Fragmented foundations: A response to Mahrer

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ABSTRACT Mahrer's audacious challenge to us to enunciate our foundational beliefs as psychotherapists raises interesting problems, at levels ranging from the epistemological to the personal. I reflect on these problems from a largely postmodern, constructivist perspective, and then accept his invitation to articulate some of my own core beliefs about psychotherapy. The result is a balanced consideration of the promise and pitfalls of Mahrer's method, which yields cautious optimism that it might invigorate our dialogue concerning the foundations of our discipline.

Key words: Constructivism, Philosophy of science, Psychotherapy.

> It may be disturbing to visualize ourselves trying to make progress in a world where there are no firm points of departure immediately accessible to us, no "givens," nothing that we start out by saying we know for sure ... Yet the "known realities" keep slipping out from under us. Our senses play all kinds of tricks and prove themselves to be the most unreliable informants. And our theologies, far-seeing as they appear to be, do in time lead to such indecent practices that sensitive [people] refuse any longer to take them literally. Thus we find ourselves repeatedly cut off from what we once thought we knew for sure, and we must reluctantly abandon the very faiths from which we originally launched our most fruitful enterprises.
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> The upshot of all this is that we can no longer rest assured that human progress may proceed step by step in an orderly fashion from the known to the unknown. Neither our senses nor our doctrines provide us with the immediate knowledge required for such a philosophy of science. What we think we know is anchored only in our assumptions, not in the bedrock of truth itself, and that world we seek to grasp remains always on the horizons of our thoughts.
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> George Kelly (1977: pp. 5-6)

"What are the foundational beliefs in the field of psychotherapy?" With this titular question, Mahrer inaugurates a search for the cornerstones of clinical theory, the "fundamental truths" embraced by psychotherapists seeking to construct a secure knowledge base in which to ground their practice. My role as commentator encourages me to critique this effort, while affirming those features of it that seem viable. This task – like the one that Mahrer set for himself – turns out to be an audacious one that could easily exceed the space allotted by this journal.

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However, I hope at least to provoke continued dialogue about this fundamental question by first chipping away at the foundational quest that Mahrer proposes, and then responding more affirmatively to Mahrer's invitational mood by attempting to analyze some foundational beliefs of my own. To foreshadow my conclusion, I am not sure that this analysis will move the field any closer to the fiduciary foundations to which Mahrer aspires, but I share his conviction that the resulting conversation will at least be interesting!

Knowledge without foundation

Mahrer opens the search for foundational principles in his characteristically folksy and disarming way, seemingly allowing the reader access to his own stream of consciousness as he thinks through the very meaning of "foundational beliefs," and the sundry obstacles to their identification. Thus, he defines such beliefs as "the cornerstones on which the field rests, the ideas that are generally taken for granted as fundamental givens or truths." Examples, in descending order of ambition, include (1) basic definitional truths, like the axioms of Euclidean geometry, (2) empirically generated laws, such as the law of gravity, and (3) research-based generalizations, as might be illustrated by the assumption that depression involves dysfunctional thinking. Buttressed by these "friendly meanings," Mahrer then sets out on his own odyssey to discover these truths, only to discover to his "surprise" that not only have lists of foundational beliefs not been compiled for the field as a whole, but also that few if any such lists exist for distinct groups of theorists or clinicians, or even individual psychotherapists.

Viewed from a constructivist, postmodern perspective, such an outcome would not be at all surprising (Neimeyer, 1998; Neimeyer & Raskin, 2000). Like the epigraph from George Kelly with which this commentary opened, postmodern epistemologists adopt a critical posture toward the knowledge claims advanced by traditional psychological theories, fostering a "deconstruction" of their historically conditioned assumptions, rhetorical moves, and internal contradictions. In contrast to the more logical-empiricistic metatheory of science (Radnitsky, 1973) conjured by Mahrer's search for foundational beliefs, postmodern philosophers and psychologists acknowledge – and sometimes celebrate – the foundationless, fragmentary, and constructed nature of all knowledge, whether accumulated in the laboratory or clinic. As Polkinghorne (1992) notes,

> The tacit assumptions of this epistemology of practice are: (a) there is no epistemological ground on which the indubitable truth of knowledge statements can be established; (b) a body of knowledge consists of fragments of understanding, not a system of logically integrated statements, [and] (c) knowledge is a construction built out of cognitive schemes and embodied interactions with the environment (p. 147).

Among the disturbing implications of this view are that no knowledge claims can command universal assent, and aside from political power, no source of legitimation exists by which one person or institution can impose its understanding on another. It follows that any foundational beliefs, to the extent they can be identified at all, are likely to provide only temporary grounding for our psychological constructions, and be of interest to only local "language communities" (Koch, 1976) of like-minded psychotherapists, rather than to the field as a whole. Stated differently, psychological "theory groups" (Mullins, 1979) might better be viewed as nomadic tribes establishing mobile "base camps" to sustain them in their wanderings, rather than settled civilizations laying the foundation stones for a timeless edifice of theory and practice.

George Kelly, the founding figure of clinical constructivism, summed up this situation as follows:

> I suppose that science can be regarded as moving ahead step by step – whatever that means. But with each step that brings into focus some new facet of the universe, something, which before we thought was all settled, begins to look questionable. It is not that each new fact displaces an old one, but that gradually, almost imperceptibly as our ventures progress, a darkening shadow of doubt begins to spread over the coastline behind us (Kelly, 1977, p. 7)

Postmodern theorists, then, would hold that, for good epistemological reasons, clinical knowledge is far less grounded, coherent, and enduring than we are accustomed to assuming. From this vantage point, one might question Mahrer's ambitious quest for apodictic foundations, and suggest that the only absolute principle to guide psychological practice is one of relativity!

Sifting through the rubble

On first glance, acknowledging the inevitably fragmentary nature of psychological understanding is disconcerting: the Tower of Babel turns out to be built on shifting sand. But on closer inspection – as Mahrer himself seems to realize – this simply means that the search for grounding devolves to more local and individual levels, and away from the pretension of establishing a foundation for "psychological practice" considered as a monolithic entity. Thus, at the level of his explicit *method* (how one might go about interrogating his or her own core beliefs about psychotherapy) if not his implicit *metatheory* (what beliefs might serve as foundations for the entire field), I find myself largely in agreement with Mahrer's proposals. Although the 75 candidates for foundational convictions Mahrer propounds are clearly only approximations, they nonetheless serve admirably as starting points for a personal search for which he provides some helpful heuristics. Thus, rather than quibble with his general or reformulated foundational statements, I would prefer to take up his challenge, and attempt to use his list as a prompt to articulate some foundational beliefs of my own.[1] These formulations follow in the same order as those appearing in Mahrer's original report, and like his own experiential variations, sidestep the onerous task of defending their plausibility on scholarly, empirical, or practical grounds. Because of space constraints, I am able to address only the first seven propositions under each of Mahrer's grand headings, but this sampling should be substantial enough to spawn some closing reflections.

Theory and research

1. The quest for psychological knowledge has both evolutionary and revolutionary moments; and in this sense paradigmatic shifts introduce non-cumulative quantum leaps in understanding. Research within various traditions of thought contributes to, but only loosely constrains theory and practice, which are shaped to an equal or greater extent by social processes.

2. Empirical, theoretical, and philosophical analyses are ultimately types of discourse, whose form and function varies for different "language communities" of psychologists. Like

1. Indeed, I must confess that I have been motivated by some of the same animus shared by Mahrer, as I have attempted to distinguish empirically between the core and peripheral beliefs about psychology and psychotherapy espoused by personal construct theorists, a theory group to which I myself belong (Neimeyer, 1985; Neimeyer, Davis, & Rist, 1986). My effort used the method of Delphi polling of a large international panel of experts, but was more humble in its aspiration to characterize only the convictions of a single theory group, rather than the field of psychotherapy as a whole.

all discursive positions, they vie for legitimacy, not only with one another, but also with other powerful discourses, such as those reflecting larger cultural and economic values. Equally importantly, they also support or contend against the tacit convictions of psychotherapy practitioners, whose beliefs are shaped more by their intimate encounters with their clients than by the domain of explicit theory.

3. Bodies of psychotherapeutic knowledge cannot be presumed to have universal applicability, irrespective of client and therapist gender, ethnicity, nationality, age, and other conditions. Different schools of psychotherapy represent "fuzzy sets" defined by their (partial) adherence to similar standards of argument, forms of theory, and strategies of practice.

4. The language of "fundamental truths, postulates, and axioms" serves interesting rhetorical functions in psychological theory, but does not map onto the far more fluid and provisional ways in which psychologists describe and argue about what they know and what they do.

5. The search for a single set of criteria for judging the "goodness, soundness, and worth" of theories of psychotherapy is chimerical at best, and destructive at worst. Just as Greek and English can differ importantly in their grammatical and syntactical structures, so too can different approaches to therapy adopt different conventions for "constructing" their subject matter.

6. Theories are occasionally subjected to empirical research, but this research is typically conducted by proponents who seek validation, rather than falsification of their core tenets. In the domain of psychotherapy, research usually suspends theory testing altogether, and instead concentrates on demonstrating the applicability of the researcher's preferred approach to the treatment of a particular problem, with the goal of competing with other approaches for scarce resources (e.g., funding, students, and clients).

7. Empirical validity of psychotherapy theories is less critical than their viability in offering helpful guidelines to their practitioners and change-promoting processes and rituals to their clients. Just as many keys can open a lock, many approaches can "unlock" psychotherapeutic movement, and positive results do not necessarily reflect the validity of the conceptual structure that spawned them.

Problems and bad feelings

1. "Causality" is a human construction, whose role in human distress is subject to many interpretations. Certainly the more linear formulations of this concept (e.g., "childhood trauma causes adult suffering") are too simple to account for the subtle variations of the impact of untoward events in our lives. Likewise, more complex models (e.g., the "box and arrow" diagrams outlining relationships among thoughts, feelings and behaviors) represent fallible – and sometimes simplistic – attempts on the part of theorists to punctuate the seamless flow of experience and impose order on the resulting "parts." The utility of such constructions varies considerably, and different explanatory styles are preferred by adherents to different schools of psychotherapy.

2. "Mental illness" is a misplaced biological metaphor. Brains, like other body parts, might meaningfully be diagnosed as having lesions or physiological disruptions, but the majority of problems that clients present to therapists are not usefully viewed in these terms. Among other alternatives, concepts focusing on the client's attempts to construct and maintain a meaningful self-narrative, to negotiate a shared reality with (intimate) others, and to establish a workable position in broader cultural discourses of identity provide more helpful starting points for clinical intervention.

3. Dividing "causes" of distress into crude categories such as environmental and genetic conceals more than it reveals. Instead, all human

action and experience can be viewed as an emergent product of several nested orders, which range from the bio-genetic, through the personal-agentic, to the dyadic-relational, and finally to the cultural-linguistic levels of organismic functioning. All human problems likewise emerge from the co-action of processes operating at all of these levels.

4. Interpersonal relationships represent a critical context for the construction of a relational self, and disruptions in them can stretch and break the sustaining bonds of attachment in which our identity is anchored. The exploration of impediments to meaningful intersubjectivity and the promotion of mutually validating relationships is therefore a focal aim of psychotherapy.

5. The mother-infant relationship is one of several affectively charged relationships that provides a context for the infant's (and mother's) construction of a tacit "working model" of self and world. Such relationships are infinitely variable in their nuances, but might meaningfully be characterized in a general way in terms of their security, reciprocity, responsivity, intersubjectivity, and warmth.

6. Psychotherapeutic events are independent of the explanatory frameworks within which they are interpreted, each of which highlights some courses of action while obscuring others. Although many alternative constructions can be placed upon any given therapeutic event, the clinician will necessarily operate (usually implicitly) on the basis of only one at a given moment. Accuracy or correctness of the explanatory framework plays little part in the process.

7. Clients seek therapy to relieve suffering engendered by the way they and others who matter to them are constructing their (mutual) experience. Therapy accordingly helps identify the tangles, dead-ends, empathic failures, anxieties, and sense of discontinuity that is implicated in this suffering, and assists clients in finding ways to transcend these limits.

Psychotherapeutic practice

1. Psychotherapies vary in their degree of explicit focus on the therapeutic relationship, with some using the relational patterns between client and therapist as a source of insight into the client's enactment of problematic scripts in other life contexts. Although this approach can be powerful, the therapist can also play many other roles, including that of consultant, guide, fellow traveler, audience, and director in relation to a client's self-exploration and development.

2. "Healthy functioning" and "intrinsic drives" are sometimes-helpful, sometimes-mischievous social fictions. People can be viewed as forms of movement, but with no predetermined directions, instead constructing life trajectories that represent the distillation of their choices, both conscious and nonconscious. Psychotherapy can clarify such choices, and permit people to experiment with organizing their lives differently.

3. "Diagnosis" and "treatment" are misplaced medical metaphors, which have as little relevance for psychotherapy as for any other form of human conversation or relationship. As in any other dialogue, therapist and client continually modify their linguistic and physical positioning in relation to one another, based on subtle and typically tacit "readings" of what form of engagement is appropriate. Therapists are helpful to the extent that they target their engagement toward perceived openings that prompt the client toward higher levels of self-awareness and the reorganization of habitual and problematic ways of constructing self and others.

4. The reconstruction of a world of meaning is a passionate process, one that frequently follows the "trail of affect" to identify significant issues requiring therapeutic attention. This implies that vivid, experiential work is often required in therapy in order to symbolize, articulate, and renegotiate clients' deepest understandings of themselves, others, and their lives. At other times, reflective consolidation or behavioral

exploration of fresh understandings is appropriate. In general, however, meaning-making is not a dispassionate logical or "cognitive" process.

5. The therapist-client relationship is an important crucible for change in many, but not all therapies. Care must be taken to establish "optimal therapeutic distance," in which the therapist is close enough to the client's experiencing to be moved by the client's pain, pride or confusion, but far enough away to realize that these experiences are the client's and not the therapist's own. A meaningful therapeutic relationship enriches both (or in the case of family or group therapy, all) participants.

6. Linguistic and attentional processes are the primary tools by which therapists help clients sculpt their experience into new forms. Virtually all forms of therapy underspecify these tools and how they might be used, although some schools of therapy are more explicit about this than others. Psychotherapy research would be more useful if it attended to the patterns of moment-by-moment engagement by which therapists and clients open up, explore, and reorganize patterns of meaning/ feeling/ acting, rather than concentrating on crudely defined symptomatic outcomes of gross classes of intervention.

7. Empathic listening and responding are prerequisites to successful therapy, and empathic failure is the primary cause of attrition and negative outcomes. Empathic recognition of what the client is ready to do, now, in this moment of this session is facilitated by listening for the deeper implications of what the client is (almost) saying, and is hampered by the therapist's pursuit of his or her own agenda, whether overt or covert.

Some reflective observations

What have I learned from my attempt to take Mahrer's invitation seriously, and use his heuristics to enunciate (some of) my own foundational beliefs about psychotherapy? Reflecting on this question underscores in a more personal way some of the constructivist and postmodern themes with which this commentary opened. These include, broadly speaking, an enhanced awareness of the *personal*, *partial*, and *provisional* nature of foundational beliefs, about which I will say a few words by way of summary and conclusion.

First, I was struck by the personalism of my foundational beliefs, just as I was of those that Mahrer himself had articulated. Clearly, he and I both deviated significantly, sometimes wildly, from the "received wisdom" of the field, occasionally in similar directions (especially concerning psychotherapeutic process), and sometimes in rather different directions. Aside from the clear implication that he and I are both deviants (!), what does this suggest? I suspect that it means that (a) any given set of foundational beliefs is inherently perspectival, (b) no such set can or will command universal assent, and that (c) such beliefs represent distillations of forms of disciplinary discourse in which the belief holder participates and perhaps help shape. This latter point underscores the sociology of knowledge, insofar as endorsement of similar foundational beliefs provides a kind of "club membership" for the belief holder, gaining him or her access to some loose or tight confederations of like-minded others, while barring entrance to others. This emphasis on the social dimension of our personal and professional meaning-making efforts (Neimeyer, 1998; Neimeyer, 2000; Neimeyer & Stewart, 2000) is perhaps the most pervasive difference between my own foundational beliefs and those propounded by Mahrer, either for himself or for the field as a whole.

Second, I noticed that my own foundational beliefs were inevitably partial, in the sense that much was left unsaid. This seemed to reflect less the space constraints that prevented me from constructing a more complete inventory, than the essentially tacit level at which such beliefs are

held. Although I made a "good faith effort" to explicate my own assumptive foundations, I found that in each case the deeper ripples of conviction began where the words themselves ended. Each explicit statement served simply as a point of reference for a set of convictions, personal experiences and feelings, implied arguments, and so on, which in *principle* could not be fully articulated. This observation brings to mind the insightful analysis of personal knowledge offered by the philosopher Michael Polanyi (1958), who argued that our explicit focal attention and beliefs necessarily rely on a host of implicit subsidiary assumptions. In other words, *we assume our foundations as we assume a posture* – automatically and prereflectively, not (usually) as a matter of conscious decision. This "taken for granted" grounding of experience seems to be part of its essential structure, much as a pianist must tacitly assume the arrangement of the keys while focusing on the sonata she is performing. This further implies for me that attending explicitly to our foundational assumptions is not necessarily a "good thing," as it can disrupt tacit scaffolding on which any skilled performance relies. For example, for the therapist to begin asking him- or herself in session, "What is my model of change? How do I conceptualize this problem the client is presenting?" and so on, at minimum brings about an empathic disconnection from the flow of the client's experience, and if prolonged, can instigate a paralyzing level of self-consciousness. Thus, like the exercise Mahrer and I each undertook in drafting our personal statements, analytical reflection on foundational assumptions is best reserved for more self-focused moments, when it can yield useful insights that can then permit the analyst to engage his or her work a bit differently in the future.

Finally, it occurred to me that my belief statements were thoroughly provisional. Certainly, I would have formulated them rather differently twenty years ago, five years ago, or perhaps even last week! Thus the image of a nomadic habitation evoked earlier, or perhaps the metaphor of a rambling home that is periodically remodeled or expanded (Neimeyer, 1996), seems a better "fit" for how I experience my position, than the sense of permanence and stability evoked by "cornerstones" and granite-like "foundations." This is not to say that some foundational beliefs might not be enduring (for better or worse), but it is to suggest that they, like all assumptive worlds, might be revised or abandoned outright, with all of the prospects of anxiety and exhilaration this implies. In closing, Mahrer has, in his typically impish way, invited us to do something interesting as individuals and as a field. I hope that others will take up the challenge, and that the resulting dialogue with ourselves, with our colleagues, and between different theory groups will invigorate the discipline we call psychotherapy.

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