The Bogeyman Cometh

Theoretical Revisions and Further Applications[1]

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INTRODUCTION

In a previous publication (O'Connor & Hoorwitz, 1984), an intervention was described in which a therapist played a bogeyman role in order to shock a defiant adolescent. The intent was to create an experience that would dislodge the adolescent from his usual view of reality, rendering the adolescent more tractable to adult control. The prototype for an intervention of this kind was provided by Carlos Castaneda (1972) when he described how the sorcerer Don Juan advised that a parent hire a derelict to leap out of a hiding place with a punishment when a child misbehaved.

A theoretical rationale was provided in the previous publication but only one case example was used to illustrate this "bogeyman intervention." One purpose of the present paper is to illustrate and discuss a more diverse range of applications, including nonadolescents, problems other than defiance, and cases in which the intervention failed or was inappropriate.

Another purpose of the chapter is to tighten the theoretical rationale and to supplement it with a discussion of hypnotic effects in the intervention and an explication in systemic terms of the way in which reality is viewed differently after a "bogeyman" experience. The original rationale is first summarized, with a brief description of the case previously presented, followed by theoretical revisions. Then, further applications of the intervention are presented in five case examples, followed by a general discussion.

RATIONALE

The intervention was originally developed to address the acting out behavior of defiant adolescents for whom usual solutions were ineffective. These adolescents were involved in relationships of conflict with caretaking adults that could be described as symmetrical: in other words, every disciplinary action taken by the adults was matched by misbehavior, which gradually escalated.

These were adolescents who had not yet learned, or did not believe, that their

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misbehaviors would ultimately result in aversive consequences. The purpose of the intervention was to make those anticipated aversive consequences so vivid to the adolescent that it disrupted the adolescent's view of reality and induced a shift from a symmetrical to a complementary relationship with adults such that the adults could provide guidance and the adolescent could accept the help.

In the previous paper, the case of David was described, who was misbehaving in various ways, was defiant towards his caretakers and other helping agents, and who was increasingly assaultive to peers and adults. David's therapist and the staff of the group home where he lived contacted me with the request for some intervention that might prevent placement in a more restrictive facility. They believed that they had tried everything and were at their wits' end.

I advised the director of the group home to file criminal charges against David for assaulting her, which would serve to bring the case to court and permit the opportunity for me to play a role as a consultant to the court. Specifically, this enabled me to play a role as a person who would be making a recommendation to the court about David's future. I then gave them an appointment for David to meet with me prior to his court appearance, and arranged that the meeting occur in an empty courtroom in the courthouse. Although the exact truth was told to David, the intent was for him to develop the impression that he was officially going to court. Prior to the meeting, I met with the group home staff and compiled a detailed list of David's misdeeds, with dates and times.

On the day of the meeting, I recruited some probation officers and others, chosen for their size and forbidding appearance, and told them where to stand in the courtroom and what to do in order to make the occasion appear to be formal and ominous. David was kept waiting in a holding room for a considerable amount of time with the intent of increasing his anxiety about the meeting. When he was finally brought into the courtroom by a large, gruff-looking man, he was seated at a long table across from me, while I shuffled papers as if David's presence was quite unimportant.

Finally, I looked up and slowly told David that he was in serious trouble for his assaults and his other misdeeds. He attempted to interrupt by minimizing what he had done. I did not directly respond to these arguments. Instead, I laughed at him and told him that it was he, not myself, who would have to pay the consequences for his behavior, and that I wasn't interested in excuses and rationalizations. I then began to list the intimate details of each of his misdeeds. This intimate knowledge stunned and silenced him.

I then told him that his misdeeds would result in a fate he would not like and that I was afraid that I would have to recommend something of that sort to the judge. I said that there was still time before he returned to court, but that I doubted he could learn to control his behavior before that time. He responded that he could; again, I laughed, and I expressed serious doubt. I did say that his only hope to control himself was to look to his caretakers for help. I then dismissed him.

The child care staff were privately instructed to stop trying to get David to behave himself and not to respond to any provocation. Instead, they were to look sympathetic and say they were sorry that I would find out about each misdeed. The staff were also told to complain

about my harshness and unfairness toward David. David quickly allied himself to the child care staff and to the therapist and was soon taking guidance from them. I phoned the group home unpredictably to find out how David was doing, and David was told about each of these calls. By the time David appeared in court, he was responding appropriately to the rules in the group home and to interventions by his therapist.

This bogeyman intervention consisted of an integrated display of several characteristics that we believed to be essential to a bogeyman role. An almost identical constellation of characteristics is often used to describe shamans, sorcerers, deities, demons, and monsters. These are: omniscience, hierarchical superiority, incomprehensibility, potency (or omnipotence), and capacity to create illusion.

Together, these characteristics were displayed in a way that was intended to bring about three systemic shifts in a person's relationships to others. These characteristics and the systemic shifts are briefly described below in terms of the way in which they are adapted to interventions with clients who are involved in symmetrical conflicts with others. For more detailed descriptions of these ingredients, the interested reader is referred to the original publication.

Omniscience

First, a bogeyman figure must display a form of omniscience, appearing to know more about the client than is usually possible for others to know. In David's case, I displayed an intimate knowledge of his symptoms, misbehaviors, and relationships with others. This lends credibility to the intervention and helps to assure that the bogeyman's message will be believed.

Hierarchical Superiority

Second, the bogeyman must be capable of assuming a structural position that is hierarchically superior to the systems in which the client is involved in symmetrical relationships with others. This position enables the bogeyman to impinge on the client's life while remaining immune to the client's symmetrical maneuvers that ordinarily engage others in futile symmetrical struggles.

Incomprehensibility

Third, the bogeyman's behavior must in some way appear incomprehensible or unpredictable to the client in order to violate expectation or to induce similar states of surprise, confusion, or wonder. The violation of expectation is intended to nullify the client's ordinary orientation to reality, thereby facilitating a receptivity to an altered view of reality and to suggestions for relating differently with others.

Potency

Fourth, the bogeyman has to have power to effect some change, such as to heal or to cause aversive events to occur, or at the least, the power to deliver a potent message that such a change is imminent. The major portion of the intervention may by an effective bluff, but there must be at least a minimal degree of potency so that the intervention not constitute an empty threat and so that consequences to misbehavior can be implemented if necessary.

Illusion

Fifth, as a craftsman, the bogeyman has to be capable of distorting the client's perceptions and beliefs about reality by means of illusion, misdirection, use of props and confederates, and orchestration of action. The capability is sometimes necessary to ensure that the previous four characteristics are operationalized with sufficient impact.

Systemic Shifts

There are three systemic effects that the intervention is intended to accomplish. First, it should signal, or punctuate, that the client's symptomatic behavior has reached an upper limit, a limit that will not be exceeded.

Second, the intervention is a strategic attempt to interrupt the sequence of interactions in which the client is ordinarily engaged. The client must fail in attempts to engage the bogeyman in a symmetrical relationship by means of provocative behavior and must be forced into a complementary relationship with the more powerful bogeyman. This leaves the client poised for a "second order" rather than a "first order" change (Watzlawick, Weakland, & Fisch, 1974); specifically, a change in the client's view of reality and in the way the client relates to others. In the case of a defiant adolescent, it puts the adolescent in the position of being receptive to usual forms of treatment and to guidance from caretaking adults.

Third, the intervention is intended to reduce the symmetrical strain between the client and those with whom the client was experiencing conflict by forcing them to orient themselves in the same specific way toward the bogeyman. For example, an adolescent and caretaking adult will unite in opposition, confusion, or deference to the bogeyman, a union that reduces the symmetrical strain between them and facilitates complementary, supportive exchanges.

THEORETIAL REVISIONS

Tightening of the Rationale

The rationale for this intervention can be tightened by describing the exact linkages that

exist between the five characteristics of the bogeyman figure and the three systemic effects produced by the intervention. Although the five characteristics may produce an interactive or cumulative effect that contributes to all three systemic shifts, careful analysis suggests that certain of the characteristics are responsible for each systemic effect.

First, the characteristics of omniscience and potency appear to be the ones that enable the bogeyman to punctuate the notion that an upper limit has been reached and to convey the message that this limit will not be exceeded. The client may already have been told in a variety of ways that an upper limit has been exceeded, but the appearance of omnipotence and omniscience can impress the client in such a way that this message will now be viewed as valid.

Second, the hierarchical superiority of the bogeyman enables the bogeyman to refrain from responding to symmetrical maneuvers that the other person tends to habitually use and appears to be the characteristic essential for forcing the client into a complementary, subordinate relationship to the bogeyman. Hierarchical superiority is a concept drawn from the approach of structural family therapy rather than from strategic family therapy; it is a concept that assumes the complementary relationship intended by this intervention. Yet it highlights the strategic necessity of interrupting a problematic sequence of interactions, in this case, interactions that happen to consist of a circular sequence of symmetrical, one-upmanship maneuvers.

Third, the systemic shift from symmetrical conflict to a relationship in which parent and child form a supportive, unified position in response to the bogeyman is most likely brought about by a combination of the ingredients of omniscience, potency, and incomprehensibility. When these ingredients engender resistance, they result in a union against a common enemy that can be described as a symmetrical relationship to the bogeyman; when they engender behaviors of deference and awe, the union of parent and child is in a complementary relationship to the bogeyman.

Hypnotic Effects of Intervention

In the previous publication, the characteristic of incomprehensibility was described as serving the hypnotic function of depotentiating conscious sets, that is, dislodging a person from usual ways of understanding a situation. This cognitive condition renders a person uncertain of how to next respond and, therefore, renders the person receptive to a reframing of the current situation and to suggestions for future action. In addition to these effects, which are described in the previous paper, the characteristic of incomprehensibility makes it possible for an implicit hypnotic suggestion to be made that positive change will occur.

Clients generally come to a therapeutic situation with a belief that whatever the therapist does, even if they do not comprehend it, is aimed at effecting change. When the intervention is incomprehensible, an implied message is conveyed that some special ritual is in progress that will effect change; the characteristic of incomprehensibility highlights this implicit suggestion for change, makes it more salient, and give the suggestion a form that is equivalent to an indirect hypnotic suggestion.

The implicit suggestion takes on something like the following form: "Because this particular ritualistic intervention is presently occurring, it will cause you to change, although you do not have to comprehend how this intervention causes you to change." This suggestion is equivalent to such common hypnotic suggestions as the following: "If you listen carefully to my voice, you will go into a trance," or, "If you stare at that dot on the wall, your eyelids will soon feel very heavy." These messages are hypnotic because the relationship between the presumed cause of the hypnotic effect (e.g., the ritual of staring at the dot) and the hypnotic effect (e.g., the eyelids feeling heavy) involves a causal link that is often questionable and yet can facilitate the intended effect. Since the logic of such suggestions is so dubious, the suggestions are sometimes more likely to be believed or accepted when the causal connection between presumed cause and hypnotic effect is clearly incomprehensible rather than accessible to logical analysis.

The presumed cause may consist of either a mysterious ritual, a therapeutic task, the act of sitting in a therapist's office for 50 minutes per week, or the presence in one's life of the puzzling behaviors of a bogeyman figure. The useful effect of incomprehensibility is apparent when considering a supplicant who cannot comprehend exactly why a shaman's incoherent chanting might be effective for his head pain. The more incomprehensible is the presumed cause, the more it communicates that some ritual is in progress that will cause change to occur and that does not depend on the client's deliberate attempts to facilitate the change (Hoorwitz, 1988).

The characteristic of incomprehensibility serves several functions in these instances. It helps to distract the client's attention from consideration of the question of whether the ritualistic intervention does indeed contain an efficacious ingredient. It also distracts attention from the ingredients or influences that actually facilitate the change, ingredients that may be either contained in the ritual or independently applied, thus preserving and protecting those ingredients from a scrutiny or analysis that could reduce their potency. The distracting function of incomprehensibility also allows time for the person's cognitive, autonomic, and other internal processes to mobilize an idiosyncratic response to therapeutic suggestions for change.

What is Altered in the Altered View of Reality

An issue that was not fully addressed in the previous paper is the nature of the altered view of reality that is produced by the bogeyman intervention. The idea of an altered view was repeatedly mentioned, both in that paper and in this chapter. But what exactly constitutes this altered view? What is it that alters?

This question can be addressed by considering the alteration to consist of a fourth systemic shift, but this time a shift in the way the symptom bearer views his relationship to the symptom, rather than a shift in relationships with other people. Although problems or symptoms have interpersonal functions, it is necessary to focus on an individual's personal relationship to a symptom in order to describe this shift as clearly as possible; this is why the term "symptom" will be used here rather than some other term with a more interpersonal meaning. Specifically, the shift is from a symmetrical to a complementary relationship with the symptom (Hoorwitz,

1988).

It is easier to recognize the symmetrical quality of the relationship between a person and a symptom in those who strive to get rid of their symptoms and fail to do so on their own. They are in an active, ongoing struggle with a symptom, a struggle that occupies the foreground of conscious thought and that is almost impossible to abandon. The very fact that the symptom bearer is in a struggle or conflict with the symptom implies a symmetry between symptom and symptom bearer. This is a symmetry of power in which the symptom possesses as much power to remain present as they symptom bearer possesses to be rid of it. It derives power from the symptom bearer's ongoing self-definition as a person either having or not having the symptom.

When they symptom bearer attempts to change by conscious deliberation (e.g., by gritting his teeth and trying not to quarrel with his wife, trying not to think about smoking a cigarette, or trying not to feel so depressed), the symptom and symptom bearer continue to have equal power because the bearer continues to define himself in terms of the symptom's presence or absence. That is, the commission or omission of the symptom is still an open question, a conflict, a struggle: to smoke or not to smoke, to hold on to one's temper or to really let him have it.

Although it is more difficult, it is possible to recognize the symmetrical relationship between a symptom and symptom bearer even in people who refuse to acknowledge their symptoms as problematic. For example, in Dickens' *Christmas Carol*, if Scrooge had attempted, before his conversion, to be less miserly, he probably would have found it difficult, if not impossible. The same is the case for many smokers, drinkers, defiant adolescents, or those with other ego-syntonic problems that they claim are not problems. They sometimes try to change, as an experiment, to show that they can, and find that they cannot.

It is necessary to give up the struggle with the symptom for significant change to occur. When one surrenders one's self-important view of oneself for a more humble one, the symptom loses its power and the struggle loses the meaning that it had. When this kind of change occurs, it is not only one's view of self that has changed; one's relationship to the symptom is also viewed differently. Scrooge no longer had to struggle with the question of whether to be miserly or not; the struggle was behind him. When this kind of change occurs, the conflict or question is now a moot point; it is remembered, but it has a place now in the background of awareness, in a subordinate or complementary position. It is in this way that reality is viewed differently. The person feels that he has suddenly grown beyond the problem, whether the problem was defiance in the family, smoking, drinking, or miserliness.

Giving up the struggle with the symptom and thereby shifting from a symmetrical to a complementary relationship with the symptom can be facilitated by a surrender to a more powerful force. Bateson (1972) noted this process in the Alcoholics Anonymous approach. The alcoholic experiences panic and recognizes that he is powerless in his struggle with the bottle, enabling him to surrender and to place himself in a supplicant stance toward a higher power that can help him. The bogeyman figure can play the role of this more powerful force in some instances. In bogeyman interventions, the bogeyman interrupts a sequence of symmetrical maneuvers and forces the person into a position of surrender to establish a complementary

relationship. This shift in interpersonal relationships catalyzes a shift in the person's relationship to the symptom.

FURTHER APPLICATIONS OF THE BOGEYMAN INTERVENTION

The previous paper identified defiant adolescents as the clients most appropriate for this intervention because their defiance was so severe that usual solutions were ineffective. However, I have found that the intervention can also be effectively applied to adults, to couples, and to nonadolescents, as well as to problems other than defiance. I have also learned that it need not be an intervention of last resort and can be applied early in the lifetime of a problem.

In order to show a wider application of the concept beyond the single case described in the previous paper, several case examples are presented below. The adult problems will be omitted in the presentation in order to allow for a focus on children and adolescents in families. Presentation and discussion of failures will also be included.

Case 1: The Incorrigible Bicyclist

Mr. B. was a behavioral psychologist who had tried, by means of several strategies, to break his seven-year-old son's habit of riding his bicycle in the street. When his son knew that there was high probability of Mr. B. observing him, he kept the bicycle on the sidewalk; however, when Mr. B.'s attention was otherwise engaged, especially when he was at work, his son frequently forgot the injunction to stay on the sidewalk. Punishments, rewards, and other behavioral plans met with initial improvements, but inevitable relapses.

Being a good behaviorist, Mr. B. reasoned that his son was getting away with the misbehavior enough to be gratified by intermittent reinforcement, which tends to render a misbehavior resistant to extinction, especially when punishment of the misbehavior is also intermittent. He decided that he needed to improve on the immediacy and certainty of the aversive consequences of the misbehavior. Therefore, when he left for work one morning, he parked his car around the block, doubled back to the house, and hid in the bushes. When his son, riding his bicycle, rode down the driveway into the street, Mr. B. leaped from the bushes with a yell and a prompt punishment. After one further repetition of the intervention, the misbehavior ceased to occur.

Discussion

Mr. B. explained the success of his intervention in behavioral terms, pointing especially to the immediacy and the certainty of the reinforcing event as the effective ingredients. A behavioral explanation of this sort is accurate and certainly more economical than a view of the event as a bogeyman experience.

However, while the immediacy and certainty of consequences play important roles, this sort of immediacy and certainty is highly unusual in such circumstances. To the child, his father springing from the bushes was a highly unpredictable and incomprehensible event; this incomprehensibility is one of the defining characteristics of a bogeyman intervention. That such an event should occur at the precise moment of misbehavior also conveyed an unexpected display of omniscience, another essential characteristic. Most of the other characteristics also appear to be integrated in this event. While a behavioral explanation is accurate, a more enriched and resonant understanding of the event can only be achieved by viewing it as a multifaceted bogeyman experience.

The only ingredient that is absent is the bogeyman's effort to unite parent and child in some form of unified position, either by opposing them both or by putting them in awe of him. The reason it is absent in this case is that the parent was himself a bogeyman figure. The purpose of the maneuver is to reduce the symmetrical strain between parent and child and to facilitate complementary exchanges. The maneuver was not necessary here since the purpose was achieved when the bogeyman, who was the parent in this case, forced the child into a complementary relationship to himself. Mr. B. was at first a parent who was locked into a symmetrical struggle with his child: each time his child rode the bicycle into the street undetected, the child matched or outmatched, in symmetrical fashion, Mr. B.'s attempts to control him. Mr. B. shifted the relationship to a complementary one by successfully catching and punishing his child each time the child attempted to misbehave, placing himself in the role of the catcher and his son in the role of the caught. In other words, Mr. B. arranged the situation in such a way that a symmetrical relationship was no longer possible.

Of particular interest is that Mr. B.'s son was atypical of those defiant adolescents for whom a bogeyman intervention was thought to be most appropriate. He was a preadolescent child whose misbehaviors could be characterized as mild and mischievous rather than severe.

Case 2: The Terrible Two's

Mrs. L. informed me of an intervention she employed in her many attempts to control her toddler's exploratory and oppositional behavior. Lisa, two years of age, was continually overturning flower pots and other knickknacks and, more ominous, was frequently attempting to ignite an ornamental cigarette lighter placed on an end table in the living room.

Mrs. L. did not believe in compromising her own needs to the degree that she would remove the lighter and the breakables. She also did not believe in physical punishment. Therefore, she spent a great deal of energy and time in physically removing Lisa from circumstances of imminent breakage, to which Lisa promptly returned as soon as Mrs. L.'s attention was engaged elsewhere. When frustrated enough, she would violate her principles and slap Lisa on the hand. Lisa always responded with agonizing wails, signaling a degree of pain that caused Mrs. L. severe pangs of guilt and that did not deter Lisa in the least from a persevering and earnest pursuit of her endeavors at the earliest opportunity.

Mrs. L. decided at that point to stop trying to remove Lisa from the breakables and the

lighter, since Mrs. L.'s yells and slaps were sufficient to achieve only momentary cessations of misbehavior. However, she did decide to try something different. Since Lisa tended to behave herself in Mrs. L.'s presence, she realized that the main problem was that Lisa misbehaved outside of her presence. Therefore, she decided to appear to disappear from Lisa's presence by hiding in a doorway, waiting for a misbehavior. By arranging that Lisa was playing near the lighter and some breakables, Mrs. L. did not have to invest a great deal of time in this intervention; a few minutes at the most.

When Lisa was on the verge of a misbehavior, such as touching the lighter, Mrs. L. leapt into the room with a yell. Although the intervention required some degree of investment of time and energy for a couple of days, Mrs. L. described it as fun. At last, she felt effective. In addition, it significantly altered Lisa's behavior. Although her exploratory behavior continued, she no longer attempted to touch the lighter and the other breakables.

Discussion

In a case such as this, a therapist might have attempted to use behavioral methods to address the problem, which might have taken longer. To use a bogeyman approach with a problem like this might be viewed as an extreme approach. It could engender mistrust, fear, and timidity of the child. However, I believe that with a 2-year-old child the most probable effect is that the child will believe that the parent is omniscient and all-powerful. I do not consider that to be an undesirable effect for that particular stage of development.

A difference that exists between this case and the previous one is that, unlike Mr. B., Mrs. L. expressed some reluctance to take a firm stand and to stick to it. This reluctance permitted a repetitive sequence of exchanges that maintained the symmetrical relationship between Mrs. L. and Lisa. Mrs. L.'s reluctance to be firm makes her case typical of many parents who remain locked in symmetrical relationships with their children.

For example, when attempting to be firm, the parent wavers and the child takes advantage; the parent then gets fed up and overreacts with too much firmness, then feels sorry, backs down a bit, and allows the child to again take advantage. Uncertainty about the justice of a decision, guilt about possible inadequacy as a parent, empathy for the child's pain, worry that the firmness is too harsh or that the child will abandon or hate the parent as a result of discipline, can all contribute to a parent's reluctance to give up symmetrical relationships with their children.

In other variations, parents allow themselves to get into endless symmetrical arguments because they simultaneously feel a need to be fair and a need to win. They debate points endlessly as if their children were lawyers and will finally listen to reason. Another related variation is that of trading insults: attack and counterattack. Symmetrical relationships of these sorts can be exciting and stimulating, and this stimulation makes it difficult to resist or disengage from symmetrical maneuvers.

The needs contributing to symmetrical exchanges and the gratifications engendered by such exchanges are powerful factors maintaining the exchanges. Whether it be a need to win, a

need to get even, or a need to assuage guilt, the parent may be reluctant to forego the hope of gratifying that need. Parents usually do not realize that they are not yet fed up enough with the kind of conflict they are complaining about to do something decisive to change it. They therapist needs to evaluate this issue carefully before advising a bogeyman intervention because the advice will be wasted if the parent is not yet ready to forego the advantages accruing from symmetrical exchanges.

Case 3: A Regressed Adolescent

Robert T. was almost 16 years old when he was referred by his probation officer to me. Robert had been placed on probation due to a truancy petition filed by the school system for a school refusal of six month's duration. The probation officer (P.O.) was unable to get Robert to go to school or to regularly involve himself in a tutoring program; the P.O. was unable to get Robert to regularly attend probation appointments, to involve himself in therapy, to seek needed medical treatment for a severe skin problem, and to participate in a daily physical education program that was intended to help improve his skin condition.

The P.O. was on the verge of making a decision either to place Robert in a residential facility or to drop the case and leave Robert alone. Despite his anger at Robert, the P.O. feared that placement might be harmful to Robert, who was quiet and shy, and feared that he might be "eaten alive" by the tougher population of residential facilities. Since Robert would shortly turn 16 years of age and have the right to quit school, the P.O. was tempted to give up on Robert and to drop the case. However, before giving up, he asked me to evaluate Robert with the hope that a fresh idea might emerge from the evaluation.

The evaluation revealed that Robert has stopped going to school 6 months prior to the referral, but the reasons he gave were vague, such as not liking the teachers. These were typical reasons given by adolescents. The most probable precipitating factor was the embarrassing skin condition, the onset of which had coincided with the school refusal. His mother, a single working parent, had made repeated but fruitless attempts to get him to go to and to stay in school, including punishment, bringing him to school, and reasoning with him. However, he spent each day at home, watching television, and occasionally socializing with a few friends and cousins who would visit him.

His demeanor was shy and reserved and his mood was depressed. He engaged in no antisocial or defiant behaviors, his only misbehavior being his refusal to attend school. He was never openly defiant toward his mother, the P.O., or other authority. Instead, he engaged in a maddening and repeated display of passive opposition by promising to go to scheduled appointments or to call for appointments regarding probation meetings, therapy, tutoring, and medical treatments, but always forgetting or showing up too late for the appointment.

His life was a striking contrast to that of six months before, at which time he was described as an exuberant, outgoing teenager who enjoyed school, peers, and the opposite sex. Although the legal system would soon have no jurisdiction over the truancy matter, my view was that since the school refusal constituted a violation of the law, the state had the right to intrude

upon Robert's life and to address the reasons for the school refusal, namely, his depression and the regression in his development. In addition, the adults involved felt so defeated in their attempts to help that their helping behaviors assumed a chronic repetition of halfhearted attempts at previously unsuccessful solutions. If left alone, Robert's interactions with caretaking and helping persons would assume a repetitive pattern and the developmental regression might become permanent. The bogeyman intervention crafted for this case was designed to disrupt Robert's complacency regarding his regressed position and to mobilize him in a way that would permit usual solutions to take hold.

First, I contacted the school guidance counselor, the tutor, Robert's physician, the P.O., Robert's mother, the therapist he was supposed to be seeing, and the director of the physical education program he was supposed to attend. A rigidly scheduled tutorial program was arranged, as was a series of scheduled appointments with physician, P.O., therapist, and physical education instructor. More important, however, was that I established with each of the above participants the limits of each participant's responsibility and procedures for prompt communications to myself on whether or not Robert was meeting his commitments. Then a meeting was arranged for most of the participants, at which I confronted Robert with what was about to happen.

Robert first expressed some surprise at a meeting of this size. I responded by quietly pointing out that each of the participants were busy people and would not stand for Robert to continue wasting their time. I told him that he had come to the end of the line. However, I spoke in a mild and sympathetic manner, in a monologue that is paraphrased here.

> I know that you won't like what's about to happen now because your life will become very busy and disrupted and full of hassles. You may even hate it. But it's for your own good, to get you out of this slump. You now have a full schedule of appointments with your doctor, with your therapist, and with your probation officer, as well as tutoring every day and physical education every other day. I've written them all out and I have a copy for your mother. I'm going to keep track of whether you miss any of these, and I do mean any, because I'll find out within the day.

My tone of voice became apologetic at this point. I shrugged my shoulders and opened my palms in a gesture of helplessness.

> I'm sorry, but there's no other way. There won't be any more forgetting of appointments or showing up late, and no excuses, because I'll know, and if it happens, well, then I'll be recommending that you be placed in a residential facility where you will get an education after all. You have no choices anymore. Your only choice is to get into placement if you wish, and you can do that easily enough I'm afraid, if you want, by just missing a couple of these appointments.

For the first time, Robert became openly enraged and defiant. His words were something like the following: "You can't do this. You don't have the right to butt in like this." I turned away from Robert and addressed the others, informing them that although they might sympathize with Robert's concern over how hassled his life would become, it was important to let me know about any missed appointments, even those about which Robert had conned them with plausible

excuses. I extracted a pledge of commitment from each of them so that Robert would be aware of the comprehensiveness of the communicational network. Following the meeting, two of the participants privately expressed to me how stunned they had been by the meeting, which they had assumed would be an ordinary case conference, and wondered if I hadn't been too hard on Robert.

In the days following the meeting, I telephoned the various participants, including Robert, at unpredictable times, in order to keep intact the flow of communication and to assure Robert that he could no longer tell one helper one story and then a different story to another. The unpredictable calls to Robert also kept him on his toes, wondering what I might do next, and wondering when. Thereafter, Robert kept almost all, though not quite all, of his appointments. To his P.O. he expressed some surprise at how easy it was for him to change. He soon became attached to his therapist, gradually widened his peer relationships, eventually learned to express anger and defiance in small doses, passed his high school equivalency exam, and finally went to work.

Discussion

Although the intervention in this case has the appearance of an ordinary interdisciplinary case conference, the purposes were quite different than those for which case conferences are usually held. A case conference setting was used to orchestrate the action necessary to bring about a bogeyman experience for Robert. Since one of its purposes was that of disrupting Robert's complacency, it was similar to the approach of creating a crisis used by structural family therapists. However, the creation of a crisis was only one aspect of the case. The varied aspects of the intervention can be more aptly and comprehensively captured by the bogeyman concept.

The omniscience that I pretended to have was the most prominent of the ingredients employed in this case. Although I did not attempt to make my knowledge of Robert's whereabouts appear supernatural, my knowledge of him, by means of the complicated network of communication involving other helping agents, was certainly greater that what he usually experienced with other adults. The belief in omniscience was augmented by the presence of the several persons who would be reporting to me and by the subsequent unpredictable phone calls.

The power to impinge on Robert's life was also prominent, existing in my influence to facilitate a placement. While hierarchically superior, extremely firm, and able to impinge on Robert's life, I did not make a stern and blustering appearance; my sympathetic and apologetic manner was unlike the manner other helping adults had previously used to interact with Robert. The paradoxical combination of a firm and apologetic presentation may have engendered confusion and wonder. These as well as other seemingly incomprehensible aspects of the intervention were also intended to underline the implicit suggestions that the entire intervention had the power to effect change. My impression was that this suggestion was understood by Robert and that it took hold.

Robert's comment concerning how easy it was for him to change also suggested some confirmation for the hypothesis that Robert's relationship to his problem shifted from a symmetrical to a complementary one. The other systemic shifts also occurred. The most noticeable shift was the alignment of other helpers with Robert, due to fear that I was being too

hard on him. They were no longer in the position of having to hound Robert. They could devote their energies to helping him and to saving him from my clutches. Thus, complementary relationships replaced symmetrical ones between Robert and the various helping persons with whom he was involved.

Of particular interest is that Robert was extremely atypical of the group originally identified as appropriate for bogeyman interventions. Rather than being a defiant person engaged in antisocial behavior, he was primarily a depressed and regressed adolescent whose only crime was his refusal to attend school.

Case 4: A Failure

Susan D. was 14 years of age when her mother brought her to a mental health agency for help in controlling her behavior. Susan got into fights and was violent with her mother and other adults. She had run away several times, came and went as she pleased, was becoming sexually promiscuous, was abusing drugs, and refused to be controlled by her mother. She was soon placed with her uncle, who also began to have trouble with her. At that point, I became involved and played an elaborate bogeyman role very much as I had with David, described above. The intervention had an immediate impact and Susan's uncle and therapist were able to follow up with appropriate measures.

After several months of greatly improved behavior, Mrs. D. became envious of the uncle's apparent ability to handle the child. I did not, however, realize the extent of this envy at the time and did not adequately address it. Following a weekend visit at the mother's home, the child returned to her uncle's in an upset state. In the subsequent two days, she engaged in two assaults there were typical of her former acting out behaviors, she ran away once, and she began to drink and to break curfew. In standard bogeyman fashion, I took prompt and forceful action by coaching the uncle, the therapist, and others in ways that produced the result that Susan was arrested for the assaults and placed in a temporary detention facility.

This action had an initial humbling effect on the child. However, I had not anticipated the known fact that only natural parents were allowed to visit the detention center, was not aware of the strength of the mother's envy of the uncle, and underestimated the mother's ability to sour the child on the uncle's home as an appropriate setting. As a result, the child was isolated from the influence of her uncle and closeted with her mother. The mother allied herself with the child by scapegoating the uncle, blaming him for the child's problems. Rather than the temporary detention having the salutary effect intended, the child's defiance increased to the point that a more restrictive placement was required.

Discussion

The various ingredients integrated in this intervention are by now quite evident and need not be highlighted here. What is of greatest interest in this case example is the reason for failure.

It can be accounted for by my failure to recognize the degree to which Mrs. D. would be envious of the uncle's success with the child, and the importance of addressing this by some means; also by permitting an opportunity to exist in the detention center for the mother to undermine the progress that had been made. This opportunity would not have existed if an alternative consequence to her assaults had been used, instead of the detention center, or if our energies had been directed to ensuring that a transfer in custody to the uncle had become legal.

Case 5: A Poor Candidate for Intervention

Joanna D. was 14 years old when her parents brought her to court on a petition stating that they could no longer control her. The court referred her for evaluations by the Probation Department and by the Department of Mental Health. These evaluations revealed that Joanna was the oldest of three children in a middle class family and had been well behaved until she started middle school, at which time she experienced some difficulty adjusting to the new school. In addition, when she began to engage in minor acts of misconduct that are somewhat typical of adolescence, her mother responded with an unexpected firmness, which was mistakenly construed by Joanna as a sign of rejection.

With her cognitive-social development still immature enough for Joanna to view herself through her mother's eyes, she responded to this threat to her self-esteem by attaching herself to a lower class delinquent peer group that provided her with the affirmation she no longer believed her mother would provide; this peer group encouraged acts of truancy, theft, aggression, promiscuity, and drug abuse. Increasing levels of misconduct by Joanna were met by her mother with increasing measures of discipline.

Due to the increasing intensity of hostility between Joanna and her mother, the escalations in discipline were sometimes unrealistic and unreasonable, such as restricting Joanna to the house for 2 months. Joanna would respond to this sort of discipline by a wrathful refusal to accept any restriction at all and sneaking out or storming out of the house. Mrs. D. would then escalate the disciplinary measures and Joanna would escalate her acting out behaviors.

With help from a therapist, Mrs. D was able to secure Mr. D.'s support in her efforts to control Joanna. However, this alliance brought no increment in control over Joanna; instead, it created an increase in Joanna's rage, since she had always viewed her indulgent father as her ally and now felt betrayed by him.

The parents energetically followed advice from the therapist, but the situation only deteriorated further when Joanna's brother and sister became targets for Joanna's anger and occasional physical assaults. Joanna refused to remain involved in family therapy and the family turned to school counselors and to a church group, but neither of these efforts resulted in any change in the problem.

During the evaluation, Joanna calmly pointed out that she was too old to be told what to do. She believed that the court would adjourn the case repeatedly and do nothing to control her. This belief had been fostered by her observation of peers who had been brought to court and

whose cases had been repeatedly adjourned, usually with warnings and empty threats by the judges and other players in the system. Even her peers who had been placed on probation or in residential facilities had not appeared to her to have suffered from the experience. When faced with the prospect of placement, she stated calmly and matter-of-factly that she would not go, or, if forced into a facility, would run away.

The Probation Department concluded that Joanna was so uncooperative that it would be impossible to maintain her on probation. The probation investigator had told Joanna, as a last-ditch effort intended to elicit some cooperation or fear of placement, that she was definitely going to be placed, unless he could be convinced that there was a chance for him to work successfully with her. He also told her that he knew that she thought she was going to keep getting away with things, but this time she was wrong.

The probation officer consulted me and described his manner of interacting with Joanna as playing the bogeyman, a role with which he was somewhat experienced. She had responded to his bogeyman behavior by laughing and by refusing to acknowledge that he could have any impact on her. He asked me whether it might be possible to have more of an impact on Joanna if I were to craft a bogeyman intervention. I did not think it very probable. I advised the investigator to go ahead with the plans for an appropriate placement that would more adequately meet Joanna's needs.

Discussion

This case was included for illustration because it is typical of a kind of child that therapists, probation officers, and courts often face. It is also typical of the kind of case for which a bogeyman approach is likely to fail at this advanced stage in an adolescent's history of defiance. The nature of the family interaction, the symmetrical escalation, the early adolescent depression, as well as other relevant factors, all might help to account for the problem; however, they are not the factors that make this case typical of one for which bogeyman interventions are ineffective. The factors that appear must crucial here are the rigidity of the adolescent's belief system and the absence of effective resources that would be necessary for application following a potent bogeyman intervention.

Joann's belief that the system could have no impact on her life was too rigid to be modified enough to render her susceptible to parental control, therapeutic assistance, or other resources existing in her environment. Since the peer group she had embraced provided her with the affirmation she craved, it helped her to maintain a view of reality in which establishment figures could have no impact on her behavior. Even if a bogeyman intervention could have had some initial effect, it was doubtful whether the parents could summon enough energy to set and enforce limits without doing so in anger.

The emotional atmosphere at home was intensely negative, with child and parents feeling betrayed by one another and fed up with one another, an interpersonal context that could easily precipitate explosive behavior. Although it might have been possible to craft a more potent bogeyman intervention than that attempted by the probation investigator, there would have been

only a remote chance of any success and the degree of illusion and effort necessary in a case like this would have been enormous. Most likely, Joanna would have learned that the intervention was only one more bluff; this would have been unhelpful to her.

GENERAL DISCUSSION

Expansion of the Population

The most interesting aspect of this collection of cases is the expansion of the population for which the bogeyman intervention was originally considered appropriate. It was used successfully with preadolescent children and with those whose behavior could be characterized as mischievous and passively oppositional. It was also used at earlier stages in the life of a problem than formerly thought to be appropriate. For example, it was not used as a last resort in the case of the toddler Lisa. Although other interventions could have been worth attempting in that case, Lisa's mother developed an intervention that produced quick and lasting results.

It is interesting to speculate whether it would have been appropriate for a therapist to prescribe the intervention in the case of Lisa when other less drastic interventions might yet be tried. The negative effects of the intervention include the possible trauma experienced by the child and the child's resulting false belief that the mother was omniscient. Yet the trauma was probably no worse than that which most children experience accidentally and quite frequently; and I wonder whether it is really very harmful for a child of that age to believe her mother is omniscient.

Relative Prominence of Ingredients

Due to the use of the intervention with an expanded population, the intervention can be seen to take on different appearances in different kinds of cases, sometimes appearing hardly recognizable, as the bogeyman intervention that has been described in the rationale, and at other times conforming closely to that picture. These changes in appearance may be due to the possibility that the relative prominence of the various ingredients shifts according to the nature of each case. Only two of the ingredients seem to have high visibility in most cases: omniscience and power to effect change. Most of the rest of the ingredients, while present, do not always appear conspicuous.

Heavy reliance on two of the ingredients, illusion and incomprehensibility, tends to render the intervention easily recognizable as that of a bogeyman approach because these involve a histrionic performance. Good examples include the cases of Susan D., the incorrigible bicyclist, the toddler Lisa, and the case of David described in the previous paper. However, where these two ingredients are used more sparingly, such as in the case of Robert, the regressed adolescent, the interventions appear more mundane and may easily go unrecognized as bogeyman interventions.

Although it is not usually possible to verify whether reality is viewed differently in the

sense that a person's relationship to the problem has shifted to a complementary one, this shift is assumed to generally occur in bogeyman experiences; it is more likely to be conspicuous in adolescents or in adults who tend to talk more about their inner experiences. Also, the implicit suggestion that the intervention constitutes an incomprehensible ritual that will effect change is assumed to exist to some extent in each application of the intervention, but the prominence of this suggestion depends on the degree to which the intervention takes on the appearance or format of a ritual.

It may be that not all ingredients are necessary to an effective application of the intervention. The cases in which a parent played the bogeyman role showed that it is not necessary to employ the maneuver of inducing awe or resistance in order to unite the parent and child in a supportive relationship. It was impossible to employ this maneuver in these cases because it was the parent who played the bogeyman role. It may be that any maneuver that results in a complementary relationship between parent and child is satisfactory. If further cases were examined, it is possible that other ingredients could also be identified as useful but not always necessary.

Failures

Failures are important to consider so that a search for their causes might yield contraindications and other sorts of guidance for future cases. In the case of Susan D., it was a collusion between parent and child, rather than conflict between them, that contributed to failure. My failure to recognize this soon enough and the logistical oversight concerning the visitation rules in the detention center help to explain the failure in this case.

In another case not reported here, the mother was very unwilling to keep her preadolescent child in the home setting and viewed him as a rotten child, expecting only misbehavior from him. She also provided very inconsistent discipline. A bogeyman intervention was employed and had an initial impact that surprised the mother. She was sure it would not last, continued to expect the worst from her son, and continued to provide inconsistent discipline. The only thing controlling the boy's behavior was his contacts with the bogeyman, and this was clearly insufficient.

Within two weeks, his misbehaviors were as frequent as previously. It was clear in this case that the mother's unwillingness to provide fair and consistent discipline were the primary contributing factors. The intervention probably should not have been attempted without there being backup resources in the child's environment to support the impact that the intervention achieved. Also, to employ the intervention in this case was misguided insofar as it affirmed the mother's view that the child was rotten or the one at fault; it would have been more appropriate to address the mother's rejection of the child and her inadequate parenting capacities.

These examples demonstrate that to reduce the chance of failure in each case, it is important to keep in mind that a parent's willingness or ability to take certain actions, if called upon to do so, is usually necessary to a bogeyman intervention. Therefore, it is usually not attempted when it is doubtful that the caretaker can follow through with requested action. It is

also not attempted when it is clear that the child will interpret a display of omniscience and power as a bluff. The case of Joanna D., described above, is an example of a situation in which it was feared that even the most carefully crafted bogeyman intervention would be perceived as a bluff. Despite these various precautions and caveats, errors in judgment and factors beyond our control cannot always be anticipated, as in the case of Susan D.

SUMMARY AND CONCLUSION

The cases presented here have served to further illustrate the bogeyman approach. These additional cases have permitted an opportunity to search for reasons why the intervention may fail in certain instances. Hopefully, this sort of search will be helpful to others who may attempt similar interventions. The expansion of the population of clients and problems for which the intervention might be appropriate has had another interesting result: The intervention takes on a more ordinary, or less exotic, appearance than as previously described.

Earlier in this chapter, the theoretical rationale was tightened and then supplemented by further elaborating the hypnotic aspects of the intervention and by providing a systemic explanation of the altered view of reality resulting from a bogeyman experience. These theoretical considerations can help to more clearly identify bogeyman interventions as something more than just scare tactics and to differentiate them from other related interventions. They can also provide guidance in the crafting of related interventions that contain some of the effective ingredients of a bogeyman approach. As work in this area progresses, further insights and mistakes are bound to surface; therefore, further refinements can also be expected in regard to both theory and practice.

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