The Persistence of Basic Mistakes: A Re-examination of Psychopathology within Individual Psychology

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In this article we will examine the nature of psychopathology. In particular, we will consider how implicit errors—basic mistakes—are able to persist through time, especially when they yield sometimes overwhelming negative feedback that "should" result in their being replaced (Bickhard, 1989; Bickhard & Christopher, in press). In earlier articles (Bickhard & Ford, 1979; Christopher & Bickhard, 1992), we asked "Why should basic mistakes continue through life? How can the tendencies toward internal consistency and persistence explicated earlier [in the article] override the selection pressures of sometimes massive pathological dysfunctionality? Why does the child not learn to differentiate current environments from the initial family constellation?" Here we attempt to address those questions.

How Persistence is Addressed in Individual Psychology

Within Individual Psychology basic mistakes are regarded as "central, usually not known to the person, but are dearly held and highly resistant to change" (Manaster & Corsini, 1982, p. 103). However, the question of the persistence of basic mistakes in the life-style has not been given much attention. One of the few passages in Adlerian literature that tackles the problem directly is found in Manaster and Corsini (1982). They suggest that

> People will not change their life style because they ordinarily (a) do not recognize the errors in their thinking and behavior, (b) even if these are pointed out to them, they do not know what to do instead, or (c) they do not have the courage to overthrow old patterns for new, unknown outcomes. (Manaster & Corsini, 1982, p. 98)

While Manaster and Corsini's three reasons explain to some extent the persistence of basic mistakes, they do not appear fully capable of accounting for the degree of persistence that can exist. For instance, points a and b center around the absence of certain forms of crucial knowledge—knowledge of oneself and knowledge of alternatives. In and of itself, point a is inadequate to explain persistence because, as point b indicates, basic mistakes frequently persist even when people recognize their errors. Point b is also of limited value to account for persistence because, as all therapists are aware, basic mistakes can persist even when people have thought up options or are given alternatives. If the persistence was just due to points a and b, it would be difficult to understand why therapy can be such a long and difficult process.

In point c, Manaster and Corsini (1982) suggest that courage is a crucial variable. However, to frame the persistence of basic mistakes in terms of courage raises several problems. First, describing the persistence of basic mistakes as due to a lack of courage doesn't really address how or why this is the case. In this sense, attributing persistence to a lack of courage is not a true explanation; it is another aspect of, or name for, the problem, not a solution to it. It describes the problem but does not solve it. It leaves unaddressed the crucial question of "Why is unusual courage needed?" or "Why is normal courage absent?" Just because alternative outcomes are "unknown," why should this require courage? We try out new behavior in other areas of our life and yet these don't require massive amounts of courage (e.g., a new flavor of ice cream). Courage would only seem to be called for if there is something that is deathly terrifying or frightening about changing behavior. What this might be, though, has not been fully articulated.

A second problem is that point c potentially turns the persistence of basic mistakes into a moral issue: people with persistent basic mistakes are morally weak. They lack the courage to face life squarely, responsibly. They are spineless. This view yields a "blame the victim" outlook and diverts attention from possible deeper explanation. Taken together with points a and b, point c also does not seem sufficient to account for the degree of persistence that can exist.

An Alternative Understanding of Persistence

There does not seem to be a conceptually adequate explanation available for the persistence of basic mistakes. This might be construed as

simply a point to be developed further within the theory; we claim, however, that the problem of persistence is fundamental to the problem of psychopathology and cannot be adequately addressed as a secondary issue. In particular, Bickhard (1989) has argued that the essence of psychopathology is *not* the dysfunctionality of behavior, rather it is the *rigidity* of the dysfunctionality. Applied to the problem of basic mistakes, this perspective implies that it is not the basic mistake itself that constitutes psychopathology. It is instead the *rigidity* of the basic mistake that makes it pathological. In other words, it is the *persistence* of ignorance and error that constitutes psychopathology, not the ignorance and error in and of themselves. Thus, we maintain that the question of the persistence of basic mistakes is at the same time the question about the nature of psychopathology. Let us now consider an explanatory model that addresses the question of why basic mistakes can in fact be so resistant to change.

Basic mistakes must first be differentiated from simple everyday mistakes. Basic mistakes reflect a way of being that prevents their own change. When we make simple everyday mistakes we tend to be relatively open to feedback and through the process of learning we engage in alternative actions and thoughts. Basic mistakes, in contrast, are closed to this sort of feedback. The type of problem-solving and self-examination that normally occur when we make a mistake are somehow prevented. In some way basic mistakes must have an inherent property of protecting themselves. They protect themselves against the discovery of their own error. Let us consider how basic mistakes are self- or autoprotecting. We will examine both the cognitive and the motivational aspects of this process of *autoprotectiveness*.

Autoprotectiveness. The rigidity of basic mistakes arises from an autoprotective function. The question arises, though, as to how this function of self-protection is accomplished. In what ways could autoprotectiveness occur? How could it function? Autoprotectiveness functions first through what could be called cognitive *centrality*. There are two aspects of cognitive centrality, *functional centrality* and *epistemic centrality*.

Functional Centrality. First, the autoprotective process must be *functionally central*. This means that there can be no higher functional level from which the self can operate. Thus, there is no superordinate process or part of the self that can detect the consequences of basic mistakes as functional failures—as failures of means toward some higher-level ends, failures of strategies in the everyday process of living. If the basic mistake is a subordinate process, then there is by definition a higher-level process that could invoke the full power of learning in response to failures, and thereby potentially change the basic mistake. With respect to basic

mistakes it is precisely this *lack* of such a superordinate functional process that prevents normal learning in the service of improved or corrected functioning. Thus, in psychopathology basic mistakes must be functionally central to be autoprotective.

Epistemic Centrality. Not only is autoprotectiveness functionally central, but the autoprotective stance must be *epistemically central*. The basic argument is parallel to that for functional centrality: if any higher epistemic level exists from which a way of functioning in the world can be examined, then any errors in that lower level manner of being—in that examinable manner of being—can potentially be examined, discovered, and changed from that higher level.

To understand the significance of this point, we need to first posit that some goals and processes are about other goals and processes. That is, we have multiple levels of goals and processes. Superordinate goals and processes *know* or represent subordinate level ones. The superordinate goals and processes can engage in a knowing interaction with lower-level ones, and thereby reflect upon them (Campbell & Bickhard, 1986). When such a condition exists, the subordinate goals may *satisfy* or *fail to satisfy* various criteria of the superordinate process. Higher-level goals, then, can serve as loci of, processes of, *evaluation* of lower-level ones. Such superordinate goals, or criteria of evaluation, are called *values*.

Values can exist at several levels. That is we can have values about values. As mentioned earlier, basic mistakes must be epistemically central, they must exist at the highest epistemic level. And we now find that the criteria that these superordinate processes have for lower-level processes are values. As a result, the autoprotective stance is intimately related to a person's values. By values here we do not mean a person's professed values. Rather we are referring to a person's lived values and these may or may not overlap with their professed values. The autoprotective stance "involves the most central, core, deeply implicit values of the person—values that constitute the person, that are lived, not just espoused, by that person" (Bickhard, 1989, p. 124).

Autoprotectiveness touches the core of the self. While a universally accepted definition of the self has not emerged, we would argue that the self is the core of a way of being in the world. It is one's understanding of oneself, one's epistemic relationship to oneself. We have just claimed that autoprotectiveness is related to the type of values that constitute who we are. Thus, an autoprotective stance involves our deepest values about ourselves and our relationship to the world. Autoprotectiveness and basic mistakes involve—necessarily involve—distortions of the self.

Terror. The notion of centrality is necessary but not sufficient to explain

why basic mistakes persist. Centrality itself is not pathological. Centrality simply defines the limits of one's highest level of perspective. "To simply not have a current higher-order perspective on one's current way of being is a kind of incompleteness that is inevitable for everyone. It is a version of finiteness" (Bickhard, 1989, p. 125). The problem occurs when centrality becomes autoprotective, when centrality becomes rigid. In other words, psychopathology is not simply the centrality of basic mistakes. It is rather when the development of a higher perspective on the basic mistakes is prevented.

Centrality describes what occurs at a functional level but its own persistence needs to be explained. If a way of being, even a central way of being, yields dysfunctionality, then why can't we just develop a higher level from which to examine that way of being and correct and improve it?

We suggest that the explanation of this rigidity of functional and epistemic centrality is not itself a matter of further cognitive properties, but is the consequence of motivational issues. Autoprotectiveness is not cognitively unable to develop higher perspectives but is motivationally unable to develop higher perspectives. So, why should basic mistakes retain cognitive centrality? What prevents the emergence of a superordinate system? How can centrality protect its own centrality? The answer we would argue is terror. As centrality is a functional necessity for autoprotectiveness, terror is the motivational necessity. Terror ensures the perpetuation of the cognitive centrality. Terror prevents the development of a higher order perspective that would allow the individual to learn from behavior that is dysfunctional and develop new, more healthy, alternatives. Let us explore how terror functions.

One of the features of the highest-level system, in this case the valuing process of the self, is that there is no higher level that can operate upon it to determine what counts as success and what as failure. Normally a higher level can guide the organization and development of lower levels. For instance, our values can guide and shape the development of our behavior. However, at our highest level, the level where basic mistakes are cognitively central, there is by definition no higher or superordinate level. If this is the case, then what can possibly guide this highest level of self-organization, the level of functional and epistemic centrality?

Emotions, while not a higher level, can nonetheless guide the development and construction of functionally central parts of the self. Emotions not only influence our interactions with others and the environment, but they can also "participate in the guidance of learning and development, of self-organization, including that of functionally central parts of the system" (Bickhard, 1989, p. 126). One of the characteristics of emotions is that they can guide us toward or away from various types of interactions. Negative emotions are those that yield motivations to avoid. Thus, negative emotions have the potential to yield autoprotectiveness.

The term terror is used in a generic manner by Bickhard (1989) to capture the type of negative emotions underlying the autoprotective stance. He notes, however, that there are several limitations to using the term terror to denote this primitive emotional motivation. Any term, including "terror," says both too much and too little. That is, too much in that they are all construed in terms of fully explicit adult versions—the auto-protective emotion will in general be neither adult nor explicit—and too little in that they do not capture well the "core of one's being" sense of the autoprotective emotion—in that respect "dread" is a useful word, but its connotations are both too adult and too passive (Bickhard, 1989, p. 127).

What is critical about such negative emotions is that they are capable of generating movitations to avoid. Such emotions can include dread, anxiety, fear, disgust, distress, contempt, anger, panic, and terror itself. Negative emotions can cause us to avoid interactions—not only with other people and the environment but also internal interactions; negative emotions can cause us to avoid the metaprocess of developing higher levels of self-organization in which basic mistakes might be recognized and abandoned.

The primitive emotional motivation that we have called terror can be directed toward the self, others, or the world. When this terror inhibits learning and development then it becomes what Adler called *pathological fear* (Ansbacher & Ansbacher, 1956, p. 108).

Autoprotective terror must be associated with those activities that might lead to higher-level examination of one's life and living—it must be associated with those activities that might lead to changes in central basic mistakes. It must prevent those activities. It is the motivational prevention of such change by such terror that yields the autoprotectivensss, and, thus, the rigidity of psychopathology.

Autoprotectiveness must involve centrality; centrality involves core lived values. Autoprotectiveness must involve terror—central terror. Therefore, this central terror involves those core lived values. That is, autoprotectiveness must involve terror concerning our failure to satisfy those core values. The possibility of examining, discovering, confirming, revealing to the world, or even engaging in such failures, is the terrible possibility avoided. And it is that avoidance that protects the terror from examination and change.

If, for a simple example, I fear being weak and have a sense of a world that is always ready to take advantage of and to humiliate any weakness, then, on one hand, I may well have difficulties in both work and close relationships as a consequence of my effort and determination to not be weak, and as a consequence of the personality characteristics that I have developed since infancy in coping with that necessity for not being weak. But the sort of examination that might be able to change my way of being, to change that character, will itself feel weak. So, precisely what would be required to change this sense of value would be in violation of this value;

to engage in what would be required to change such values would be to already violate those values. To change such values would require that they be already changed. Such are the traps that autoprotectiveness can create.

Such a trap need not function explicitly and consciously. Autoprotectiveness emerges from logical and functional properties of autoprotective ways of being more than from any explicit thought-through decisions. Such autoprotective functional relationships, then, are in the realm of Adler's notion of the unconscious—the "not understood" (Bickhard, 1980). This notion of the "not understood" has its own conceptual difficulties, and we offer a concept of "implicitness" in its stead (Bickhard, 1980, 1989; Christopher & Bickhard, 1992). Autoprotectiveness, then, is an implicit property, even an emergent property, of psychopathological ways of being. It is an implicit property of the ways in which we avoid, cope with, compensate for, distract ourselves from, strive to overcome, strive to prevent—and so on—our own worst fears about ourselves.

Implications

We have presented this account in a sort of contextual vacuum largely independent of prior writings on related topics. We did this to focus on developing the internal coherency of the conceptual framework of this model. We believe, however, that our model is consistent with Adler's basic outlook and his understanding of psychopathology. Moreover, we believe that it deepens the discussion of the causes of psychopathology by addressing the problem of why basic mistakes are so resistant to change.

Adler, like most personality theorists, focused on explaining the nature of dysfunctionality, the unhappiness per se, not the problem of persistence. Most of the attention given to psychopathology among Adlerians has been to explicate the *content* of basic mistakes. In this way Individual Psychologists have helped detail the types of errors that people can make with regard to their most basic stances toward themselves, others, and the world. We have attempted in this article to deal with the *ontology* of the mistakes. In particular, we wanted to address the question of what makes basic mistakes persist from the perspective of our previously advanced model of the life-style (Christopher & Bickhard, 1992).

One consequence of our model is that it shifts the locus of the problem. While the content of the basic mistakes is indeed essential to consider, an even deeper consideration is why the basic mistake persists. It is the persistence of the basic mistake that is the deepest problem, not necessarily the content. The problematic content in itself would be a simple mistake or error, not the type of neurosis characteristic of basic mistakes.

But it is the persistence of the mistake, the "stuckness," that is most troubling when we attempt to facilitate positive changes.

The model of basic mistakes we have offered suggests important considerations for the process of therapy. First, the notion of autoprotectiveness and terror open up a whole new realm of considerations to explore within therapy. Typically, the Adlerian therapist discovers what the basic mistakes are and then works to change them, to replace them with common sense. We can see in this approach a tendency to reify the basic mistake and treat it as a mistake. In other words, the as-if is dropped; it is no longer that the person seems to be making a basic mistake, they are making a basic mistake. In Bickhard's language of functional analysis (1980) what is functionally real (the appearance of a client having made a basic mistake) is confused with what is subjectively present and true for the client.

From an historical perspective, Adler initially treated basic mistakes, like the unconscious, final goals, life-style, and so on, as heuristic fictions. This is where Vaihinger's philosophy of the as-if was so important for Adler as it freed him to conceptualize and work with clients without having to have a full explanatory model. Through the fictional models provided by the as-if, Adler could address the clients' problems and engage in the process of therapy. Yet as we have argued elsewhere (Bickhard, 1980; Christopher & Bickhard, 1992), the as-if functions as a promissory note for future explanation. The as-if substitutes for true explanation as a useful, heuristic fiction. Over time, though, the as-if nature of many of Adler's basic concepts came to be dropped. For instance, Ansbacher and Ansbacher (1956) note with respect to the fictional final goal that "Several years later, Adler dropped [the heuristic] connotation from his use of the fictional . . . Eventually [he] relinquished the term fictional altogether when speaking of the goal" (p. 90).

Dropping the as-if or fictional nature of the basic mistakes has had ramifications in the practice of Adlerian psychotherapy. If the fictional nature of basic mistakes is ignored, then the client is frequently treated as though they had made a basic mistake. This can lead to treating the individual as socially and morally responsible for those mistakes (Bickhard & Ford, 1976; Bickhard, 1980).

Treating the basic mistake as-if it was an actual mistake the client made fosters an educational approach to therapy. In this sense, Adlerian therapy bears resemblance to the cognitive-behavioral therapies, such as R.E.T. From this perspective, the client must be taught their mistakes and alternatives. Moreover, this view may lend itself to a form of authoritarianism or paternalism within the counseling process: I as the therapist know your problem (basic mistake) and you must forego your errors and adopt my common sense.

If the analysis that we have offered is correct, then this stance toward the client is potentially unproductive and damaging because the basic mistake is not a consciously made mistake. The mistake is only an error in functioning and because of autoprotective processes, we are not aware of this area of our lives. Again, this does not mean that something is being repressed. It is rather that the ability to reflect on and differentiate these problematic areas of our life has not been allowed to develop because of the autoprotectiveness set in motion by the experience of terror. Ultimately, then, what is important is to help the client work through the underlying sense of terror and begin to reflect upon her or his life and make the necessary differentiations.

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