

## “Vygotskian-izing” Psychotherapy

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Although 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; and 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 zone of proximal development of play, and language completing thought.

“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 about being in a therapy that’s not about you?”)

As a developmental psychologist, contemporary Vygotskian, and codeveloper of social therapy, the methodology referred to in the epigraph, 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.

As the title suggests, the topic of this discussion is how psychotherapy can benefit from Vygotsky’s psychology and methodology. There is no shortage of critiques of mainstream psychotherapy by critical, humanistic, and postmodern psychologists of every stripe. As well, a multitude of alternative therapeutic practices not based in either a medical or natural science model have survived and thrived for decades. The great majority of these critiques and practices,

however, have not incorporated Vygotsky's social-cultural-historical perspective or his dialectical methodology. Social therapy, which is presented here, is an exception.

Social therapy is historically and discursively rooted in an activity theoretic and a performance ontology, informed by philosophy of science and language. It is a psychotherapeutic practice that focuses on group creativity to reinitiate emotional development. It does not fit into one specific category or tradition but shares similarities and is in dialogue with postmodern, critical (including Marxist), humanistic and cultural-historical psychology (Holzman, 2006b, in press-a, in press-b; Holzman & Morss, 2000; Holzman & Newman, 2012; Lock & Strong, 2012; Newman & Holzman, 1997, 2000; Parker, 1998, 1999, 2000; Parker & Spears, 1996; Strong & Paré, 2004). Marx's understanding of activity and dialectics has been important in the development of social therapy since its beginnings nearly four decades ago, followed closely by Vygotsky's application of these Marxian conceptions to psychology (especially human development and learning and the role of play in both) and a Wittgensteinian approach to language. Performance, and more generally the language of the theatre, began to occupy a prominent place in social therapy 20 years later. Fred Newman (the creator of social therapy) and I worked for many years to bring Marx, Vygotsky, and Wittgenstein into the aforementioned dialogues (Holzman, 1996, 2006a, in press-a, in press-b; Holzman & Newman, 2004; Newman & Holzman, 1997, 2003, 1996/2006). Other psychologists include John Shotter, who has been bringing Vygotsky to bear on social constructionist theory for many years (Shotter, 1989, 1993, 2006). Most recently, Andy Lock and Tom Strong (2010) included Vygotsky as an influence on the development of social constructionism.

In my understanding of what psychotherapy is and what it could be, what has been important is where Vygotsky "locates" emotion, rather than how he defines it. Thus, my discussion here does not include Vygotsky's critique of the theories of emotion of his day; his writings on emotional development in childhood and its connection to volition and will; or his writings on emotion, catharsis, the psychology of art, or psychoanalysis. This rich area for discovery has recently been taken up by others, including in the pages of this journal (Holodynski & Seeger, 2013a, 2013b). Among others discussing subjective experience and emotion from a CHAT or sociocultural perspective are Gonzalez Rey (1999, 2007), Smagorinsky (2011, 2012), Feltham (2008), Sundet (2009), and a group of scholars on the *Mind, Culture and Activity/xmca* list-serve (<http://lhc.ucsd.edu/MCA/Mail/index.html>) engaged in conversation on the Russian word "perezhi'vaniye," as a unity of personality and environment.

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 (1987) 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" (p. 50). (For purposes of this discussion, emotion and affect are not distinguished, nor is reference made to debates on the differences between them.)

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, 1997, p. 57, as cited in Gajdamaschko, 2005, p. 14). The result is that although Vygotsky’s ideas have been studied in relation to dozens of intellectual disciplines and areas of professional practice, psychotherapy has yet to be “Vygotskian-ized.” With the exceptions just noted, contemporary Vygotskians have not applied his work to psychotherapy.

From the other side, psychotherapy researchers and practitioners have little familiarity with Vygotsky. Narrative therapist Michael White (2006; White & Epston, 1990) and family therapist Jaakko Seikkula (1993, 2003) are exceptions, as are some of the faculty of the Massey University online Discursive Therapies course designed by Andy Lock (<http://therapy.massey.ac.nz>) and published as a collected volume on discursive therapies (Lock & Strong, 2012).

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 further and further away from social-cultural understandings and practices. As someone who has been “Vygotskian-izing” psychotherapy for more than 30 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’s insistence that cognition and emotion are a dialectical unity, and for the lack of Vygotskian thinking applied to psychotherapy.

Since its creation in the mid-1970s 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 & Mendez, 2003; Newman & Holzman, 1993/2013). 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 Psychological Association Policy and Planning Board, 2006; <http://www.apa.org/gradpsych/2011/01/cover-men.aspx>). A welcome innovation occurring in the profession is the shift to relationality that makes use of the feminist conception of connection (e.g., 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.

Mainstream psychology's objects of study are the individual and behavior. In keeping with this, emotion is located within the individual, and emotional development is understood teleologically in terms of stages (e.g., Erikson's eight crises of psychosocial development). Although interest in emotional development has greatly increased in the past three decades, emotions are related to cognitively, behavioristically, and normatively. Psychologists identify the stages at which children should become able to "regulate" their emotions and learn the social-cultural rules of emotional expression. Further, recent discoveries in neuroscience pertaining to emotion have been used by many psychologists to support a regulatory objective.

A striking measure of the cognitive bias in the field of psychotherapy itself is how it relates to emotions and emotional distress. For the past two decades or so, the dominant approach has been Cognitive and Behavioral Therapies, in which emotions are seen as caused by certain problematic cognitions. So dominant is cognition that the field of psychotherapy is now marketing emotions as the new hot topic in psychotherapy in order to remedy how absent emotion has been in training programs and the literature. The past few years has seen a proliferation of 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 was themed "The Role of Emotion in Psychotherapy"—with 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. ([http://www.aapweb.com/files/SouthernRegion\\_Brochure\\_4-11.pdf](http://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-web-series>).

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. ("The Power," 2012)

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 then 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, 1992, 2009; Holzman, 1999; Holzman & 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 to see the potential for ordinary people to effect radical social change and to better understand the subjective constraints that need to be engaged so as to actualize this potential (e.g., Holzman, 2006a; Newman & Holzman, 1996/2006). The current discussion touches upon all three but focuses on Vygotsky.

The relevance of Vygotsky to psychotherapy, as 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 nonmental events) or for one psychology that reduced mental events to nonmental ones, thus bypassing consciousness. These options, he argued, rested on an erroneous belief in an objectivist epistemology, which, in effect, denies science as a human (meaning-making) 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)

Newman and I took this statement to be consistent with Vygotsky's attempt to bring Marx's dialectical method to psychology. In our view, 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 & Holzman, 1993/2013). 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. In our view, 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 & Holzman, 1993/2013). 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.<sup>1</sup> 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 in the language of problems. Following the natural and physical sciences, psychology adopted the paradigm and language of problem solution (Vygotsky was no less affected by this than others of his time, and speaks of exploring and solving “the problem of . . .” repeatedly). Over the course of the 20th century, the problem-solution paradigm came to characterize how to experience and understand human life, not only within institutionalized psychology but within the popular culture. We are taught to see problems and to search for solutions (“My kid is having a problem at school”; “Obesity is a problem of epidemic proportions”; “I'm referring you to a sex therapist to help you with your sexual problems”; etc.). What this does is turn the complex and contradictory activity of living into identifiable particular things. Despite the failure of this mode of seeing and thinking in the human development realm (e.g., raising children, living peacefully, or eliminating poverty), the problem-solution paradigm dominates, severely constraining people's capacity to envision possibilities of transforming the world.

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<sup>1</sup>Decades earlier, Cole and Scribner (1974) made a similar point, noting that Vygotsky's socio-cultural 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” (p. 31). This was not the Vygotsky that came to be known in educational circles, however.

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 (DSM)*, you can be denied treatment in the United States (e.g., Ednos—“eating disorder not otherwise specified”; Henig, 2004).

The *DSM-5*, the 2013 revision of the manual published by the American Psychiatric Association, was a source of great controversy and much publicity from 2011 through its publication in May 2013. Although much of the outcry had to do with the pseudo-scientific way the manual was generated, an equal amount came from parents and service providers concerned that changes in diagnostic categories would reduce or even eliminate 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 (e.g., Compant, 2012; Lutz, 2013).

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.

In my view, 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 solutions. 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 in seeing and relating to emotion as relational. Shotter has been a leading voice in exploring the relational basis of human subjectivity and the “otherness” in human relations and bringing into his work Bakhtin, Voloshinov, Vygotsky and Wittgenstein (Shotter, 1989, 2000, 2006). McNamee and Gergen’s (1992) collection of essays, *Therapy as Social Construction*, introduced relational, meaning-making, and nonobjectivist counseling and therapy practices. Ten years later, Lock and Strong’s (2012) edited volume, *Discursive Perspectives in Therapeutic Practice*, shares advances made in relational, meaning-making and non-objective counseling and therapy practices.<sup>2</sup>

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<sup>2</sup>In addition to social therapy, these approaches go by various names, including collaborative (Anderson, 1997; Anderson & Gehart, 2007), discursive (Lock & Strong, 2012; Paré & Lerner, 2004; Strong & Paré, 2004), and narrative (McLeod, 1997; Monk, Winslade, Crocket, & Epston, 1997; Rosen & Kuehlwein, 1996; White & Epston, 1990).

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 additional 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 (1987) 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 of maturation lying in the zone of proximal development*" (p. 212). Although the term Vygotsky used, the Russian word "obuchenie," encompasses both learning and teaching, since the publication of some of Vygotsky's writings in *Mind and Society* (1978) it has become commonplace to refer to the relationship between learning and development rather than instruction and development. 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 & Holzman, 1993/2013). 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 cogenerate each other. Attention must be paid to understanding the kinds of environments that create and support this cogeneration, and how such environments differ from those that do not—including environments that divorce development from learning and have acquisitional learning as their goal, that is, 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). Through their active engagement with others (typically family members) in activities they do not yet know how to do, they learn to do these things, because the others support such active, creative risk taking. This view of developmental learning is applicable to "therapeutic" learning. People in social 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.

## Play

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 nonknowing, imaginative activity of play and the support for “performing a head taller” dissipate beyond childhood. 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. Newman and I 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.<sup>3</sup>

The characterization of the zpd most relevant to a Vygotskian-izing of psychotherapy is that which emphasizes its social collectivity. 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-and-result 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 (1987) described as “the child’s potential to move from what he is able to do to what he is not” (p. 212). As applied to social therapy groups, 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 and objects of their world. They construct “zones” that allow them *to become*.

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<sup>3</sup>In an essay historically situating certain of Vygotsky’s ideas, Glick (2004) pointed out how English-language volumes of Vygotsky’s work published at different times present a different Vygotsky, and a different zpd.

## 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 is 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 disappears. 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 said, 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 lifespan, including the therapy office. In psychotherapy, whatever the modality, talking about one’s so-called 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 of language games and a form of life.<sup>4</sup>

### Creative Imitation

According to Vygotsky (1978), “A full understanding of the concept of the zone of proximal development must result in a reevaluation of the role of imitation in learning” (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” (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 just beyond them in their environment/relationships: “To imitate, there must be some possibility of moving from what I can do to what I cannot” (Vygotsky, 1987, p. 209). *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 neither learn language nor are 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 do not tell babies that they are too young, correct them, give them a grammar book and dictionary to study, or 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.

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<sup>4</sup>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 & 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 & Holzman, 1996/2006, p. 174)

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.

At first glance, linking creative imitation with performance, and performance with the dialectic being/becoming that is development, may seem to be far from Vygotsky’s work. Its roots are there in his writings, however. 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 she or 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 (i.e., 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 at the same time) 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.<sup>5</sup>

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<sup>5</sup>Discussions and illustrations of social therapeutic practice, including clients’ and practitioners’ voices, can be found in print and video. For example, Holzman and Mendez (2003), Newman and Holzman (1997), *Community Therapist* (<http://thecommunitytherapist.com>). Video: *How Do You Feel Being in a Therapy That’s Not About You?* (<http://vimeo.com/6557665>); *Performance Therapy* (<http://vimeo.com/44994724>); *The Human Cost of Diagnosis* (<http://vimeo.com/43785766>).

Social therapy groups conducted in centers for social therapy in the United States comprise 10 to 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: (a) 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 (b) the more diverse the elements, the more material there is with which to create. Groups are typically ongoing and meet weekly for 90 min. 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 to organize itself as a *zone of emotional development*. 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 the group has to work with. 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 beliefs about the functions of language, if typically not in conscious awareness, 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 so-called 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 activist 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 zone of emotional development. 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 zones of emotional development can be seen as a relearning of how to learn developmentally, that is, learning collectively, playfully and noncognitively overdetermined. To me, Vygotsky’s accounting of how children develop as speakers of a language seems 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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