

# The Assumptive Worlds of Psychopathy IX: The World of Aspirations

William Bergquist, Ph.D.

We have been living for many years in what has been termed the “age of anxiety”. This phrase has been employed by poets (Auden), composers (Bernstein) and a whole raft of social critics, sociologists—and in particular psychologists and psychotherapists. It is a term that has become even more often used and is even more appropriately used in our current environment of a pandemic virus, social injustice, dysfunctional government and massive polarization regarding fundamental views of reality. Observers of organizations have even coined a term to describe our current environment: VUCA (volatility, uncertainty, complexity and ambiguity). I have personally added to this challenging state of affairs by adding turbulence and contradiction—resulting in what I have termed VUCA-Plus (Bergquist, 2000). We are justifiably anxious!

While the world of anxiety is clearly not a very desirable state in which to live, there is at least one benefit to be derived from this contemporary mental malady. It has forced us to reconsider the existing assumptive world regarding what the nature of this mental and emotional malady is really all about. Over the past ten or more centuries there have been several candidates for the role of dominant assumptive world regarding what I am calling “psychopathy”. As I have used the term, psychopathy refers to psychological distress. It is distress at a broad, systemic level, involving all three of the traditional domains of the human psyche: cognition, affect and conation (behavior). In a series of recent essays, I have identified and described four candidates for the role of dominant assumptive world (Bergquist, 2020a, 2020b, 2020c and 2020d). I have suggested that major flaws are to be found in each of assumptive worlds—particularly in the currently-dominant assumptive world in which psychopathy is considered a “mental illness.”

We are now at a point to consider the formulation of a new set of assumptions—knowing that they also contain biases, shortfalls and blind spots. These assumptions cluster in a fifth assumptive world that I am going to label: *the Aspirational World of Psychopathy*. I propose that we aspire to a life filled with purpose and happiness, but are fully aware that we inevitably await disappointment, despair, estrangement – and ultimately death. This is our existential challenge and ultimately the foundational source of our anxiety. We seek to live a life without doing harm and end of stepping on everything and everyone while leading an active life (Bergquist and Pomerantz, 2020). We care deeply but are at times

careless (Bergquist and Quehl, 2020). At the end of our life, we try to come to terms with the life we have lived and hope that this life has purpose – and ultimately can be forgiven (Erikson, Erikson and Kivnick, 1986; Bergquist,2012). This is the cost of consciousness and being transcendently aware of our own finitude in both time and space. As Menakem (2017) has noted, we will all live with pain in our life. However, it can be a clear pain from which we learn and grow –and in which we find generativity for ourself, other people and the world in which we live (Bergquist and Quehl, 2020). This contrasts with a life of what Menakem calls dirty pain—a life in which our pain is unacknowledged, unprocessed and directed outward to other people. Our choice is between a life of deep caring and one that leads to despair and stagnation.

In providing an initial frame for this assumptive world of Aspiration, I am entering into a dialogue with other people who have addressed issues associated with psychopathy. In my previous essays, I have interacted with ancient philosophers, theologians, social observers, critics of contemporary mental health practices, and those formulating diagnostic categorizations of mental disturbances. In this essay, I enter into dialogue with David H. Rosmarin an assistant professor of psychology at Harvard Medical School and founder of the Center for Anxiety in New York. While I agree with much of what Dr. Rosmarin has written in a recent article in the *Boston Globe* (Rosmarin, 2021), I wish to offer a slightly difference perspective—while fully appreciating and being thankful for what Rosmarin has presented.

I will be offering many of my own thoughts and recommendations. However, I have quoted extensively from what Rosmarin has written—both because his excellent ideas are not readily accessible to those not subscribing to the *Boston Globe* and because my own work is engaged specifically in reaction to what he has written. To use a term from the sport of boxing, I am engaged in counterpunching with David Rosmarin, using his own strategies and perspectives to define and clarify my own strategy and perspectives. I am very thankful to David Rosmarin for his contribution to my own formulation of an assumptive world of Aspirations.

### **The Psychologist Will See You Now**

David Rosmarin’s article is titled “The Psychologist Will See Everybody Now.” He begins his essay with the following personal reflection:

Throughout my training in clinical psychology, I was taught that psychotherapy is for the mentally ill. I learned how to diagnose and treat people suffering from psychotic, personality,

mood, and anxiety disorders, and those who were grappling with self-injury and suicidal thoughts.

I still draw heavily on my training when faced with patients in crisis, but this past year has made me realize that this narrow view maybe costly and detrimental to mental health in general

I would suggest that Dr. Rosmarin is confronting the same flaws I have seen in the fourth assumptive world I identified in my previous essay (Bergquist, 2020d). This is the world of mental illness and the framing of all forms of psychopathy within a medical model. It is a world, as a result, in which all (or most) human distress is treated as a disease that can somehow be “cured.”

The world of mental illness begins to unravel, in my estimation, when we recognize that life now is being led by many of us in the “age of anxiety”. It is an age that comes with the virus, VUCA-Plus and all of the other social ailments that I (and many other people) have identified. The call for psychological assistance—and particularly psychotherapy—is great in this age of anxiety. Very few psychotherapists in North America are without clients right now. Furthermore, there is a deeply felt focus of the request for psychotherapy. Potential clients want the pain to go away and seek out psychotherapy to eliminate the pain. It seems that we not only are living in an age of anxiety, but also in an *Age of Hedonia* (the search for pleasure and absence of pain) Ever since anesthetics were introduced into medical practices during the early 20<sup>th</sup> Century (Morris, 1991), the desired immediate outcome for most patients has not been the elimination of the disease or injury, but rather elimination of the pain. With increased anxiety, we are that much more interested in seeing the anxiety and accompanying pain go away—whether this is through the use of drugs, engagement in other addictive behaviors (such as gambling or shopping) or knocking on the door of a psychotherapist.

Rosmarin is fully aware of this request for help during a psychologically challenging period of time:

My Office has been inundated with phone calls. Yes, the prevalence of mental disorder has increased substantially, and many inquiries have been from people with diagnosable conditions. But a sizable number of cases involved "adjustment disorders," which are not mental illnesses. They are symptoms that occur in response to stressful life events.

It is here that we see Rosmarin begin to frame his own ideas regarding what is ailing his clients/patients. They have “adjustment disorders” created at least in part by stressful life events and circumstances that I have already identified. He is not only doing some reframing of the ailments, but also identifying some specific support services that are of greatest value in addressing these adjustment disorders:

I am delighted that my sessions-with these people; all over Zoom, have been relatively inexpensive for them and have had good effects. In one instance, a middle-aged woman came in having experienced a single panic attack, thinking she was “going crazy.” Our 50-minute meeting focused on correcting her misconception, and she needed no further intervention. In another instance, I saw a young man who had started to feel significantly sad and lethargic for the first time. I helped him strategize ways to remain socially and physically active during quarantine, and he never slipped into clinical depression.

The specific psychotherapeutic strategy that Rosmarin identifies is what is often called a symptom-relief mode of psychological treatment (which eliminates some of the pain):

This is consistent with recent evidence suggesting that brief psychosocial interventions are highly effective for people with adjustment disorders. Therefore, I envision a broader model for psychotherapy: People should be able to seek guidance from mental health professionals before they need a diagnosis. It should be the norm for all Americans to have an annual 50-minute psychotherapy well visit.

It is at this point that I diverge a bit from Rosmarin. He still seems to be trapped in the highly seductive assumptive world of mental health. His clients/patients still need to change and require his expert assistance. His client is not going “crazy” after having the panic attack – and Rosmarin reassures her of this. I would push Rosmarin in a new direction at this point, suggesting that the world in which his client/patient lives might be “crazy” even if she is not. She should not just recognize her misconception. This woman should spend some time with Rosmarin considering how to alter the potentially “crazy world” in which she is living.

I am enough of an organizational psychologist and executive coach to know that change often needs to occur not just in the head and heart of my clients, but also in the world where they reside—otherwise they can become victims and we as therapists, consultants and coaches can become “enablers” of this victimhood. An assumptive world of Aspirations requires that we look at external as well as internal pathologies. We are not independent beings but are instead intimately interwoven with our environment: we live in our world and our world lives within us.

As Resmaa Menakem (2017) has noted, we all live with pain in our life and are surrounded with a world that all too often inflicts this pain. However, as I have already noted, the pain can be clean. It is a pain from which we learn and grow. By contrast there is pain that is dirty. It derives from traumatizing life

experiences that are never processed. I come back in alignment with Rosmarin when he opens the therapy door, so that dirty pain can be confronted. Furthermore, I agree with Rosmarin when he identifies the need for prevention along with treatment. While pain in life can't be prevented, it can be minimized and addressed before it becomes entrenched as dirty pain. It seems that the existence of trauma in our life can itself be traumatizing. We are anxious about our anxiety. We are fearful that fear will reside in all the corners of our life.

In recommending that the “decay” of pain can be identified at an early stage and treated, Rosmarin points to the decay of a tooth. He draws an appropriate analogy to Dental Hygiene:

This approach is already practiced in many other areas of health care: It's called prevention. The American Dental Association recommends that even individuals who aren't at elevated risk of periodontal disease have dental well visits once or twice a year.

Preventive dentistry allows practitioners and patients to identify and deal with issues quickly and with minimal intervention. Cleaning teeth, checking gums for decay, and filling small cavities is better than waiting until it's time for invasive and expensive procedures. such as a root canal. Preventive psychotherapy could work in a similar way. It could help people recognize and cope with smaller emotional concerns, before the onset of depression, panic disorder, obsessive-compulsive disorder, or another mental health problem.

At this point, I move beyond (and perhaps away from) Rosmarin. It is not just enough for the psychologist's door to be open for the identification and treatment of pain. It is equally important to consider ways in which the pain is being defined and then treated. When pain is identified as a given of life, then it can become clean. A psychological process such as aspirationally-based psychotherapy can be engaged that leads to mending of the clean pain and to learning and subsequent growth (Menakem, 2017, pp. 19-20). The clean pain is metabolized (converted) by our body into a motivation for us to more deeply explore our own psyche and for reform of the setting in which we choose to live (Bergquist, 2020). Alternatively, when the pain in life is defined by a deficit model of psychopathy (as is the inclination of Rosmarin), then it is likely to become dirty. As a “mental illness”, pain is stigmatized and often never addressed (Lewis and Munzer, 2021). Treatment is avoided and the unprocessed dirty pain leads to shame and denial—thereby further exacerbating the pain and the trauma that precipitated the pain.

It is not just a matter of prevention (as an alternative to treatment). It is also the matter of empowerment and the modification of our often traumatizing, pain-inflicting and “crazy” environment. This is a key component of an Aspirational perspective. I have offered my own analogy (drawing on the work of Camara Phyllis Jones of the American Public Health Organization: Jones, *et.al.* 2009). I suggest that people standing on the edge of a cliff need not just be prevented from falling off the cliff (therefore requiring treatment and ameliorative services) (Bergquist, 2019; Bergquist, 2020e). They can be invited (and empowered) instead to move away from the cliff and find a new way to live their life.

An assumptive world of Aspiration encourages this move of empowerment. It is a case, once again, of recognizing that the world in which one dwells might be “crazy” even if we are not personally crazy. It is perfectly appropriate to aspire to and act on behalf of a desire to move away from the anxiety-filled, crazy world of the cliff. This does not mean in any way that we have escaped the pain, but it does mean that we are learning about the pain that comes with living on the edge of the cliff. We can turn this into clean pain that leads to new learning and new levels of care for self and others—the multiple levels of generativity that Gary Quehl and I write about (Bergquist, and Quehl, 2020).

At this point, Rosmarin offers several concrete suggestions concerning ways in which assessment tools might be of benefit to the people he is seeing. At this point, he borrows again from the world of medicine and the assumptive world of mental health. According to Rosmarin, we just need an objective measure of a person’s state of mental health in order to make a diagnosis and prescribe treatment:

Patients could begin by completing self-report assessments (like the PHQ-9 for depression and GAD-7 for anxiety). These measures take just minutes to complete and help clinicians screen people for common mental health problems such as worry, social anxiety, panic, unwanted thoughts or obsessions, compulsive repetitive behaviors, alcohol/substance use, non-suicidal self-injury, and suicidal thoughts or activity.

Ah, if it were only so simple. I do commend Rosmarin, however, for moving on to the identification of environmental stressors (the “crazy world”) that impact one’s quality of life:

With that information in hand, psychologists could also identify stressors in the patients' lives such as finances, relationships, and work, and the patients could learn steps for dealing with them. For example, someone struggling with work-related stress could be trained to practice a two-minute mindfulness exercise each day. Someone in a strained relationship could be coached to raise their concerns in a loving manner with their partner, before issues be- come

major impasses. People who feel sad; anxious, or worried could learn to recognize and accept their distress, so they don't develop full-blown depressive or anxiety disorders.

I agree that self-report tools can be of value in helping us paint an immediate portrait of one's client/patient and I am pleased that Rosmarin gives consideration to the painting of a broader landscape of the person as they are living in their environment (thus enabling them to consider leaving the cliff). For this broader landscape rendering to occur, there must be something more than the administration of objective tests. Some listening should also take place. And it is not just listening for environmental stressors. It is also listening to the client/patient's life narrative (White and Epstein, 1990) This narrative is of great value, from an aspirational perspective, in helping us gain a clear sense of how this person finds and frames purpose and meaning in their life. If they are anxiety and in pain, what does this anxiety and pain mean to them? What can they learn from this anxiety and pain? It is important, once again, to remind us that we should not just be in the business of helping our clients/patients eliminate the pain and find some kind of unrealistic happiness (the Era of Hedonia). Clean pain is saturated with new learning, change and empowerment. It provides guidance for movement away from the current cliff.

It is at this point that Rosmarin gets down to the "nitty-gritty". Like most of the successful advocates of the fourth assumptive world of mental health, Rosmarin makes the convincing case that prevention saves money.

I am not a politician, and I don't work for a health insurance company, but from my vantage point, it seems that annual psychotherapy well visits could yield substantial cost savings in addition to their health benefits. The World Health Organization recommends early cancer screening not just because it's humane and kind to save lives but because it cuts treatment costs. Routine screening for heart disease is even more financially beneficial, saving approximately \$3,500 per patient and more for high-risk people. . . .

If people don't fall off the cliff then we don't have to pay for either treatment or amelioration (reducing the long-term damage). Rosmarin brings out his calculator:

Adding all those costs up, I estimate that if every American had an annual psychotherapy well visit at a cost of \$90 per session, the program would pay for itself if it alleviated only 5 percent of the direct costs of medical illness in this country. And that's even without factoring in the gains in productivity and reduced use of the medical system that could result. When President

Joe Biden proposes enhancements to Obamacare, psychotherapy well visits should be an option for employers and states to include.

Rosmarin now makes an important point that moves his analysis past medicine and economics to the social-psychological context within which people live when anxious and in need of support:

Beyond the economic and health benefits, psychotherapy well visits would help put an end to mental health stigma. Historically, mental distress has been a mark of disgrace and source of shame. For this reason, fewer than half of people with a diagnosable mental disorder receive professional help. Routine visits to a psychotherapist would normalize mental health care.

He closes his essay with a turn to the established argument among mental health advocates for screening. Rosmarin draws the usual parallel between mental health treatment and other forms of health-related treatment (teeth and mind). He suggests that members of our society are open to discussions about mental health—at least if psychopathy is considered an “illness”:

I am not the first to advocate for annual mental health screenings. It has been suggested, for example, that primary care providers screen for depression during annual physical exams. But our society's unprecedented openness to discussing mental health underscores the need for something more. Perhaps preventive psychotherapeutic care is finally within reach.

I would disagree with this assessment regarding openness—though absolutely agree that this openness is needed. I think the stigma of psychopathy is great and not easily erased by assigning it a medical label. This matter of openness at a personal level is very important and should be assigned as much weight as dental hygiene.

The isolation and trauma of the pandemic have taught us that managing our mental health is crucial. Do we really want to take the health of our teeth more seriously than the health of our minds?

I would suggest that empowerment (leaving the cliff) requires that openness regarding our personal pain take place in our society. Furthermore, we must be just as open regarding the craziness that is embedded in our society—and even in our health and mental health communities (Bergquist, Guest and Rooney, 2004).



I propose that human distress can be seen through a set of lenses that relate to an appreciation of our Aspirations—as they are successfully and unsuccessfully fulfilled at specific moments in our life. A short-term, symptoms-based focus and a mechanistic, deficit-based view of human distress lead many human service professionals to utilize psychotherapy primarily to “fix” behavioral deficits and to “heal” perceived mental illnesses. This focus and view is poorly aligned with the current realities of our age of anxiety. I would respectfully note that Rosmarin is correct in his diagnosis, but not in his remedy. Human service programs that are effective will build at a fundamental level on a deep sense of appreciation for the aspirational potential of all those who are being served.

### **What Will the Psychologist Be Seeing Now?**

From my point of view, it is not just enough that a psychologist or human service professional see people with “adjustment disorders” and advocate for annual mental health checkups. It is also important for these professionals to “see” their clients (I will no longer call them “patients”) in a new way. They are not adjusting to their “disorders”—though they might be in a state of profound distress. Instead, they are adjusting to the changing state of their own life aspirations. This appreciative approach is directly in line with the positive psychology movement of the early 21<sup>st</sup> Century psychology (Seligman and Csikszentmihalyi, 2020) and relates to the foundations of humanistic psychology (Schneider, 2014). I propose that such an appreciative and aspirational perspective should undergird any contemporary human service program being engaged during the Age of Anxiety and serve as an alternative to the Era of Hedonia. An appreciative and aspirational perspective holds the key to masterful and effective psychotherapy under conditions that currently exist in our VUCA-Plus world.

Obviously, there are sources of human distress that have a strong physical base. There is illness and injury that must be treated and ameliorated. However, it is important to recognize that even physical illness and injury have a strong psychological and aspirational component. A biopsychosocial perspective (Engel, 1977; Melchert, 2014) complements an Aspirational perspective. They both require us to look beyond the immediate cause of physical distress to the broader psychological and societal forces that are operating in the life of the person who has been afflicted. As I have repeatedly noted regarding the observations made by Rosmarin, the environment in which a client is living can be “crazy” even if the person seeking treatment is not crazy.

What is the nature of an appreciative, aspiration-oriented perspective? *In essence, an appreciative perspective that is aspirational concerns a willingness to engage with another person from an assumption of mutual respect,*

*in a mutual search for discovery of distinctive competencies and strengths, with a view to helping them envision their future and fulfill their potential.* This simple multi-tiered statement might at first seem to be rather naive and idealistic. At its core, however, this statement holds the promise of helping committed and empowered human service professionals generate extraordinary results. As we trace out its implications, a series of profound insights and realistic strategies emerge that relate back to a remarkable book initiating the appreciative revolution and contributing to the early framing of positive psychology: *Appreciative management and leadership* (Srivestva, Cooperider and Associates, 1990).

### **Understanding Another Person**

The term appreciation itself has several different meanings that tend to build on one another; however, as a foundation for our understanding of an aspirational perspective on psychopathy and human distress, *appreciation refers first to a clear understanding of another person's perspective.* We come to appreciate the point of view being offered by our client—and in particular the aspirational challenges which this other person faces. This appreciation, in turn, comes not from some detached observation, but rather from direct engagement. One gains knowledge from an appreciative perspective by “identifying with the observed.” (Harmon, 1990, p. 43)

An intersubjective, relational approach to psychotherapy (e.g. Brothers, 2001) captures some of this commitment to understanding. Intersubjectivity focuses on not just the reality a client brings to the therapy session, but also the reality that is created by the interaction between the therapist and client. The potential for aspirational growth resides in the mutual understanding and appreciation of not only the perspectives being offered independently by the client and therapist, but also the shared perspective being generated by the two of them interacting with one another. In other words, the relationship between therapist and client itself has an aspirational component that the two of them, working together, seek to realize.

Empathy is critical. One cares about the matter being studied and about those people one is assisting. Neutrality is inappropriate in such a setting, though compassion implies neither the abandonment of professional discipline nor a loss of boundaries between one's own problems and perspectives and those of the other person. Appreciation, in other words, is about fuller understanding of, not merging, with another person's problems or identity. Intersubjectivity offers an important corrective in this regard. The shared identity that is forged in the therapy session is to be distinguished from the individual identities of the therapist and client. Both transference and countertransference are reframed as distinctions to be drawn between the dysfunctional diffusion of

identities by both therapist and client, and the creation of a highly functional and growth producing third identity. This identity is forged in the midst of the intersecting lives of therapist and client in the therapy office (Breger, 2012).

### **Valuing Another Person**

Appreciation also refers to an increase in worth or value. A painting or stock portfolio appreciates in value. Van Gogh looked at a vase of sunflowers and in appreciating (painting) these flowers, he increased their value for everyone. Van Gogh similarly appreciated and brought new value to his friends through his friendship: “Van Gogh did not merely articulate admiration for his friend: He created new values and new ways of seeing the world through the very act of valuing.” (Cooperrider, 1990, p. 123) Peter Vaill recounts a scene from the movie *Lawrence of Arabia* in which Lawrence tells a British Colonel that his job at the Arab camp was to “appreciate the situation.” (Vaill, 1990, p. 323) By appreciating the situation, Lawrence assessed and helped add credibility to the Arab cause, much as a knowledgeable jeweler or art appraiser can increase the value of a diamond or painting through nothing more than thoughtful appraisal. Lawrence’s appreciation of the Arab situation helped to produce a new level of courage and ambition on the part of the Arab communities with which Lawrence was associated. The human service professional and psychotherapist can similarly increase the courage and ambition of their client.

In essence, I am suggesting that the therapist who fully appreciates the aspirational potential of her client has raised this potential by seeing him in ways that neither he himself nor those who care most about him might have seen this client before the therapist offers her astute appraisal. The therapist is not just “seeing” her client, she is seeing her client in a manner that enhances her client’s own sense of self-worth and elevates his aspirational potential. The valuing has occurred because the intersubjective reality that is created between therapist and client includes not only a broader appreciation (as in the Lawrence narrative) of “the situation” (circumstance) in which the client finds himself outside the therapy office, but also a closer appreciation of the “situation” created by the two of them in the therapy office.

### **Recognizing the Contributions of Another Person**

From yet another perspective, the process of appreciation concerns our recognition of the contributions that have already been made by another person. The narrative offered by the client—highlighted in what is now called narrative therapy (White and Epstein, 1990)—becomes a leverage point for recognition of achievements already identified by the client: “I appreciate your recounting of efforts you made in getting that important

project off the ground.” “I appreciate the way in which you have approached your wife about your shared financial struggles.” “I appreciate the honesty with which you have talked in this session about your fear of losing your son’s trust.” We catch people “when they are doing it right”—rather than focusing from a deficit perspective on catching people “when they are doing it wrong.’

Sometimes, beyond the therapy office, this sense of appreciation is reflected in the special recognition we give people for a particularly successful project. It is also reflected in the bouquet of flowers or thankyou note we leave with that significant other person in our life. However, when this form of appreciation is the only kind provided, then it typically leads only to praise inflation, praise addiction or the tendency to keep important people in our life permanently in a needy and, therefore (ironically), one-down position (Kanter, 1977). Appreciation can instead be exhibited in a more constructive manner through the daily interaction between ourself and these other important people in our life. Furthermore, this appreciation can be modeled in the way the therapist and client interact. It involves mutual respect and active engagement, accompanied by a natural flow of feedback, and an exchange of ideas. More specifically, appreciation is evident in attitudes regarding the nature and purpose of specific relationships—for we create a new reality in all the important relationships we form in our life (not just the relationship formed in the therapy office).

These are the three most common uses of the term appreciation. We appreciate other people through seeking to understand them, through valuing them, and through being attentive and thoughtful in acknowledging their ongoing moments of aspirational realization. The term appreciation can be engaged in three additional ways that are each distinctive—yet closely related to the first three. They all move us even closer to a fuller understanding of an Aspirational perspective on psychopathy and to an appreciative strategy for addressing the challenges associated with this psychopathy.

### **Establishing a Positive Organizational Image of the Future**

Appreciation can refer to the establishment of a positive image of one’s future. This mode of appreciation resides at the heart of an Aspiration model. We grow to appreciate our own aspirations by investing them with optimism. We invest them with a sense of hope—and hope is healing (Lewis, Munzer and Bergquist, 2021). Furthermore, this personal hope about our own future is coupled with the valuable role that hope potentially plays in our society. Once again, aspirations should always be grounded in a broader appreciation for the situation in which we find ourselves. “[A]ffirmation of the positive future is the single most important act that a system can engage in if its real aim is to bring to fruition a new and better future.” (Cooperrider, 1990, p. 119)

Each of us, therefore, must be “not only concerned with what is but also with what might be.” (Frost and Egri, 1990, p. 305)

We come to appreciate our own role and that of other people with whom we closely relate regarding the contributions we make singularly and jointly in helping us realize Aspirational images, purposes and values. An appreciative perspective is always *leaning into the future*. While we appreciate that which has been successful in the past, we don't dwell with nostalgia on the past. Instead we continually trace out the implications of acquired wisdom and past successes on behalf of our vision of the future. Aspirational opportunities are always leaning with each of us into our potential future. Effective psychotherapy involves the joint leaning of the therapist and client into both individual futures and the future these two people create together in the therapy office.

### **Recognizing Distinctive Strengths and Competencies**

Appreciation also refers to recognition of the distinctive strengths and potentials of the client. An appreciative culture is forged in the therapy session when an emphasis is placed on the realization of inherent potential and the uncovering of latent strengths rather than identification of weaknesses or deficits. People “do not need to be fixed. They need constant reaffirmation.” (Cooperrider, 1990, p. 120) Similarly, aspirations don't have to be fixed. They need to be constantly reaffirmed—and this is done by identifying the strengths and competencies that a client can continue to engage on behalf of these aspirations.

Even in a context of competition, appreciation and attention to aspirations transform envy into learning, and personal achievement into a sense of overall purpose and value. The remarkable essayist, Roger Rosenblatt (1997, p. 23) reveals just such a process in candidly describing his sense of competition with other writers. He suggests that the sense of admiration for the work of other writers can play a critical role in his own life:

Part of the satisfaction in becoming an admirer of the competition is that it allows you to wonder how someone else did something well, so that you might imitate it—steal it, to be blunt. But the best part is that it shows you that there are things you will never learn to do, skills and tricks that are out of your range, an entire imagination that is out of your range. The news may be disappointing on a personal level, but in terms of the cosmos, it is strangely gratifying. One sits among the works of one's contemporaries as in a planetarium, head all the way back, eyes gazing up at heavenly matter that is all the more beautiful for being unreachable. Am I growing up?

Paradoxically, at the point when someone is fully appreciated and reaffirmed, they will tend to live up to their newly acclaimed talents and drive. Similarly, they will live down to their depreciated sense of self if constantly criticized and undervalued. Carl Rogers suggested many years ago that people are least likely to change if they are being asked to change and are most likely to change when they have received positive regard—what we would identify as appreciation.

### **Acknowledging the Value of Diversity**

A final mode of appreciation is evident when efforts are made to form complementary relationships and recognize the mutual benefits that can be derived from cooperation with people and engaging with cultures that are in important ways “different” from us. There is the challenge of increasing differentiation of functions (that we have actually faced for many centuries and in most societies: Durkheim, 1933). This differentiation requires a comparable increase in integrative functions (Lawrence and Lorsch, 1969). This integration is achieved through an appreciative and aspirational perspective regarding the opportunities inherent in diversity (Page, 2011).

A culture of appreciation for the “other” (Oshry, 2018) can reside inside oneself. This culture can also reside in an outside world that we have helped to build. We can choose to live and work in an environment of diversity—and this environment can yield a new form of integration in the midst of this diversity. An appreciative perspective is particularly important in the era of globalization, where significant differences reside in the vision, values and cultural norms and practices (Rosinski, 2003; Friedman, 2005). An appreciative perspective in alignment with our personal and collective aspirations provides the integrative glue that holds our own psyche and our society together while we and our VUCA-Plus society are growing increasingly diverse.

Many endeavors have demonstrated in recent years that cooperation in the midst of diversity can be successful—these endeavors range from open-source software development to the explosion of Wikipedia and its unexpectedly high-quality content. What lies beyond the era of information and sheer competition is an era of collaboration (Bergquist, Betwee and Meuel, 1995). We and our communities, organizations and societies are learning to collaboratively connect rather than just individually create and compete. We are learning to borrow and duplicate (“the highest form of flattery”). We create alliances and networks instead of focusing on the gigantism popular at the end of the last century (Bergquist, 1993). Rosabeth Kanter (1994) labels this perspective “the cooperative advantage.” We might call it the appreciative and aspirational advantage.

## Conclusions

It is in this setting of collaboration and cooperation that we find the heart of an aspirationally oriented psychotherapeutic session. The therapist does not have the answers—nor does the client in isolation have answers. Together, in their intersubjective and relational work together, the therapist and client can find healing of psychological distress for the client (and perhaps even the therapist). Daniel Rosmarin is correct in his opening of the therapeutic doors to everyone experiencing an “adjustment disorder”. However, it is also important to recognize that psychotherapy must produce something more than symptom relief—something other than the elimination of pain (the Hedonic objective).

The therapy being engaged must begin with the acknowledgement that pain is inevitably to be found in contemporary life (and probably has always been inevitable). Furthermore, this pain can be ultimately instructive and of great benefit. Psychotherapy should be directed not to the elimination of pain but to the conversion of Menakem’s “dirty pain” (leading to alienation and stagnation) to “clear pain” (leading to learning and growth). This is best done, I would suggest, through the engagement of appreciation and a consistent focus on Aspirations – both thwarted and met. What else is of greater importance in our age of anxiety.

---

## References

Bergquist, William (2012) *Men of Autumn*. CreateSpace. ISBN:1480126128.

Bergquist, William (2019) On the Cliff’s Edge: Four Tiers of Health-Based Coaching, *Library of Professional Coaching*. Link: [On the Cliff’s Edge: Four Tiers of Health-Based Coaching | Library of Professional Coaching](#)

Bergquist, William (2020a) Four Assumptive Worlds of Psychopathy II: The World Of Spiritual Aberrations. *Library of Professional Psychology*. Link: [Four Assumptive Worlds of Psychopathy II: The World of Spiritual Aberrations | Library of Professional Psychology](#)

Bergquist, William (2020b) The Four Assumptive Worlds of Psychopathology IIIA: The World Of Inappropriate Or Blocked Distribution Of Bodily Energy, Fluids Or Functions. *Library of Professional Psychology*. Link: [The Four Assumptive Worlds of Psychopathology IIIA: The World of Inappropriate or Blocked Distribution of Bodily Energy, Fluids or Functions | Library of Professional Psychology](#)

Bergquist, William (2020c) Four Assumptive Worlds of Psychopathy IV: The World Of Social Deviation. *Library of Professional Psychology*. Link: [Four Assumptive Worlds of Psychopathy IV: The World of Social Deviation | Library of Professional Psychology](#)

Bergquist, William (2020d) Four Assumptive Worlds of Psychopathy V: The World Of Mental Illness. *Library of Professional Psychology*. Link: [Four Assumptive Worlds of Psychopathy V: The World of Mental Illness | Library of Professional Psychology](#)

Bergquist, William (2020e) Psychology in a Time of COVID: Engaging Four Tiers of Care. *Library of Professional Psychology*. Link: <https://library.psychology.edu/psychology-in-a-time-of-covid-engaging-four-tiers-of-care/>

Bergquist, William, Juli Betwee and David Meuel (1995) *Building Strategic Relationships*. San Francisco: Jossey-Bass.

Bergquist, William, Suzan Guest, and Terrence Rooney (2004) *Who Is Wounding the Healers?* Sacramento, CA: Pacific Soundings Press.

Bergquist, William and Suzi Pomerantz (2020) Harmlessness and the Leadership Spectrum. *Library of Professional Psychology*. Link: [Harmlessness and the Leadership Spectrum | Library of Professional Coaching](#)

Bergquist, William and Gary Quehl (2020) Caring Deeply: Engaging the Four Roles of Life-Fulfilling Generativity. *Library of Professional Coaching* ([www.libraryofprofessionalcoaching.com](http://www.libraryofprofessionalcoaching.com)).

Breger, Louis (2012) *Psychotherapy: Lives Intersecting*. New York: Routledge.

Brothers, Leslie (2001) *Mistaken Identity*. Albany, NY: State University of New York.

Cooperrider, David L. (1990) "Positive Images, Positive Action: The Affirmative Basis of Organizing," in In Srivastava, Suresh, David Cooperrider and Associates. *Appreciative management and leadership*. San Francisco: Jossey-Bass.

Durkheim, Emile. (1933) *The Division of Labor in Society*. New York: Free Press (originally published in 1893).



Engel, George L. "The need for a new medical model: a challenge for biomedicine, *Science*, 1977, v. 196 (3), pp. 129-136.

Erikson, Erik, Joan Erikson and Helen Kivnick, (1986) *Vital Involvement in Old Age*. New York: Norton.

Friedman, Thomas (2005) *The World is Flat*. New York: Farrar, Straus and Giroux.

Frost, Peter and Carolyn Egri (1990), "Appreciating Executive Action" in Srivastava, Suresh, David Cooperrider and Associates. *Appreciative management and leadership*. San Francisco: Jossey-Bass.

Harmon, Willis (1990) "Shifting Context for Executive Behavior: Signs of Change and Revolution," in In Srivastava, Suresh, David Cooperrider and Associates. *Appreciative management and leadership*. San Francisco: Jossey-Bass.

Jones, CP; Jones, CY; Perry, GS; Barclay, G; Jones, CA (2009). "Addressing the Social Determinants of Children's Health: A Cliff Analogy". *Journal of Health Care for the Poor and Underserved*. **20** (4): 1–12. [doi:10.1353/hpu.0.0228](https://doi.org/10.1353/hpu.0.0228). [PMID 20168027](https://pubmed.ncbi.nlm.nih.gov/20168027/). [S2CID 21955262](https://pubmed.ncbi.nlm.nih.gov/21955262/).

Kanter, Rosabeth (1977) *Men and Women of the Corporation*. New York: Basic Books.

Kanter, Rosabeth (1994) "Cooperative Advantage" *Harvard Business Review*, July-Aug. pp. 96-108.

Lawrence, Paul and Jay Lorsch (1969) *Organization and Environment*. Homewood, IL: Richard Irwin Inc.

Lewis, Christy, Kendell Munzer and William Bergquist (Ed.) (2021) *Pathways to Health*. In press.

Melchert, Timothy (2014) *Biopsychosocial Practice (A Science-Based Framework for Behavioral Health Care)* Washington D. C.: American Psychological Association.

Menakem, Resmaa (2017) *My Grandmother's Hands: Racialized Trauma and the Pathway to Mending Our Hearts and Bodies*, Las Vegas, Nevada: Central Recovery Press.

Morris, David (1991) *The Culture of Pain*. Berkeley, CA: University of California Press.

Oshry, Barry (2018) "Encounters with 'The Other': A History and Possibilities." Posted in The Library of Professional Coaching, <https://libraryofprofessionalcoaching.com/concepts/leadership-foundations/cross-cultural-analyses/encounters-with-the-other-a-history-and-possibilities/>

Page, Scott (2011), *Diversity and Complexity*. Princeton, NJ: Princeton University Press.

Rosenblatt, Robert, "The Admiration of Others," *Modern Maturity*, January/February 1997, pp. 22-23.

Rosinski, Phillip (2003) *Coaching Across Cultures*. London: Nicholas Brealey.

Rosmarin, David (2021) "The Psychologist Will See Everyone Now," *Boston Globe*, January 31, pp. K4, K6.

Schneider, Kirk (Ed.) (2014) *The Handbook of Humanistic Psychology: Leading Edges in Theory, Research, and Practice* (2<sup>nd</sup> Ed.) Thousand Oaks, CA: Sage.

Seligman, Martin and Mihaly Csikszentmihalyi (2000), Positive Psychology: An Introduction. *American Psychologist*, 55 (1), pp. 5-14.

Srivastava, Suresh, David Cooperrider and Associates (1990) *Appreciative management and leadership*. San Francisco, California: Jossey-Bass.

Vaill, Peter (1990) Executive development as spiritual development. In Srivastava, Suresh, David Cooperrider and Associates. *Appreciative management and leadership*. San Francisco: Jossey-Bass.

White, Michael and David Epstein (1990) *Narrative Means to Therapeutic Ends*. New York: Norton.