

Vygotsky's Zone of Proximal Development: The Human Activity Zone

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I want to thank Tom Strong for organizing this symposium, which has given me the opportunity and challenge of addressing—from a social therapeutic perspective—the themes of this symposium. For those of you unfamiliar with social therapy, it is a group therapy that engages clients in the collective activity of creating their therapeutic environment and, in that process, they create new emotional-social learning and growth. In the language of the symposium title, social therapy can be described as the continuous construction of construction sites. If that sounds dialectical, it is. Dialectics, in our activity-theoretic sense (and in contrast to the more traditional, modernist interpretive sense) is the activity of transforming existing environments. This is the methodology of social therapy.

Social therapy has been around some twenty-five years. Its founder, Fred Newman, is a philosopher, playwright and political activist as well as a psychotherapist, and he has brought these sensibilities to the practice and teaching of social therapy. For those interested in social therapy and its relationship to other philosophical and psychological traditions, its links to postmodernism, its critique of mainstream psychology, and its utilization in the fields of education, youth development, medicine, organizational and professional development, I refer you to books and articles by Newman and myself (see references) and to our website (www.eastsideinstitute.org).

In developing social therapeutic practice and articulating it to professional and academic colleagues and audiences, Newman and I have found the writings of Lev Vygotsky, the key founder of activity theory, to be invaluable (Vygotsky, 1978, 1987, 1993, 1997a, 1997b). Vygotsky's work was carried out in the early years of the Soviet Union, but did not become well known in the U.S. until the 1970s. Over the ensuing decades, Vygotsky has served as the major inspiration for a sociocultural approach to education and cognition. Yet his methodological insights and findings are far wider; indeed, they challenge the entirety of psychology, psychotherapy and their philosophical assumptions. Part of my goal in this presentation is to entice you to become familiar with Vygotsky's work and to seriously consider what activity theory has to offer.

Vygotsky saw human growth as a cultural activity that people engage in together, rather than as the external manifestation of an individualized, internal process. For Vygotsky, development does not happen to us—from the inside, from the outside, or from any combination of inside and outside. In both his research and theorizing, he attempted to articulate a new understanding of development tied to a new methodology for understanding human life as socially and actively created and lived.

It is Vygotsky's concept of *zones of proximal development* that is most relevant to a discussion of therapeutic relationships as construction sites. Moreover, Newman's and my modification (advancement, utilization, or distortion—depending on your point of view) of Vygotsky's concept and our understanding of how zones of proximal development are constructed in social therapy groups provide new ways to think about power, self and identity—issues central to ethical and multicultural concerns about psychotherapy.

What are zones of proximal development? Vygotsky coined the term (usually shortened to zpds) to capture the dialectical and sociocultural nature of human learning and development. He was troubled by the accepted belief that development is a key determinant of learning and teaching (a belief that dominates to this day); it was too simple, too linear, too causal. He reasoned that learning/instruction (in Russian, there is but one word) would be “completely unnecessary if it merely utilized what had already matured in the developmental process, if it were not itself a source of development” (Vygotsky, 1987, p. 212). To Vygotsky, learning was both the source and the product of development, just as development was both the source and the product of learning. As activity, learning and development are inseparably intertwined and emergent, best understood together as a whole (unity). Their relationship is dialectical, not linear or temporal (one doesn't come before the other) or causal (one isn't the cause of the other).

And as activity, the unity learning and development is fundamentally a social (joint, interpersonal, collective), not individualistic, construction. People construct “zones”—the space between who they are and who they are becoming—that allow them to *become*. What is new here relative to mainstream psychology is the acceptance of, and attempt to understand, human beings as *both being and becoming*. From this perspective, the zpd is the ever emergent and continuously changing “distance” between being and becoming. An important feature of zpds is that in constructing them, we do

things we don't yet know how to do; we go beyond ourselves. This capacity of people to do things in advance of themselves, Vygotsky discovered, is the essence of human growth. Children learn and develop, he said, by "performing a head taller than they are" (Vygotsky, 1978, p. 102).

As Newman and I see it, the zpd is nothing less than the rejection of the individuated learning and development model that dominates psychology. More than deconstruction, however, it offer a positive alternative reconstruction. In the terms of developmental psychology (which is my training), Vygotsky's zpd transforms stage theory. In my view, *stages OF development*—the idea that individuals go through a linear, teleological progression—is a distortion of the life process and has done little to advance our ability to support people's continued development. It is *stages FOR development*—the idea that groupings of people engage in the ensemble, dialectical, performatory activity of developing—that holds great promise (Holzman, 1997a).

Newman and I coined the term *emotional zpds* to refer to the "therapeutic stages for development" that are social therapy groups (Newman and Holzman, 1993). These groups are typically comprised of 10-25 people, a mix of women and men of varying ages, ethnicities, sexual orientations, professions and "problems." Most groups are ongoing (although we do some time-limited groups) and meet weekly for 90 minutes. Members' length of time in group varies; some people remain for years, others leave and new members join. People come into social therapy groups individuated (which is no different from how they come into any therapy or any group) and wanting help individualistically. This is perfectly understandable, given that in our culture people are socialized to an individuated learning and development model. But in order for people to grow emotionally, we believe that model must be challenged. Social therapy is a methodology for doing that; what we refer to as "building the group" is the practical-critical activity that challenges the individuated model through the creating of a new socialized helping environment.

The individuated members of social therapy groups come together week after week and participate in building the group (constructing emotional zpds) as a bi-condition of their learning and development. Social therapy is not designed to help individuals with their individual problems. It is, rather, a re-learning of how to learn: Vygotsky showed that we learn collectively and through our inter-relationships with others at varying levels of skill, knowledge, expertise and ability. Most of us haven't done that since we were very young, and so we have

to relearn how to do it (in ways appropriate to being adults). Similar to early childhood, the re-education in social therapy is active, ensemble and performatory, rather than didactic.

The social therapist works with the group (not the individuated selves that, reductionistically speaking, comprise the group) to organize itself as an emotional zpd. The various members, each at different levels of emotional development, are encouraged to create a new unit with a new level of emotional development, i.e., the group's level of emotional development. This ongoing and ever-changing activity is developmental for all—even those who are most “individually” developed.

Members of the group raise whatever they want and however they want (how they're feeling, an emotional problem, a relationship going bad, something that happened to them, etc.). The work of the group is figuring out how to talk about what they want to talk about—*How can we talk so that our talking helps build the group?* This—not the substance of talk (its aboutness)—is the focus of the group's activity. And it's hard work! The authority of language (as expressive of truth, reality and self) is challenged explicitly as people falteringly attempt to converse in this new way, to create meaning together and, in that process, they come to see that what they are saying to each other has no meaning other than what they create.

We focus on teaching people how to make meaning together because we believe that is what makes it possible to exercise the power of creativity required for developmental transformation. What we are working on is creating and building with people's initial individuated, problem-oriented presentations. The social therapists' task is to lead the group in the activity of discovering a method of relating to talk relationally rather than individualistically. In this process people come to appreciate what—and that—they can create, and simultaneously to realize the limitations of trying to learn, grow and create individually. If the group comes to understand this collectively, social therapy goes on to teach people how to build the group and to realize that growth comes from participating in the process of building the groups in which one functions. This new learning, in Vygotskian, zpd-like fashion, rekindles development—development by virtue of the group growing. With the change in therapeutic focus—from the individuated self who discovers deeper insights into his or her consciousness to the collective engaged in the continuous activity of creating a new social unit (the emotional zpd)—the therapeutic

question transforms as well—from “How is each individual doing?” to “How well is the group performing its activity?”

Vygotsky’s zpd, coupled with the social therapeutic emotional zpd, makes possible a fresh engagement of the issue of power and, more specifically, provides new thinking and new language for addressing what is traditionally referred to as “power relations” in therapy. As we understand it, the concern with power in group therapy is two-fold: first, that the therapist is in a privileged position and has power over her/his clients, who are in a vulnerable position; and second, that certain group members, because of their privileged social location, have power over other group members. This concern is premised on an individuated learning, development and therapeutic model. The presumed connection between therapy and vulnerability—which is either that people in therapy are more vulnerable than those who are not in therapy, or that being in therapy somehow makes you more vulnerable than you were before you came to therapy—rests not only on the primacy of the individual but also on a Freudian-based fear of the group. “Power” is a characteristic of individuals, and a negative one to boot.

Let us first give new meaning to “power.” More than twenty years ago, in a re-examination and “therapeutization” of Marxism, Newman brought to light a critical distinction between “power” and “authority” (Newman, 1974). Power, he said, is the creative capacity of the group—by the exercise of its emotional labor—to generate new environments; authority is the societally overdetermined predisposition of the individuated members of the group to passively accept class-dominated, patriarchal emotive environments. Conflict between the two gets played out in group therapy. In social therapy groups, where the unit of transformation/change/growth/learning is the group, the therapist is the organizer of the group’s emotive labor power and, at the same time, the potential—or even actual—repository of the group members’ “authoritarian instincts.” The ongoing process of social therapy is the working out this relationship; as the group engages in the activity of building the group, it is changing its relationship to power and to authority. Hopefully, it becomes more powerful.

Over the past year, I have been working to better understand social therapy through a study of how Newman teaches it. I’ve just completed a book-length manuscript (Holzman and Mendez, in press). Power, authority, identity, self and the ethics of therapy come up frequently in dialogues Newman has with therapists and therapists-in-training. Here is one excerpt, entitled “The

Oppression of Identity,” which provides a new understanding of identity as an authority—not a power—relation.

Therapist-in-training: I have been wondering how a person’s social location might affect the way that they come to be engaged in social therapy. By social location, I mean the set of over-determining factors, such as race, ethnicity, sexual orientation, gender, etc. that comprise a person’s identity or sense of themselves, especially in relation to others. In my group facilitation work, I notice that social location often influences the participation of group members. Because identity in our culture is a hegemonic construct, with certain reference groups privileged over others, certain group members have described feeling “disempowered” from participating as much as others in the group and, consequently, feel alienated. How does one address these issues as they arise in the context of the social therapy group?

Fred: In some respects, that is pretty much all we address in social therapy. We certainly don’t address people’s emotional problems. We much more address those constructs and how they function. As you point out, in some ways they function socially to privilege certain people over others. Psychologically, they function to keep people locked into their identity locations, which often makes it very difficult for people to grow. Many people, by virtue of their identities, won’t even come into therapy; it’s simply not within their frame of reference. They aren’t ready to accept the public image that is associated with being in therapy.

Identity is hurtful as a sociological construct, and it’s also inhibiting as a psychological construct. It’s oppressive in both ways. In both our practice and theoretical writings what we regularly engage is not simply particular identities, but the whole concept of identity and why we need, how we use, and how we’ve been imposed upon by an identity understanding of self. It’s fundamental to our work of reinitiating growth.

One of the ways that we try to deal with the identity understanding of self is to work hard to do what we call “building the group.” The reason the building of the group is so important in social therapy is that it is the counter force to breaking down individuated identity. You can’t simply work in a deconstructive way to break down identities; people clutch them too dearly. But what we have seen in practice over many years is that working together to create a social construct—namely, the group—is a way for people to take a look at, engage, and reconsider—not simply intellectually but in practice—the isolation of their own private identity, whatever that identity might be.

Now, along the way lots of people are, in varying ways, resistant to that. They either want to hold onto the privilege of their identity or—not surprisingly, but in

some sense paradoxically—they want to hold onto the victimization of their identity. Both things happen all the time. People cling to identity on both sides of the social spectrum. We're all acculturated to hold onto our identities, much the way we're acculturated to a glorified sense of self. The social therapeutic approach attempts to deconstruct the sense of self in favor of a concept of social relationship, which we think comes, not from some abstract ideological commitment, but from a participatory process in which people actually construct something together—namely, the group. The key focus is building the group.

A lot of people think that the way to deal with social problems is to work on the problems as part of building community. We feel it's exactly the other way around. We think you build community, and in creating that community, you deal with social differences and social problems. In our work, we are always oriented toward creating the social environment as part of the complex dialectic of breaking down the individuated self-identity. We've found that makes a huge difference in people's ability to deal with their emotional difficulties. It's a fascinating irony. My experience has been that the more people participate in the creation of group, the deeper is their understanding of who they are individually—not the other way around. Creating the group curiously enhances who they are individually. Part of what keeps us so unable to know who we are is that we're too close to ourselves. We're so intimate with ourselves that we often don't know what we're about. As we participate in the process of creating something bigger than ourselves, we actually come to get a view of who we are and what we're about—even as we transform. That's the general framework. It's right at the core of what the social therapeutic activity is about. It's an engagement of identity. (Holzman and Mendez, in press)

In preparing this talk, I had a conversation with Newman in which he commented, "Why bother doing group therapy if you want to help individuals grow?" I think that's a really good question. The power of group therapy, it seems to me, resides in its potential as human activity zone—more specifically, its capacity to replicate the non-authoritarian (non-individuated, non-epistemological) learning-and-development of early childhood through the social construction of zpbs and, thereby, the creation of emotional growth.

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