Anuario de Psicología
1990, nº *44*, 5-17

Reversal Theory: Clinical Implications

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This paper briefly reviews some of the basic ideas of Reversal Theory, and explains how it can provide a general conceptual framework for the eclectic therapist, allowing him or her to make systematic decisions about psychotherapeutic strategies and tactics. At the heart of the framework is the notion that there are five basic types of psychopathology, two of them falling under the heading «Structural disturbances», and three under the heading «Inappropriate strategies». A number of issues related to these ideas are discussed.

Este trabajo examina brevemente algunas de las ideas básicas de la teoría Reversal, *y explica cómo ésta puede constituir un armazón conceptual general para los terapeutas ecléctico, permitiéndoles tomar decisiones sistemáticas sobre las tácticas y estrategias psicoterapéuticas. La noción central de tal armazón es que hay cinco tipos básicos de psicopatología, dos de los cuales caen bajo el encabezamiento de «alteraciones estructurales» y los otros tres en el de «estrategias inapropiadas». Se discuten diversos resultados de publicaciones relacionadas con estas ideas.*

In Apter (1989a) the general lines of a new theory of motivation, emotion and personality were presented, together with a review of some of the research which has been generated by this teory. The aim of the present paper is to show how these ideas may be applied in the clinical field, so that the two papers taken together provide a broad overview of reversal theory, its foundations and some of its applications.

For those readers who have not read the earlier paper, it might be useful to recapitulate briefly some of the main arguments:

1. There are a number of universal «modes of being» which go in pairs of opposites such that, for each pair, one or other of the members of the pair

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is operative at all times during waking life; but a switch, or «reversal» is always possible from one to the other.

2. These «modes» or states of mind involve opposite ways of experiencing different aspects of motivation, and therefore they are known as «metamotivational modes».

3. Four such pairs have been identified in reversal theory and they are listed, with brief descriptions in Table 1. At any given time, the individual's experience is therefore characterized by a combination of one from each of these pairs.

4. Reversal between members of a pair may be brought about by a variety of factors, alone or in combination. Reversals may be classified as:

a. Contingent (brought about by environmental events);

b. Caused by frustration;

c. Caused by satiation (an internal dynamic for change which builds up over time).

5. Ecah member of each pair of modes is associated with a particular emotional dimension, the complete set of modes therefore giving rise to a basic set of eight such dimensions involving sixteen «primary» emotions. E.g. The telic state is associated with the «relaxation ⟷ anxiety» dimension, and when a reversal to the paratelic state occurs this dimension is «inverted» so that it becomes a «boredom ⟷ excitement» dimension.

6. Each individual person is therefore characterized by frequent (reversible) change and even —since the members of each pair of modes are opposite— by self-contradiction. In contrast to other theories of personality, therefore, reversal theory emphasizes intra-individual differences and argues that people are inherently inconsistent.

7. For each pair, however, the individual may have an innate bias towards one or the other member. Since this is not a trait in the conventional sense (i.e. it is dynamic and each individual will normally be expected at different times to experience *both* members of a pair) it is referred to in the theory as «dominance».

Rationales for these arguments will be found in Apter (1989a). For more detailed and extended presentations of reversal theory (including further concepts not described here), the reeader is referred to a number of books on the theory: Apter (1982, 1989), Apter, Fontana and Murgatroyd (1985), and Apter, Kerr and Cowles (1988). Research evidence bearing on, and generated by, the theory will also be found in these books especially Apter (1989) which provides an up-to-date review of all the research which has been carried out to date-experimental, psychophysiological and psychometric.

An eclectic framework for psychotherapy

It is of relevance to note, in the present context, that reversal theory had its origins in the child guidance clinic (Apter and Smith, 1979a). The seminal observation was that different children with, symptomatically speaking, the same

TABLE 1. BRIEF DESCRIPTION OF OPPOSITE WAYS OF EXPERIENCING DIFFERENT ASPECTS OF MOTIVATION ACCORDING TO THE REVERSAL THEORY

Telic mode The person is serious, preferring to plan ahead to important future goals, and seeking where possible to avoid arousal (which is experienced as anxiety).	*Paratelic mode* The person is playful and «here-and-now» oriented, preferring to be spontaneous and where possible seeking high arousal (which is experienced as excitement).
Conformist mode The person feels a desire to conform to rules and act in accordance with others' expectations.	*Negativistic mode* The person feels a desire to breack rules and act provocatively or defiantly.
Mastery mode The person experiences the world in terms of control and domination, transactions with others being about «taking» or «yielding up».	*Sympathy mode* The person experiences the world in terms of care and nurturance, transactions with other being about «giving» or «being given».
Autocentric mode The person acts on his or her own behalf, so that situations are experienced in terms of how they affect him or her personally.	*Allocentric mode* The person identifies with (another or) others, and acts on their behalf, experiencing situations vicariously in terms of how they affect these others (or this other).

problem, often understood what they were «up to» in different and even diametrically opposite ways. Take truanting, for example. For some children it turned out that truanting was a way of escaping from the monotony and dullness of the school environment in general and the classroom in particular. For others the reason for truanting was that they saw school as essentially threatening, and truanting was a way of escaping from anxiety. Clearly, the appropriate therapy for the one child would be likely to be completely counterproductive for the other. An attempt to convince the anxious child that there were further problems and challenges in the school context of which he or she had previously been unaware would only be likely to make the child more anxious than before; and an attempt to persuade the bored child of the lack of risk and challenge in the classroom would, equally, not be likely to be helpful. In the case of truanting, then, and of many of the other typical problems faced in the clinic, it became clear that a knowledge of the subjective meaning of the problem behavior was an essential preliminary to treatment.

In the course of working through the variety of problems presented by children, and also adults, those working with the newly emerging reversal theory concepts began to find that, at the level of analysis of the theory, problems fell into a relatively small number of types. (Murgatroyd, 1981, 1988a; Apter, 1982; Murgatroyd and Apter, 1984, 1986; Apter and Smith, 1987.) Specifically, it emerged that there were five major underlying categories of psychological disorder, at least

at the level of neurosis and personality disorder if not of psychosis (which has yet to be approached systematically from the reversal theory perspective). These five types fell into two large groupings. The first is that of what we have come to call «structural disturbances», which are problems deriving from what may be seen as inadequacies of the reversal mechanism. The other was labelled «inappropriate strategies» and concerned problems arising from within individual metamotivational modes.

The five types can be listed as follows:

1. Structural disturbance (across modes).
   a. Inhibited reversal.
   b. Inappropriate reversal.
2. Inappropriate strategies (within modes).
   a. Functionally inappropriate.
   b. Temporally inappropriate.
   c. Socially inappropriate.

These types of disorders can be combined in any way (with the exception of inhibited and inappropriate reversal which are mutually exclusive), in order to make up more complex conditions.

A ward is needed here about what is meant by «inappropriate». Essentially what is intended is to denote that the psychological event referred to (e.g. a reversal, or the initiation of some strategy) is producing distress which could otherwise have been avoided. In other words «inappropriate» in the present context means unnecessary distress —either on the part of the individual himself or herself, or on the part of others with whom the individual is interacting. Consistent with the whole of reversal theory, this definition is a phenomenological one: it is about subjective feelings rather than external definitions of normality or abnormality. If someone is happy and causing no problems for himself or for others, then from this perspective there is no problem, however odd or unusual the behavior might otherwise seem to be. But if distress is being caused which could have been avoided then there is a problem, however conventional or seemingly normal the behavior.

Reversal theory therefore provides the therapist/counsellor with an elegant way of understanding different types of pathology which, by the reference it makes to the «deep» metamotivational structure underlying experience and behavior cuts across the rather messy and complex diagnostic systems which have emerged over the years in psychiatry. (The latter tend to relate to constellations of surface symptoms, often defined behaviorally with little or no reference to experience or motivation). The reversal theory approach also has implications not only for diagnosis but also for intervention. We shall return to this in a later section of this paper.

A new diagnostic taxonomy

As we have seen, reversal theory proposes that there are five fundamental

types of psychopathology. Let us look at each of these in turn, defining each and then exemplifying each in terms of experiences and behavior which, while not yet pathological, give an indication of the way in which pathology may emerge. In the following section of the paper we will then look at traditional categories of psychopathology in the light of this new framework. For reasons of space our examples of mild forms of each problem type will be restricted to the telic/paratelic pair of metamotivational modes, but these examples will give a good idea of how the concepts may be generalized to other pairs of modes.

(i) *Inhibited reversal*

Definition: The individual is «locked» in one of the modes of a given pair of metamotivational modes, so that he or she is unable to move backwards and forwards between the two in the course of everyday life in the way that mentally healthy people can. Another way of putting this is to say that reversal is relatively inhibited so that dominance has become extreme in relation to one (or more) pairs of modes.

Mild forms

Some people tend to take life too seriously (telic dominant) so that they generally have difficulty in enjoying situations which are set up for immediate enjoyment —having a drink with friends, going to a party, etc.; in this way they miss some of the great pleasures of life. Similarly we find an opposite class of people (paratelic dominant) whose problem is that everything is a kind of game, and who are mainly interested in immediate hedonistic pleasures and excitements; these people tend to miss out on the satisfactions of planning ahead and of making solid accomplishments. Either way, the potential satisfactions and pleasures of life are being unnecessarily limited.

(ii) *Inappropriate reversal*

Definition: The individual has a tendency, in relation to one or more pairs of metamotivational modes, to be in a given member of such a pair at an inappropriate time. This may be related to a general tendency to reverse too frequently (i.e. a metamotivational lability or reversal over-facilitation), or to more specific circumstances which regularly tend to induce an inappropriate reversal at particular times.

Mild forms

An inappropriate reversal into the telic state means that one is likely to be

feeling anxious where one should be excited —for example, playing a game of tennis or golf, meeting new people, travelling on holiday. An inappropriate reversal into the paratelic state, on the other hand, means that one is not giving serious matters the serious attention they deserve —for example, at committee meetings, or in interactions with one's boss. This form of structural disturbance differs from that of inhibited reversal in that it refers not to a general lifestyle but, for a given individual, to particular recurring situations which are regularly experienced and dealt with less than optimally. And within a given individual, different inappropriate reversal in opposite directions within a given pair may occur at different times, e.g. telic-to-paratelic *and* paratelic-to-telic. (A detailed illustration will be found in Blackmore and Murgatroyd, 1980.)

(iii) *Functionally inappropriate strategies*

Definition: The individual tends, in a given metamotivational mode, to use one or more strategies for achieving the satisfactions, or avoiding the dissatisfactions peculiar to that mode, which strategies in fact have a different or even an opposite effect to that intended.

Mild forms

Here the individual may tend to be in appropriate modes at appropriate times, but simply tend to use strategies in a given mode which, at least under certain conditions, are unlikely to achieve the satisfaction of the mode and may even be counterproductive. For example, in the telicmode the individual may plan ahead with such rigidity that he or she is unable to take advantage of new opportunities for achievement when they arise. In the paratelic mode the individual may use unimaginative repetitive strategies for achieving excitement which quickly pall and produce boredom instead.

(iv) *Temporally inappropriate strategies*

Definition: The individual tends to use strategies in one or more metamotivational modes which, while being appropriate to the immediate attainment of the satisfactions, or avoidance of the dissatisfactions, peculiar to such modes, have long-term effects which make the future attainment of satisfaction, or avoidance of dissatisfaction, considerably more difficult than would otherwise have been the case.

Mild forms

In the telic mode the individual tends to deal with serious long-term pro-

blems by using short-term avoidance strategies which eventually only compound the problem, or cause new problems. For example, the individual may put off making essential decisions, or avoid rather than face up to challenging situations (Braman, 1988; Van der Molen, 1986). In the paratelic mode the individual may tend to gain immediate pleasures which have costs in terms of later health, financial or other problems.

(v) *Socially inappropriate strategies*

Definition: The individual tends to use strategies in one or more metamotivational modes which, while being appropriate to the personal attainment of satisfactions and avoidance of dissatisfactions, peculiar to such modes, have interpersonal effects which make the attainment of satisfaction, or avoidance of dissatisfaction considerably more difficult for other people.

Mild forms

In the telic state the individual may, for example, attempt to impose his or her ambition or perfectionism on others —spouses, children, colleagues, etc. If the individual is telic dominant this may make life enduringly miserable for others, especially if they are paratelic dominant, and may also produce conflicts eg. in the family. In the paratelic state the individual may use others to gain excitement at their expense —teasing, making provocative remarks, setting people against each other, and so on. If the person is paratelic dominant this may also make life generally more uncomfortable for others, especially when they are engaged in serious activities, and produce its own range of conflicts.

In contrast to all this, the mentally healthy person is someone who:

(i) Is able to move freely between modes,and regularly experience both members of each pair;
(ii) Tends to match modes with situations so as to optimize on the possibilities for pleasure and fulfillment;
(iii) Use strategies within each mode which are successful in obtaining the «good experiences» which are potentially available in that mode;
(iv) Use strategies within each mode which do not delimit the chances for future happiness; and
(v) Use strategies within each mode which avoid causing distress in others.

Psychopathology from the reversal theory perspective

In terms of the taxonomy presented in the previous section of this paper it is possible to see the major psychiatric diagnostic categories, at least in rela-

tion to the various forms of neurosis and personality disorder, in a new light. In other words, this taxonomy provides a «deep» structure which may be seen to underlie many diverseseeming types of psychopathology. Some of these types are relatively pure forms of one or another of the five fundamental types of pathology presented here; others involve particular combinations of these types.

Let us lits a number of major traditional diagnostic categories and see how they may be interpreted within this new conceptual framework.

(i) *Chronic anxiety*

Here the individual is generally trapped in the telic state, i.e. is suffering from inhibited reversal in this respect, so that any elevated levels of arousal generally become experienced as anxiety rather than excitement. This may be compounded by the use of functionally inappropriate strategies which fail to reduce arousal levels.

(ii) *Phobia*

In this case the person involved tends to experience an inappropriate reversal into the telic state in response to stimuli which others would not see as threatening, and to experience unnecessary anxiety as a result. This may be compounded by the functionally inappropriate strategy of feeling anxious about the anxiety, thus getting into a vicious circle leading to a full-blown panic attack. (See case history in Murgatroyd and Apter, 1986.)

(iii) *Depression*

This arises where the person is stuck in one mode or another (inhibited reversal), is using strategies which are functionally (and probably temporally) inappropriate to avoid the dissatisfactions of that mode, and feels helpless about the whole situation. It will be noticed that, according to this analysis, depression come in opposite types e.g. anxiety depression versus boredom depression. (See Murgatroyd, 1987.)

(iv) *Delinquency*

This would appear to be another example of inhibited reversal, the youngster being caught in the paratelic mode and therefore continually in search of stimulation and excitement, combined with a tendency to spend long periods in the negativistic and mastery modes (see Table I), giving rise to socially (and often temporally) inappropriate strategies such as those involved in vandalism and hooliganism. (Evidence to support this will be found in Bowers, 1985, 1988.)

(v) *Psychopathy*

At first sight this would seem to be an adult version of delinquency. However, recent evidence (Thomas-Peter, 1988; Thomas-Peter and McDonagh, in press) casts doubt on this and implies that it may be more a question of inappropriate reversal than inhibited reversal.

(vi) *Obsessionality*

In the clinical rather tan normal personality trait version of obsessionality (a distinction which goes back to Freud) there is evidence (Fontana, 1981) that the patient suffers from over-facilitated reversal, a form of lability which gives rise to frequent inappropriate reversal.

(vii) *Sexual dysfunction*

Healthy sexual behavior involves an orientation to the immediate moment and its sensations, and an enjoyment of the high arousal generated on the way up to, and including, orgasm. It is therefore essentially a paratelic mode phenomenon. The man or woman who inappropriately reverses to the telic state during a sexual encounter will experience arousal levels as they begin to increase as anxiety rather than excitement, and this anxiety will then inhibit normal sexual responses and make intercourse impossible. (See Apter and Smith, 1979b.)

(viii) *Sexual perversion*

Sexual perversions may generally be seen as socially inappropriate (but probably functionally appropriate) ways of gaining excitement in the paratelic mode. Often on these occasions the mastery mode will also be involved (treating the other like an object to be controlled and dominated) and the negativistic mode (the enjoyment of breaking taboos) (Apter and Smith, 1979b).

(ix) *Addiction*

The addict is someone who, usually in the paratelic mode attempting to gain the repetition of an intense and/or arousing experience, uses the temporally inappropriate strategy of exposing himself or herself to the needed form of stimulation whatever the long-term consequences. Where drugs are involved this strategy is also temporally inappropriate in that, because of habituation, increasingly large doses are required to achieve the same effects. (Research on addiction within the reversal theory context will be found in Brown, 1987, 1988; Doherty and Matthews, 1988; Anderson and Brown, in press; O'Connell, 1988. See also comments by Miller, 1985.)

Interpersonal problems

Often psychological problems will arise out of the incompatible modes, dominances and strategies of people in interaction, and when such people have to interact frequently, as they do especially in families, forms of psychopathology may eventually be produced. Typical examples have been analyzed by Apter and Smith (1979a) and Apter (1982, Chapter 11).

Here is an illustration drawn from the clinical work of Murgatroyd (Murgatroyd and Apter, 1984):

a) Jake (aged twelve) presents a problem: he expresses fears about school and develops a variety of physical illnesses (a telic action).

b) Mother moves in to try to protect Jake —especially from Father, who threatens him (thus helping to consolidate Jake's telic mode).

c) Mother is laughed at by Sue and Father (who are both paratelic dominant and who use this situation to promote high arousal confrontations which they find pleasurable whilst in the paratelic state). These two accuse Mother of treating Jake like a baby (and the threat to Jake impled by this accusation increases his anxiety in the telic mode).

d) Mother reacts to these taunts physically, becomes ill and is hospitalized (a telic response, like Jake's). She also becomes depressed.

e) Father runs the family home in a far more paratelic style than Mother did. Jake returns to school showing no signs of the previous telic anxiety reaction to school; Father, Sue and Jake all engage in a variety of forms of mutual pleasure such as watching TV, playing Scrabble or Monopoly, taking walks, having occasional meals out, visiting friends, etc., most of these being things which were rarely done when Mother was at home.

f) Mother recovers, returns home and take over the management of the household.

g) Father begins to withdraw and shows signs of boredom and restlessness, followed by depression; he drinks more and smokes roughly twice as much as when he was in charge at home. (He finds himself in a «telic environment» when in a paratelic state and so find it difficult to satisfy his metamotivational needs.)

h) Arguments burst out between Father and the other members of the family. (Father seeks to increase arousal so as to satisfy his needs whilst in the paratelic state; in so doing he unwittingly helps to consolidate the telic state of Mother, and this appears to facilitate a reversal for Jake from a paratelic state to a telic state.)

i) Jake presents a problem, not going to school and showing signs of a great many physical aliments and illnesses.

j) Mother moves in to protect Jake... (go to (b) above).

Therapeutic decision-making

As the previous analysis will have implied, the way in which reversal theory

can help the therapist or counselor is not so much through the development of new specific intervention techniques, so much as through the provision of a conceptual framework within which the therapist can ask himself or herself systematic questions about the nature of the problem, the goal of therapy and the means for achieving this goal. In doing so, reversal theory is relatively neutral to specific intervention techniques, but rather provides what has been called a «framework for eclectic psychotherapy» (Murgatroyd and Apter, 1984, 1986; Murgatroyd, 1987a, 1988). Within this framework it is possible to make considered decisions about what types of tactics and techniques to use, selecting freely from different therapeutic systems and even combining techniques from different approaches. Reversal theory therefore neither prescribes nor proscribes the use of drugs, classical conditioning, operant conditioning, dream analysis, meditation, biofeedback, relaxation training or any other type of intervention.

Suppose that the therapist decides that the problem is one of overcoming inhibited reversal so that the client/patient can experience the paratelic mode more frequently, he or she might use Gestalt therapy to allow the «blocked excitement» of anxiety to be released, Frank's technique of paradoxical intention, Albert Ellis' Rational-Emotional techniques for helping people to relabel their bodily states, and so on. If on the other hand the problem is seen as one of changing some inappropriate strategy within a mode, then behavior modification might be used, or counter-conditioning, or simply appropriate advice. Case history illustrations of such eclectic decision-making, and the combination of techniques from different sources, will be found in Murgatroyd and Apter, 1984, 1986 and Apter 1989 (chapter 9).

A number of general points are probably worth making at this stage about the implications of this reversal theory approach to therapeutic decision-making.

1. It is worth reiterating the point made early in this paper about the absolute need for the therapist/counsellor to know something of the way in which the person concerned is experiencing his or her problem. The example given then was that of a child truanting. It can now be seen, more specifically, that it is necessary to know which metamotivational modes are involved in the problem and whether the problem is one of structural disturbance or inappropriate strategy. Is the truanting child in the telic or the paratelic mode while truanting? Is the child stuck in that mode, or does the school situation bring on an inappropriate reversal? These and related questions need to be answered before therapy is engaged in. (Murgatroyd, 1988b.)

2. Therapy may be counterproductive if the metamotivational nature of the problem is not well understood. For instance, one may attempt to raise or lower the arousal levels of a depressive patient, but if the depression is an anxiety depression (i.e. telic), attempts to raise arousal levels will be counterproductive; attempts to lower arousal will be equally counterproductive if the depression is of the boredom type (i.e. paratelic). Without knowing which type of depression one is dealing with it is impossible to make rational therapeutic decisions.

3. It may also be necessary to know which metamotivational modes the individual is experiencing during therapy itself, so as to either adjust therapy to those modes or attempt to bring about a reversal (Murgatroyd, 1987b). For example,

Jones (1981) observed counsellors dealing with juvenile delinquents in an institutionalized stting by means of earnest exhortation and long-term goal-setting. When interviewing the youngsters later he discovered that they were in the paratelic state during these sessions which they experienced as boring and senseless. Indeed they experienced the counsellors as part of their problem. (See also Jones and Heslin, 1988.)

4. Unless one is aware of what one is doing, combining different tactics may be self-defeating. For example in dealing with sexual dysfunction one might attempt both to help the individual to reverse to the paretelic mode during sexual behavior, and to reduce levels of arousal being experienced as anxiety. But if *both* of these tactics worked the individual would finish up feeling bored (paratelic low arousal).

5. The therapist should be aware that not only are there tactical decisions to be made but also strategic decisions —something which is often lost sight of. Returning once more to the case of chronic anxiety, the usual assumption is that the overall strategy should be that of reducing arousal levels. (See critique of this assumption by Svebak and Stoyva, 1980.) Tactics are then chosen in the light of this strategy, and might involve the prescription of tranquilizers or sedatives, biofeedback, relaxation training, mediation, autogenic training, and so on. But in fact there is a prior strategic decision to be made, which only becomes clear within the conceptual framework proposed by reversal theory. This is whether it is better to solve the problem of anxiety through reducing arousal or through attempting to reduce the dominance of the telic mode. In the latter case a range of alternative tactics become relevant (encounter groups, use of humor, paradoxical intention, etc.). The positive aspect of this is that there are always strategic alternatives for the therapist to choose between so that if one does not appear to be working out, whatever the tactics chosen, then it is possible to turn to a totally different overall strategy and a whole new set of tactics.

The presentation of the ideas in this paper has been necessarily brief and limited. In particular emphasis has been placed on the telic and paratelic modes at the expense of the other pairs of metamotivational modes. (In fact frequently one or another of the other pairs of modes play the central part in the emergence of psychological problems.) Furthermore, no attention has been paid here to psychosomatic stress disorders, although there is now a literature on this subject (reviewed in Apter, 1989). However, it is hoped that enough has been said to give the reader a good idea of the general approach involved and to encourage him or her to consult some of the references cited in the course of the paper for more detailed information and for case-history illustration.

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