A Clinicians view of Reorganization

Unedited posts from archives of CSG-L (see INTROCSG.NET):

Date: Sat Dec 10, 1994 6:54 pm PST
Subject: A Clinicians view of Reorganization
          & some simulation questions

[From Dick Robertson] (9412101.2055CST)

While picking up tennis balls the other day I got to reflecting on the
discussion of reorganization that has cropped up again on the net, and I got
an insight about how reorganization looks from a clinician's perspective that
I would like to contribute to the discussion.

The thought I had seemed like a possible answer to a question that has
bothered me on and off about reorganization. That is the question of why real-
life reorganization - as seen in psychotherapy - seems to need a re- calling
of some specific experience with some kind of emotional expression for a big
change to occur. This observation seems widely accepted by clinicians of many,
in not all, schools.

Here's a made-up generic example, if it's not clear what I am talking about. A
person might repeatedly say something like, "I often have something I want to
say in a group discussion, but I can't get myself to say it...and I'm sure
it's because my father used to yell, `shutup, children are to be seen and not
heard,' when I would speak up as a kid." When "insights" like that are spoken
in a calm, intellectual way, we clinicians don't ordinarily expect any change
in behavior. But, if on some occasion of discussing that issue s/he remembers
a particular incident, and gets red in the face and starts to cry or yell or
swear, saying, "I hate it that he did that to me," or the like, THEN we expect
to hear that s/he did speak up at some soon-after meeting.

It was this kind of thought that tied up with another question that has
bothered me on and off - the question, "Does it really take an error in the
intrinsic system to trigger reorganization?" The logic of that as spelled out
in BCP has always seemed persuasive to me, and I have used the example of the
non-swimmer getting knocked into deep water as a classic illustration when
teaching HPCT. But there are other reorganizations of behavior - like the one
about becoming assertive, on the part of someone who never was before - that
seem more problematic. The "drown or swim" behavior change seems clearly a
true reorganization, and not just a transfer of already-existing control
capacities to a new area. But, I couldn't see how something like speaking up
in public would involve the intrinsic system until this question merged with
the one above.

My two questions came together like this. If in the original traumatic
incident the person tensed up in order to prevent an emotional expression,
that DID involve the intrinsic system. Probably there was a spurt of
adrenalin, the heart might have slowed or speeded up, there was vasodilation
and constriction and various stress hormones were secreted. And then there was
reorganization. The individual developed a new way of controlling ("holding
his tongue") in situations where he had controlled in a way that we would call
assertive. Likewise, a person in therapy, committed to undo inhibitions and
tensions, and reminded - during self exploration - of that/those critical
initial experience(s), recalls the feelings and once more has intrinsic error
involvement --> another reorganization. Not every reorganization results in
the most desirable behavior, of course. And that leads to another speculation.

In recent years there has been some curiosity among developmental
psychologists, etc. about why it is that in tremendously stressful
environments some individuals freak out and go crazy, others become criminals
and still others develop tremendous resourcefulness and resiliency. You
probably are aware that there is research going on to tie these differences to
genetic contributions, and maybe there is something to that. But, it strikes
me that a much more parsimonious hypothesis would be that such a variety of
outcomes is just what you would expect from the picture of reorganization
presented in BCP.

Now the bottom line of all this for me is to wonder whether we collectively (i.e. especially you modelers) see anything here that can be simulated with what you can do at present. As I have watched the evolution of simecoli into a more intelligent animal - and the debate about the point at which he was demonstrating reorganization as compared with simple adaptation - I have begun wondering how far that evolution could be carried on the computer. It seems to me that in a development where he must change certain of his control parameters or starve, we would have an analog of an intrinsic/reorg system. I am unclear at this point whether the latest models can have this feature. Is there a timed function during which he must be on target at a high density zone for a minimum amount of times/a critical period or he extinguishes? If not, could it be built? Would a randomized influx of different parameters (I'm at a loss for adequate terminology) show anything about the difference between pure adaptation (which I think is modeled by the tumbling protocol) and real reorganization? It seems to me that Rick's original program required some (minor ?) reorganization by the human operator. That is, some students banged away enthusiastically on the spacebar, creating a lot of tumbles; but they had a lot of trouble inhibiting the impulse to touch the spacebar when it was going in the right direction. IS that a good example of reorg. or just a higher level of adaptation?

I'll offer one answer to that from my own study with the "Powers game," (I have called it that since Bill instrumented the first and second versions of the experiment, though he said he got the game idea from someone else, whom I can't recall) that I described in my Perceptual and Motor Skills article. A lot of subjects would get stuck trying different sequences ("adaptation," "trial and error," and would have to be nudged by a question like, "Do you notice that the machine is still winning, maybe what you are doing isn't really working." At that point many of them would show some emotion, so according to my new insight, that WOULD indicate some intrinsic error. What followed would then be reorganization? Some would hit on the true solution of anticipating. Some would get mad enough to say they quit. Some would stubbornly ignore me and keep doing what they were, etc.

Now could there be counterparts of that in the latest ecoli sim?

A final thought. Among clinicians who talk about the necessity of personality reorganization for real psychotherapy (and have never heard of PCT) it is generally believed that it can be triggered when what the person typically does no longer is getting satisfying results. At that point there usually must be a lot of Dis-organization before reorganization becomes apparent. This disorganization is also called irrational or emotional behavior. What would be a simulation counterpart of that?

                              Best, Dick R.

[From Bill Powers (941211.0830 MST)]

Dick Robertson] (941210.2055 CST) --

Lovely post on reorganization in the clinical world. The suggestions you make about modeling it are tantalizing -- how I wish we could do such things! But describing what needs to be done and doing it are worlds apart right now, at least for me.

Your observations about the phenomena are invaluable, because they suggest where to look to get more evidence. Just because we modelers can't handle the complexity, there's no reason to quit making the observations. PCT can be applied as a plausible organizing principle even where we can't literally prove that it's the right explanation. Sometimes just seeing how the theory MIGHT work provides enough incentive for a researcher to decide to find out if it DOES work that way.

I think we'll get there sooner rather than later, but right now it should be obvious from conversations on the net that the main preoccupation is working out conflicts among different views of behavior. It is SOOO hard to work out disagreements at the system concept level; just when you think agreement is at hand, something comes up to show yet another way of disagreeing. People come into PCT with huge networks of ideas that have all been shuffled around until

they seem to fit together, and picking them apart is very time-consuming. When
you add to this a touch of humility, by realizing that we, too, are in a big
network of ideas and might have to do some picking apart of our own, it all
gets even slower. But this is what we have to do, if we aren't to start all
over with every new person who comes into PCT.

Best to all,   Bill P.

[From Rick Marken (941211.1620)]

Bill to Dick Robertson (941210.2055 CST) --

>   Lovely post on reorganization in the clinical world.

I enthusiastically second that emotion. Great post, Dick. Your discussions of
reorganization based on clinical experience (and research experience!) have
always been an inspiration to me. I don't think I really understood
reorganization until you talked about it at one of the early meetings of the
CSG.