

## Maladaptive Functional Relations in Client Verbal Behavior

Sigrid S. Glenn

Center for Behavioral Studies  
North Texas State University

Skinner's analysis of verbal behavior is applied in this paper to several kinds of maladaptive behavior with which clinicians must deal. Lying, denial, and poor observing skills are discussed as defective tacting repertoires. Demanding and manipulative behaviors are mandas that obtain immediate reinforcement at the expense of disrupting long-term interpersonal relations. Obsessing is runaway intraverbal behavior. Variables that enter into the maladaptive functional relations are examined.

Traditionally, psychological intervention has been built around client verbal behavior.<sup>1</sup> With the advent of behavior therapy, what the client said in therapy took a back seat; behavior therapists insisted that changes in the client's real-world behavior constituted the goal of psychological intervention. Still later it became apparent to behavioral clinicians that the client's utterances in therapy sessions related in significant ways to the client's real-world problems. For some reason, many behavioral practitioners got flustered when the importance of the client's verbal behavior became apparent—as if they had got caught looking under the light for the lost object as opposed to looking in the vicinity in which it was lost. In order to retain the practical benefits of behavior technology and at the same time account for the newly found importance of verbal behavior,

they compromised—by moving to a point halfway between where the object was lost and where the light was best. They turned their attention to cognitions, which were generally inferred from the client's verbal behavior.<sup>2</sup>

That behavioral clinicians turned to cognitions is viewed in this paper as a natural, if misplaced, attempt to get at what lies behind the client's verbal behavior. An alternative strategy is implicit in Skinner's functional analysis of verbal behavior (1957). Skinner insists that the form of verbal behavior does not tell us much. What clients say is not the issue; why they say it is. Skinner would have us, roughly speaking, look beyond the verbal behavior for the empirical events that account for it. We must look at the functional relations in which the verbal behavior is embedded.

Some of the events involved in those relations may be private, but that does not necessarily take them out of the realm of a functional analysis. A private event is an empirical event if potentially detectable as functionally related to a response or to the stimulating environment. Ralph Hefnerline (1958, 1963) in an early and brilliant experimental analysis of specific private events, demonstrated control of the external environment over a covert operant. Then he made the covert

---

An earlier version of this paper was presented at the convention of the Association for Behavior Analysis, Milwaukee, WI, May, 1982. The author thanks Dr. Janet Ellis as well as the editor and reviewers for their helpful and cogent suggestions. Requests for reprints should be addressed to the author: Center for Behavioral Studies, North Texas State University, Denton, Texas 76203.

<sup>1</sup> In this paper, the term *verbal behavior* is used as Skinner (1957) defines it. It is "behavior which is effective only through the mediation of other persons" (Skinner, 1957, p. 2). Therefore, verbal behavior is not necessarily vocal, or even linguistic. Gestures and match-to-sample responses may qualify as verbal behavior, as well as, more obviously, American Sign Language and broken or fluent English. A parrot's chatter is not verbal behavior.

---

<sup>2</sup> To the writer, cognitions appear to be intervening variables or constructs, i.e., summary terms for classes of relations between empirical events. Thus it seems advisable to examine those empirical events directly and systematically.

behavior a controlling stimulus for an overt response. Although Hefferline's plea (1962) for experimental investigation of the relations between covert and overt empirical events has been largely ignored, the practicing clinician might do well to hypothesize such relations rather than hypothesize non-empirical constructs as the causes of behavior.

In this paper I will attempt to analyze several kinds of maladaptive verbal behavior commonly seen in the clinic. These maladaptive functional relations either constitute the client's problem or make problem resolution difficult. The paper is written from the viewpoint of a practitioner who formulates all behavioral phenomena within the analytical framework provided by Skinner (1953, 1957, 1969, 1974). It assumes the reader is familiar with the concepts of operant psychology.

To demonstrate the usefulness of Skinner's framework in guiding the clinician's analysis of the client's problems I will classify and exemplify a few of the maladaptive functional relations found in client verbal behavior and examine these to determine what changes in functional relations might bring about problem resolution.

### INADEQUATE TACTING

A tact is a controlling relation between specific antecedent stimulus events and specific forms of verbal behavior. For example, the presence of a small, furry, four-legged creature that has whiskers and meows evokes the verbal response "cat". The stimulus event(s) in the functional relation called a tact may be objects ("cat"), abstract dimensions of objects ("red" or "poetic"), the behavior of objects ("fall" or "run"), relations among properties of objects ("larger"), number of objects or events ("four"), or complex temporal relations among events ("operant").

Inadequate tacting may represent several different kinds of maladaptive functional relations. Three kinds of inadequate tacting are commonly called poor observation, lying and (since Freud) denial. These kinds of verbal behavior

may be examined in terms of the functional relations that appear to obtain when the behavior is so labeled.

### *Poor Observation*

When a client is asked to describe events in the environment, he or she is often surprisingly unable to do so. The events to be described have usually taken place before the client entered the therapist's office; so perhaps the problem is that he or she has not learned to recall past events. The client's difficulty, however, often seems due to an inadequate tacting repertoire. Certain critical stimulus control relations are faulty or lacking altogether. The client may be described as a poor observer of his or her own and others' behavior. Precise tacting of behavioral and other environmental events is, in this case, a prerequisite to useful recall. Here is a typical verbal exchange.

Client: I want to quit work.

Therapist: Oh?

Client: My boss is getting impossible to work for.

Therapist: How so?

Client: He treats me terribly.

Therapist: What does he do?

Client: He acts like a hotshot and treats me like a nobody.

Therapist: What does he do?

Client: Today he made me so mad I felt like punching him out.

Therapist: What did he do?

Client: He is really an inhumane SOB.

Therapist: What did he do?

And so forth. On the basis of the client's report, the behavior therapist cannot begin to understand what kind of empirical relations exist between the client and his or her work environment. Unless the therapist can arrange contingencies that generate and maintain precise tacts, he or she cannot begin to obtain the necessary facts. Therefore, examination of several kinds of defective contingencies is in order.

### *Absence of Precise Tacting Repertoire*

A possibility exists that the client has simply never learned to tact behavior precisely. Although the verbal responses of the client may be partially under control of the boss's behavior, the stimulus

control is mixed.<sup>3</sup> A response like "My boss is getting impossible to work for" is undoubtedly controlled at least partially by the boss's behavior. It is also likely controlled in part by the inclination of the speaker to remove himself or herself from the situation. The inclination of the speaker to quit the job may derive from multiple sources of control, only one of which is the boss's behavior. For example, the speaker prefers to watch day-time television to working and/or finds the work unrewarding or difficult.

The therapist cannot afford to assume that the topographies or frequency of the boss's behavior account for the utterance, or that they account for the client's inclination to leave, which in turn accounts for the utterance. The therapist must determine whether the client's problem is a difficult boss, an inadequate interpersonal repertoire or conflicting contingencies for working vs. alternative behavior to name but a few of the possibilities. If the client could describe the boss's behavior and his or her own responses as independent events, the therapist could better understand the source of the client's problems.

That many people lack precise tacting repertoires has been noted by B. F. Skinner (1969, p. 237). Such a lack may result from the reinforcement the verbal community gives for verbal behavior that "interprets" empirical events or summarizes relations among them. Unfortunately, unexamined interpretations may be inadequate and, even worse, preclude understanding of functional relations among events. Therefore, an inadequate tacting repertoire becomes part of the problem and must be remediated before the problems which brought the client to therapy can be resolved.

The client may have learned to tact as separate events his or her own behaviors and events in the environment (which in-

cludes the behavior of others). The client may fail to do so, however, for a variety of reasons. When the therapist asks the client what the boss did, the client's response "He made me so mad I felt like punching him out" contains a series of metonymic tacts.

A metonymic tact "occurs when a stimulus acquires control over the response because it frequently *accompanies* the stimulus upon which reinforcement is normally contingent" (Skinner, 1957, p. 100). A reinforceable tact in response to the question "What did he do?" might take the form "He called me an idiot 4 times yesterday." The verbal response "He made me so mad I felt like punching him out" tacts the client's prepotent behavior (mad, punching) rather than the boss's behavior, an example of metonymic tacting.

The metonymic tact may occur, not because the client has not learned to tact behavior properly, but because such responses have been actively and differentially reinforced. When a client reports that the boss called him or her an idiot 4 times, one might be inclined to ask the client what was done to evoke such abuse. When a client reports "getting so mad . . ." the therapist's attention is diverted to the client's behavior (particularly those responses involved in "feeling") and away from the controlling variables of that behavior (the boss's behavior). Most important, the client's behavior as an event in a set of interlocking contingencies is overlooked. The client has effectively precluded the therapist's ability to ferret out the role of the client's operant behavior in interactions with the boss.

Indeed, such consequences may maintain the metonymic tacting. In other words, metonymic tacts may be negatively reinforced by avoidance of searching questions, discovery of the client's part in the problem, or suggestions that the client behave differently. Positive reinforcers may also be differentially produced by metonymic tacting. By labeling negative feelings, the client may elicit sympathy or

---

<sup>3</sup> In the therapist's office the client's description is necessarily partly intraverbal, i.e., under control of the therapist's question. The maladaptive control, however, is evidenced in the absence of appropriate environmental control over the form of the verbal behavior.

affection from spouse, friends, or officemates.<sup>4</sup>

With negative and positive reinforcers abounding for metonymic tacting, perhaps it is not clear why it is considered maladaptive. The obvious answer is that it does not lead to examination of or clarification of the events that may be varied to produce a better work environment.

The reason the client approaches the therapist, however, may have more to do with the tendency of the client's verbal community to change its reinforcing practices. Spouse, buddies, and officemates eventually become bored and irritated by the client's "poor me" behavior, even though they have unwittingly strengthened it. Extinction contingencies may have combined with other problems to drive the client to a new source of potential reinforcers and/or relief. Such a client is likely to have trouble learning good tacting because it predicts changes being required in his or her own behavior. And the client has, without being able to say so, turned to the therapist for support of his or her present repertoire, not to learn to behave differently.

### *Lying*

Behavior often reported by parents when they bring a child to a therapist is what the parents call "lying". Adults often accuse one another of lying, too, and the behavior is specifically proscribed by the commandment "Thou shalt not bear false witness against thy neighbor."

Lying is verbal behavior that sounds to the listener as if certain environmental events occurred and, having occurred, enter (albeit delayed) into the control of a specific verbal response. For example, when a person says "A dog was in class today," the form of the verbal responses suggests a dog provided visual stimulation for the speaker in a specific situation. The speaker's response sounds like a recalled

tact.<sup>5</sup> If a dog provided visual stimulation for other speakers in the situation, the verbal community labels the verbal behavior "truthful". If the reported event did not actually occur, and therefore could not legitimately have ever controlled a tact, the verbal behavior is called a lie.

The verbal community assumes that the speaker "knows the event did not occur." Although this assumption is sometimes unjustified, the fact remains that people do sometimes lie, in which case the verbal community's assumption is well founded. In coming to understand the functional relations that enter into lying, one also comes to grips with the kinds of events that control the verbal community's response "knows the event did not occur."

A verbal response is a lie if the form of the response would change to reflect the standard antecedent-response relation in the presence of an alternative audience, including the speaker as his or her own listener. For example, if a speaker reported having seen a dog when a cat had actually been present, we would say he was lying if he could say to himself "That was really a cat." The verbal community's problem is that it must assess the probability that the speaker's behavior would change if the audience differed.

Sometimes pressing clients into more specific tacts is counter-productive because they resort to lying. If the therapist presses the client to emit responses having the form of specific tacts, but does not ensure that his verbal response is under control of the relevant discriminative stimulus, he or she may evoke behavior in the client that sounds like a tact but is not. For example, if the therapist insists the client specify and enumerate the boss's behaviors, the client may begin emitting verbal responses that sound like specification and enumeration but the control of such responses is the therapist's presence and the verbal

<sup>4</sup>In this case the verbal response has mand characteristics in addition to metonymic stimulus control. Such hidden mands are discussed under another heading.

<sup>5</sup>The fact that the complete utterance involves autoclitics as well as tacts is not critical to the present point.

stimulus "What did he do?" The form of the response is not under control of the boss's behavior, but occurs as a kind of compromise response form. It obtains reinforcement through therapist acceptance and also through avoidance of having to deal with the real problem—which would become apparent to the therapist if the client were to accurately tact environmental events. It also avoids censure, which the client might reasonably predict on the basis of past instances of truth-telling.

The behavior of lying is usually, if not always, avoidance behavior. The presence of a listener who is likely to punish accurate tacting is the critical event in the emission of a lie. The story, perhaps apocryphal, of George Washington and the cherry tree describes the behavior of a parent wise enough to recognize that accurate tacts are more important than cherry trees.

When a client emits responses giving the therapist the false impression his verbal behavior relates to actual past events, the first problem for the therapist is to detect the lack of relevant stimulus control. On the face of the matter, one might wonder why someone would come to a therapist for help and then make it impossible for the therapist to help. There are many possibilities. One is that the client does not want help. He or she may not want to be there at all, having been coerced by parent, spouse, employer, judge, etc. On the other hand, the client may want to be there, but for love or attention, not help. In either of these cases, the client must emit verbal behavior. In the first case the form of the verbal behavior is such that it avoids giving relevant information. In either case, the verbal responses may generate attention, approval, sympathy, etc. for the client. Until one is sure stimulus control is adequate, it is obviously critical that verbal behavior never be specifically reinforced for its *content*.

The problem for the therapist is to shift verbal behavior from the undesirable audience control in lying to the useful antecedent-response relations in tacting. Ferster (1972) pointed out that the rele-

vant reinforcer for tacting in therapy is clarification of the environment or one's own behavior, which provides discriminative stimuli for other reinforceable behavior. Differential reinforcement by the therapist for certain content precludes the development of self-observation skills. In the case of lying such reinforcement, contingent on form and independent of stimulus control, maintains the lying behavior.

Therapists traditionally avoid showing disapproval when a client reports undesirable behavior. A functional analysis suggests that is a wise course of action. Such disapproval is more likely to suppress an accurate *report* than it is the reported behavior. In fact, the therapist may reinforce the *report* of undesirable behavior and then take up the undesirable reported behavior in a problem-solving way. Such a tactic keeps the relevant stimulus control intact and deals with the undesirable behavior, too. Since the behavior reported is hours or even days in the past, the contingency between it and the disapproval is obviously defective anyway.

### *Denial*

Another kind of maladaptive functional relation that accounts for inadequate tacting is that which appears to underlie what Freud labeled denial. One is not obligated to accept Freud's theory to recognize that something like denial occurs and can be dealt with in terms of verbal behavior and its controlling variables. The variables involved in denial are complex and all of them must be present to some degree to meet the conditions which appear to have prompted Freud to label the phenomenon.

First, the client cannot respond verbally to a certain event while he can respond verbally to the same kind of event under other conditions. A young woman with 3 small children came to the writer, shocked and stunned that her husband had left her that morning. She stated "I thought we had the perfect marriage." Casual observation of the man's behavior, however, would have evoked different verbal behavior in the woman if she had

observed him as someone else's husband.

Second, the events and relationship the client fails to tact (denies) have an emotional effect on the client which is, of course, not recognized by him as relating to the events. In the case mentioned above, the woman had been showing numerous signs of stress including sleep problems, exhaustion and irritability. She had failed to recognize these as responses to emotional operations, possibly because she was denying existence of the events functioning as emotional operations.

Third, the motivating force for denial is the punishment inherent in tacting a fearful event. Usually the client has few or no readily available responses to deal with the situation if it were recognized. Therefore, accurate tacting would not only generate emotional responses like anger and depression but also fear or terror of a future for which the client is poorly prepared.

Relevant critical events that do not exist for the client, (i.e., cannot be responded to verbally, therefore outside the client's awareness) have to be inferred by the therapist on the basis of missing information or on the basis of information gleaned from other sources. In the case of denial, direct questions or cues from the therapist will simply not function as discriminative stimuli. Any direct attempt to generate the missing functional relations between environment and verbal behavior will likely only strengthen the prepotent motivational control.

A client in the throes of denial, if he or she seeks therapy at all, is likely to report desperation concerning some "problem" that seems insufficient to cause such turmoil. The therapist's best entering wedge is to go along with client's assessment and try to determine the source of the current problem. The client's insistence that some particular area of his or her life is not relevant to his problems often, though certainly not always, suggests that as an area to inspect more closely.

#### **MALADAPTIVE MANDS**

A mand is a verbal response the form of which controls specific behavior on the part of the listener (e.g., "Pass the salt

please") when a specific event (salt) would function as a reinforcer for the speaker. The antecedent controlling variables are establishing operations (Michael, 1982), events that serve to enhance the reinforcing effectiveness of a specific stimulus event (e.g., unsalted soup or recent salt deprivation).

#### *Manipulative Behavior*

A large class of problematic verbal behavior is called manipulative behavior by traditional therapists as well as the lay public. The term is somewhat irritating to behaviorists because all verbal behavior is manipulative in the sense that it is emitted because it has produced positive or avoided negative outcomes in the past. The term can be and often is used rather specifically to label verbal behavior of a certain kind. It is a verbal response that sounds like a tact to the listener but functions as a mand (i.e., results in the listener's supplying a specific reinforcer to the speaker). The behavior becomes maladaptive when its long term result is the disruption of interpersonal relations. How it leads to such results requires an examination of the variables that control the listener's behavior.

Mands (such as "Get out now") may strongly suggest aversive consequences for the listener if he or she does not produce the reinforcer mandated. Softened mands such as "May I have this dance?" appear to give the listener the option of reinforcing the speaker's behavior or not. But in both cases, the reinforcer is named. A mand so softened that it is not easily labeled a mand might be called a hidden mand (e.g., "I'm hot").

"I'm hot" sounds as if its form is controlled by the room temperature or body temperature. If the response is actually manding a listener to open a window or turn down the thermostat, it is an impure tact because the heat is functioning as an establishing operation as well as discriminative stimulus. The reinforcer for such verbal behavior would be a specific response on the part of the listener as opposed to a clarification of the environment for the speaker.

The disruptive nature of manipulative

behavior appears to stem from its aversiveness to the listener. The listener who labels a speaker's behavior "manipulative" is responding to the hidden connection between the speaker's responses and the specific consequences produced by them. The covert nature of the connection does not readily allow a "no" response to the speaker's mand. The listener finds absence of an option aversive.

Why this is aversive seems to relate to the sources of control for mands on the behavior of listeners. The direct mand implies aversive consequences for the listener who does not comply, while the softened mand appears to give the listener the option of complying or not. Compliance is the cornerstone of interpersonal relations and it carries with it the implicit promise of reciprocation from the speaker when he becomes the listener. Therefore, listeners are inclined to comply on most occasions, especially as long as the speaker generally reciprocates when he is listener.

When the mand nature of the verbal response is entirely obscured (i.e., the speaker does not specify the reinforcer at all), the speaker has not clearly asked for anything and therefore cannot be told no; nor has the utterance clearly set the conditions for reciprocity. The manipulative response is successful because it does not readily allow a no response from the unsophisticated listener. Because it is successful, it is often repeated. Excessive repetition eventually results in countercontrol from the listener. Since the manipulative nature of the hidden mand is difficult for most people to address, the countercontrol not only takes the form of stubborn refusal to comply, but also results in non-contingent aversive behavior toward the manipulative speaker.

It is probably the case that we teach people to be manipulative by criticizing or otherwise punishing or extinguishing honest mands. Obviously not every mand can be reinforced, but telling people they are bad persons, or are behaving badly for wanting or asking for something will probably not reduce the wanting. And it may

serve only to disguise the asking or result in the manding person's avoiding the listener altogether. The therapist, however, meets the client after he or she has already learned the art of hidden manding. Excessive manipulative behavior almost always causes problems for clients because their verbal community finds hidden mands coercive and aversive. A primary reason for the disguised nature of the mand in the first place may be the aversiveness of directly asking for something and not getting it. The manipulative behavior, while not always obtaining the consequences, at least avoids that aversiveness. Unfortunately, many listeners countercontrol direct mands, thus inadvertently shaping hidden mands.

The two classes of verbal behavior problems ordinarily referred to as "lying" and "manipulating" involve functional relations that are maladaptive because they directly interfere with client's interpersonal relations. Although lying and manipulating avoid immediate negative consequences or obtain immediate positive consequences for the speaker, they eventually come to function as emotional operations for the listener, producing a state usually labeled as anger.

If the listener is extremely adept at interpersonal relations she might be able to deal therapeutically with the situation. For most listeners, however, the emotional state produced by the speaker's verbal behavior merely enhances generalized aggressiveness toward the speaker which, in turn, the speaker is inclined to avoid. If the speaker must continue to interact with the listener (e.g., when the speaker is a child, student, etc.), the speaker is more likely to avoid further negative interchange by getting better at lying or manipulating.

If not constrained by necessity, the speaker may seek new interpersonal relationships where the maladaptive or dishonest verbal behavior will again be effective for awhile. The client seeking therapy is rarely able to pinpoint his or her own maladaptive verbal behavior as the problem, but is usually vaguely aware

of having problems in interpersonal relations.

The therapist, of course, must respond to the lying and manipulating therapeutically, that is, not in the way listeners in the client's environment ordinarily respond to it. The helper/helpee relationship allows the interpersonal distance necessary for rule-governed behavior on the part of the therapist to supercede emotional behavior.

### *Demanding Behavior*

A client's interpersonal relations may also suffer from what is often labeled "demanding" behavior. A person is viewed as demanding when he or she directly mands attention, help, praise, money, or other reinforcers at a high rate. This behavior is especially maladaptive when a client manages to obtain most reinforcers contingent on such verbal behavior rather than on more productive behaviors such as skillful work or task completion.

Demanding behavior is typical of children and when adults engage in it they are often viewed as childish. The child's "Look at me, Mom" mands the adult's attention. When Mom reinforces the child's demand by attending, he or she often does something silly. The child probably had not planned to do anything specific at all. The silly behavior occurs to fill in the blank produced by Mom's attending, which is a cue to perform. Adults sometimes do the same thing.

Children and adults often ask for help when they could perform without it. The reinforcer for such a mand may be the attention correlated with the help, or it may be the lesser effort the task requires when someone else does the hard part or the remaining part. The maladaptiveness of this verbal behavior becomes apparent when the child or adult has been reinforced so often for asking for help that he or she is at a loss when faced with the necessity of independent action. The mands for assistance may have precluded learning to respond to the environment without mediation by the verbal community.

Some adults unremittingly mand specific responses from children. Usually the mands are of the "no option" variety

and aversive consequences are very likely for the child who fails to respond. Such a state of affairs is generally detrimental to relations between adult and child. The constant threat of aversive control is an emotional operation, raising the probability of aggression (usually of a passive nature) from the child.

Adults whose behavior is constantly manded are also likely to countercontrol the speaker. The listener sometimes becomes non-contingently aversive toward the speaker. If the speaker's mands have been reinforced at a high rate and then meet extinction contingencies, he or she is likely to become somewhat irritated himself. In addition, the manding rate usually increases and the threat of aversive consequences grows for the listener who fails to respond.

Demanding behavior of a mildly disruptive nature is often less immediately detected by the therapist than is manipulative behavior. The skillful adult demander often fades the mands into a new interpersonal situation, keeping the rate at a level that doesn't destroy interpersonal relations. However, he or she is also likely to generate some countercontrol from the people in the environment who probably cannot tact the source of their irritation.

The more crippling the demanding behavior has been to the client's repertoire, the more likely it is to occur at an excessive, almost constant rate. In this case, the client will approach the therapist openly and immediately, demanding that the therapist "help me," i.e., make the world good for me—now! The client at this point will need his or her repertoire of productive behavior strengthened before interpersonal relations can be effectively tackled.

Perhaps it is worth mentioning that all people probably engage in demanding, lying and manipulating at times. These behaviors are probably often detrimental to the culture because they disturb the interlocking contingencies that define verbal behavior. However, they may not be detrimental to the individual emitting the behavior—even in the long run. When the individual's overall repertoire is sufficient



and when he or she is highly discriminating as to how often and under what conditions these behaviors occur, they may not damage interpersonal relations. But when emitted often enough or unskillfully enough to engender counter-control, irritation, and anger in the listener, they are always a problem. As a way of life in dealing with certain kinds of problems they are decidedly counter-productive.

### RUNAWAY INTRAVERBALS

The last kind of verbal behavior problem is one that does not so often directly disrupt interpersonal relations, as it makes for a less productive and satisfied client. This behavior is called obsessing, sometimes known as ruminating or worrying. Obsessing is a high rate of intraverbal behavior that seems to go nowhere. Intraverbal behavior is verbal behavior under antecedent control of other verbal behavior in which the two verbal responses do not have point to point correspondence (Skinner, 1957). For example, the verbal stimulus "red, white, and . . ." controls the response "blue" from the speaker. The verbal stimulus "How are you" often results in the response "Fine," which is not a description of the speaker's state but merely a courteous intraverbal response, controlled solely by the question.

Although intraverbal behavior may originally be emitted as responses to verbal stimuli provided by others, speakers often talk to themselves in intraverbal chains. The behavior is often covert but may be emitted in the presence of listeners if not actually punished. Obsessive behavior may take the form of repeated phrases of songs, color naming, or other short chains of intraverbals that seem to re-cycle themselves in spite of the speaker's expressed desire to stop.

Don Whaley (Note 1) pointed out that obsessive behavior often amounts to problem solving that fails to result in a solved problem.<sup>6</sup> The failure to solve the pro-

blem may result from the excessive intraverbal control of the client's verbal behavior. Effective solutions to most "problems in life" require interplay between events in the environment, verbal behavior and non-verbal behavior. The problem-solver tacts events and relationships among events, then proceeds to the intraverbal and autoclitic responses that constitute logic, rule-stating or hypothesizing. Non-verbal behavior, cued by the verbal behavior, changes the environment in ways that solve the problem or return the client to intraverbal behavior or provide conditions for new tacts. Often the obsessive client becomes enmeshed in the intraverbal behavior and appears peculiarly unresponsive to changes in the environment.

There could be many reasons for the excessive intraverbal control. Sometimes a client obsesses over a problem that cannot be solved because relevant action cannot be taken or because there is not enough information to formulate a viable solution. In other words, the client fails to discriminate between presently solvable and unsolvable problems. Obsessing may also serve to allow the client to avoid acting or dealing with the environment that presents the problem. People in therapy sometimes get very proficient at verbal problem-solving because these behaviors have been reinforced by therapists. Unfortunately, they are not so proficient at emitting operants that should be cued by their verbal solutions. In other words, they can label the events in the environment and their behavior and the relations between them. But these tacts do not serve as  $S^D$ 's for further responding—either because the responses are lacking in their repertoires or stimulus control of rule-governed behavior is weak.

Another kind of obsessing may be thought of as a stimulus control bias buttressed by word association, one kind of

---

<sup>6</sup> Whaley made this comment in a graduate course he taught. He went on to describe a person who was

---

historically a problem-solver but who was retired and had no significant problems to solve. Due to his history of reinforcement for problem solving, the man appeared to Whaley to be going through the motions with regard to pseudoproblems.

intraverbal behavior. The behavior is a non-stop tacting of aversive environmental events. In short, the world is going to hell in a handbasket and the client can and does enumerate—constantly—everything that's causing him pain, unhappiness, fear and anger. Sometimes the client also tacts the pain, unhappiness, fear and anger "caused by" these events. The events tacted actually do occur and do control tacting. One might call this a perceptual bias since there are usually just as many events that would cause him peace, joy and gratitude. They simply do not control tacting behavior; therefore they do not exist for the client and cannot leave him or her with positive feelings, which he or she might then tact.

Although the intraverbal associations among negative tacts may account for an ever increasing size in the response class, the negative bias is probably maintained by avoidance. Anyone who would insist that such a miserable, put-upon person produce reinforcers for himself is obviously a cad. Having to put up with such travail should be enough for one poor soul to have to bear. It is imperative that such clients learn to tact reinforcers contingent on their behavior, but they typically refuse to accept reinforcers (especially social reinforcers) as a positive event and insist on labeling them as counterfeit! Sometimes the therapist has to follow the client about, labeling positive events (saying "There's one! Count it!") until the client's tacting comes under control of the events themselves.

Another kind of obsessing might be called a simple response bias. It is not under good antecedent control. Such biased responding takes the form of "I'm no good," "I'll never do anything right," etc. It's simply a high rate of a certain class of responses under no specific antecedent control. Once again, word association probably recruits members to the response class, which often appears to be maintained by positive reinforcement in the form of enumeration of the client's assets by his listeners.

Obsessive behavior earns its name by the repetitiveness with which it occurs.

Most people who obsess label themselves as unhappy. Listeners in their environment may eventually be driven crazy if not driven away first.

### SUMMARY

Poor observation, lying, denying, demanding, manipulating and obsessing are but a few kinds of maladaptive verbal behaviors seen in the clinic. Alternative functional accounts of those problem behaviors are certainly feasible. The point of this paper has been to demonstrate how a behavioral clinician might analyze such complex problems in terms of Skinner's analysis of verbal behavior. Readers should see that such an analysis gives the clinician (or the parent, teacher or maybe even spouse) a useful understanding of variables that might account for the present behavior. The analysis also leads the practitioner to consider how he or she might adjust the contingencies to evoke behavior with more productive long-term outcomes.

### REFERENCE NOTE

Whaley, D. L. Personal communication, 1975.

### REFERENCES

- Ferster, C. B. An experimental analysis of clinical phenomena. *Psychological Record*, 1972, 22, 1-16.
- Hefferline, R. F., Keenan, B., & Harford, R. A. Escape and avoidance conditioning in human subjects without their observation of the response. *Science*, 1958, 130, 1338-1339.
- Hefferline, R. F. Learning theory and clinical psychology—An eventual symbiosis? In Bachrach, A. J., *Experimental foundations of clinical psychology*. New York: Basic Books, 1962.
- Hefferline, R. F., & Perera, T. B. Proprioceptive discrimination of a covert operant without its observation by the subject. *Science*, 1963, 139, 834-835.
- Michael, J. L. Distinguishing between discriminative and motivational functions of stimuli. *Journal of the Experimental Analysis of Behavior*, 1982, 37, 149-155.
- Skinner, B. F. *Science and human behavior*. New York: The Free Press, 1953.
- Skinner, B. F. *Verbal behavior*. Englewood Cliffs, N.J.: Prentice-Hall, 1957.
- Skinner, B. F. *Contingencies of reinforcement: A theoretical analysis*. Englewood Cliffs, N.J.: Prentice-Hall, 1969.
- Skinner, B. F. *About behaviorism*, New York: Knopf, 1974.