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"Vygotskian-izing" Psychotherapy

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Abstract. While Vygotsky's ideas are applied to dozens of disciplines/practices, psychotherapy is not among them. With few exceptions, contemporary Vygotskians have stayed clear of the subject; most psychotherapy researchers and clinical practitioners have little familiarity with Vygotsky—despite Vygotsky's challenge to psychology's isolation of the intellectual from the affective. Recent manifestations of psychotherapy's cognitive bias are discussed, showing the need to "Vygotskian-ize" the discipline. The Vygotskian-influenced social therapy, focused on group creativity and emotional development, is presented, as an expansion of Vygotsky's dialectical methodology: method as tool-and-result; the unity learning-and-development; the zpd of play; and language completing thought.

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"It's sort of taken me out of thinking about what are my problems and what do I need to solve and more about being a part of a group of people that trying to create something else and do something different."

"It was a process of unlearning what I thought therapy was about and relearning a new way of living."

(Responses to the question asked of people in social therapy: "How do you feel being in a therapy that's not about you?")

As a developmental psychologist, contemporary Vygotskian and co-developer of social therapy, the methodology referred to in the comments above, I imagine Vygotsky would be surprised and maybe shocked by what the people said. But I like to think he would be delighted to learn that he inspired a therapeutic approach focused on development through group creativity.

Vygotsky was no Cartesian. He traversed several dualistic divides: biology and culture, behavior and consciousness, thinking and speaking, learning and development, and individual and social. Refusing to accept the foundational dualism of psychological conceptualization and arguing forcefully (although sometimes conflictedly and less than thoroughly) against it, he urged instead a method of dialectics. His writings on these matters have been the foundation of much contemporary research. Far less recognized but

equally important is Vygotsky's challenge to psychology's dualistic conceptualization of cognition and emotion: "Among the most basic defects of traditional approaches to the study of psychology has been the isolation of the intellectual from the volitional and affective aspects of consciousness" (1987, p. 50). ¹

Perhaps as a consequence of overlooking Vygotsky's position that "there exists a dynamic meaningful system that constitutes *a unity of affective and intellectual processes*" (Vygotsky, 1987, p. 50), the great majority of psychologists and educational researchers influenced by Vygotsky continue to isolate one from the other and perpetuate "a one-sided view of the human personality" (Vygotsky, 1983, vol.3, p. 57, quoted in Gajdamaschko, 2005, p. 14). The result is that while Vygotsky's ideas have been studied in relation to dozens of intellectual disciplines and areas of professional practice, psychotherapy, emotions and emotional development have yet to be "Vygotskian-ized." With few exceptions, contemporary Vygotskians have stayed clear of these areas, and the majority of psychotherapy researchers and clinical practitioners have little familiarity with Vygotsky. ²

The lack of attention to Vygotsky's work by clinical psychology and psychotherapy is unfortunate, and becomes more troublesome as these areas of research and practice are forced by regulatory and licensing bodies, psychiatry, and insurance companies to move farther and farther away from social-cultural understandings and practices. As someone who has been "Vygotskian-izing" psychotherapy for over thirty years, I have gained some understanding of the paradigmatic constraints and biases of psychology that can account for both the difficulty in recognizing and acting upon Vygotsky insistence that cognition and emotion are a dialectical unity, and for the lack of

Vygotskian thinking applied to psychotherapy.

Since its creation thirty-five years ago by philosopher Fred Newman, social therapy has been greatly influenced by what Newman and I take to be Vygotsky's revolutionary methodology, which we and others have made use of in developing a therapeutic and, more broadly, human development practice (Holzman, 2009; Holzman and Mendez, 2003; Newman and Holzman, 1993). I have a particular framework for understanding the depth and breadth of psychology's cognitive bias. In no small part, the decades of practicing, teaching and articulating social therapeutics has been the activity of breaking with the cognitive-emotive divide. This engagement and the combination of enthusiasm and skepticism toward the endeavor have helped me appreciate the depth of the cognitive bias.

Emotion and Psychotherapy

Western culture has not been kind to emotion. It's been ignored, demeaned and outcast as inferior to cognition, the enemy of rationality, characteristically female (and, thereby, unworthy of attention) for centuries. Certainly feminist psychologists and philosophers have made significant contributions in exposing the male biases of accepted conceptions of being human since the 1960s, but the overall cultural environment of psychology, both theoretically and institutionally, remains paradigmatically male and cognitively overdetermined. Psychotherapy, the area of psychology most identified with emotion, is generally thought of as soft science, or not science at all. This assessment is applauded by those who relate to psychotherapy as an art or cultural activity, and lamented by those

who work to advance its scientific credentials. The last two decades have seen the profession bowing to pressure or taking up the mantle (depending on one's point of view) to become more "scientific" (objective, measurable, "evidence-based," etc.), even as female psychotherapists outnumber their male counterparts, a trend also noted for psychology as a whole (American Psychologist, 2006 and http://www.apa.org/gradpsych/2011/01/cover-men.aspx). A welcome innovation occurring in the profession is the shift to relationality (which makes use of the feminist conception of connection, for example, Miller, 1976). But in the overall conservative environment in which this shift is taking place relationality is not only marginalized but highly vulnerable to being cast in cognitive terms.

A striking measure of the cognitive bias is in the field of psychotherapy itself, in which the dominant way of relating to emotional pain, for the past two decades or so, has been with cognitive and behavioral therapies. Apparently, emotions have all but disappeared in this process. How absent emotions have been from psychotherapy training and literature is evidenced by recent books, articles and conferences that frame clients' emotional lives as a new frontier in psychotherapy and offer therapists opportunities to learn how to make use of emotions in their therapeutic encounters. For example, the 2011 American Academy of Psychotherapists conference, "The Role of Emotion in Psychotherapy" had the following rationale: "...because of recent trends in academic psychology and research based training programs, emotional processes and the need for expressive/experiential affective interventions have been undervalued or eschewed as important clinical skills. Hence the need to reinforce the value of the role of emotions in psychotherapy." 2011http://www.aapweb.com/files/SouthernRegion_Brochure_4-11.pdf.

More telling is the popular online resource for therapists, the Psychotherapy

Networker, which has been promoting their series, "The Power of Emotions," as a way

for practitioners to "Gain the understanding, insight, and know-how to engage

authentically with clients as emotions emerge [because] working with emotions can be

tough for both clients and therapists. This series is designed both to deepen your

understanding of emotions and to strengthen your ability to work with them effectively"

(http://www.psychotherapynetworker.org/cecourses/networker-plugged-in/emotion-webseries).

At least in part, the surge of interest in emotion is coming from discoveries in neuroscience—which, even from reading only the popular press, seem to be made each day (and which are fascinating). But what are others doing with these discoveries? Quoting the *Psychotherapy Networker* again, "Neuroscientists have recently established that emotion is the prime organizing force shaping how we cope with challenges...emotion is anything but primitive and unpredictable. It's a complex, exquisitely efficient information-processing system, designed to organize behavior rapidly in the interests of survival."

http://www.psychotherapynetworker.org/magazine/recentissues/2012-mayjune/item/1702-the-power-of-emotion-in-therapy

This sounds just like a typical description of cognition, doesn't it? Apparently, in order to bring emotionality to the attention of therapists, it has to be framed in cognitive terms and, thereby, legitimized.

This is but the most recent manifestation of the cognitive bias and natural science view of emotion that has shaped psychotherapy and clinical psychology. At the same

time, social-cultural alternatives to overly cognitive therapies have been created. Among them is social therapy, an approach directly influenced by Vygotsky's work, to which I now turn.

Vygotsky's Tool-and-Result Method and Social Therapy

Social therapy originated in the 1970s as part of the social-cultural change movements of the time, which tied the "personal" to the political. Similar to other new psychologies springing up at the time, it was ideology-based: its reason for being was that living under capitalism makes people emotionally sick and the hope was that therapy could be a tool in the service of progressive politics. Like the radical therapies of the 1970s, social therapy engaged the authoritarianism, sexism, racism, classism and homophobia of traditional psychotherapy. But social therapy's unique feature was its engagement of the philosophical underpinnings of psychology and psychotherapy; it rejected explanation, interpretation, the notion of an inner self that therapists and clients need to delve into, and other dualistic and problematic foundations of traditional psychology—a characteristic of what are now known as postmodern psychologies (e.g., Fee, 2000; Frie, 2003; Gergen, 1991; Holzman and Morss, 2000; Kvale, 1992). As an emerging practical-critical epistemological and ontological critique, social therapy was influenced by Newman's study of Marxian dialectics and the philosophy of science and language (Wittgenstein's work in particular), and my study of human development and Vygotsky and work as a neo-Vygotskian researcher. Marx, Vygotsky and Wittgenstein—their methodological innovations in particular—helped us see the potential for ordinary people to effect radical social change and better understand the subjective constraints that need to be engaged so as to actualize this potential (e.g., Holzman, 2006; Newman and Holzman, 2006/1996; 2003). The current discussion will touch upon all three but focus on Vygotsky.

The relevance of Vygotsky to psychotherapy, instantiated in social therapy, is centered on his dialectical method. Vygotsky was an important figure in the debates in the early 20th century over the direction psychology would take. It was on its way to becoming an empirical and experimental science and questions of method and units of analysis were hotly debated. Would following an experimental path mean that the very nature of human consciousness would be excluded from psychological investigation? Vygotsky was not willing to give up the study of consciousness. Nor would he settle for two kinds of psychology (a subjective one for mental events and an objective one for non-mental events) or for one psychology that reduced mental events to non-mental ones, thus bypassing consciousness. These option, he argued, rested on an erroneous belief in an objectivist epistemology, which, in effect, denies science as a human (meaningmaking) activity and mistakenly treats human beings as natural phenomena. For Vygotsky, psychology as a human science could not develop so long as it was based in objective-subjective dualism. The method of natural science might work for studying natural phenomena, but not for the study of human beings. A psychology with a natural science method contains "an insoluble methodological contradiction. It is a natural science about unnatural things" and produces "a system of knowledge which is contrary to them" (Vygotsky, 2004, p. 298). A scientific study of human beings required a nondualistic method, a precondition of which was a nondualistic conception of method:

The search for method becomes one of the most important problems of the entire enterprise of understanding the uniquely human forms of psychological activity. In this case, the method is simultaneously prerequisite and product, the tool and the result of the study. (Vygotsky, 1978, p. 65)

Vygotsky was proposing a radical break with the accepted scientific paradigm in which method is a tool that is applied and yields results. In this case, the relation between tool and result is linear, instrumental and dualistic, what Newman and I call *tool for result methodology* (Newman and Holzman, 1993). Vygotsky proposed a different conception of method—not a tool to be applied, but an activity (a "search") that generates both tool and result at the same time and as continuous process. Tool and result are not dualistically separated, neither are they the same or one thing. Rather, they are elements of a dialectical unity/totality/whole. Method to be practiced, not applied, is what Vygotsky was advocating. To capture the dialectical relationship of this new conception, Newman and I call this *tool-and-result methodology* (Newman and Holzman, 1993). This new conception of method is neither objective nor subjective, but something outside that dualistic box.

In making this break with the psychology of his time, Vygotsky brought Marx's insights to bear on the practical question of how human beings learn and develop.³ The unique feature of human individual, cultural and species development is human activity, which is qualitative and transformative (unlike behavior change, which is particularistic and cumulative). Human beings do not merely respond to stimuli, acquire societally

determined and useful skills, and adapt to the determining environment. The uniqueness of human social life is that we ourselves transform the determining circumstances.

Human development is not an individual accomplishment but a *socio-cultural activity*.

The distinction between tool-and-result and tool for result is relevant to how people of any culture see and relate to themselves and the people and stuff of the world. In the west, we have been socialized to see through the lens of the problem-solution paradigm. Problems are the "stuff" of life in the western (ized) world, and with problems come solutions, even if not always realized. People see and understand themselves and others in terms and language of problems. We are taught to see problems and to search for solutions. Doing "good" science (diplomacy, education, government, etc.) has come to mean correctly identifying the problems and coming up with solutions to them. Despite the failure of this mode of seeing and thinking in the human development realm (for example, raising children, living peacefully or eliminating poverty), the problem-solution paradigm dominates, severely constraining people's capacity to envision possibilities of transforming the world.

The problem-solution paradigm is foundational to how psychotherapy has come to be understood and practiced. It is a field dominated by the problematizing of emotional life. Going to a therapist means that something is wrong, and the therapist's first task is to identify the "presenting problem." For the mainstream psychotherapist, the work is finding the solution to the problem, first by naming it and then by going through (sometimes with the client, sometimes not) a process of discovering the cause or source of the problem, by prescribing medication, or by some combination of the two.

Institutionalized psychotherapy is so organized around problems that if you do not have

one that is identifiable according to the *Diagnostic and Statistical Manual of Mental Disorders*, you can be denied treatment (e.g., Ednos—"eating disorder not otherwise specified," Henig, 2004).

The *DSM-5*, the 2013 revision of the manual, was a source of great controversy and much publicity in 2011-12. While much of the outcry had to do with the pseudoscientific way the manual was generated, an equal amount came from parents and service providers concerned that changes in diagnostic categories would lessen needed services. Among the most controversial was the elimination of Asperger's syndrome as a distinct disorder and its incorporation into the autism spectrum disorder—the fear being that there would no longer be a category of mental illness to draw on for reimbursement (REF).

More broadly, there has been decades-long criticism of diagnosis as a requirement for psychotherapy, including pleas to abandon the medical model and view psychotherapy as an art and not a science. However, there is less critical discussion of the problem-solution paradigm that underlies it. Pointing out that the person is not the problem, but "has" a problem for example, does not deny the problem-solution paradigm. Again, the cognitive bias is at play, for the problem-solution paradigm is, at base, a cognitive model of emotionality.

The methodology with which to tackle a world filled with problems is an instrumental one. Tool for result methodology is the epistemological counterpart to the ontology of problems and solution. It is essentially a problem-solving approach. In contrast, tool-and-result methodology rejects this way of viewing and living in the world, in favor of a more unified, emergent and continuous process approach. The goal of psychotherapy of the tool-and-result variety is to support people to create, not to problem

solve. Psychotherapies of this type are collaborative, with therapists and clients together creating the therapy. They are exercises in meaning making. Above all, they are relational, not only in focusing on the co-creative relationship of therapists and clients, but also as seeing and relating to emotion as relational.⁴ The creative work in social therapy involves producing new emotionality inseparable from new ways of relating to emotionality.

From this dialectical tool-and-result conception of method of Vygotsky stem three important insights.

Learning and Development.

Vygotsky's view of how development and learning are related remains unconventional. Rejecting the view that learning depends on and follows development, Vygotsky conceptualized learning and development as a dialectical unity in which learning is ahead of or leads development: "Instruction is only useful when it moves ahead of development. When it does, it impels or wakens a whole series of functions that are in a stage or maturation lying in the zone of proximal development" (1987, p. 212). Newman and I came to understand "learning-leading-development" (or "learning-and-development"—both being shorthands for Vygotsky's conception) as an important advance in bringing Marx's dialectical conception of activity to psychology (Newman and Holzman, 1993). To us, Vygotsky was not saying that learning literally comes first, or that it leads development in a linear or temporal fashion. He was saying that as social-cultural, relational activities, learning and development are inseparable; they are a unity in which learning is connected to and leads —dialectically, not linearly—development. Learning and development co-generate each other. Attention must be paid to understanding the

kinds of environments that create and support this co-generation, and how such environments differ from those that do not—including environments that divorce development from learning and have acquisitional learning as their goal, i.e., most schools (Holzman, 1997).

Such a developmental environment is apparent in Vygotsky's descriptions of how very young children become speakers of a language, where babies and their caretakers are engaged in the tool-and-result activity of creating the environment and the learning-and-development at the same time through their language play. This is a picture of what the dialectical process of being/becoming looks like—very young children are related to simultaneously as who they are (babies who babble) and who they are not/who they are becoming (speakers), and that this is how they develop as speakers/learn language.

In developmental learning environments such as this, Vygotsky showed that children learn collectively and through their active relationships with others at varying levels of skill, knowledge, expertise, ability and personality. They are not yet socialized to the cultural norm that one *must know*. They have not yet evolved the "epistemic posture" (Holzman, 2009). They learn by doing with others what that do not know how to do because the group (usually the family) supports such active, creative risk taking. This view of developmental learning is applicable to "therapeutic" learning. People in therapy learn to do "therapy talk" through being supported by the therapist to do so, not because they knew how to do it before they walked into the therapist's office. Group therapy maximizes the potential growth because clients must build active relationships with others at varying levels of skill, knowledge, expertise, ability and personality.

Next is Vygotsky's understanding of the role of play in child development. Vygotsky distinguished between play and learning in the developmental process, but there are important similarities between them nevertheless. Of special significance is the following: "In play a child always behaves beyond his average age, above his daily behavior; in play it is as though he were a head taller than himself' (Vygotsky, 1978, p. 102). Newman and I took "a head taller" as a metaphor for the being/becoming dialectic of human development-and-learning, the activity of "being who you are" and "who you are becoming/other than who you are" simultaneously. Aside from young children, the other grouping of people who are supported to be simultaneously who they are and other (than who they are) are actors on the stage. Theatrical performance and children's play share this dialectical quality. Performance, we suggest, is a form of Vygotskian play through which human beings collectively perform their development. For most adults, the non-knowing, imaginative activity of play and the support for "performing a head taller" dissipate beyond childhood. In order for people to continue to develop (and learn developmentally) they need to relearn how to play as children do but in ways that are appropriate to being adults. They need support to perform a head taller. We began to see social therapy groups as the activity of seeing and relating to people as performers of their affective-cognitive lives.

Vygotsky's zone of proximal development (zpd) is critical to the notion that performing is how human beings create development. The zpd appears at different times and in multiple translations of Vygotsky's writings, and in relation to both learning and play, yielding varying understandings of the zpd among contemporary Vygotskians.⁵

The characterization most relevant to a Vygotskian-izing of psychotherapy is that which emphasizes the social collectivity of the zpd. For example, in "The Collective as a Factor in the Development of the Abnormal Child," Vygotsky characterized the social level of development as "a function of collective behavior, as a form of cooperation or cooperative activity" (Vygotsky, 2004, p. 202). Linking this with Vygotsky's tool-andresult method, the zpd becomes a collective activity whereby the creating of the "zone" simultaneously produces the learning-and-development of the collective. Thus, the zpd is process rather than spatio-temporal entity, and activity rather than place, space or distance. It is dialectical, tool-and-result activity, simultaneously the creating of the zone (environment) and what is created (learning-and-development). Further, the zpd highlights the dialectic of human life (being/becoming). Creating the zpd involves relating to people as capable of doing what they do not yet know how to do and what is, therefore, beyond them—what Vygotsky described as "the child's potential to move from what he is able to do to what he is not," (Vygotsky, 1987, p. 212). As applied to social therapy groups, groupings of people collectively work together and create the "zone of emotional development" that is their new emotionality (their learning-and-development). As in the zpd of childhood described by Vygotsky, people at different levels of experience and skill employ a creative methodology of producing environments in which and how they organize and reorganize their relationships to themselves, each other and to the tools (both material and psychological) and objects of their world. They construct "zones" that allow them to become.

Completion.

Vygotsky also challenged the received wisdom about thought and language, offering an alternative to the expressionist, representational and correspondence views of language. Speaking, he said, is not the outward expression of thinking, but part of a unified, transformative process. "Speech does not merely serve as the expression of developed thought. Thought is restructured as it transformed into speech. Thought is not expressed but completed in the word" (Vygotsky, 1987, p. 251). And, "The relationship of thought to word is not a thing but a process, a movement from thought to word and from word to thought. Thought is not expressed but completed in the word. Any thought has movement. It unfolds" (Vygotsky, 1987, p. 250).

With language and thought as dialectical process and unified activity, the psychological divide between inner and outer disappear. There are no longer two separate worlds, the private one of thinking and the social one of speaking. There is, instead, the complex dialectical unity, speaking/thinking, in which speaking completes thinking. If speaking is the completing of thinking, as Vygotsky says, if the process is continuously creative in socio-cultural space, then it follows that the "completer" does not have to be the one who is doing the thinking. Others can complete for us. And when they do, they are no more saying what we are thinking than we are saying what we are thinking when we complete ourselves. Looping back to how very young children become speakers of a language with and through others, Newman and I posited that caretakers "complete" babbling babies, and that the babies creatively imitate their completers. We drew out the implications of this Vygotskian insight for how to create learning-and-development opportunities throughout the life span, including the therapy office. In psychotherapy, whatever the modality, talking about one's inner life is therapeutic because and to the

extent that it is a socially completive activity and not a transmittal of private states of mind. The human ability to create with language—to complete, and be completed by, others—is a continuous process of creating who we are becoming, a tool-and-result of the activity of developing (Holzman, 2009).

Understanding language as a socially completive activity raises questions about "the truth" of people's words and, by extension, the concept of truth itself. One can reject an expressionist view of language and with it the notion of objective truth. For those psychologists and psychotherapists who do so, talk therapy is not done in order to discover some hidden truth of someone's life, to find the true cause of emotional pain or to apply the one true method of treatment, because truth in that form (Truth) does not exist. Instead, they construct subjective theories of truth and devise practices consistent with them. For example, social constructionists search for relational forms of dialogue as an alternative to objectivist-based debate and criticism; narrative therapists work to expose the "storiness" of our lives and help people create their own (and, most often, better) stories; and collaborative therapists emphasize the dynamic and co-constructed nature of meaning.

However, from the social-therapeutic point of view, to posit truth as subjective, with the existence of multiple truths (all with a small "t"), does not escape objective-subjective dualism. Truth may be socially constructed in these approaches, but dualism remains intact, as there must be something about which it can be said, "It is true (or false)." In contrast, relating to therapeutic talk as socially completive activity in Vygotsky's sense is a rejection of truth and its opposite, falsity. The social therapeutic shift to activity is a way to transform therapeutic talk from being an appeal to or about

both objective, outer reality Truth and subjective, inner cognitive or emotive truths. As socially completive activity, therapy talk is a consciously self-reflexive engagement of the creating of the talk itself. In performing therapy the fictional nature of "the truth" of our everyday language, our everyday psychology and our everyday stories gets exposed as people have the opportunity to experience themselves as the collective creators of their emotional activity. It is, in Wittgenstein's words, the playing language games and a form of life.⁶

Creative Imitation.

According to Vygotsky, "A full understanding of the concept of the zone of proximal development must result in a reevaluation of the role of imitation in learning" (1978, p. 87). He discounted the mechanical view of imitation that was "rooted in traditional psychology, as well as in everyday consciousness" and the individualistically biased inferences drawn from it, for example, that "the child can imitate anything" and that "what I can do by imitating says nothing about my own mind" (1987, p. 209). To him, imitation was an active, creative and fundamentally social process that was essential to creating the zpd. Children do not imitate anything and everything as a parrot does, but rather what is beyond them in their environment/relationships. *Creatively imitating* others in their daily interactions —saying what someone else says, moving to music, picking up a pencil and "writing"—is relating to oneself as/being related to by others as/performing as a speaker, a dancer, a writer, a learner, a human being. It is how children are capable of doing so much in collective activity.

Vygotsky's analysis of the language-learning zpd in *Thinking and Speech* is an excellent illustration of creative imitation at work. He showed that babies and toddlers do

not learn language nor are they taught language in the cognitive, acquisitional and transmittal sense typical of institutionalized learning and teaching. They develop as speakers, language makers and language users as an inseparable part of joining and transforming the social life of their family (community, group). When babies begin to babble they are speaking before they know how by virtue of the speakers around them creating conversation with them. Mothers, fathers, grandparents, siblings and others neither tell babies that they are too young, correct them, give them a grammar book and dictionary to study, nor remain silent around them. Rather, they relate to infants and babies as capable of far more than they could possibly do "naturally." They relate to them as fellow speakers, feelers, thinkers and makers of meaning. This is what makes it possible for very young children to do what they are not yet capable of. The babbling baby's rudimentary speech is a *creative imitation* of the more developed speaker's speech. At the same time, the more developed speakers "complete" the baby, and the "conversation" continues.

Creative imitation is a type of performance. When they are playing with language in this way in the language-learning zpd, babies are simultaneously performing—

becoming—themselves. Performing is a way of taking "who we are" and creating something new through incorporating "the other"—on the stage a newly emerging character and in this case a newly emerging speaker.

While linking creative imitation with performance, and performance with the dialectic being/becoming that is development, may seem at first glance to be far from Vygotsky's work, its roots are there in his writings. Particularly relevant is an essay published in English in Volume 4 of his collected works ("Conclusion; Further Research;

Development of Personality and World View in the Child," Vygotsky, 1997). Linking early childhood play to the formation of personality and worldview, Vygotsky wrote that the preschool child "can be somebody else just as easily as he can be himself" (p. 249). Vygotsky attributed this to the child's lack of recognition that s/he is an "I" and went on to discuss how personality and play transform through later childhood.

Vygotsky did not make note of a downside to the transformations in the young child's performance ability. As children perform their way into cultural and societal adaptation, their potential for continuous development becomes limited. What they have learned through performing becomes routinized and rigidified. By middle school, many children have become so skilled at acting out certain roles that they no longer keep creating new performances of themselves (that is, developing). By the time they are adults, most people have an identity as "this kind of person"—someone who does certain things (and does them in certain ways) and feels certain ways. Anything other than that would not be "true" to "who *I* am." This is the identity that people bring into therapy.

Building upon Vygotsky's observation about young children's performance ability, performing as someone else (being oneself and other than oneself) can be seen as the source of development. For Vygotsky, this is at the time of life before "I" and its culturally produced fixed identity. For social therapists, it can be throughout the life course. Social therapeutic methodology has evolved into a conscious effort to revitalize this human capacity.

Zones of Emotional Development.

The primary modality of social therapy is group because its potential to challenge particularism and individualism is greater than "individual" (one-on-one) psychotherapy.

In social therapy, the group is the therapeutic unit. This distinguishes social therapy from most group therapies, in which the group is not itself the therapeutic unit but, rather, serves as a context for the therapist to help individuals with their emotional problems. Clients who come together to form a social therapy group are given the task to create their group as an environment in which they can get help. This group activity is a collective, practical challenge to the assumption that the way people get therapeutic help is to relate to themselves and be related to by others as individuals, complete with problems and with inner selves.

Social therapy groups conducted in centers for social therapy in the US are comprised of 10-25 people, a mix of women and men of varying ages, ethnicities, sexual orientations, class backgrounds and economic status, professions and "presenting problems." The groups are consciously heterogeneous for two reasons: 1) to challenge people's notion of a fixed identity (e.g., based on gender, ethnicity, diagnostic label, or "That's the kind of person I am"); and 2) the more diverse the elements, the more material there is with which to create. Groups are typically ongoing and meet weekly for 90 minutes. Some group members remain for years, others months; people leave and new members join. The elements of the therapeutic zpd are thus continuously changing. (In other countries social therapy is practiced in a structure and manner that is coherent with the specifics of the given cultural environments and differs accordingly from this description.)

People come to social therapy, as they do to any therapy or any group setting, individuated. They say things like, "My daughter and I were screaming at each other last night. I was so angry at her and now I feel awful;" "I couldn't get out of bed this week;"

"I don't know how to talk to my father since he got so sick;" "I feel really crazy, like I'm not here, and it scares me." They look to the therapist for some advice, solution, interpretation, or explanation. They want to feel better and have more control over their lives.

The members of social therapy groups come together and participate in creating their group. The social therapist works with the group (not with the individuated selves that comprise the group) to organize itself as an *emotional zpd*. Members of the group raise whatever they want and however they want, which is typically how they're feeling, an emotional problem, a relationship going bad, or something upsetting that happened to them. This is the material out of which to create; the members, each at different levels of emotional development, are encouraged, invited, supported and challenged to create the group's level of emotional development. The group has to figure out how to talk about what they want to talk about. In western cultures people relate to feelings as individuated and private, a factor that contributes to feeling isolated and alone with the "possession" of their feelings. Creating the social therapy group entails creating a relational understanding and language of emotionality. The group's task is to babble, play with language, creatively imitate and complete each other and the therapist, and make meaning together. Speaking as truth telling, reality representing, inner thought and feeling revealing—these deeply held (if typically not in conscious awareness) beliefs about the functions of language are challenged as people falteringly attempt to converse in new ways, to create something new out of their initial individuated, problem-oriented presentations of self.

Talking about one's inner life is therapeutic because and to the extent that it is a socially completive activity and not a transmittal of private states of mind. The human ability to create with language—to complete, and be completed by, others—can be, for adults as well as for very young children, a continuous process of creating who we are becoming.

The social therapist's task is to lead the group in this activity of discovering a method of relating to emotional talk relationally rather than individualistically, and as activistic rather than as representational. In this process people can come to appreciate what—and that—they can create, and simultaneously to realize the limitations of trying to learn, grow and create individually. If and as the group gradually comes to understand this, different members at different moments realize that growth comes from participating in the process of building the groups in which one functions. This new learning, in a Vygotskian, zpd-like fashion, rekindles development by virtue of the group growing. Traditional therapy's focus on the individuated self who discovers deeper insights into his or her consciousness is transformed into the collective engaged in the continuous activity of creating a new social unit, the emotional zpd. The therapeutic question transforms from "How is each individual doing?" to "How well is the group performing its activity?"

Such a shift in focus from the individual to the group reorganizes what is traditionally related to as a dualistic and antagonistic relationship between individual and group into a dialectical one. Mainstream psychology has tended to negate the group or reduce the group to the individual. Mainstream Marxism has tended to negate the individual or reduce the individual to the group. This need not be the case. Recognizing the groupness of human life does not inevitably negate individuals. The group is engaged

in producing something collectively and, as with many life activities, individual members contribute in different ways and to differing degrees.

The activity of creating the emotional zpd can be seen as a re-learning of how to learn developmentally, that is, learning collectively, playfully and non-cognitively overdetermined. Vygotsky's accounting of how children develop as speakers of a language seemed a reasonable fit with what transpires in social therapy in the sense that the adult clients are being supported by the therapists to do what is beyond them - to create new ways of speaking and listening to each other, and new ways to understand and relate to talk and to emotionality. By their language play, they are creating new performances of themselves as a way out of the rigidified roles, patterns and identities that cause so much emotional pain.

As a Vygotskian-izing of psychotherapy, social therapy plays (perhaps, some would say, loosely) with Vygotsky's search for method. The dialectic of tool-and-result flows through its practice of relating to people as performers of their lives who have the capacity to create a new collective form of working/playing together. It is an attempt to ameliorate the painful and destructive impact that psychology's cognitive-emotive divide has on people's everyday lives.

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¹ For purposes of this discussion, emotion and affect are not distinguished, nor is reference made to debates on the differences between them.

² Among the few exceptions are: on the Vygotsky side, Gonzalez Rey (1999, 2007), Smagorinsky (2011, 2012), and recent discussions of the Russian word "perezhi'vaniye," as a unity of personality and environment that are primarily taking place among a group of scholars on the Mind, Culture and Activity/xmca listserve (http://lchc.ucsd.edu/MCA/Mail/index.html); on the clinical practitioner side, narrative therapist White in his later years (2006) and Seikkula (1993, 2003). In addition, the

theoretical writings of Shotter (1989, 1993, 2003, 2006) and the faculty of the Massey University online Discursive Therapies course designed by Andy Lock (http://therapy.massey.ac.nz) address emotion.

³ Decades earlier, Cole and Scribner made a similar point, noting that Vygotsky's sociocultural approach "represents an attempt to extend to the domain of psychology Marx's thesis that man has no fixed human nature but continually makes himself and his consciousness through productive activity" (Cole & Scribner, 1974, p. 31). This was not the Vygotsky that came to be known in educational circles, however.

⁴ In addition to Gergen's voluminous writings on social constructionism (most recent are (K. J. Gergen, 2009; M. M. Gergen & Gergen, 2012), Shotter has been a leading theoretical voice in exploring the relational basis of human subjectivity and the "otherness" in human relations in general and, more recently, in psychotherapy, bringing into his work Wittgenstein, Vygotsky, Voloshinov and Bakhtin (e.g., Shotter, 1989, 2000, 2006). Lock and Strong are also prolific writers in this regard. Notably, their *Social Constructionism: Sources and Stirrings in Theory and Practice* (2010) includes a full chapter on Vygotsky. McNamee and Gergen's 1992 collection of essays, *Therapy as Social Construction* introduced relational, meaning-making and non-objective counseling and therapy practices that have come to be known as collaborative (Anderson, 1997; Anderson & Gehart, 2007), discursive (Pare & Larner, 2004; Strong & Lock, 2012; Strong & Pare, 2004), and narrative (McLeod, 1997; Monk, Winslade, Crocket, & Epston, 1997; Rosen & Kuehlwein, 1996; White, 2007; White & Epston, 1990).

⁵ In an essay historically situating certain of Vygotsky's ideas, Glick points out how English-language volumes of Vygotsky's work published at different times present a different Vygotsky, and a different zpd (Glick, 2004).

⁶ Wittgenstein is helpful in understanding the traps truth and cognition create in our language and thought. In his later works (1953, 1958), he exposed the "pathology" embedded in language and in accepted conceptions of language, thoughts and emotions. Some have described his work as therapeutic (Baker, 1992; van der Merwe and Voestermans, 1995), Newman and I among them:

We are all sick people, says Wittgenstein. No small part of what makes us sick is *how* we think (related in complicated ways to what we think and, even more fundamentally, to *that* we think or *whether* we think), especially how (that or whether) we think about thinking and other so-called mental processes and/or objects—something which we (the authors) think we (members of our culture) do much more than many of us like to think! It gets us into intellectual-emotional muddles, confusions, traps, narrow spaces; it torments and bewilders us; it gives us "mental cramps." We seek causes, correspondences, rules, parallels, generalities, theories, interpretations, explanations for our thoughts, words and verbal deeds (often, even when we are not trying to or trying not to). But what if, Wittgenstein asks, there are none? (Newman and Holzman, 2006/1996, p. 174).