

Beyond Compartmentalization: Generalizing Clinical Knowledge in Psychology

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Abstract

I expand the efforts to overcome compartmentalization of clinical psychology by reversing the notion of causality to that of resistance, and specify the structure of such resistance. Clinical practices produce psychological knowledge of general kind that leads to the adoption of the basic world view of idiographic science as the basic framework for systemic analysis of generic cases and thus feeds forward to further improvement of the clinical practices. Three directions for the future are outlined: clinical psychology builds on the systemic efforts of idiographic science, used historically structured non-random sampling of lived-through experiences, and situates its generalized knowledge within life-course developmental perspectives,

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The basic epistemological weakness of clinical psychology is its self-identity as an “applied field”. I am not here talking of clinical

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practice – this will necessarily be applied to deal with concrete cases. I have in mind the meta-reflection – the practice of contemplating *about* the clinical practice. It is in this latter intellectual gymnastic exercise where compartmentalization is born. Artificial borders are created here between practice and theory, and between different disciplines. As a result – the borders render some epistemologically legitimate questions seemingly absurd, e.g. “what is the role of astrophysics in psychotherapy?”.

Salvatore and colleagues (2022) have created a powerful manifesto against compartmentalization in, and of, psychology. Here I will build upon one of the pillars they outlined for the future – *proposing and testing integrated theory-based interventions* (p. 29). Proposing a theory starts from the basic axioms – vision of the world that guides our methodology (Branco and Valsiner, 1997). I propose that the *basic process of resistance* be the axiomatic starting grounds for any theory of the human psyche. This lifts the primary focus in theory construction from causality – assumed to be central since Aristotle – to that of *systemic mutuality* (Figure 1).

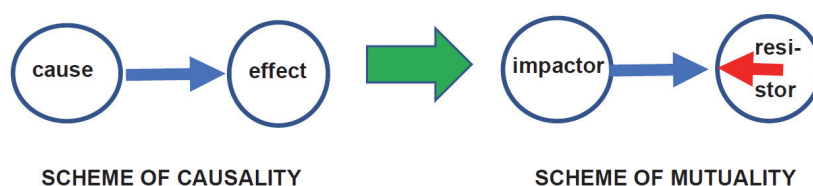


Figure 1. Axiomatic change from causality to resistance

The scheme of systemic mutuality entails the reversal of the “arrow of causality” – treating the object of assumed causal impacts as an active resister and re-director of the efforts to impact it. Systemic mutuality is a feature of the living systems – described well in the end of the 18th century (Schelling, 1799) but not implemented in the theoretical schemes of psychology. Its general structure is depicted in Figure 2.

The crucial feature of the structure of systemic mutuality is the counter-impact in the form of the block that either eliminates or re-directs the efforts of the impactor on the border of the contact. The most universal biological example is the work of the immune system

that blocks the attacks by viruses once geared (e.g. vaccinated) towards doing so. Most importantly, the variety of possible ways of blocking becomes important in Figure 2 – not only “explicit killing” of the incoming impactor efforts but their neutralizing re-direction becomes the prominent way of resistance. Neutralization can be of two forms – *symbolic distancing* (the impact becomes signified *outside* of the existential sphere of the resistor) and *decaying abandonment* (ignoring the impact).

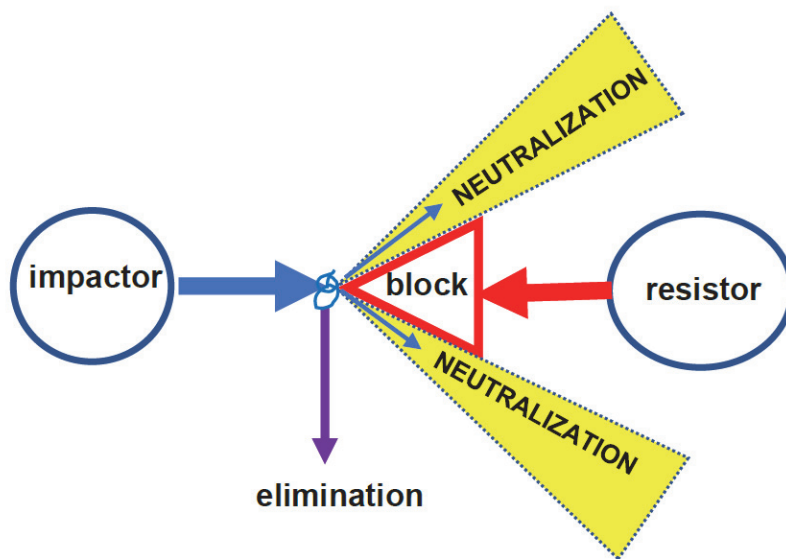


Figure 2. The structure of the resisting process.

The processes of neutralization lead to the replacement of the “causal arrows” by systems of catalysis (Cabell and Valsiner, 2014, Valsiner, 2019) and lead to the generalized notion of *Gegenstand* (Valsiner, 2021) that unifies the knowledge bases of the social sciences. Instead of direct impacts we think in terms of actively counteracted encounters of resistance (Chaudhary *et al.*, 2017). Such resistance is present both in acting persons – clinician or researcher on the one hand, and client or research participant on the other.

Resistance of the Researcher

Research is not a glorious walk to discovery of new knowledge, but a torturous climbing the difficult to reach the Peak of Knowledge that remains always on its next horizon. The necessary activities of the researcher often involve action demands that from the perspective of personal comfort or ethical standards belong to the border zone of psychologically possible for the researcher. While in clinical psychology we need not come across such scenarios too often (given the pre-defence by general ethical standards), the situation is quite different in anthropology where the researcher studies phenomena vastly different from one's own mores. The Hungarian-born American anthropologist George Devereux described his own fieldwork among the Sedang:

The Sedang castrate boars with a sharp bamboo sliver and not with an iron knife, lest the spirits should assume that it is about to be sacrificed to them. Since the Sedang are callous in their treatment of animals and sometimes castrate dogs simply for the 'fun' of it, I did not look forward to having to witness the clumsy gelding of a young boar. Since I was supposed to record all techniques accurately, the next time a boar was slaughtered, I therefore asked a Sedang to castrate the carcass exactly the way he would castrate a live boar. The arrangement allowed me to make more accurate observations than if I had been obliged to take notes while being distracted – and distressed – by the squeals and struggles of a live boar. It may be objected, of course, that this subterfuge prevented me from observing also the psychologically significant reactions of the castrator. I took care of this matter by selecting for this task an excellent mimic, who, I am sure, displayed exactly the emotions a Sedang would display while castrating a live boar (Devereux, 1967, p. 86).

The researcher here can be claimed to be “cheating” – yet the feeling of comfort in the depiction of technical details required from the demand for anthropological objectivity might rehabilitate this act of artificiality of data collection. It can be viewed as an act of fine-tuning of one's procedure to distance oneself from the disturbing peripheral features of the ritual.

Resistance within the *psyche* of a patient

Why do people come to therapists? Why do they trust their innermost feelings to the minds of strangers to whom they pay fees? Even when encountering a therapist the person is involved in some form of resistance to one's own psychological problems which might get further suggestions for resisting to oneself.

Pierre Janet reported some decades ago a case where resistance was reported in the personal ideational domain of a psychiatric patient. Janet's 49-year old male patient reflected upon his self-inhibited intramental processes:

I cannot...perform a single new activity without representing it to myself that it is going to entail diabolical consequences. If I buy new shirts it seems as if I am preparing for the assassination of my two children. If I rent an apartment it is only in order that I may place under the big entrance door the coffin of my wife where it will rest very nicely; I have selected this apartment (it would seem) only because of the convenience which this entrance way presents for the coffin of my wife. If I open this book it is with the idea that I am preparing a cataclysm which will involve the whole city of Paris. All this frightens me so that I take back my recent purchase of shirts with the excuse that they do not fit; I give up the apartment, and I close the book. (Janet, 1921, pp. 153-154)

Note that the reported processes of semiotic mediation – signifying decisions undertaken to make them meaningful – are by themselves ordinary, while the specific meanings that fill in these processes are pathological. The resistance to the invented consequences of the imagined futures are again perfectly adequate acts of self-inhibition. The action sequence that begins through ordinary creation of acts made meaningful enters into pathological ideation that the person oneself manages to inhibit. Resistance inhibits the growth of pathological ideation.

Resistance of a discipline

The processes of well-established resistances also operate at the collective level. This is the mechanism for creating inter-disciplinary

compartmentalization. Instant value decision “this is anthropological, not really psychological” as applied to submitted articles to an *inter-disciplinary* journal illustrate such borders set up in the educated professional minds.

To test this claim let me perform here a concrete test on the reader. I make one major proposition for changing a particular part of psychology curriculae Worldwide, and would like you all to concentrate on your first thoughts after reading the proposition. The proposition is:

“Let us eliminate the teaching of statistics from all curriculae of psychology, and replace it by teaching of embryology”.

My expectation is that the reader finds such suggestion surprising, and at least uncomfortable, if not outrightly annoying and “wrong”. As the sacred role of statistics in granting objectivity has been trained into the minds of psychologists over the last century the use of statistics is a sign of “doing science”. Why then such preposterous proposition? Embryology, in contrast, belongs as a sub-discipline to biological sciences that has no connection to the human *psyche*.

While speaking from the perspective of social institution of psychology as a discipline this dismissal of the proposition seems perfectly fitting. Yet if we consider the history of psychology as emerging science more thoroughly (Klempe, 2020, Valsiner, 2012), we may discover that the reliance on statistics is a 20th century applied psychology initiative that was built upon the 19th century world view of glorification of the “average citizen” in European political social discourses (Porter, 1992, 1994). Statistics was invented as a branch of applied mathematics under the pressures of political rather than scientific demands. Its prominence in psychology crawled into the discipline via institutional rather than epistemological routes (Gigerenzer *et al.*, 1989, Toomela and Valsiner, 2010). It is a technical tool – similar to newer inventions of helpful organizing devices such as Excel spreadsheets or Alexa. The latter are undoubtedly helpful in organizing business and daily life, but to turn them into the cornerstone of science might still be far beyond our imagination.

In contrast – embryology is a field that studies emerging and transforming forms. Its roots in early 19th century *Naturforschung* made it necessary to look at general principles of changing Gestalts in their

moves to the shape of the adult organism. As such, its generalized ways of thinking about phenomena – wholistic and transformational – fit for the phenomena of psychology where both the interior and exterior (“behavior”) of the active person is of some organized form that undergoes transformation during development and is hoped to do the same through repeated visits to the consulting room of a therapist. Wouldn’t this be closer to the needs of practice of clinical psychology?

So--what is the role of astrophysics in psychotherapy?

Let me return here seriously to the question posed in the beginning of this article that up there could have been dismissed as a joke. It is far from that. Celestial moving objects – galaxies, asteroids, comets, etc. – have features similar to our living objects on Earth. They have periodicity of appearance near the Sun – some comets may take two centuries for that which obviously limits the options of empirical data collection. As the comets approach the Sun their tails become increasingly visible to astronomers – somewhat similarly to the availability of some stated psychological problems as the client enters the psychotherapist’s consulting room. Galaxies go through life courses from emergence to their demise. The dynamic macro-cosmos has clear parallels with our psychological micro-cosmos.

Conclusion: Radical reconstruction of psychology as theoretically based practice

Compartmentalization can be overcome by generalization – followed by re-contextualization of the generalized principles into a local context. It is through such act of “jumping over” the existing divisions between disciplines that clinical practice can gain prominence. This is the example of *vertical transfer* of knowledge from one specific field through generalization of abstract principles, leading to “landing” of the generalized principles in a different research field. In this way we can learn from astrophysicists studying the birth and development of galaxies – generalizing the basic structure of developmental processes – and bring the generalizations to a far-away field of human

development or psychotherapy. The lateral transfer, in contrast, would entail direct carry-over of empirical practices from one field into another. An example of absurd kind would be the establishment of “astrophysical psychotherapy”. Such far-off lateral transfer is obviously absurd – yet in psychology we observe examples of closer similar transfers (e.g., cognitive neuroscience, evolutionary psychology) that struggle for finding the unifying central organization and fight about the borders between the fields. It is abductive – rather than inductive – generalization that leads science in its advancement (Märtsin and Samuel, 2022).

Let me outline the scenario of innovation in clinical psychology that comes via the vertical transfer of general principles. Some of these already have been used in the history of clinical practices – and forgotten due to the pressures from extra-clinical and extra-scientific domains.

First of all – **all clinical practice is based on generalized science of idiographic kind**. The fact that clinical psychology practice is based on individual systems that need treatment (persons, couples, families) is obvious. This has been the case over centuries. Interestingly the generalized scientific support for such practices began its existence in 2004 with Peter Molenaar’s *Manifesto* (Molenaar, 2004). In the following two decades idiographic science has developed in various directions – yet always emphasizing the systemic organization of the individual case under investigation. Building up this general abstract knowledge base has not been easy (Salvatore and Valsiner, 2022). Notably idiographic here means – generalization from the particular system that provides us understanding of universal kind (i.e. nomothetic knowledge). Here the idiographic starting point leads to nomothetic generalization based on the systemic organization of any particular case (Di Nuovo, 2022; Valsiner, 2015, 2016). The best example of classic generalization based on a single case is Ivan P. Pavlov’s discovery of the conditional reflex on the basis of a single dog (Valsiner, 2022) that is transferrable not only to all dogs of the World, but to all species which possess nervous system.

Secondly, **strategies of clinical psychology are to be free from ideologies of samples-based selection of phenomena and the idealized value of “random sampling”**. Instead, clinical practices over centuries have practiced case-based selection of treatable cases (based

on anamneses). Yet it is only in the 21st century that the oversights of “random” (=non-systemic) selection of cases have been proven (Valsiner and Sato, 2006). The Historically Structured Selection (HSS) of cases builds on the sampling of previous life events that are relevant for the current investigation.

Furthermore, the non-ergodic nature of all psychological phenomena renders the use of inter-individual (in-sample) variability useless for the study of intra-individual (idiographic) cases. Finally – psychological measurement traditions have since 19th century added a projective insertion of the “measures” into the minds of the research participants that are not substantiated (Michell, 1999). Finding out that a person’s “introversion score” is high (external responses summed up to the “score”--relative to the sample average, i.e. inter-individual comparison) is habitually projected into the person who produced these responses, adding the assumption of causal power to the constructed characteristic “introversion”. Thus measured characteristic acquires intra-individual (temporal) causal ideation and is used to explain the shyness of the person during the next cocktail party. Such projected results of “measurement” lead both the clinical practice and science equally astray.

Finally – **clinical psychology becomes life-course developmental psychology** if it builds on the continuity of the personal strivings over time (Zittoun, Cabra, Pedersen and Hawlina, 2022). This is facilitated by new methodological approaches (e.g. TEA – Sato and Fukuyama, 2022) that treat the psychological insights into events that happened at the same focus of relevance as those that could have happened (but did not).

These three alleys of intellectual advancement would eliminate the seemingly uncrossable abyss between clinical practices and psychological science – the latter becoming transformed into a new form.

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