The Delicate Scientist Practitioner

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This article offers an alternative understanding of the 'scientist-practitioner' in clinical practice. The 'dodo bird' hypothesis or 'common factors' findings suggest that the specific technique of a particular treatment protocol, whether supported or not by empirical validation, are not as important as feedback to the clinician as to whether this particular treatment is working or not. A new philosophy of science and cognition suggests that 'know-how' and 'withness-knowledge' is of more importance than any 'know-that' or 'aboutness' knowledge. Two hundred years ago Goethe suggested a method of science that was more focused on performativity than representationalism, which is being discovered again by postmodern science and philosophy. This model of science, combined with Levinas' call for an ethics first approach, can provide an alternative to the move towards treatment manuals.

Key words: philosophy of science, epistemology, systemic practice

At the time of the Boulder Conference in 1949 when the scientist-practitioner model of professional training in clinical psychology was conceived, the English philosopher J. L. Austin was embarking on a series of lectures at Oxford deconstructing the theory of perception that Cartesian science was founded upon. It was at the Boulder conference, George Albee claims, that clinical psychology sold its soul to the medical model, when Albee says he lost his argument with Shakow (Albee, 1969; 1998). Albee would have been unaware of Austin's philosophical reflections at that time. Austin, who had returned to Oxford after the war, was resuming his debate with Ayer and other positivists about the nature of science.

Central to the arguments between Austin and Ayer was the issue of whether there was a reality apart from appearances, which the methods of science can expose. Descartes had won a famous debate in Paris against the Renaissance chemist Chandoux by claiming that by the method of systematically doubting each small aspect of appearances we could arrive at intellectual certainties about the world. The method of systematic doubt, refined over the centuries, became the philosophy of science of the Enlightenment; a quest to find intellectual certainties, or scientific 'laws' about the world. Austin attacked this foundation stone of Cartesian science by developing the argument that the distinction between sense data and reality had been overinflated, which he expressed in his famous statement: 'these two terms, "sense data" and "material things", live by taking in each other's washing' (1961, p. 4). The distinction gained its power by offering an explanation of so-called illusions, like a bent stick in water. We have developed a 'belief' that in 'reality' (i.e. decontextualised) the stick is straight.[1]

Descartes' legacy, Austin claimed, was to try to make beliefs incorrigible, and that he did so did so by attempting to elevate ideas to the same degree of certainty that perceptions generally enjoy. Although perceptions can occasionally be illusory, this usually becomes readily apparent as we proceed. My dog recognises ('knows') me instantly when I return home in the evenings; this is not a belief. While later philosophers built on Austin and others' ideas of tacit knowledge, which led to such concepts as embodied cognition in psychology and an increasing skepticism of objective certainties (e.g. Damasio, 1994; Lakoff & Johnson, 1999; Polanyi, 1969; Searle, 1997); clinical psychology became more entrenched in its Cartesianism leading inevitably to the treatment manuals of empirically validated or supported treatments (Levant, 2005).

The 'Common Factors' of Therapy

Although other health disciplines are also being lured by the notion that legitimacy and accountability can be found through emulating the Cartesianism of evidence-based medicine (Tanenbaum, 2003), there is a growing

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body of literature criticising the appropriateness of this approach in mental health (e.g. Bohart, 2005; Dumont & Fitzpatrick, 2005; Hansen, 2005; Mahrer, 2005; Rose, 1990). Perhaps the most cogent of the criticisms has come from the meta-analytic studies of outcome research over the past five decades which has shown that it is the relationship of the therapist and client, in combination with the resources of the client, that accounts for at least 75% of success in therapy (Asay & Lambert, 1999; Duncan, Miller, & Sparks, 2004; Wampold, 2001). At best, the technique or model accounts for 15% of success. Wampold et al. (1997) suggest that the particular approach may, at times, account for as little as 1% of the variance in outcome, which leads them to ask, 'Why [do] researchers persist in attempts to find treatment differences [between models], when they know that these effects are small?' (p. 211). It is the relationship that counts.

This focus on the 'common factors' has led to further exploration of what effect formal, ongoing, client feedback to the therapist about the outcome and process of therapy has. Such feedback has been shown to improve retention rates and outcomes (Lambert et al., 2003; Miller et al., 2006; Whipple et al. 2003). Duncan, Miller and Sparks (2004) call the process of monitoring the client's own ratings of progress and the therapeutic alliance a client directed-outcome informed (CDOI) approach to therapy; it is a practice-based evidence approach rather than an evidence-based practice. Primary accountability is directly to the client, whilst also being able to show accountability to third parties. By contrast, evidence-based practice places primary accountability to third parties.

A Science of Tacit Knowledge

This CDOI approach has much resonance with the emerging new paradigm in the philosophy of science suggested by embodied cognition. Merleau-Ponty (1962) and Wittgenstein (1953) have, like Austin (1961), called into question the appearance–reality split which gives rise to the ideological fiction of a detached passive observer in a theatre of consciousness. They have suggested instead that we are active explorers probing the interdependent relationship we have with the world, searching for a way forward. Experimental evidence began to accrue towards the close of the 20th century showing that perception is the development of sensorimotor skills primarily for the purpose of keeping track of our relationship with the world and not so much identifying what things are in the world as the Cartesians had supposed (Noë, 2004).

The embodied perception paradigm suggests that a more accurate metaphor for understanding perception is that of the blind person making his or her way down the street with a cane. In this framework, *know-how* is privileged over *know-what*; for the task of the senses, the intellect, and language is not primarily to obtain (or communicate) an accurate map or picture of the world, as it is to find more useful ways of relating with it. Gibson (1979) pointed out that perception is not a passive pastime for a Cartesian homunculus, so much as it is primarily part of a particular task, such as walking, grasping, catching prey, and so on. After cataract surgery the congenitally blind cannot see until they successfully integrate the perceptual apparatus within a sensorimotor framework. Perception and action are interdependent. In this new paradigm, thinking is also largely the moving about (rehearsing positions) in some context, real or imaginary (Clarke, 1998; Harré & van Langenhove, 1999; Lakoff & Johnson, 1999; Varela, Thompson, & Rosch, 1992). Hence we have embodied cognition as well as embodied perception.

The older model of perception, which suggests that the eye functions like a camera can be traced back to, at least, da Vinci; and it was the interest shown in this idea by Renaissance artists attempting to get perspective in their paintings that had caught Descartes' attention (Damasio, 1994; Foucault, 1979; Romanyshyn, 1989). Just as the artists were attempting to depict a more accurate representation of the world, Descartes and other philosophers reasoned that the primary purpose of perception was to generate accurate representations of the world from sense-data in the 'theatre of consciousness'. In Strawson's (1959) criticism of this model, he summarised it as a belief that we see red patches of colour which our brains or minds translate into apples. This theory of perception is now deeply rooted in the 'common sense' of our culture, alienating us from the world with its claims of an appearance-reality split that all too easily leads us to imagine an observing Cartesian ego subject watching this theatre of consciousness.[2] In the hands of Descartes and his followers the Renaissance artists' obsession with generating accurate representations of the world was translated into a science obsessed with generating accurate representations of the world (Rorty, 1979).

With the model of embodied perception, where the primary function of perception is to keep track of our relationship with the world through the development of sensorimotor skills, new phenomena of scientific interest are replacing the interest in illusions that had been central to Cartesian perceptual science. Among these

are the phenomena of 'change blindness' and 'inattentional blindness'. If a cat is behind a rail fence we imagine that we can see the whole cat. This is because we possess the tacit sensorimotor knowledge that by moving our heads or our bodies slightly to the left or right we will see the occluded parts (Noë, 2004). As blind people with our canes (the rods and cones of our eyes) we 'see' only those parts we are looking at (tapping with our canes), and we fill in the 'gaps' with tacit knowledge. If a change occurs in those zones we tacitly 'know', we may not notice them. A number of demonstrations of this 'change blindness' are readily available on the Internet (e.g. Wikipedia, 2006).

One of the more alarming experiments was of experienced pilots in a flight simulator not noticing another plane had moved onto the runway when they were landing, after being temporarily distracted by an instrument reading (Haines, 1991). These phenomena and others are leading embodied perception scientists to pay more attention to how we are able to keep track of our relationship with the world, rather than obtaining accurate representations (Noë, 2004). When the interest was illusions, we sought to discover the 'reality' or 'truth' behind mere appearances; but with the shift to change blindness the interest becomes one of how we navigate or lose our relationship with the world. This is a matter of performance knowledge rather than representational knowledge.

This sensorimotor knowledge also occurs in a temporal zone. We develop sensorimotor feelings to keep track of our relationship in time, and hence develop a sense of anticipation. This is apparent when we are surprised. Imagine opening a door to a find a brick wall. We were surprised because we had filled in a gap here with tacit knowledge. Elizabeth Anscombe once gave the example of stumbling coming down the stairs and saying 'I thought there was another step there' as an example of Wittgenstein's notion of a 'grammatical fiction'. Representationalism leads us to express this surprise in this manner, but a little reflection shows that no such thought was there; the expression is a fiction generated by the way we use a representational language.

Unfortunately, for the past 400 years we have increasingly placed our faith in our Cartesian scientism and its quest for an intellectual certainty in representational knowledge. Wittgenstein also sought to expose this error of reasoning. He described his later philosophy as a form of therapy for relieving the mental cramps that Cartesianism and other language games had bewitched our minds with. So that we could say in all simplicity 'now I know how to go on' (1953, #154). These 'mental cramps' were interfering with our ability to keep track of our relationship with the world. Like solution-focused therapy (de Shazer, 1988) (which in turn was strongly influenced by Wittgenstein's work), the task was not so much to provide an intellectual answer to the problems of philosophy but to dissolve them, perhaps by exposing the presuppositions, assumptions, or, as the embodied cognitivists would say, performances that were creating the cramp.

Technology and Ecology

The Cartesian project, which privileges *know-what* (or *know-that*) over *know-how*, has generated a kind of illiteracy in terms of the kinds of knowledge needed for finding our ways about in the world; the knowledges which allow us to feel at home in the world, or know 'how to go on' in this or that circumstance. Wittgenstein was able to show that, while Descartes' project to find conceptual certainty in the world is doomed to failure since only relative perspectives are available, greater certainty could be found in relational practices. The certainty that arises with the feeling that 'now I can go on' (Wittgenstein, 1969) is a matter of practical certainty rather than conceptual certainty. Rorty calls this shift, that is central to Austin and Wittgenstein's work, as a move from *representationalism* to *performativity* (Rorty, 1979).

As many writers (e.g. Bateson,1972; Damasio 2003; Illich 1975; Korzybski 1941; among others) have pointed out, Descartes' error could be ecologically fatal. Descartes' world is a Newtonian mechanistic lifeless whole, where the separate individual person, or separate individual company, or separate individual nation, strives to have control over this environment it feels separate from. This is achieved by ignoring the already existing inter-relationships between living things; especially by the separated part or self striving for control. Cartesian representationalism has us ignoring our role as participant parts in an eco-system. Ivan Illich argued that such thinking has resulted in paradoxical counter-productivity (1975, 1977); that industrialisation (utilising Cartesian science) has given rise to institutions, such as health, that paradoxically take away the very thing that they were set up to provide. Folk knowledge of health care is discarded as superstitious, self-care wanes, and a passive dependency on health professionals grows to the point of widespread disability. A form of 'change blindness' or 'inattentional blindness' has been generated by the shared industrial perception that 'comodifies' (turns into a commodity) our folk 'know how' into expert 'know what', to the point

where we do not notice or ignore the counter-productivity of our industrial activity.[3]

However as Wittgensteinian psychologist John Shotter (1997, 2005a) points out, when we let go of our anxiety to hang on to our Cartesian 'aboutness' knowledge, we start to become more aware and grant more importance to our 'withness' forms of communicating. One outcome socially, as Bahktin (1981) pointed out, is that when we are no longer dominated by the science of 'truths', conversations become far more dialogical and less monological. Unfortunately scientists, practitioners, and policy makers all too frequently dismiss this 'withness' knowledge; for we have yet to develop a sense that this is 'worthy' knowledge. But if we follow the lead given to us by perceptual science, we can begin to see how we might develop a 'science' where our 'withness' knowledge or performativity is afforded primacy, and 'aboutness' knowledge or representationalism is rendered secondary. This may offer us a path to addressing our eco-crises.

Goethe's Delicate Empiricism

A 'withness' science would not have us searching for what is hidden and more 'real' which will intellectually explain our circumstances to us. Rather it is a project requiring us to seek a more practical understanding that will allow us to navigate, as living participants, our way in the world. Goethe (Robbins, 2005; Seamon & Zajonc, 1998) offered his 'delicate empiricism' as a scientific methodology for gaining such an orientational understanding without having to enter into the 'empirico-mechanico-dogmatic torture-chamber' of Newtonian (Cartesian) science (Goethe quoted in Heller, 1952, p. 18). Using this framework we are no longer required to decontextualise the phenomena we study, by turning away from 'Other' to cudgel our brains for a theoretical schemata about 'Other'. We no longer stand outside the universe we examine, in a position transcendent to the world like a monotheistic Abrahamic deity, casting our nets of reasoning over the phenomena we seek to catch. Instead Goethe invited us to make ourselves utterly identical with 'Other' until we gain a sense of 'Other' as process-in-context. 'Other' can be a geological feature, a botanical plant, a sub-atomic particle, or a client in a therapist's office. This, then, is a contemplative science.

The task here is to get with the process-in-context until we sense its form. The 'delicacy' of this form of empiricism is in an empathic understanding. This may take some time. As therapists we might acknowledge this as 'not knowing' in the sense described by Anderson and Goolishian (1992); or by applying acceptance and commitment therapy's (ACT) 'creative hopelessness' as a stance for the therapist (Hayes, Strosahl, & Wilson, 1999). In this process the scientist is transformed by this conscious process participation.[4] We are moved by Other as we learn to dance with its form (more like Ginger Rogers than Fred Astaire, for we follow Other's lead, and what's more, in high heels).

We may still employ scientific tools such as particle accelerators, microscopes, and IQ tests, but they are an extension of our senses as we feel out Other as process-in-context. This is an embodied sense of other, where the major 'tool' is our own body. 'The human being himself, to the extent he makes use of his senses, is the most exact physical apparatus that can exist' (Von Goethe, 1995, p. 311). Once we have this participatory relational sense of other, anticipations of where this process is going begin to arise within us. An anticipatory sense of how to go on with them (Shotter, 2005b). 'I can see where this conversation is going!' Goethe warned us that discipline was required here, for we can too readily impose an intellectual structure, an interpretation, a judgement that is not really present in the thing itself. Our task he said, was 'to keep the object alive before us instead of killing it with the word' (Von Goethe, 1995, p. 275).

As Seamon and Zajonc (1998) note, this 'withness-thinking' of Goethean science can readily be discerned in the physics of Bohr, Zajonc, Bortoft and others; but unfortunately social sciences lag behind these developments. This is because Bohr and Heisenberg recognized that whatever light is, it cannot be mapped entirely to either the epistemological paradigm of wave nor to that of particle, and there was also no broader *know-what* framework that allowed us to grasp this delicate aspect of reality more clearly. Physicists discovered that their attempts to study these aspects of reality altered them. If you like, light in the laboratory is manifested (created) as waves or particles depending upon how we interact(perform) with it (Barad, 2006). And in social science we should have acknowledged more widely that we get an altogether different response from people than furniture if we approach both with a tape measure! Shotter (2005a) claims that 'relational realism', or the 'withness-thinking' of Goethean science, is particularly relevant to sciences dealing with such sensitive or delicate 'realities'. *Know-how* allows for an intimacy that *know-what* is denied.

Shotter (2005b) points to Vygotsky's work on the use of scientific tools as being helpful here. Cartesian science uses tools to obtain 'aboutness knowledge',

and Vygotsky (1978) calls this the 'tool-for-result' methodology.[5] But Vygotsky also offered as an alternative the 'tool-and-result' methodology, which is particularly apt for a Goethean science. It is a methodology that is not so much applied as practised, for it is a method that requires us to remain sensitive to how we are co-creating realities in the very process of exploring them (see Barad above). It invites us to reconstruct our tools as we go. Vygotsky argued that because we are a self-conscious species we cannot study human social-phenomena without distorting them. From a Vygotskian viewpoint, all assessments in mental health are also interventions, whether we like it or not. This is M. C. Escher's two hands drawing each other. In Vygotskian science, tool-and-result come into existence together, each is modifying or re-creating the other, in a dialectical process.[6]

A Goethean Scientist Practitioner

We can also view the changes that occur in psychotherapy and education through another lens offered by Vygotsky. He suggested that change occurs in contexts that he called zones of proximal development (ZPDs). Whereas Piaget had led us to think that learning was dependent upon certain stages of development, Vygotsky suggested learning can lead development. By being sensitive to people performing at a level above themselves (he called it 'being a head taller than you are') people can transform themselves, sometimes in a matter of minutes, into being who they are not (but now might be). We might say that *we become who we are by being who we are not*.

From a Vygotskian viewpoint, it could be claimed that most schools of psychotherapy are attempting to facilitate this type of transformation; for people are usually 'stuck' because they are engaging in actions that are in keeping with their customary ways of being and knowledges about life (Leiman & Stiles, 2001; White & Morgan, 2006). For example, solution-focused therapists ask clients to imagine a miracle where the problem has been resolved and then ask which parts of it are already happening in their life. As they search for indications of where those events are occurring now (or give more detail of what the post-miracle world looks like), they begin to discover the miracle has already occurred, and they can then say, in best Wittgensteinian fashion, 'now I can go on'. Behaviour therapists are sensitive to the smallest nuances of desired behaviours that may have gone unnoticed and bring reward upon what is to become. It could be said that ACT therapists invite clients to stop struggling against the problem so they can commit themselves to their own core values that have become occluded in the struggle. In recent years, Michael White has suggested some very useful 'scaffolding' questions for bridging ZPDs (White & Morgan, 2006).

However, each one of these schools is at risk of becoming something we do to people; they are at risk of being applied as 'aboutness' methods ('tool-for-result'). To move past what family therapist Lynn Hoffman called the 'training wheel' stage we have to let go of the tool and allow ourselves and the tool to be modified as a result of our felt interactions with this particular client. Lowe (2005) refers to this shift, from what he calls the 'structured' questioning of solution-focused or narrative approaches (or other particular schools of therapy), to less pre-planned approaches as the 'conversational therapies' where the therapist is more open to following 'striking moments' when they arise. The conversation is no longer 'pre-scripted' (Strong & Pare, 2003).

Hoffman (2006) calls this the 'bright new edge' of therapy. Our 'tools' or 'science' as well as our cultural 'certainties' are constantly being restructured; for example, when we discover that our assumed 'natural' categories (say work, sleep, play, thinking, talking), are not so natural to everyone we interact with; and, in turn, this 'discovery' is fed back into the conversation as we proceed.[7] Michael White has referred to this as 'situating our curiosity in front of the client'. We are co-constructing realities as two blind people tapping our way down the street together. We have let go of our intellectual 'certainties' and become 'not knowing' in any *about* sense. However we are becoming more comfortable in a 'knowing how' sense. Therapy has become a collaborative endeavour.

Mirror Neurons and Levinas

One of the legacies of the Cartesian project, aided in particular by Kant's efforts to purify reasoning from bodily feelings, and which encouraged us to view ourselves as separate beings/minds and the world as if dead, was the philosophical problem of 'other minds'. In the past couple of decades there has been an outpouring of theory of mind (ToM) research, for the problem of other minds is resolved by individuals, according to various accounts by Cartesian philosophers and psychologists, when people form individual theories of other people's minds. Because of the 'appearance–reality' split, so it is claimed, we cannot know other people's minds directly, so we have to develop theories about them from our observations of their bodily reactions and speech; and rely on these

theories to navigate socially. According to this account we are all amateur psychologists or anthropologists. One of the many arguments brought by Wittgenstein against this view is that we have to learn the appropriate use of a word like 'happy' in a social context (i.e. as it is being used), and then later apply it to our own mind, not the other way round as the Cartesian ToM idea implies. Leuder (2004) and other critics of the Cartesian inspired ToM point out that although this notion has become very popular in some areas of psychology it over-intellectualises everyday social activities. Wittgenstein noted that we have direct, (not intellectually mediated inferential) access to other minds:

> 'We see emotion' — As opposed to what? — 'We do not see facial contortions and make the inference that he is feeling joy, grief, boredom. We describe the face immediately as sad, radiant, bored, even when we are unable to give any other description of the features' (1980, p. 570).

Williams' (2004) analysis of the autobiographies of successful people who have attracted an autistic diagnosis shows that autism is not due to a failure to develop an adequate ToM, as the ToM proponents had supposed. Rather successful people with this diagnosis had developed a ToM to 'make up for the basic instincts I don't have' (as one said). But even those with a sophisticated ToM found themselves unable to cope with 'rapidly changing, complex social interactions'. For the rest of us, this relational responsivity that allows us to co-ordinate ourselves with each other is a performance knowledge not mediated by abstract concepts.

These philosophical ideas have been further underscored in the past decade by the discovery of 'mirror neurons' in neuroscience. These are brain cells that respond equally when we perform an action and when we witness someone else perform a similar action (Rizzolatti, Fogassi, & Gallese, 2001). Mirror neurons appear to be a neurological key for understanding human empathy or our social relational responsivity (Damasio, 2003). It seems that these mirror neurons, and the circuits they link with, among other things, underlie the dance of imitative mutuality that leads to the development of speech. Speech arises out of this social 'know-how' (Hobson, 2002). This research can also be seen to provide neurological support for the philosophy of Emmanuel Levinas, who claimed that the basis of our humanity lies in the obligation we feel to respond to the face of another when he/she enters our world (Levinas, 1998). Noticing human social responsivity, Levinas made a radical break with the tradition of the Enlightenment thinkers with a claim that this implies that ethics is prior to ontology (or being).

Because we feel this 'call' from Other (presumably as a result of our mirror neuron circuits firing), we can come to recognise that however we respond will have an effect on Other. Thus Levinas provides an answer to Kant's puzzle as to the roots of conscience (Beavers, 2001). This 'call' occurs prior to thought; and what's more relational responsivity precedes our sense of social self. Self-consciousness arises in Levinas' philosophy when a third party enters, and we give birth to reason and self-consciousness as we attempt to mediate the dilemma of not being able to respond fully to both. Because of this the 'self' is heteronomous (centred in Other, or 'called forth' by the entry of Other), rather than autonomous as Descartes supposed.

Levinas calls his philosophy a 'philosophy of love' rather than the 'love of philosophy', in recognition of this sense of connectivity we enjoy. 'Being for others' inspires an authenticity we do not enjoy when 'being for self'. Levinas points out that for the past 400 years we have been preoccupied with theories of being (ontology), or knowing Other (or ourselves) as an object.[8] Any attempt to know or treat Other as an object is a form of conversational violence (or reductionism) Levinas calls 'totalising' Other (e.g. 'schizophrenic'). An ethics-first philosophy recognises that Other can never be known totally; ultimately he or she is unknowable and 'beyond being'. Hence the title of his book, 'Otherwise than being, or, beyond essence'.

Poetry of Therapy

Cartesian philosophy and psychology of being effaces people by privileging 'aboutness' talk over 'withness' talk because it has encouraged us to deploy what Martin Buber, like Levinas, called 'I-it knowledge' rather than 'I-thou dialogue' as the lingua franca of therapy. I have all too frequently heard an appeal to 'scientific objectivity' as the grounds for this 'totalising' of Other. Such therapists utilise the therapeutic model in a tool-for-result manner whereby they search for answers only to confirm or reject their own hypotheses, which frequently generates a monological interactional pattern where the client does not feel we were present with them.

If we are to respect the otherness of the Other, what Levinas calls the transcendental infinity of the other, then we have to allow the living bodily responsivity to freely flow between us. If we sense the lack of 'withness' of another person, and we sense it in their bodily responsive way, we can immediately feel offended. In order to develop our 'withness' we must surrender our expertise, and dwell with the other as Goethe suggests, as hosts in our humility where we first become fluent in

their language. By dwelling with the other person's expressions of their difficulties their inner lives are revealed to our own 'withness' knowledges.

As the 'common factors' research attests, it is this therapeutic alliance that is the key to change in therapy. The more I open myself to Other, the more I am also opening myself to be disturbed or surprised by Other. Levinas helps us recognise that love is being open to being surprised by Other (i.e. Other is a transcendent reality, beyond knowing in any 'aboutness' way). To paraphrase Goethe, our task is to keep Other alive and not kill a delicate relationship with premature intellectual certainties (i.e. a fixed position). This allows us to be moved in uniquely new ways, which can become grist for the therapeutic conversation. We may be put in touch or 're-member' wisdoms or knowledges from various schools of therapy, or our own life experiences, which can be tentatively offered within the client's language. We are now using the knowledge and wisdoms of various schools of therapy in a tool-and-result method.

This intertwining of 'withness knowledge' between two or more people is the social intercourse of creation. Shotter (2005b) calls this the 'chiasmic structure' of engaged meetings. When we enter the client's zone of proximal development both therapist and client can be moved to new activities that are intelligible to each. We are not seeking explanations of the problem the client came with so much as we are finding a way to go on together. Being open to the presence of each other, we feel in our bodies how we are moved and moving each other as the conversation unfolds. The conversation, as Shotter (2005a) says, takes on a life of its own, which if we remain open, will continue to surprise us with novel turns. Some of these will be the 'striking moments' of therapy, when therapeutic change occurs. Such moments are moments of 'knowing from within' by the client that 'now I can go on'.

The Levinasian Relational Realism Paradigm

The implications for psychology of this new 'realism' paradigm which embraces Levinas' philosophy are immense and far wider than psychotherapy. For example, empathy or compassion now becomes the basis for a science of consciousness (Thompson, 2001); or perhaps of more importance for family therapy, heteronomy becomes a new basis for social psychology (Gantt & Williams, 2002).[9] As I have tried to show above, an ethics first position in psychotherapy is a call to be other centred, an ethic of hospitality (Larner, 2003) (much as Carl Rogers noted some decades ago); but now with an emphasis on Goethe's invitation to view other as a process-in-context.[10]

White (1997) refers to this as a decentred position when compared with the Enlightenment ruse which attempted to centre the therapist as an 'expert' for the emancipation of people. Alice Morgan points out that it can be extremely difficult at times not to succumb to the seductions of the position of expert and colonizer, especially when the problem appears to be growing larger, or when I become society's judge that the client is doing well (White & Morgan, 2006). At other times third parties, under the influence of Cartesianism, will insist on positioning therapists as experts in divining the cause of problems and being able to provide a cure to a 'passive body'. However, when the seductions of the monologues of the expert emancipator are resisted, space is created for more dialogical forms of therapy to emerge. Now multiple viewpoints can be entertained, such as we witness in Seikkula's work with psychosis (Seikkula & Arnkil, 2006).

Accountability

Unfortunately the seductions and fear-mongering of those who would systematise psychotherapy, with their insistence that 'evidence-based' practices should be privileged, are at risk of closing down the delicate living bodily responsivity that flows in the therapeutic alliance. As Voloshinov noted, 'Orientation in the dynamic flow of generative process can never be of the formal, systemizing kind … Formal, systematic thought about language is incompatible with living, historical understanding of language' (1986, p. 78). From Levinas' viewpoint systemising therapy would place the study of being (ontology) ahead of ethics, which has us positioning the client as a passive recipient of our 'good intentions', which in turn invites us as therapists to a less than humble position. As noted above, the 'common factors' research shows us that it the development of a living relationship that feels authentic to the client that allows us to be effective.

Under Cartesianism the 'scientist-practitioner' metaphor has come to be interpreted primarily as an adherence to empirically supported (or based) treatment. This has resulted in therapists being audited by third parties for their *adherence* to these protocols and not necessarily on their *effectiveness*. As Wampold said, 'adherence to protocol is misguided' (2001, p.202) since much of the so-called superiority of any one brand of therapy over another in can be attributed to the therapist's allegiance or enthusiasm for a particular model. Littell (2006), like Duncan, Miller and Sparks (2004) and Wampold (2001) before her, has shown

that much of this evidence for effectiveness in Empirically Based Treatments doesn't hold up well to close scrutiny; but there is now vast sums of money being made from these claims. Wampold's conclusion is worth repeating, if we succumb to the medical model conceptualisation that requires therapists to conform to particular EBTs, psychotherapy will be 'folded into the field of medicine, where it will be suffocated' (p. 231).

As psychotherapy became institutionalised, Cartesianism decontextualised the face-to-face encounter it was rooted in. The emphasis has become that of locating professional accountability in adherence to the medical equation of 'diagnosis + empirically validated treatment = cure'. In the many settings now, vast bureaucratic processes bury therapists under mountains of paperwork giving less and less time to be in the face-to-face encounters with clients. Our 'withness' knowledge has become marginalised. 'Managed care' is an oxymoron, for care happens in the face-to-face and cannot be ordained via 'tool-for-result' methodology from third parties. The outcome is paradoxical counter-productivity; the number of chronic 'revolving-door' clients grow (Whitaker, 2002) while the *industry* of psychotherapy grows.

Conclusion

Although the Boulder conference did not stipulate exactly how science and practice was to be integrated in the 'scientist-practitioner' model, it has increasingly been interpreted as aligned with the empirically validated treatment movement. But, the vision at Boulder also called for the integration to be 'dynamic and experimental rather than fixed and prescribed' (Baker & Benjamin, 2000, p. 242). It remains to be seen just how far the bureaucratic processes of the mental health industry will go to enforce compliance with current protocols before recognising the paradoxical counter-productivity of its endeavours.

Alternatively we can acknowledge we are in a field that does not have valid and reliable diagnoses, and align our practices with the 'dynamic and experimental' realities of the therapeutic context, which cannot be 'fixed and prescribed'. As I have attempted to show, this course of action fits with a newer paradigm of science, encouraging us to be more focused on our 'withness' where brief, maybe one-off, novel reactions that can constitute the beginnings of a new form of life (and its 'language game') emerge. We cannot rely on any one model, for no model is superior in generating these new beginnings to troubling situations, but we can be aware of many. The tools we can privilege are those that provide feedback about progress and our therapeutic alliance, for the feedback allows us to alter the process. These tools can enhance 'withness-talk'. And 'withness-talk' invites us to embrace Levinas' ethics first approach.

As Duncan, Miller and Sparks (2004) show, agencies adopting these client-directed outcome informed (CDOI) practices, are giving rise to an alternative form of bureaucracy. This is a form of bureaucracy where primary accountability for the therapist is to the client, and the accountability of the institutions is to serve that crucible where therapeutic change occurs. Those adopting this path and Levinas' call for the recognition of our human heteronomy may be seeding the beginnings of an antidote to the excesses of Cartesian individualism fuelling capitalism. For a Levinasian philosophy of love fosters the community to re-member its own wisdoms and care of Other. As Robbins (2000) suggests, this may be a path to putting ourselves out of business.

Footnotes

1. After leaping from the water would the dolphin report back to the school that it had seen an illusion 'a straight stick in air'?
2. Is the Cartesian subject a sultan-junkie in a bath of amniotic fluids?
3. Magicians have utilised change-blindness and inattentional blindness for ever. By fixing or distracting the audience's attention to one phenomena quite large changes can be made elsewhere, in plain view. As yet there have been no experiments comparing individual or group differences in change-blindness, or the ability of different people to keep track of their relationship with the world (Noë, 2006). But perhaps there is some reassurance in knowing that eight out of ten of Haines' pilots successfully avoided the other plane on the runway in the flight simulator (1991).
4. Is this psyence, and is the philosophy of this psyence 'psy phi'?
5. See also Illich on the shift of tools from being instruments of relationships to instruments of control under industrialisation. From this viewpoint Duncan, Miller & Sparks ORS/SRS tools are more like what Illich calls 'tools of conviviality'.
6. See also Shotter's writings on the 'chiasmic' — the realm of intertwinement (e.g. 2005a). Also as a 'tool-and-result' methodology we need to allow Duncan, Miller and Sparks ORS/SRS tools to be modified when working with different folk. This may be especially pertinent when working cross-culturally.
7. For example, with some NZ Maori clients I have found it more useful to have them self-rate on 'wairua' (spirituality), 'hinengaro' (thinking), 'tinana' (physical health), and

'whanau' (family), rather than the ORS. On the Heroic Agencies discussion list it was recently suggested that in mediation work with divorcing couples the items could be, 'cooperation as parents regarding your children', 'children's well-being', 'own well-being', and 'overall'. Such tools need trialling, but offer a promising new direction for client directed accountability.

8. Levinas notes that Hamlet is so preoccupied with 'being' he doesn't seem to notice his friends and world dying about him.
9. I'm called, thereby I become.
10. The decontextualisation of Other by Rogerians has been blamed for the 'me generation'.

References

Albee, G. W., 1969. Who Shall Be Served? My argument with David Shakow. *Professional Psychology,* 1: 4–7.

Albee, G. W., 1998. Fifty Years of Clinical Psychology: Selling Our Soul to the Devil. *Applied and Preventive Psychology*, 7: 189–194.

Anderson, H., & Goolishian, H., 1992. The Client is the Expert. In S. McNamee & K. Gergen (Eds.), *Therapy as Social Construction.* Newbury Park, CA: Sage.

Asay, T. P. , & Lambert, M. J., 1999. The Empirical Case for the Common Factors in Therapy: Qualitative Findings. In M. A. Hubble, B. L. Duncan, & S. D. Miller (Eds.), *The Heart and Soul of Change: What Works in Therapy* (pp. 23–55). Washington DC: APA

Austin, J. L., 1961. *Sense and Sensibilia.* Oxford: Clarendon Press.

Austin, J. L., 1962. *How to Do Things With Words.* Oxford: Clarendon Press.

Bahktin, M., 1981. *The Dialogical Imagination.* Austin, TX: University of Texas Press.

Baker, D. B., & Benjamin, L. T. (Eds.), 2000. The Affirmation of the Scientist-Practitioner: A Look Back at Boulder. *American Psychologist,* 55: 241–247.

Barad, K., 2006. *Meeting the Universe Halfway: Towards a Performative Understanding of Scientific and Other Material-Discursive Practices.* Durham, NC: Duke University Press.

Bateson, G., 1972. *Steps to an Ecology of Mind.* New York: Ballantine.

Beavers, A. F., 2001. Kant and the Problem of Ethical Metaphysics. *Philosophy in the Contemporary World,* 7, 2: 47–56.

Bohart, A. C., 2005. Evidence-Based Psychotherapy Means Evidence-Informed, Not Evidence-Driven. *Journal of Contemporary Psychotherapy*, 35: 39–53.

Clarke, A., 1998. *Being There: Putting Brain, Body, and World Together Again.* Cambridge, MA: MIT Press.

Damasio, A. R., 1994. *Descartes' Error: Emotion, Reason and the Human Brain.* New York: Grosset/Putnam.

Damasio, A. R., 2003. *Looking for Spinoza: Joy, Sorrow and the Feeling Brain.* New York: Harcourt.

de Shazer, S., 1988. *Clues: Investigating Solutions in Brief Therapy.* New York: Norton.

Dumont, F., & Fitzpatrick, M., 2005. Fault Lines in the Great EST Debate. *Journal of Contemporary Psychotherapy,* 35: 67–81.

Duncan, B. L., Miller, S. D., & Sparks, J., 2004. *The Heroic Client: Principles of Client-Directed, Outcome-Informed Therapy* (rev.). San Francisco, CA: Jossey Bass.

Foucault, M., 1971. *The Order of Things.* New York: Pantheon.

Gantt, E. E., & Williams, R. N., 2002. Seeking Social Grounds for Social Psychology. *Theory & Science,* 3, 2. Retrieved July, 2006, from http://theoryandscience. icaap.org/

Gibson, J. J., 1979. *The Ecological Approach to Visual Perception.* London: Lawrence Erlbaum.

Haines, R. F., 1991. A Breakdown in Simultaneous Information Processing. In G. Obrecht & L. Stark (Eds.), *Presbyopia Research* (pp. 171–175). New York: Plenum

Hansen, B., 2005. The Dodo Manifesto. *Australian and New Zealand Journal of Family Therapy,* 26, 4: 210–218.

Harré, R., & van Langenhove, L., 1999. *Positioning Theory: Moral Contexts of Intentional Action.* Oxford: Blackwell.

Hayes, S. C., Strosahl, K., & Wilson, K. D., 1999. *Acceptance and Commitment Therapy: An Experiential Approach to Behavior Change.* New York: Guilford Press.

Heller, E., 1952. *Patterns of Discovery.* Cambridge: Cambridge University Press.

Hobson, P., 2002. *The Cradle of Thought: Exploring the Origins of Thinking.* London: Macmillan.

Hoffman, L., 2006. The Art of Withness: A Bright New Edge. In H. Anderson & D. R. Gehart (Eds.) *Collaborative Therapy: Relationships and Conversations That Make a Difference* (pp. 61–74). New York: Brunner-Routledge.

Illich, I., 1975. *Medical Nemesis: The Expropriation of Health.* London: Marion Boyars.

Illich, I., 1977. *Disabling Professions.* London: Marion Boyars.

Korzybski, A., 1941. *Science and Sanity.* New York: Science Press.

Lakoff, G., & Johnson, M., 1999. *Philosophy in the Flesh: The Embodied Mind and its Challenge to Western Thought.* New York: Basic Books.

Lambert, M. J., Whipple, J. L., Hawkins, E. J., Vermeersch, D. A., Nielsen, S. L., & Smart, D. W., 2003. Is it Time for Clinicians Routinely to Track Patient Outcome? A Meta-Analysis. *Clinical Psychology,* 10: 288–301.

Larner, G., 2003. Integrating Family Therapy in Child and Adolescent Mental Health Practice: An Ethic of Hospitality. *Australian & New Zealand Journal of Family Therapy*, 24, 4: 211–219.

Leiman, M., & Stiles, W. B., 2001. Dialogical Sequence Analysis and the Zone of Proximal Development as Conceptual Enhancements to the Assimilation Model: The Case of Jan Revisited. *Psychotherapy Research*, 11, 3: 311–330.

Leudar, I., Costall, A., & Francis, D., 2004. Theory of Mind: A Critical Assessment. *Theory & Psychology,* 14, 5: 571–578.

Levant, R. F., 2005, July. *Report of the Presidential Task Force on Evidence-Based Practice.* American Psychological Association.

Levinas, E., 1998. *Otherwise Than Being, Or, Beyond Essence* (A. Lingis, Trans.). Pittsburgh, PA: Duquesne University Press.

Littell, J. H., 2006. The Case for Multisystemic Therapy: Evidence or Orthodoxy? Letter to the Editor. *Children & Youth Services Review,* 28, 458–472.

Lowe, R., 2005. Structured Methods and Striking Moments. *Family Process,* 44, 65–75.

Mahrer, A. R., 2005. Empirically Supported Therapies and Therapy Relationships: What are the Serious Problems and the Plausible Alternatives? *Journal of Contemporary Psychotherapy*, 35, 3–25.

Merleau-Ponty, M., 1962. *Phenomenology of Perception.* (C. Smith, Trans.). London: Routledge & Kegan Paul.

Miller, S. D., Duncan, B. L., Brown, J., Sorrell, R., & Chalk, M. B., 2006. Using Outcome to Inform and Improve Treatment Outcomes. *Journal of Brief Therapy.* September (in press).

Noë, A., 2004. *Action in Perception.* Cambridge, MA: MIT Press.

Noë, A., 2006. Personal communication, e-mail.

Polanyi, M., 1969. *Knowing and Being.* Chicago: University of Chicago Press.

Rizzolatti, G., Fadiga, L., & Gallese, V., 2001. Neurophysiological Mechanisms Underlying the Understanding and Imitation of Action. *Nature Reviews Neuroscience*, 2: 661–670.

Robbins, B. D., 2000. Putting Ourselves Out of Business: Implications of Levinas for Psychology. Retrieved April 8, 2006, from: http://mythosandlogos.com/Levinaspaper.html

Robbins, B. D., 2005. Editorial. *Janus Head,* 8, 1: 5–11.

Romanyshyn, R. D., 1989. *Technology as Symptom and Dream.* London: Routledge.

Rorty, R., 1979. *Philosophy and the Mirror of Nature.* Princeton: Princeton University Press.

Rose, N., 1990. *Governing the Soul: The Shaping of the Private Self.* New York: Routledge.

Seamon, D., & Zajonc, A. (Eds.), 1998. *Goethe's Way of Science: A Phenomenology of Nature.* Albany, NY: SUNY Press.

Searle, J. R., 1997. *Minds, Language and Society.* London: Allen Lane

Seikkula, J., & Arnkil, T. E., 2006. *Dialogical Meetings in Social Networks.* London: Karnac Books.

Shotter, J., 1997. Wittgenstein in Practice: From 'The Way of Theory' to a 'Social Poetics'. In C.W. Tolman, F. Cherry, R. van Hezewijk, and I. Lubek (Eds.) *Problems of Theoretical Psychology.* York, Ontario: Captus Press.

Shotter, J., 2005a. Wittgenstein, Bakhtin, and Vygotsky: Introducing Dialogically-Structured Reflective Practices Into Our Everyday Practices. Retrieved on April 7, 2006 from http://www.vikom.dk/publik/Copenhagen%20 paper.doc

Shotter, J., 2005b. Goethe and the Refiguring of Intellectual Inquiry: From 'Aboutness-Thinking' to 'Withness-Thinking' in Everyday Life. *Janus Head*, 8, 1: 132–158.

Strawson, P. F., 1959. *Individuals: An Essay in Descriptive Metaphysics.* London: Routledge.

Strong, T., & Pare, D. (Eds.), 2003. *Furthering Talk: Advances in Discursive Therapies.* New York: Springer.

Thompson, E., 2001. Empathy and Consciousness. *Journal of Consciousness Studies*, 8, 5–7: 1–32.

Tanenbaum, S., 2003. Evidence-Based Practice in Mental Health: Practical Weaknesses Meet Political Strengths. *Journal of Evaluation in Clinical Practice*, 9, 287–301.

Varela, F. J., Thompson, E. T., & Rosch, E., 1992. *The Embodied Mind.* Cambridge, MA: MIT Press.

Voloshinov, V. N., 1986. *Marxism and the Philosophy of Language.* (L. Matejka & I.R. Titunik, Trans.) Cambridge MA: Harvard University Press.

Von Goethe, J. W., 1995. *Goethe: The Collected Works: Vol 12 — Scientific Studies.* D. Miller (Ed. and Trans.) Princeton, NJ: Princeton University Press.

Vygotsky, L. S., 1978. *Mind in Society.* Cambridge, MA: Harvard University Press.

Wampold, B. E., Mondin, G. W., Moody, M., Stich, F., Benson, K., & Ahn, H., 1997. A Meta-Analysis of Outcome Studies Comparing Bona Fide Psychotherapies: Empirically, 'All Must Have Prizes'. *Psychological Bulletin*, 122, 203–215.

Wampold, B. E., 2001. *The Great Psychotherapy Debate: Models, Methods, and Findings.* Hillside, NJ: Lawrence Erlbaum.

Whipple, J. L., Lambert, M. J., Vermeersch, D. A., Smart, D. W., Nielsen, S. L., & Hawkins, E. J., 2003. Improving the Effects of Psychotherapy: The Use of Early Identification of Treatment and Problem-Solving Strategies in Routine Practice. *Journal of Counseling Psychology*, 50: 59–68.

Whitaker, R., 2002. *Mad in America: Bad Science, Bad Medicine, and the Enduring Treatment of the Mentally Ill.* Cambridge, MA: Perseus.

White, M., 1997. *Narratives of Therapists Lives.* Adelaide, Australia: Dulwich Centre Publications.

White, M., & Morgan, A., 2006. *Narrative Therapy with Children and Their Families.* Adelaide, Australia: Dulwich Centre Publications.

Wikipedia, 2006. Change Blindness. Retrieved June 25, 2006, from http://en.wikipedia.org/wiki/Change_blindness

Williams, E., 2004. Who Really Needs a 'Theory' of Mind: An Interpretative Phenomenological Analysis of the Autobiographical Writings of Ten High Functioning Individuals With an Autistic Spectrum Disorder. *Theory & Psychology*, 14, 5: 704–724.

Wittgenstein, L., 1953. *Philosophical Investigations.* London: Macmillan.

Wittgenstein, L., 1969. *On Certainty.* Oxford: Blackwell.

Wittgenstein, L., 1980. *Remarks on the Philosophy of Psychology* (vol. 2). In G. H. von Wright & H. Nyman (Eds.), C. G. Luckhardt & M. A. E. Aue (Trans.). Oxford: Blackwell.