Towards a formulation of an epistemological theory for psychotherapy.[1]

There has been a strong focus in terms of methodology, evidence and evaluation regarding psychotherapy during recent years: in Sweden almost a complete hysteria. One explanation might be what the historian of science Stephen Toulmin has stated: "in times of great social disruption one finds comfort in a philosophy that is formal, timeless, and unchanging." (Modell 2003 p.6).

The requirement for an evidence-based approach has largely been synonymous with a traditional positivistic scientific ideal. With help from instructions, manuals, etc. the researchers can specify what they count as data. By using this procedure they have excluded a range of information, which from a research methodological point of view is quite problematic. Many evidence-based treatment methods have thus come to be based on a shrinking epistemological foundation and have gradually lost touch with the complexity of reality. During the Middle Ages, only what was inside *the religious domain* was seen as knowledge, today only what is inside *the domain of natural science* is seen as knowledge.

Physics was the prototype for the emergence of modern science. It arose in the later part of the seventeenth century. The scientific thinking and methods from this era were developed for the study of concrete material objects, their qualities and relationships. The companion of science was *the mechanistic world view:* a gigantic clockwork, created by God, with perfect order and logical causal relationships, on which the world rested.

For the subject of psychotherapy, a mechanistic model becomes problematic. In many psychotherapeutic schools, concepts are based on *a mechanistic view of man*, manifested in the form of manuals, diagrams, components, etc. This thinking also includes the assumption of mental processes as logical and causal, where specific acts are supposed to develop into new conditions, in a predetermined, orderly way. But the human psyche is so much more than a clockwork or an apparatus.

Psychological phenomena express themselves simultaneously in both a neurological and a psychological way. The neurological expressions are tangible and the psychological processes are symbolic. This makes them incompatible.

Humans have intentions and create meaningfulness. The investigation of meaning requires an interdisciplinary effort that includes the philosophy of language, linguistics, cognitive science, neurobiology and psychoanalysis. These varied disciplines have major differences in their methods. The *construction* of meaning is very different from the *processing* of data. Arnold Modell suggests that creation of meaning is interactive. It depends not only on what goes on in our own minds, but also on what is going on in other people's minds in our surroundings.

When studying humans, the assumption of man as *a closed system* can work in some cases. But most psychological *qualities* are *in a permanent interaction with the environment*, and then the assumption of a closed system will be devastating. Psychological concepts, for example "personality", are not substantive matter, but constructions that must be studied indirectly. There is rarely a consensus among researchers about the nature of these study

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objects. Most methods deriving from natural science are unable to cope with the humanistic perspectives: intention, subjectivity and symbolism.

To summarize, we can say that there is no one and only accepted scientific paradigm in psychology. In fact there are various models of psychology coming from different paradigms. Man is a social animal and humans and their context must be studied together. This will also be the standpoint of *relational psychology*, as I see it.

In the realm of psychotherapy the individual's life *must* be able to be treated from all possible aspects, without restrictions. Hence the epistemology of psychotherapy must be able to include a person´s perspective from every possible angle: facts, personal stories, subjective perceptions, symbolic dreams & imaginations, feelings, etc. Everything *can* be psychotherapeutically relevant.

To be able to understand our psychological lives, we can imagine three ever-present psychological dimensions: *subjective, objective* and *symbolic*. Psychologically speaking, we are simultaneously living in these three worlds, with their different characteristics. To be comprehensive, the psychotherapeutic theory and practice must work within all these three areas – none of them shall be excluded. The traditional positivistic scientific ideal is to strive for objectivity. Our subjective experience is generally recognized, but is considered either to lack explanatory power or not to be scientifically analyzable. Therefore natural scientists are doing their best to exclude them from the scientific domain. But if you apply a holistic psychotherapeutic knowledge domain you cannot accept this exclusion and so the traditional positivistic ideal must be overstepped.

In other words - *psychological therapies that do **not** involve work with the human subjective and symbolic life exclude a significant part of the individual's essential psychological phenomena and will be based on a limited knowledge base*.

So, how are we to handle these three dimensions in our psychotherapeutic practice?

The subjective dimension

We are permanently living in our own subjective world, which includes everything we experience and think. The distinction between subjectivity and objectivity is based on our comprehension or agreement about which beliefs we are sharing and not sharing with each other. Another distinction is referring to the *external* or the *internal*. The subjective dimension belongs to our *inner* lives. The objective dimension manifests itself only in dialogue with others. Emotions are entirely subjective, although we are trying with words to be understood and to communicate about these conditions with others. As children, we learn to put into words what we feel. It begins with our carers naming and ascribing to the little child what they think the child is feeling. From this starting point the child gradually develops its own language to express feelings. We all recognize pain, sorrow, joy, anger, love, but we can never be sure exactly how another person is experiencing these feelings.

In therapy the patient's subjective dimension concerns his conscious and unconscious private performances: how the patient looks at himself and his situation, what is meaningful, personal

preferences, values, goals, desires, aims, etc. Subjective phenomena does not need to be strictly logical or free from contradictions.

So, how do we gain knowledge about the patient's subjective world? In large part, the therapist has to rely on trusting the patient's own statements and reactions, which of course can be discussed in terms of contradiction, freedom, difference between verbal and body language, etc. Methodologically we must rely on the tools of humanistics and hermeneutics: understanding, description, empathy, etc. Subjective phenomena are usually *not* measurable with statistics and other measurements from natural science.

The objective dimension

Seen strictly from a philosophical angle, it is very problematic to assert the existence of an objective reality. Generally speaking, we have to admit that it is *not* possible to say anything absolutely objectively regarding reality, quite independently of the experiencing subject. At the same time it would be impossible to live together if we did *not* assume an objective reality and if we were *not* trying to understand what perspectives we share in common with others. However, now and then, it is wise to remind ourselves that what we think is objective essentially is a type of construction, which consists of the phenomena which we agree upon.

In the psychotherapeutic context, the objective world manifests itself as the more or less undisputed "facts" that the patient and therapist agree on. These being that the patient was born in 1967, has a girl child, is working as an economist at Volvo, etc. Usually, the patient and the therapist also agree on what belongs to this objective world. The epistemological matters are in these cases unproblematic.

It can also happen that a patient suddenly, after a period of therapy, comes to the session and tells the therapist: "Well, I have noticed that you have hung up a new painting on the wall there!", when in fact it has been hanging there all the time, but without the patient noticing it. If both parties maintain conflicting opinions it can be complex. What is this about? Is one of the participants not sincere? How are "the misunderstandings" of this kind to be understood? The therapy situation is an arranged arena to capture and analyze all kinds of unconscious psychological expressions from the patient – and *also from the therapist*, now when we are speaking relational psychology. Different opinions about facts can of course also be applied to the therapist and patient having different memories of what has been said or happened earlier in the therapy.

The objective dimension deals with the knowledge we share with others. In principal, we have got free access to this knowledge; considering that our attention and information capacity is limited. The objective facts are not hidden from us by encoding or symbolism. Most of the phenomena belonging to the objective dimension are measurable and can be studied with traditional scientific methods.

The symbolic dimension

Symbol comes from the Greek word *symbolon*, and signifies that something "is standing for" something else. What makes this dimension so complex is that basically *anything* can "stand for" *anything* else.

Our world of symbols is both an individual and a collective one. The most notable collective symbols are our languages. Other *collective* symbolic representations are found in our traditions and customs, social rules, etc. We also have a set of collective symbols that we share with restricted groups as our working colleagues, our family, etc. There can also be symbols that we share with only one person, for example, two people in love sharing a private language.

The true significance of our symbolic world is usually hidden from ourselves. Normally we speak our mother tongue without thinking about grammar. If we want to formulate the grammatical laws, we need to raise awareness and analyze the language. In the same way it can sometimes be possible to get closer to the "real" significance of other symbolic phenomena through using analyzes, interpretation or decoding.

In addition to our shared symbols, our mental life is also constructing an internal unconsciously coded *individual* symbolic world for us. This is especially recognizable in our dreams and fantasies. The private symbolic level includes experiences, memories, desires, fantasies and conflicts. They are out of our awareness and represent experiences that we never have understood and never have been able to process. Sometimes we have to push experiences away because they are too painful and they have therefore been "stored" in a coded way – e.g. traumas.

Freud discovered a method to decode and understand dreams, based on his self-analysis which later culminated in his book *The Interpretation of Dreams*. Just as there may be important messages in a dream, Freud discovered that there could be hidden messages in the patient's symptoms, fantasies, and sometimes behind the patient's failings and irrational behavior. He discovered three mental functions: *repression, displacement* and *condensation*. These functions mean that psychological material can be kept from our awareness, and distort our desires and memories. When familiar with these three principles, one could try to reconstruct the actual significance, and this became the procedure of psychoanalysis. When the hidden message was revealed, certain mental symptoms just disappeared.

The symbolism that Freud discovered was a kind of *defensive*, protective mechanism to conceal the painful truth. But symbolism doesn´t have to be defensive, it can also be positive and *creative*. Winnicott describes in his concept of transitional space a symbolic activity which helps us to relate to reality. Winnicott´s recommended road to develop this ability was by playing and by engaging in cultural activities. Symbolism is also a prerequisite for our concept of time, a phylogenetic *and* an ontogenetic developed psychological function that frees us from *the tyranny of ongoing events in real time*. (Modell, 1993, p.71). Traditional psychoanalytic techniques are useful for decoding, de-constructing and co-constructing our symbolic world, in order to understand it.

A holistic approach to the patient's psychological problems thus requires an integration of three approaches on behalf of the therapist relating to the three dimensions: *observation* (in the objective dimension), *re-construction* (in the subjective dimension) and *decoding* (in the symbolic dimension). The three dimensions are not always equally relevant to a specific psychological problem. A schizophrenic patient is often overwhelmed by his inner world - the subjective and symbolic dimension. Conversely, a person may try to escape their inner world by desperately relating to the objective dimension.

The defensive symbolism according to Freud has to be decoded. The creative symbolism according to Winnicott constitutes the intermediate space. The creative symbol function tends to be poor in many conditions of mental illness, and needs to be developed. A highly developed symbolism helps a person to balance the subjective and objective dimension. The reason for this is that symbolism contains both subjective and objective elements.

From the theoretical background I have outlined, it is possible to formulate the goals of psychotherapy as helping the patient to find a balance between the subjective and the objective dimensions. Another task is to decode *defensive symbolism* and help the patient to develop the *creative symbolism*, both belonging to the subjective dimension.

This has only been a brief outline of some primary dimensions for the epistemology of psychotherapeutics. The next step could be trying to describe and discriminate between different "levels of symbolism" – from non-symbolic registration in our mind or body, to metaphoric storage, to pre-symbolic registration, and further to symbolism proper.

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