

Commitment in the Clinic

Chapter \_\_ in

*The Evolution of Subjective Commitment*

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## Commitment in the Clinic

Human beings are difficult to understand in large part because they are so irrational. If they would just go about maximizing their inclusive fitness in a straightforward way, their actions, and their difficulties, would be far easier to understand and treat. But they don't. Their behavior (our behavior!) often arises from passions that induce actions that seem to have nothing to do with a sensible reproductive strategy.

- A woman comes to the clinic depressed because her life is constricting as she cares for her progressively impaired husband who has multiple sclerosis. Attractive, wealthy men encourage her to leave, but she stays.
- A couple is in the midst of a divorce. One day both are calling their mutual friends revealing all kinds of damaging secrets about the other. The next day they are making up and vowing to love each other forever.
- A middle manager in a large corporation impulsively quits after being insulted by his supervisor. He has no other job prospects.
- An attractive and intelligent young woman is brought to a clinic by her parents after she tells them about the mass suicide plans of the religious cult she belongs to.
- A single middle-aged woman spends most of her time teaching piano to friends who pay her a pittance.
- Teenagers drive wildly on manicured lawns, wrecking them, despite the risks of being caught.
- A man who gets into college and the priesthood chooses the priesthood.

- A father drives for hours each night, looking for the men who raped his daughter, even though he has no way to recognize them.
- An attractive young man is so shy that he cannot even talk to the many women who want to date him.

The psychiatric clinic is the birthplace and the graveyard of theories of human nature.

Clinicians are desperate to find ways to explain what they see, in order to provide more effective way to help. They winnow and stack the rich data from clinical observations into diverse theories, many of which do well in organizing the observations and even predicting how people will act. Personality theories, psychodynamics, theories based on attachment and self, behaviorism—they all flourish. The thoughtful clinician is overwhelmed. None of the available theories start from first principles, so there is no foundation for making a choice among them. However, most clinicians do choose. Many remain loyal to Freud's perspective, while others denigrate it. Some cling to learning theory and try to recondition their patients. Some blame societal conditions. Others emphasize the roles of family and marital conflicts. Still others look to individual differences in genes and brain structure to seek the causes of mental disorders.

It is easy to say that there is some truth in each of these perspectives. Indeed there is. But eclecticism is a swamp that quickly frustrates both patients and clinicians. Successful treatment requires a framework that makes sense of problems. A narrative that makes sense of the problem seems crucial to the success of therapy, so most clinicians hold fast to one or another school of thought that blames one or another factor. (Frank 1975) However, the same rich data that gives rise to theories, also challenges them. When they confront the complexities of individual human passions, theories crash and burn. The bottom line is that we have no solid theory that explains

how relationships work, and so we cannot very well understand why they so often do not work, and why they so often give rise to terrible hate, love, anxiety, guilt and depression.

An evolutionary approach to relationships, with its solid grounding in biology, would seem to offer an eagerly awaited framework to help clarify the confusion. Indeed, its arrival has occasioned much excitement and some real progress. (McGuire and Fairbanks 1977; Glantz 1987, Wenegrat 1990) Some clinicians now attend far more than previously to the significance of genetic kinship, and some have begun analyzing how resources are exchanged in reciprocity relationships and how emotions mediate these exchanges. (Essock-Vitale and Fairbanks 1979, McGuire and Troisi 1998, Gilbert and Andrews 1998) I will briefly review the power of kin selection and reciprocity to understand psychopathology, and how, in the clinic, they quickly meet their limits.

The basic principles of kin selection are just beginning to transform clinician's understanding of relationships. For instance, many advocates for abused children remain unaware of the powerful role of biological kinship in protecting against child abuse. (Daly and Wilson 1981; Gelles and Lancaster 1987) The nature of cooperation and competition between siblings is also brightly illuminated by an inclusive fitness perspective, and is gradually making its way into family therapy circles. Siblings help each other, but they fight to get parental resources. Relationships between mothers and infants also appear dramatically different from an evolutionary perspective. (Hrdy 1999) Wildly speculative theories about infant psychology and the trauma of weaning (Klein 1988) can now be replaced by knowledge about the intrinsic conflicts of interest between mothers and infants. (Trivers 1974) We now know that there really is, as suggested by many previous theories, a time early in life when the interests of the mother and a child are nearly, but

not quite, in complete synchrony. However, even in-utero, conflicts between mothers and fetuses can result in serious problems such as diabetes and hypertension of pregnancy. (Haig 1993) Later in life, weaning conflicts, struggles with the “willful child,” and conflicts in adolescence, (Weisfeld 1977) all make far more sense when viewed in the light of evolutionary principles. Still later, as families break up and are reconstituted, the consistent problems in relationships with stepchildren begin to make sense when the genetic interests of the parties are taken into account. Much remains to be done to better understand the role of kinship in human relationships, how it is mediated, and how it goes wrong and causes conflict and suffering. (Davis and Daly 1997) This will, eventually, improve treatment as principles of kin-selection are incorporated as a foundation for understanding family relationships and conflicts.

Individuals also increase their fitness by participating in reciprocal exchange relationships with non-relatives. Analysis of relationships in terms of exchange can provide powerful insights. (Trivers 1971; Glantz 1987; Axelrod 1984) Usually modeled according to game theory and the prisoner’s dilemma, the benefits of repeated cooperation are substantial, but unstable because of the temptation to defect and the risk that the other will defect. Following the lead of Trivers and others, I have argued elsewhere that the four boxes defined by the prisoners dilemma define situations that have arisen so frequently in the course of our evolution, and with such a profound influence on fitness, that each has shaped distinct emotions that increase the ability of individuals to cope with these situations. (Nesse 1990) Repeated cooperation leads to friendship and trust. An intuition that the other will defect leads to suspicion. Recognition that the other has already defected leads to anger. A temptation to defect leads to anxiety, and betrayal of a social obligation arouses guilt. Such exchanges, and the emotions that mediate them, are the bedrock of

social life. Covering it is a rich organic soil of culture and traditions that gives rise to luxuriant vegetation that differs wildly in different locations.

Clinicians, even those who know and appreciate the power of kin-selection and reciprocity, find that kin-selection and reciprocity do scant justice to the tangled webs of relationships that give rise to individual psychopathology. For instance, when someone fails to follow through on a commitment, say to get married, disaffection gives rise to the expected emotions of rage and attempts to understand what is about the self and/or the other that led to the debacle. Reciprocity theory is somewhat helpful. But when you spend 10 hours over a period of weeks talking to the participants in such a situation, you are swept quickly to consider higher levels of complexity.

It turns out that she had not told him that she might not be able to have children. He had not told her that he was planning to drop out of law school. Their parent's consent was privately grudging because of religious differences. And then there was that phone call from his high school girlfriend. She thought she had found someone who would provide the secure kind of environment that her father had not able to, but then her fiancée insisted on leaving her on her own in certain situations. He thought he was treating her as an adult, but she felt abandoned and began acting more dependent on him, and asking for more reassurance. She became more demanding that he make public statements about his commitment, which made him more fearful and more insistent that she show her commitment to interesting kinds of sex, at just the time when she increasingly wanted only to be cuddled. No theory will ever be able to embrace all the factors that shape a situation like this. A clinical narrative fits more facts together more tightly than any other framework, but the scientific value of ideographic approaches is severely limited.

Subjective commitment offers no panacea, but it does offer an additional perspective that can help us to comprehend the complexity of real relationships.

The goal of this chapter is to consider the role of subjective commitment in complex human relationships and psychopathology. This chapter suggests that: 1) much of the complexity in human sociality arises because many relationships are based on subjective commitment, 2) natural selection may have shaped specific emotional capacities to mediate such commitments, 3) much psychopathology arises from the exigencies of those commitments, and that 4) understanding the mechanisms that mediate subjective commitment will lead to more effective treatments. Humans think and talk and make complex multi-step plans to prepare for situations years ahead of time. Their actions depend on what they believe about human nature in general, and about the future actions of other individuals. Any mechanism shaped by natural selection that can help to account for this complexity should help us to better understand human behavior, and should also give us new powers to make life more bearable.

### **Overview of subjective commitment**

Commitments signal an individual's future intentions. A commitment is more than a mere prediction, plan, or wish. A commitment implies that an individual will keep trying to reach a self-imposed goal or expectation, even if that becomes difficult or disadvantageous. Saying you will eat dinner tonight is not a commitment. Saying you will fast for three days is far more difficult, and thus a commitment. Promising to meet someone for lunch is a small commitment. Promising to stay with and help one partner for the rest of your life—now that is a serious commitment. Plans become commitments only when they are likely to require sacrifice. This is very different from a model of an animal acting straightforwardly to maximize inclusive fitness.

The whole idea of a commitment is that, in some specified future circumstance, an individual will act in ways that are the exact opposite of those that would increase fitness.

Many people are put off by attempts to interpret personal relationships in terms of simple reciprocity. (Kohn 1990) They insist, often vehemently, that their relationships are not merely to exploit others in order to benefit their genes. In a sense, they are right. Our ability to influence others depends substantially on convincing them that we will behave in ways that are not in our best interests, that is, that we will fulfill our commitments. The maximum advantage may come from influencing others and not having to follow through on the commitment, but often, in fact usually, people must do what they say they will do, or suffer terrible consequences. These external consequences may well have decreased fitness often enough in the course of evolution to shape internal states (that we experience as aversive emotions) to get us to fulfill subjective commitments. Anxiety and guilt may have special utility in a species that relies on subjective commitments.

Most commitments are contingent. A person commits to doing X if the other does Y. While some commitments are to personal goals, most are promises to help someone, or threats to harm someone. If two people both believe that the other will help them, even when that would offer no advantage at all, they can form an alliance far stronger and more valuable than any that could be created by calculated self-interest. Social institutions facilitate such agreements by creating new incentives enforced by third parties (contract law is the exemplar). But personal relationships such as marriage or friendship, even when socially defined, depend primarily on subjective commitment. Internal states and their attendant feelings mediate actions in personal relationships. The link between subjective and externally enforced commitments is complex. It seems likely

that social constructions that change the external contingencies, such as marriage, may also change the subjective emotional response to a situation. If escape from the commitment is impossible, the mind runs far less to the alternatives with all the attendant desire, guilt and ambivalence. But the capacity for subjective commitment remains crucial.

A capacity for commitment is generally valued. We associate making and keeping commitments with character and we admire (or fear) people who do this. Sometimes we describe such people as noble or having character. The notion of reputation is tightly tied to commitment. One of the most crucial facts about a person is whether s/he has a reputation for following through on commitments. People who lack or lose such a reputation are consigned to the social periphery. Commitment requires foresight and the ability to plan to reach a goal. A person's consistency in values, directions and strategies over time reveals a core self that others can depend on. People are remarkably consistent in their core personality. The aggressive suspicious 10 year old may still, 70 years later, be competitive and wary, even as several houses the person has lived in have collapsed to dust. Before further exploring the consistency of people's commitment strategies and the pathologies that reveal the workings of the system, it is worth considering commitment in relation to attachment and reciprocity.

### **Attachment**

It has long been obvious that human relationships are based on something more than learning and optimal exchange. Our deepest relationships and feelings arise from emotional commitments to other people. This is often called attachment, following the work of John Bowlby. (Bowlby 1969) Harlow's studies put to rest the notion that infant monkeys behaved mainly to get food. (Harlow 1974) They preferred foodless terry cloth surrogate mothers to wire forms supplied with

a milk bottle. Even geese, in Lorenz's studies, followed not the source of food, but whatever they saw moving during a critical period early in life. This imprinting object was not only a safety signal early in life, but served as a model for appropriate mates later. Bowlby put these findings together with his clinical experience as a psychoanalyst and concluded that human infants got a selective advantage by their motivation to stay close to their mothers. He called this tendency "attachment." Even though he did not know about kin selection and the difficulties with group selection, he did recognize that natural selection had likely shaped specific motivational mechanisms to insure the proximity of mothers and infants.

This provided the impetus for an enormous amount of research, much of it focused on variations in attachment. (Ainsworth et al. 1978) It is now clear that an infant's pattern of attachment to its mother is remarkably consistent across months and even years. Infants who are securely attached tend to stay that way unless they experience trauma, while avoidant or anxiously attached infants tend to stay that way. The theory assumes that these patterns of attachment are determined primarily by how the mother treats the infant. Typically, "normal" attachment is seen as desirable, while any other pattern is thought to be pathological, at least until recent evolutionists have reexamined the theory. (Chisholm 1996, Belsky 1999) There has been great resistance to considering the possibility that genetic differences may account for individual differences in attachment style, and that genes shared by the mother and child may account for the similarities of their attachment patterns. (Goldsmith and Carman 1994, Bretherton and Munholland 1999) Only recently has there been interest in considering the possibility that differences of attachment style are facultative adaptations that may improve a baby's chances in certain kinds of situations. Bowlby relied heavily on developmental explanations for adult patterns of relationships. This has

spilled over into a strong tendency to describe adult attachments in terms of the utility of attachment for infants.

Hazen and Shaver, in particular, have found evidence that people can be categorized in terms of their attachment style. (Hazen and Shaver 1994) The consistency of attachment styles across time seems to depend on the “internal working model” a person has of how others will act towards them and how they should act in return. (Berscheid 1994) Adults who are “secure” see others favorably, and tend to trust people and to be capable of close relationships. “Ambivalent” individuals want relationships but are untrusting and believe others are likely to disappoint them. “Avoidant” individuals have a negative view of human nature and they tend to assume that others are untrustworthy. (Reis and Patrick 1996) Bartholomew and Horowitz offer a four-category scheme that includes secure, dismissing, preoccupied and fearful attachment styles. (Bartholomew and Horowitz 1991) The distinctive characteristics of attachment styles may reflect strategies in managing committed relationships. Their consistency over time may arise from the self-perpetuating nature of beliefs about others. People who can trust others often find trustworthy partners. Those who cannot trust others have their negative beliefs repeatedly confirmed.

There are good reasons to think that early experiences set a developmental trajectory that settles into self-perpetuating expectations about relationships. Also, our adult attachments may well utilize the same brain and mental mechanisms as the ones that make infantile attachment possible. Nonetheless, the functions of attachment in adult life may be quite different, and quite important in their own right. Subjective commitment may be the engine that generates the strong feelings

that bind us to others in adulthood. People who lack these capacities suffer serious disadvantages.

### **Syndromes related to subjective commitment**

One of the best ways to identify the functions of a trait is to observe what happens what is absent or malfunctioning. I will therefore review several specific syndromes before considering the implication of commitment theory for the mediation of relationships and the origins and treatment of psychopathology.

Obsessive-compulsive personality (OCP) is very different from obsessive-compulsive disorder (OCD). (Diaferia et al. 1997) People with OCD are preoccupied with the fear that some small oversight will lead to catastrophe that will harm others. They perform apparently bizarre rituals—repeatedly washing, organizing, or checking things to prevent the danger, or at least to try to relieve their pervasive anxiety. (Goodman et al. 1989) All kinds of people get OCD. In some cases, it seems to result from streptococcal-induced autoimmune damage to a part of the brain called the caudate nucleus. (Goodman et al. 1989) Our focus here is a different disorder, obsessive-compulsive personality disorder (OCP).

People with OCP tend to have an analytical, intellectualized, cold view of life. They are preoccupied with duty and often outraged by other people who are not so constrained. They are very concerned with their obligations and those of others. They try to control everything and everyone in their vicinity. They often cannot understand why others become frustrated with them. Many of them do not experience passions in the same way other people do, and they cannot understand emotional behavior in others. Predictably, such people can be extremely

difficult to live with. While most people make romantic commitments in a state of passion, the person with obsessive-compulsive personality is more prone to negotiate a contract. While others express rage at some betrayal, the person with obsessive-compulsive personality disorder is liable to harbor silent, steady, simmering fantasies of revenge.

OCP can be interpreted as a defect in the capacity for subjective commitment. The person with OCP simply cannot understand what others are doing when they act on passions. Such people have trouble believing that others are sincere in their promises. They experience invitations to emotional commitment as attempts at manipulation. They tend to do their duty exactly and with great scrupulousness, and to expect the same of others. In this expectation, they are often disappointed. People with OCP have a huge capacity for moral commitment but a deficient capacity for emotional commitment to other people who have any failings at all, a category that includes, of course, everyone. Thus, people with OCP tend to become disappointed with people and cynical about human nature.

Other disorders are characterized by nearly the opposite condition, a proneness to make quick profound emotional attachments, but to be lackadaisical about moral commitments. In previous times this often was designated hysteria. In both sexes, however, some individuals are prone to make rash passionate commitments. The person who cannot understand falling in love has one kind of problem; the person who falls in love had over heels in a moment, but for only a few days, has a different kind of problem. On the negative side of subjective commitment, some people become wildly angry in response to small slights, even towards those they love. Others never express anger.

The term borderline personality refers to a condition that once was thought to be in between neurosis and psychosis, but is now recognized as a distinct syndrome characterized by extraordinarily quick development of intimacy, followed by profound insecurity and demandingness that frighten others away. (Swartz et al. 1990; Gunderson and Phillips 1991)

Normal people develop deep relationships over a period of months and years. During this time they test each other's reliability and personal characteristics. However, some desperate individuals want to bypass all that and make lifelong promises quickly. They often idealize potential partners. Other people are, naturally, intrigued but wary. They soon find that they fail to live up to the exaggerated expectations. People lured into the emotional orbit of such a desperate person often become frightened and withdraw. This creates, in the life of someone with a borderline personality disorder, a long history of quick intimacies followed by rejection. The expectation that this will be the pattern for future relationships sets up a positive feedback spiral leading to profound and sometimes intractable pathology. Patients with borderline personality disorder also tend to use certain interpersonal strategies excessively and rigidly. (Paris 1994) In particular they use a strategy called "splitting" in which they flatter and offer to help one person, while denigrating that person's current and previous friends. The strategy can work, and appears frequently in everyday life, especially in politics. Patients with borderline personality disorder, however, use the strategy so crudely and consistently that it dominates their lives. In essence it is an attempt to establish committed relationships by promising more than can be delivered, and by undermining other competing relationships.

So far we have talked mainly about commitments to help others, but threats are equally effective commitments and they too are associated with specific kinds of pathology. Some individuals learn early that threats are effective social manipulators and may use them as a rigid and nearly

exclusive strategy. If such people can attain a position of power they sometimes can succeed with this limited repertoire. If not, they alienate people and enter a downward spiral. Conversely, those who cannot use threats at all are likely to be vulnerable to manipulation unless they live in a very well ordered social group. People who repeatedly make threats they don't follow through on soon find their threats ignored.

Sociopathy can be viewed as a defect in capacity for commitment. People who lack a capacity for guilt can, nonetheless, imitate commitment so well that many are taken in. In fact, sociopathy can be interpreted as a strategy that exploits people's wishes for committed relationships.

(Cleckley 1964; Mealey 1995) The sociopath often is expert in knowing what others want, and how to get their trust. He does not, however, keep his commitments. Often, he has been raised in a home where there is no particular reason to expect others to keep their commitments (Rutter, Giller, and Hagell 1998) While many phenomena associated with sociopathy can be interpreted in reciprocity terms, the manipulative sociopath gets people to believe his promises to do things that would not be in his best interests. In short, he pretends to make emotional commitments, and then exploits those who believe him. Here, the concept of commitment strategies helps to bridge the gap between attachment pathology and the origins of sociopathy.

In the clinic, suicide threats are of particular significance. Some simply reflect the hopelessness that attends interminable pain, physical or psychic. Often however, a suicide threat is a communication that reminds others of what they might lose. All too often, however, such threats do not reunite the social network. They often then become chronic as others vacillate between attempts to help, and wishes to criticize or avoid the person. The relationship between depressive disorder and its associated suicidal wishes thoroughly complicates this whole matter to the point

were even experienced clinicians have great difficulty. Suicide threats tragically illustrate the paradox of commitment strategies when a person who has threatened suicidal feels compelled to take action in order to maintain his or her reputation for following through on commitments. This may help to explain why it is so difficult and dangerous for relatives and friends of the chronically suicidal person to call the bluff, and why chronic suicidality often persists.

### **Origins of psychopathology**

Psychopathology often arises, as we all know, from relationship difficulties. On the one hand this is not surprising. After all, the main determinants of reproductive success, for humans, are relationships and social success, and groups are the main venue of competition. (Humphrey 1976) On the other hand, why must life be so difficult? Why can't people simply make and keep stable relationships? Life would be so much easier and happier. The reciprocity model only begins to explain the difficulty. From its perspective, we are all trying to find generous cooperators and yet we are on the lookout for cheats and we attempted to deceive others to gain an advantage when we can. Some evolutionists even see the social systems as providing rewards to those who can cheat in the subtlest ways. (Trivers 1976) The prisoner's dilemma model is, however, fundamentally backwards looking and based on actions. It uses information about what people have done. Much of human life is, however, based on what people say they will do in the future. And defection is defined, not by failure to cooperate on a given move in the prisoner's dilemma game, but by some discrepancy between what a person said he or she would do and what he or she actually does do.

Extraordinary complexities arise from the apparent intrinsic contradictions of commitment strategies. The goal in making a commitment is to convince others that you will follow through

on behavior that will not be in your interests in some future situation. How can you convince them of this? You can tell them in ever more fervent and sincere tones; this does seem to have some effect. More powerful tactics are to put your reputation on the line by making public proclamations of your commitment or to engage a third party to enforce the contract. However, the most convincing evidence is beginning to carry out the commitment. Thus when potential mates become ill, they watch to see if their partner becomes more or less helpful. Zahavi has argued that individuals often “test the bond” by acting uncooperative to see if the partner’s commitment will persevere despite difficulties and lack of rewards. (Zahavi 1976) He cites the example of courting birds—cardinals in which the male must provide food to and accept days of abuse from the female before she will agree to mate. An alternative explanation is that she is testing his abilities more than his commitment, and is comparing his prowess to those of other males. Her actions also constrain him from pursuing other mates, thus perhaps decreasing the risk that he will desert the nest after mating.

Something very similar seems to go on in human relationships, most notably “lovers spats.” In the early phases of courtship, partners sometimes withdraw from one another, perhaps to see if the other will tolerate this. But acting cold, hostile or stingy in order to see how the other reacts is a risky strategy that is notoriously prone to misfiring. Both partners, are, after all, trying to discern the other’s commitment. What is testing of the bond from one perspective may be simply abandonment and demonstration of unfaithfulness from the other’s perspective. The very fact that relationships develop slowly with gradually increasing exchanges of resources and obligations is an interesting fact in and of itself. Our best friends are old friends, and it takes a long time to begin to trust others. This time can be cut down considerably, and the risks of

commitments can be reduced dramatically, if both partners are members of a group that both provides increased information about a person's character and increase punishments for defection.

The presence of third parties inserts complications into committed relationships. Clinicians who study families and groups repeatedly note that the primary structure of social life is the triad. (Zuk 1981) The purity of any relationship is shaken by compromises required by when a third person is involved. One could in fact, generalize this to human politics as a whole, both in everyday life and on the social political level. Individuals attempt to create alliances with third parties, but every such commitment is likely to conflict with some other commitment. Thus, the great difficulties faced by politicians who must try to ingratiate themselves with of different groups. People are listening to see if they will say one thing to one group and one to another. To succeed, they must. Unfortunately, straightforwardness seems not to work very well except when an advantage can be gained by getting strong support from one group at the expense of another. In short, conflict between competing commitments is a basic fact, perhaps the most basic fact, of everyday social life.

Our psychodynamics seem to be designed to protect us from excessive cognizance of these difficulties. (Nesse and Lloyd 1992) Some people are, however, all too aware of them, and suffer greatly in trying to please everyone all the time. A comment on neurosis is germane here. The essence of neurosis is a deep fear that others will abandon you or attack in response to any apparent misdeed. Neurotic people feel that they have no alternatives in situations when others become angry or threaten to leave. Neurotics try to understand what they might have done differently and how better to please the other. Of course, however, there is no pleasing everyone all the time. Worse yet, exploiters are attracted to such people and take advantage of them until

they reach a breaking point. One wonders if the prevalence of neurosis in modern societies, and the proliferation of treatments to ameliorate the symptoms, may be related to the contrast between our mass society and the small groups in which we evolved. In ancestral societies, people had only a few social roles and obligations and they did not have to juggle many roles. By contrast, in modern societies, most of us juggle multiple conflicting commitments. We can't please all of the people all of the time, and the pressure on our identities is substantial.

This leads naturally into a brief consideration of guilt, a common psychiatric symptom. While sometimes interpreted by evolutionists as a manipulation, I suspect it is better interpreted as an internal motivator to maintain commitments. (Gilbert 1997; Keltner and Buswell 1996) The fear of experiencing anxiety before a violation of commitment, and of experiencing guilt after a violation, provide strong motivators to maintain subjective commitments even in situations where that is obviously not in the person's interests. This is morality. Many people, especially those with neurotic tendencies, are plagued by guilt and deep concern about what others think if they do not fulfill all obligations. The fact of guilt, and the human capacity for moral behavior, provides some of the most powerful evidence that natural selection has shaped the human capacity for subjective commitment.

As noted already in the section on attachment, what people believe about their own capacity for commitments and other people's capacity for commitments has a profound effect on how they live their lives. Someone who has never had experience with others fulfilling their promises will be unwilling to trust others and unwilling to enter into commitments. Such a person's social world is fundamentally different from that of someone who believes that subjective commitments are possible. An extensive psychiatric literature describes the importance of a capacity for "basic

trust,” and the pathology that characterizes its absence. (Balint 1979) People who believe that committed relationships are possible are capable of such relationships and they thus gain advantages, even though they are prone to be exploited. People who believe that others are incapable of making commitments will be unable to do so themselves. This belief is thus self-perpetuating. Those who hold it, live in a world that is genuinely more ruthless than the parallel social world occupied by others.

The preoccupation of many social scientists with social constructions, and their effects on social and individual life, is germane here. What people believe about others and their relationships is certainly influenced by what they learn in childhood. Later in life, learning to view others as, for instance, “homo economicus” has tangible and unfortunate effects on behavior. Economists, for instance, are less prone to public contributions, and this seems to be a result of being exposed to the field, not to preexisting personality traits. (Frank 1992) There is every reason to expect that similar effects result from exposure to views of human as “fitness maximizers.”

### **Psychotherapy**

Psychotherapy is a solution with a problem. Hundreds of different brands now each claim to be effective. As noted already, it appears that many are helpful, especially those that can recruit the confidence of both therapist and patient. (Frank 1975) Interestingly, most all of them are based, to one extent or another, on creating a relationship. Absolutely crucial, and at the center of every therapeutic relationship, is trust. Trust, first, that the treatment will work, but even more important is trust in the therapist’s ability and willingness to fulfill commitments. One of my teachers once said, “Lie to your mother, lie to your lover, lie to your boss, but never never give any patient the least reason to mistrust anything you say or do.” If one of the mechanisms of

change in psychotherapy is learning about the possibility of committed relationships, then it is easy to see why trust is so central.

The therapeutic relationship is, however, inherently paradoxical. Psychotherapy is, as Malcolm has said, “ the impossible profession.” (Malcolm 1982) It is not exactly a trade of friendship for money, but it often seems that way to patients, especially at in the early stages of therapy. They suspect that a therapist who demands payment cannot have a genuine emotional commitment. Patients keep trying to figure out whether this is a reciprocity relationship or a committed relationship. They provoke confrontations to test the therapist’s commitment. Beginning therapists are likely to suspect their own motives. And, some experienced therapists do not have a real commitment to the other person’s welfare. In many cases, however, a therapist can offer a novel experience of a committed relationship that can literally change a person’s social reality. Some people can use this to escape from their prior assumptions, their habits of behavior, and their misconceptions about others, in order to create kinds of relationships that they were not capable of previously. If all goes well, at a certain point, this capacity becomes self-generating and a person is off into a new social world with a new set of skills and capacities. This is not easy, however, and the outcomes by no means assured.

The other bedrock of psychotherapy is empathy. In evolutionary writings, empathy has been seen as a mind-reading skill that gives advantages not only by allowing one to sense what others need in order to provide it, but also to use this knowledge to better manipulate others. (Krebs and Dawkins 1984) In the psychotherapeutic literature empathy generally refers to deeply intuitive understanding of what life is like for the other. The essence of empathy is understanding a person's goals, how they are pursuing those goals, what resources they have, what resources they

need, the obstacles that limit their ability to achieve their goals, the threats to the resources they have, the dilemmas they face in making decisions about how to pursue goals and the complex trade-offs involved in pursuing conflicting goals. This is probably why the mind churns on all of the time. It's also likely what wakens people from sleep and engages their dreams, especially at times of life conflict. The therapist imagines herself in the patient's life in order to understand, sometimes better than the patient him or herself, the dilemma, the alternatives, and where certain feelings come from. We seem to be designed to be unaware of the origins of many of our feelings, a characteristic that leads to much confusion and psychopathology.

### **Commitment to Goals**

Commitment to reaching a goal is substantially different from the kinds of commitment discussed so far. Commitments to threats and promises influence others by letting them know you will not behave according to short-term self-interest. A commitment to a goal also involves an intent to persist despite difficulty, but its influence is not on the other so much as the self. (Klinger, 1975) The extent to which human action is organized in terms of goal pursuit, and its strong influence on mood, is striking once you begin to look for it. (Gollwitzer 1996) We can be conditioned to respond to cues, but more often we try to achieve a goal we have in mind. There are some obvious reasons why our behavior, like that of all organisms, is not fragmented into bouts of only a few minutes, the main one being that there are start up costs involved in any activity, whether eating, hunting, or helping a child. Stopping a task before some natural end point is wasteful. Humans differ from most other animals, however, in that our actions are structured around goals that persist across days and months. We get an end in mind and strategize the best way to reach it. When one tactic does not work, we try another. It does not matter if the goal is moving a rock,

planting a field, catching a tiger, winning an election, or publishing a paper—action is organized in pursuit of the goal. (Martin and Tesser 1996)

One difficulty with this kind of behavioral organization is the possibility that much effort may be wasted in pursuit of an unreachable goal. At some point, when it appears that efforts will not succeed, it is best to give up and do something else. Note that the decision depends on a belief about the future—whether efforts eventually will, or will not, succeed. A large literature in psychology documents the tendency for unproductive efforts to arouse low mood that disengages effort from an unreachable goal. (Brickman 1987; Diener and Fujita 1995; Emmons and King 1988; Klinger 1975) When a person is unable to give up, because the goal is crucial to the person's overall life strategy or because so much has been invested in getting this enterprise started, then low mood escalates into depression in which all motivation is turned off. The obvious question is why people don't behave rationally. If one potential spouse repeatedly rejects you, why waste effort? Why not turn to someone else? If you can't get a promotion at one job, why not quit and take another? The answers to such questions help to explain why people stick with commitments to difficult goals, and thus, the origins of many depressions. (Nesse 2000)

The mechanisms that regulate goal pursuit seem irrational. People just don't give up their dreams at all the way a foraging animal would give up on one patch and move to another. (Charnov 1976) Their commitment to a goal often seems senseless. A goal ceases to have a hold on a person once it is given up, but, as Buddhists have long noted, desires that persist even when unfulfilled, are the cause of much suffering. (Miller 1995) There are several possible evolutionary answers to this conundrum. The first, and most obvious, is that it is hard to know when a goal is unreachable. If considerable effort has been put into reaching a goal, and alternative enterprises

are not available, then the slightest possibility of success may be enough to justify persistence. This may help to explain the Concorde effect—the consistent psychological tendency for people to continue investing in a project even when it appears that there will be no net payoff. The big goals for humans are, of course, social. Here prediction is tricky at best. Perhaps the heir to the crown will marry you after all if you persist in your courtship! Perhaps your efforts to lead a group will suddenly be welcomed if the leader suddenly falls ill.

The benefits from such a tendency to persist is interesting. Just as a capacity for subjective commitment can induce costly behavior that gives an advantage only in the long run and on the average, a tendency to persist in the pursuit of a goal can maintain effort and planning through dry spells when it appears that an enterprise will be no benefit. In both cases, the capacity for commitment provides a long-term benefit that carries strategies over periods where it appears that efforts are being wasted.

Goals do not, of course, exist in isolation. Increased efforts to make oneself attractive as a mate will take away from time spent getting resources. For instance, time spent in the gym takes time away from working. Deciding to have a family dramatically decreases the resources available for everything else in life. Major conflicts between strategies create a life crisis. When one of two working spouses gets a good job offer elsewhere, the crisis is obvious. When one member of a couple want to have children and the other thinks they cannot afford to do that, the problem is more subtle, but equally serious. Such situations pit commitments against one another. In this context, it is important to consider commitments to personal goals in the context of interpersonal commitments. People are extremely reluctant to give up either kind of commitment. Emotionally, they are torn and upset by such situations. The power of these emotions testifies to the deep

origins of these commitments. The distress does not come just from the difficulty of making a decision and from the necessity of some loss. The strength of the emotions testifies to the basic human capacity for subjective commitment.

### **Conclusion**

This outline merely touches on a few aspects of psychopathology and treatment that can be illuminated by subjective commitment. Much more could be said, especially about the role of commitment in relationships and their difficulties. The goal here is only to illustrate some of the ways the theory of subjective commitment can assist in understanding psychopathology. My hope is that it will provide a bridge between the basic biology of relationships and the complex phenomena seen in the clinic.

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