. When they are imported these models bring with them some underlying assumptions, ideas and perspectives from their original field. With the models in play and with one or more underlying paradigms informing and reinforcing these models, a community (such as an academic department) can produce specific *Practices* (what Kuhn called "normal science").

Halliburton and I began to refine this *Three Assumptive Level* framework. We proposed that Paradigms in a particular field or discipline tend to be:

(1) Few in number,

(2) Quite simple in construction, and

(3) Very powerful.

As an example, David and I often pointed to the analytic tradition that is to be found in many of the physical, biological and behavioral sciences: we break things down to their fundamental parts in order to best understand them and then we reassemble them. David always pointed to the "smashed frog" critique in biology: when we dissect a frog in the biology class, we might find out how the frog's leg works and how the frog's brain is connected to other parts of its body via the spinal cord. However, we can never bring the frog back to life. The parts can never be reassembled to create a living organism. This failure to create life remains a mystery and relates to what some philosophers and scientists refer to as "emergence" (the unexpected creation of new, higher order phenomena by integrating several lower order phenomena: the whole can't be predicted from the parts)

In the case of Models, David and I proposed that they are:

(1) Based on paradigms (though the underlying paradigm might not be acknowledged—being part of the tacit knowledge base proposed by Michael Polanyi),

(2) Moderately large and diverse in number,

(3) Moderately powerful and influential, and

(4) Often borrow from contemporary popular technologies.

The fourth tenant is particularly important to engage when we turn specifically to the assumptive world of psychopathology. As an example, David and I noted that Sigmund Freud based his drive theory in part on the recent invention (in the late 19th Century) of the pneumatic pump. One pushes down on a piston in one part of the room and then a piston in another part of the room moves upward with great power. The power is being transferred via air (or a liquid) from one domain to another domain (this is where our

psychological concept of "energy flow" comes from – not the flow of electricity, rather the flow of air or a viscous liquid). Thus, we "push down" a disturbing thought or feeling, which travels to another location and reemerges with great power (as a physical symptom or self-destructive act).

In contemporary times, we find a similar borrowing of models and technical terms from the computer technologies. We use terms and models such as "interface" and "processing." The other very special technology of our era is space travel. From this domain we have borrowed such words and related models as "module" and "launch". The "ghosts" (assumptions, values, fears, hopes, conflicts—even paradigms) that emanate from these technologies are brought along (unconsciously) with acquisition of the new technology. The haunting of these ghosts shows up in the inappropriate assumptive worlds associated with specific models (and practices).

Our third tier, practice, is associated with its own set of tenants. David and I proposed that practices are:

(1) Based on models that are usually conscious (explicit knowledge): though the espoused practices (articulation of the model) might not align with the enacted practices
(2) Many in number, and
(3) Much less powerful or influential than models or paradigms

We can readily transform this Three Level categorization to a three-level analysis of social construction. I would suggest that we see the world through a set of social constructive lens that are paradigmatic in depth and influence. These social constructions, like all paradigms, are simple and small in number. They frame the basic way in which we interpret and predict what is occurring in our world. These are the firm convictions that are circling around us and preventing us from being surprised by what we see in the world.

Our tri-partite categorization also leads us to consider a second level of social construction. This is the level of socially constructed models. While paradigmatic constructions are usually not readily acknowledged by us—being tacitly held beliefs and frames of reference that are never examined or even discussed in a specific society—there are some social constructions that are often acknowledged or at least pervade our language and portrayals. The *paradigmatic* assumptions embedded in an analytic approach to studying biological systems ("the smashed frog") are assuming to be "obviously true" and need no justification. Conversely, a *model* such as "launch" or "processing" is clearly visible and is vulnerable, therefore, to inspection and even criticism. For instance, we find that a model such as "teamwork" (borrowed by business from the domain of sports) is sometimes subject to critical review: "a group of people working on an important project are doing something much more important than scoring a touchdown." "There are no quarterbacks on this team, only co-workers and co-learners." While this

kind of push-back is rare, it is done and is viewed as legitimate. Socially constructed models, in other words, are not "God-given." (as are paradigmatic constructions). They are made by humankind and are contained in our everyday language. Using the term introduced by Argyris and Schon, models are discussable (rather than being "self-sealing").

Practices, which are the third element in our tri-partite categorization, are clearly not social constructions. They are explicit and readily discussed. Alternative practices are always available, though the number of viable options might be quite limited if the underlying models and paradigm(s) are particularly powerful and compelling. The story is a bit bigger than this. The options are often limited, constrained and strictly enforced under conditions of pervasive and sustained anxiety--especially when there is pervasive uncertainty, unpredictability and turbulence. These conditions are common in our postmodern world (Bergquist, 1993).

Conclusions

In turning specifically to our analysis of the assumptive worlds of psychopathology, I suggest that the practice of categorizing and treating psychopathy is strongly influenced by several dominant models and paradigms operating in any society where the categorization and treatment of psychopathy is taking place. Furthermore, this categorization and treatment is taking place under conditions that are inevitably saturated with anxiety (psychopathy is disturbing and frightening for all involved). And the domain of psychopathy has always been filled with uncertainty, unpredictability and turbulence—long before we entered the postmodern era. We enter this domain in the next four essays and bring with us the tools of social construction identified in this first essay.

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