

Reversals and the Pathway to Action

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It will be argued that in reversal theory terms, the build-up to an action goes through five phases. The first is that of desire, represented by the ongoing array of motivational states. Secondly, there is an interpretation phase in which the individual assesses the possibilities for action. Here the individual's lifeworld is interpreted in terms of this ongoing set of motivational states - tools and barriers are identified and an appropriate and timely action is planned. Thirdly, there is a decision phase. Fourthly, the chosen action is performed leading, fifthly, to an emotional/hedonic outcome. This feeds back into the first phase, giving rise to the possibility of a new array. This means that the whole sequence constitutes a cycle, giving rise to interesting issues. For example, can we distinguish principal and supportive focal states? Is it possible to map some forms of pathology onto the five phases? Do we need to posit an overall controller? The latter would be a step that has on the whole been avoided so far in reversal theory explanations.

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What happens between the psychological desire represented by a motivational state, such as the desire for freedom in the rebellious state, and the resulting satisfaction (or not) of this desire? How do we move from one to the other over time? Can we discern a universal sequence of phases? This topic was explored briefly in the present writer's early book on reversal theory (Apter, 1982, especially chapters 3 and 14), and the present paper aims to extend this earlier exploration. It also takes further the discussion of focus and focal change (Apter, 2015). If reversal theory involves breaking traits down into states, then the present conceptual analysis is about breaking states down into phases – something that has not been attempted before.

It will be suggested that the whole process, from start to finish, may be understood as being made up of five phases, all of them being necessary, one after another, to complete the process. Sometimes the phases in the sequence may be relatively short and at other times relatively long. As a result, the whole sequence may take place almost instantaneously, or it may linger over an extended period and may even be agonized over. But at least the underlying sequence appears always to be the same (see Figure 1). Indeed, something

like the sequence to be presented here seems to be logically required in any purposeful system, and consists of the following phases:

- Motivation: What I want;
- Assessment: What is possible or most desirable;
- Decision: What I decide to do;
- Action: What I do;
- Outcome: What I get as a result;

The Five Phases

Let us look a little further at these five phases. It should be noted that Phase 1 is foundational to the sequence. That is to say, it has a continuing presence throughout the sequence, coloring and guiding everything that comes after. All four of the subsequent phases are anchored in it, as it were, and unavoidably refer back to it and conform to it. (The analysis that follows is entirely about the individual, and does not take into account interactions by people in different phases and states.)

Phase 1: Motivation

The first phase is the phase of desire. In reversal theory terms, this means that the individual is experiencing a particular subset of motivational states – in other words, there is an 'array,' of four ongoing active states that is being experienced (Apter, 2001, page 39, proposition 4). One of these states will normally be more central in experience than the others. This is the so-called "focal" state (Apter, 2001, page 39, proposition 5).

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Figure 1. The five phases.

Phase 2: Assessment

The second phase of the sequence involves a kind of motivational selective attention or sensitization to some aspects of the situation. Under the influence of the active states, and especially the focal state, the individual will notice some things rather than others in his experienced environment, and link these together in a kind of motivational map. In particular, he is likely to notice opportunities for satisfaction (e.g., some important chores to be done in the telic state) or that might lead to the danger of dissatisfaction (e.g., distraction by friends in the telic state). And he will notice tools, skills, habits, knowledge and support afforded by the environment and other people that might enable movement towards satisfaction. On the negative side he will become aware of barriers, threats, demands, and enemies that are likely to prevent satisfaction and that will need to be avoided or overcome. This means that the situation, taken as a whole, has motivational meaning in terms of possible competing routes to satisfaction or the avoidance of dissatisfaction. The individual takes all of this into account, more or less consciously, to facilitate a decision.

Phase 3: Decision

The view of decision-making presented here suggests that coming to a decision is like making a response to the Thematic Apperception Test (Murray, 1943, 1973). In other words, on the basis of the often conflicting or ambiguous information just referred to, the individual must make anticipations, create a plan, and turn the plan into a detailed narrative. The result is a definite intention to do something, and to do it in a certain way. This means transforming an abstract plan into something concrete, making use of the specific places, times, and people that have presented themselves. I would

suggest that this process be called “*instantiation*,” meaning the turning of generalities into particular *instances*. Often there will be a tryout of the plan in the imagination before it is put into practice, or alternative plans are imagined. (Perhaps we see here the foundation of the human propensity to create fiction, tracing it back to the pathway to action, which is a basic structure for stories of all kinds.)

It is also possible that the plan is already laid out by some external agency, and the narrative is as it were already written - which makes decision easy. This involves what environmental psychologists have referred to as “behavior settings,” the combination of a place and a script to follow in that place. (Barker, 1968) For example, there is the patient script in a clinic, the pupil script in a classroom, the receptionist script in a hotel, the pickup script in a bar. Problems of course arise when the desires of the active and focal states do not match what is “on offer” in the behavior setting. For example, a child whose focal state is paratelic may be in a behavior setting which does not offer anything stimulating or interesting at that time, such as in the back seat of his or her parent’s car. The individual also needs to have realistic expectancies in relation to different settings (Bandura, 1977).

As already noted, this decision phase can be relatively fast or slow, depending on the degree to which the decision-making is on the one hand instantaneous and automatic, already set up, or on the other hand considered and deliberative with a number of conscious choices needing to be made. There are many so-called dual-process theories in relation to decision-making, such as those reviewed in Sherman, Gawronski, and Trope (2014). In particular, there are models that emphasize slow versus fast processing. Conscious versus unconscious, and cognitive versus biological processing, are then related to the slow and rapid versions (e.g., Norman & Shallice, 2000; Lezak, 2004; Kahneman, 2011 and many others over the years going back to William James).

It should be clear that these dualities are different from the dualities of reversal theory, since the dual processes are largely cognitive rather than affective, involved in means rather than motivated ends. Also the two explanations are orthogonal. Thus one could have a rapid decision in relation to something serious (avoiding a car accident), a slow decision in relation to something serious (choosing an insurance policy), fast in relation to something playful (playing tennis), or slow in relation to something playful (wine tasting). Also we must remember that there are four pairs of opposites in reversal theory not the two that decision processes are reduced to in dual-process theories.

Phase 4: Action

This may be said to be the key stage in converting desire into pleasure or pain. This phase is not monolithic, and the action may require modifications as it goes along. Such mod-

ifications will typically be concrete: choose to eat ice-cream instead of yogurt, listen to Elton John rather than Beethoven, speak rather than remain silent. In other words, it involves a new instantiation. From the reversal theory point of view it is also notable that the resulting performance will have a certain motivational style depending on the nature of the focal and other active states involved, so that the desire in phase 1 will be reflected in aspects of the performance. Thus comportment may depend on the ongoing motivational state, as might the way that feeling and attitudes are expressed through posture, gesture, and language style, for example the military bearing expressing the mastery state, smiling the sympathy state, a clenched fist the negativistic state.

Phase 5: Outcome

Finally, the action is or is not successful in terms of objective criteria (achieving the performance goal or not) which is translated into subjective criteria, meaning that a particular level of hedonic tone will be felt, expressing itself as a particular emotion, (e.g., anxiety, gratitude). These outcomes are then fed back into the first phase, normally giving rise to a new array and a new set of desires. For example:

- Frustration in the goal of getting to work on time, may cause a reversal from paratelic to telic state.
- Having unprotected intercourse (paratelic) may, after the act, cause a reversal to the serious state, and a change of focus to the conforming and alloic states.
- Winning a contract (telic) may lead to celebration in the paratelic state.

This means that the whole five-phase sequence constitutes a cycle rather than a trajectory. The wheel of motivation never stops spinning, whether slowly or fast, bumpy or smooth. Since it is circular, everything ‘causes,’ everything else, although the sequence as described here makes most psychological sense if we see it starting with desire. In any case, as noted earlier, each phase is anchored in the original motivational state that initiated the ongoing sequence, and this gives it cohesion over time.

When a Reversal Occurs

This all seems relatively simple and straightforward. But introducing the concept of reversal, and adding it fully into the sequence, immediately makes everything more complex. To make the analysis here more manageable, we shall first treat what happens in terms of a single pair of states and reversals between the states in a pair. Later we shall look at the larger picture that arises when we consider all four active states together, and bring to bear the concept of subjective focus.

Let us note at the outset that a reversal can occur at any point in the sequence. Whatever the phase, whenever a reversal occurs, there is, by definition, a return to the first phase, that of desire. Then the whole sequence starts again, based

on this new motivation (see Figure 1). Where this is due to satiation rather than anything situational, the reversal may well be surprising to an observer, and seem to be paradoxical (Apter, 2015).

Phase 1: Motivation

A reversal here just means that the opposite state in the pair becomes the active state. Desire turns into a desire for its opposite. When reversal happens in this way at phase 1, before action can occur, this will often be due to satiation. For example, you are about to order a meal in a restaurant, in a telic state of mind in which the health of the different dishes is a consideration, but you reverse into the paratelic state and decide to have a meal that is definitely unhealthy.

Phase 2: Assessment

If the situation changes sufficiently, or the individual notices something he or she had missed before, or for some reason the way of interpreting the situation changes, making it effectively a different situation, then a reversal may occur.

Phase 3: Decision

If the decision makes the situation immediately seem different, then this can produce a reversal and a return to phase 1. For example, in deciding to take homework from the office, the work might suddenly come to seem unfair, and a reversal occur from the conforming to the negativistic state.

Phase 4: Action

Unexpected things may happen ‘out of the blue,’ in the course of carrying through an action, and this may cause a reversal. For example, someone praises you unexpectedly, the car does not start, the parachute fails to open, a bad tempered colleague makes a joke or internal satiation occurs (which is also frequently unexpected).

Phase 5: Outcome

Typically the outcome will include the situation changing in some way as a result of the action that was undertaken - e.g., homework finished, time to eat, meeting with a client, arrival at a friend’s house. This will be likely to set off a reversal, and, with it, a return to phase 1, i.e., the start of the whole sequence. Something unexpected might also happen, with the same reversal effect: an unexpected phone call, the unplanned arrival of a friend.

It must be emphasized that a reversal can be due not only to the external situation changing (‘contingent reversal,’ also known as ‘situational reversal,’ and also frustration.) (Apter, 2001, proposition 1 under ‘reversals,’ p. 45). It can also change internally, at any point, through satiation. When satiation occurs, then there is likely to be what I have elsewhere

called a *pre-intentional moment*. That is, the moments after a reversal due to satiation might in a sense be content free in phase 2. (Apter, 1982, pp.71-2, 213). For instance, one is in the telic state at a committee meeting and a reversal to the paratelic state occurs due to satiation. There may be a few moments when one casts around for something that would please the paratelic state, and not find anything, until perhaps one sees something that is amusing and makes a joke about it.

Emotions are part of the outcome. An emotion is the result of a motivational state and the level of some variable, not the cause of a state, although it can be the cause of changes in action. We cannot say “he felt anxious and this induced the telic state.” We would have to say, “he was in the telic state, with high arousal, and therefore felt anxious.” This point is often misunderstood.

Actions may change as the result of a reversal, or they may continue but with a different meaning. When a child does homework in the telic state, then a reversal will either lead him to do something else (e.g., watch television), or he will continue with the homework but now attempt to enjoy it for itself in the playful rather than telic state.

In this analysis, we have two parallel sequences: a sequence of states, and a sequence of actions. It is possible to change an action without a reversal of states, and possible to reverse states without changing the ongoing action. So we have the following possibilities at any moment:

- *Reversal leading to change of action* (e.g., child doing homework reverses from telic to paratelic and switches to watching television).
- *Reversal with continuing action* (e.g, child doing homework reverses from telic to paratelic but continues to do homework that he or she is now enjoying in itself).
- *No reversal with change of action* (e.g., child doing homework remains in the telic state, but decides to do some chores instead, because not understanding the homework).
- *No reversal with continuing action* (e.g., child doing homework remains in the telic state and continues to do homework).

So reversals can occur at any point in the sequence, through situation change or frustration or satiation. We should note that it is also possible to revert to an earlier point in the sequence other than to the motivation phase - when circumstances change. For example one might make a decision and then new information arises that cause one to return to the assessment phase and reconsider what one is intending to do. This means that there can be cycles within the overall cycle that do not necessarily involve a return to the very first phase.

Focus and focal change

In adding reversal into the dynamics of the pathway, we made the pathway altogether more complicated. But we kept

matters less complex than they might have been by confining our considerations to just one pair of states, and reversals between them. Now we cannot avoid asking what happens when all four pairs of states are taken into account. And in talking about all four states we cannot forget that we know that they already have one kind of organization through the mechanism of focus. Recall that a focal motivational state is an active state that is at the center of awareness and directs attention to something that feels particularly desirable at that moment (Apter, 2001, Proposition 5, level 2, p. 39).

Here are what seem to be, in principle, the three main ways that the states that are active at a given time could in principle be organized with respect to focus (Apter, 2015). We shall have to decide which of these makes the best basis for the reversal theory account.

Independence: No focal state at all

In this model, all the four active states are independent and acting in parallel. In other words, each follows through the phases as listed, but does so in its own time and with no reference to any other. This means, in effect, that there is no focal state. It is every state for itself. This does not seem entirely likely, because we are surely not equally aware of four kinds of desire at the same time throughout our waking lives, or of parallel actions that perhaps bear little relation to each other and might even be in conflict (e.g., mastery state wanting to do something violent, conforming state wanting to conform to good behavior). This all seems like a recipe for incoherence.

Exclusivity: Only one focal state at a time

In this account, one state is exclusively focal, and the other active states are not focal at all, but play no real part in anything - forming a kind of background that contributes little to ongoing action at a given time. We must suppose, of course, that a revolution can take place from time to time and place another state on the throne for a while, until it in turn is overthrown. This certainly simplifies everything as a model. But here we lose a certain idea of the richness of experience. It also does not sit well with the reversal theory of emotions as it stands, because each emotion depends on two active states in combination (e.g., anger depends on the presence of both telic and negativistic states in awareness). However, this can be rescued if we posit that the second state contributing to the emotion only has to be active, not necessarily focal.

Complementarity: One state supported by others

One main focal state has mutual support from other active states. The states relate to each other in a meaningful way in generating actions, by supporting each other where this is possible, and making the actions more effective than they otherwise would have been. We may suppose that the more

powerful of two focal states assimilates the other focal state to itself, helping it to reach its own ends.

Following Apter (2015), it will be suggested here that this complementarity model is the most hopeful one for understanding the complex relationships between ongoing active states. So it is this model and terminology that will be adopted here.

Complementarity

In summary, we have eight states that give rise, at any given time, to four active states and among the four active states there will be one or more focal states. Of these, one will at a given time be what we might call the *principal focal state*, and alongside it may be a secondary focal state that supports it and is assimilated to it. We can call this a *supportive focal state*. There may be third and fourth active states that are also supportive, albeit in the background – let us call them background states.

This means that every combination of states is possible (except opposite states in the same pair), where every state under different conditions can be a principal, supportive, or background state. Examples have been given in terms of every possible combination of principle and supportive state (Apter, 2015). Here are some examples of this idea of the support of a principal focal state by another active state.

- Doing something one is good at (e.g., golf), in order to have fun. Here the mastery state supports the paratelic state.
- Accepting being hazed in order to join a prestigious fraternity/sorority. Here the conforming state supports the mastery state.
- At a party, breaking rules of social good behavior (e.g., swearing), in order to draw attention to oneself. Here the negativistic state supports the autic state.

This ties in with a distinction made by Rokeach between terminal and instrumental values, where terminal values are the long range and ultimate values and instrumental values are those that help towards the achievement of ultimate values (Rokeach, 1973). Thus winning a war might be an ultimate value, while developing a strong army would be an instrumental value. Getting to heaven might be an ultimate value, being good an instrumental value.

What determines which of the active states becomes the principal focal state is unclear at this point. Three possibilities suggest themselves. One of these is that it relates to which aspect of the environment is most *exigent*, i.e. that imposes itself most strongly. For example, avoiding a car accident might be more likely to induce a focal principal telic state than doing some minor chore around the house, the latter also being telic. Trying to make a putt for par might be more focal (mastery) at that moment than remembering to post a letter (conforming). Secondly, focus might relate to *urgency*. Trying to get to the phone before it stops ringing (telic) might be more focal at that moment, if less important,

than working on your taxes. Thirdly, it could be a *primacy* effect. That is, the earlier of the two states to reach the assessment phase will be the one that is principal. The other will then just have to fit in. (We are assuming, for simplicity, that focus does not satiate, but we may have to change this supposition in due course.)

One other term: A state that is frequently a focal state may be thought of as a “*key state*.” This means that it must be experienced not just frequently, but tend to be focal when it is experienced. (Apter, 2001, Individual difference proposition 4, page 46.) This is different from dominance, which is about the time that a state is active in comparison with its opposite state. The term “key state” has been used frequently in workshops based on reversal theory, and so is worth noting here.

Four Types of Change

Let us look at a real life example of the ways that we change from moment to moment, noting that in this example there is change in all four principles of change: change of action, reversal, focal change and phase change. The following occurred as I was in the course of writing these very words. I have italicized each of the instances of type of change.

I am sitting in a Starbucks café, the telic state focal, working on this paper. I am in the action phase. A man enters the café, approaching each of the tables, selling trinkets. He comes to my table and shows me a card saying “I am deaf. Please support my family. \$3.” This means that I *change focus* from the telic state into the alloic state. In the alloic state I am *returned to the assessment phase*, on the basis of which I have to decide what I am going to do. I give him three dollars, meaning that I have *changed to the action phase*. As he wanders to the next table, I struggle to open the little package he has dropped into my lap, so that I am *changing my action*. Unfortunately, I scratch my finger on an open staple, as I try to grapple out the key ring inside. This *changes my focal state* into the negativistic state, and *moves me into the assessment phase* followed by decision and a *new action* (dealing with my bleeding finger with my handkerchief). After a few minutes, I return to my work and the telic state comes back *into the focus* and my phase returns to the action phase. In a little while, I *reverse* into the paratelic state, apparently for no particular reason (we may suppose that this is satiation). Now my action has not changed, but my state has, this time through *reversal* rather than focus change. I look around to assess the situation and see what I can do for immediate enjoyment. I decide to get another cup of coffee. I go and order another cup of coffee, this constituting a *change of action*.

Phase Pathologies

Reversal theory has been used to frame various ways in which different kinds of psychopathology can arise (e.g., Apter, 1982, chapter 11). In particular three main types of

structural pathology have been identified: inhibited reversal (e.g., chronic anxiety), inappropriate reversal (e.g., agoraphobia) and inappropriate choice of strategy (e.g., gambling) (Apter, 2007, chapter 9). Once we start taking sequence into account, however, we realize that sequences can go wrong too and particular problems can relate to particular phases. Incorporating this in to the theory may in the future provide an even greater explanatory range in relation to maladjustment and mental illness. Some forms of pathology, then, arise through failures to follow the sequence described here, or through implementing a particular phase in a problematic way. The following are examples that between them make reference to all the different phases.

Motivational blindness

When the individual has problems in identifying different emotions, this is called 'alexithymia,' (a term coined by Sifneos, 1972). We can see this as an inability to enter fully into phase 5, since this is the phase in which emotions are experienced. Interestingly, we can observe something similar although more basic at stage 1: Here the individual has difficulty in recognizing and identifying motives and the states of mind that are defined by motives. This forms 'book ends,' with alexithymia in phase 5. Let us call it, by analogy, '*alexitropia*,' (meaning having no words for goals, whether serious or playful, from the ancient Greek *tropia* meaning the orientation and direction of an organism). It is a basic aspect of lack of motivational intelligence. It was indeed the recognition of this condition by Smith and the present writer that formed the foundation of therapy using reversal theory. And we found that by supplying parents and children with a new vocabulary of motivation to discuss their problems, some degree of therapy could be achieved with this step alone (Smith & Apter, 1979). This could be related to *yearning*, in which the individual wants something but cannot determine what that is. Such people might even feel frustrated, but not know what they are frustrated about, or even tell when they are satisfied. This can lead to puzzlement, discontent and anger. But it is not a condition that has yet been recognized in the psychiatric literature.

Impulsiveness

Some conditions seem to involve the individual 'jumping over,' the stages of Assessment and Decision, and going more or less straight from Desire to Action. This seems to be the essence of addiction, from drug addiction to gambling. But it arises in impulsive action of all kinds, including impulsive aggression. It is as if the assessing and intending has been decided once and for all in the given setting, so that the individual can go straight from desire to action whenever the opportunity presents itself in this setting.

Indecision

This "Hamlet syndrome" is the opposite of impulsiveness. In this case the individual can more or less avoid the action phase altogether by never reaching it. In other words, such individuals have difficulty in reaching a conclusion about what to do, and so let things drift, as a result suffering from high tension stress, and possibly depression, until eventually there is a return to phase 1 (perhaps due to satiation) with no meaningful action having taken place. In another version of indecision, shimmering, the situation in phase 2 never settles down enough for a decision to be finalized. (In shimmering there is rapid back-and-forth reversal between a pair of states. See Apter, 2001, proposition 5 under 'reversal,' page 46.)

Pre-traumatic stress disorder

Here the individual anticipates bad things before they happen, even though they have not experienced them before, so that this is not Post Traumatic Stress Disorder. Many kinds of phobia would be examples. The nature of the feared situation can differ from domain to domain: loss of love in sympathy, humiliation in mastery, and so on. In terms of the sequence presented here, we see anticipation of phase 4 at phase 2. Obsessional ritual behavior may also be behavior which is aimed at avoiding bad things that have not yet happened. Given that illness and death at some later time are universal, there is always a good reason for pre-traumatic stress. The healthy person seems to be able to disregard this and cope with the threat. But people recognizing, and facing up to, such existential threats are likely to experience angst. In this respect, unfortunately, the truth does not set you free.

Outcome-action inversion

To explain this, a slight detour is needed. I would suggest that, in the dream, one is attempting to explain to oneself the emotions that have been experienced in the previous waking day, while no longer remembering what originally caused them. So one imagines situations that would naturally give rise to these emotions, and these made-up and exaggerated situations are what constitutes the dream. This is a kind of reverse engineering in which what was originally the outcome (an emotion) becomes the instigator of the (imagined) action rather than a result of it. The two phases are back to front, with phase 4 preceding phase 3. I would also suggest that the schizophrenic person makes this a way of life. His hallucinations and delusions are ways of making sense of his emotions. The paranoid schizophrenic, for example, explains his anger and fear by inventing the "out to get me" narrative which would then justify his feelings of defiance.

Is there a controller?

We finally come to an important question for reversal theory. Is there some kind of higher-level controller that, con-

sciously or unconsciously, oversees the overall functioning of the personality? In terms of a pathway to action, this question would translate into: Is there a higher level executive that oversees the whole sequence, from desire to outcome, including especially making decisions in the decision phase, and overseeing the timing of the phase sequence?

In reversal theory as it stands at present, no such overall controller has been specified, mainly for reasons of parsimony: Everything is controlled by the active focal state, and overall control passes between states over time as each becomes active and focal in its turn. This is a parsimonious explanation, but it may not contain features that are needed for a full account. In any case, there has always been the logical paradox of a decision being made in one state to attempt to reverse to its opposite state: Which state is it in? If one is in the paratelic state but wants to be in the telic state, is this not the same as being already in the telic state, since motivation is defined in terms of what is wanted? And how would someone in the paratelic state decide that they wanted to be in the telic state? The latter problem can be got around: for example, someone in the telic state might see that being in the paratelic state for a while would lessen stress and make work easier later on, and therefore try to bring about a temporary reversal. But this kind of planning ahead explanation is awkward.

Executive function has become a major topic in cognitive psychology in recent years, especially, as we saw earlier, in relation to dual-process theories (viz. Elliott, 2003; Lezak, 2004; Kahneman, 2011). Such function is said to be involved in planning, reasoning, memory, judging, and other cognitive processes and involves the ability to override ongoing actions and to deal with novel situations in novel ways. These executive functions could be incorporated in the reversal theory sequence. It is also possible to think of a higher level executive in reversal theory that would make critical decisions of a more motivational and emotional kind not taken into account in the cognitive psychology models - and also less obviously rational. These decisions might include:

- Which co-active state will support which state, and how? I.e. which state will be focal?
- Can conflict be avoided between the needs of active states?
- Should the overall approach be to lower *tension stress* or to lower *effort stress*?
- Should a pessimistic or optimistic viewpoint be taken of the current situation?
- Is this the appropriate moment to go to the next phase in the ongoing sequence, especially if this next phase is that of action?

More important than all this would be that such a controller might have the possibility of voluntarily causing reversals – an idea which is becoming central to the use of reversal theory in self-development, counseling, therapy, and

other applied situations. The controller would be able to induce states, if not entirely at will, at least with some hope of success, especially with practice and training. It could also provide some control over where the motivational focus should reside at a particular time. Taken together, these voluntary functions would make up what we might want to call ‘motivational intelligence,’ which would then be the province of a conscious controller. An advantage of this conceptualization would be that it opens up an avenue for research that could have large implications for the future application of reversal theory to real world problems (Apter, 2015).

References

- Apter, M. J. (1982). *The experience of motivation: The theory of psychological reversals*. London: Academic Press.
- Apter, M. J. (2001). *Motivational styles in everyday life: A guide to reversal theory*. Washington, D.C.: American Psychological Association.
- Apter, M. J. (2007). *Reversal theory: The dynamics of motivation, emotion and personality*, 2nd. edition, Oxford: Oneworld Publications.
- Apter, M. J. (2015). *Le renversement psychologique*, Paris: Dunod InterEditions.
- Bandura, A. (1977). *Social learning theory*. Englewood Cliffs, NJ: Prentice-Hall.
- Barker, R. (1968) *Ecological psychology: Concepts and methods for studying the environment of human behavior*. Stanford, CA: Stanford University Press.
- Elliott, R. (2003). Executive functions and their disorders, *British Medical Bulletin*, 65, 49-59.
- Kahneman, D. (2011). *Thinking, fast and slow*. New York: Farrar, Straus and Giroux.
- Lezak, M. (2004). *Neuropsychological assessment*. New York: Oxford University Press.
- Murray, H. A. (1943). *Thematic Apperception Test Manual*. Cambridge, MA: Harvard University Press.
- Murray, H. A. (1973). *The analysis of fantasy*. Huntington, NY: Robert E. Krieger.
- Norman, D. A., & Shallice, T. (2000). Attention to action: Willed and automatic control of behavior. In Gazzaniga, M.S. (ed.) *Cognitive neuroscience: A reader*. Oxford: Blackwell.
- Rokeach, M. (1973). *The nature of human values*. New York: Free Press.
- Sherman, J. W., Gawronski, B., & Trope, Y., (Eds.) (2014). *Dual-process theories of the social mind*. New York: Guilford.
- Sifneos, P. E. (1972). *Short-term psychotherapy and emotional crisis*. Cambridge MA: Harvard University Press.
- Smith, K. C. P., & Apter, M. J. (1979). Psychological reversals: Some new perspectives on the family and family communication. *Family Therapy*, 6, 89-100.