

Stefano Carta, Miran Možina and Lea Šugman Bohinc¹

Editorial about the social dimension of psychotherapy: The role of a psychotherapist in the social field

*Uvodnik o socialnih dimenzijah psihoterapije:
Vloga psihoterapevta/ke v družbenem dogajanju*

This editorial is based on the discussion that took place online on 4th of June 2021 during the 18th Study Days of the Slovenian Umbrella Association for Psychotherapy². Invited speakers were Stefano Carta and Miran Možina, Lea Šugman Bohinc was the moderator.

Stefano Carta is a psychologist and a Jungian analyst who graduated at the C. G. Jung Institute in Zurich, Switzerland, and is a professor of dynamic and clinical psychology, and of ethno-psychology at the University of Cagliari, Italy. He has specialized in psycho-somatic medicine, Gestalt, bioenergetic psychotherapy, systemic family therapy, and analytical psychology. He is the liaison for the International Association of Analytical Psychology in Slovenia.

He is an honorary professor at the Department of Psychoanalytic Studies of the University of Essex, UK, fellow of the Centre for Trauma, Asylum and Refugees, University of Essex, UK, member of the International Association of Analytical Psychology, and of the Associazione Italiana di Psicologia Analitica (AIPA), the oldest Jungian psycho-analytical society in Italy, of which he was the president in the period 2002–2006. He has been the representative for Italy at the United Nations' International Union of Psychological Sciences and a consultant for UNESCO, for which he edited a three-volume entry – Psychology – for the Encyclopedia of Life Support Systems.

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 - 2 The authors have made some corrections and supplements to the transcript, mainly because of the differences between the spoken and written word.

In 1993, he founded the first research group in ethno-psychology in Italy devoted to clinical interventions and scientific research in this field. As a consultant, he worked in the field of ethno-psychology in the refugee camp of Daadab, Kenya, and in Rwanda. He supervises and carries out counselling activities and psychotherapy to migrants in Italy and supervises several centres that belong to the national "Sistema di protezione per richiedenti asilo e rifugiati".

He is the director of the oldest Jungian Journal in Italy, the *Rivista di Psicologia Analitica*, and was a deputy editor for Europe of the *Journal of Analytical Psychology* for six years (2013–19). He was a guest lecturer in Germany, Switzerland, United Kingdom, USA, Japan, Slovenia, Greece and Denmark, and has published over 90 articles and books.

In 2019, he was a visiting professor at Kyoto University, Japan. In October 2020 he co-organized the Conference on Analysis and Activism, San Francisco, USA. He lives between Rome and Cagliari, Italy.

Miran Možina, MD, worked as a psychiatrist in Vojnik psychiatric hospital near Celje from 1986 to 1992 and was at the same time trained as psychotherapist at Medicine Faculty in Zagreb. He then continued his career in his private psychotherapeutic practice in Ljubljana, where he worked until 1997. From 1994 to 2008, he worked as an assistant professor at the Faculty of Social Work in Ljubljana. From 1983 to 2006, he participated in and led various charitable projects of psychosocial assistance for children, adolescents, their families and for psychiatric users in the association Odmev. In 2003, he received the European Certificate in Psychotherapy (ECP) from the European Association for Psychotherapy (EAP). From 2008 to September 2013, he was the director of the Slovenian Institute of Psychotherapy. He is the director of the Ljubljana branch of the Sigmund Freud University (SFU Ljubljana), teacher and supervisor of systemic psychotherapy and leader of SFU Ljubljana outpatient clinic for children and adolescents. From 1998 to 2006, he was the vice-president of the Slovenian Umbrella Association for Psychotherapy (SKZP), then until 2009 its president. He is the founder and editor of *Kairos* - Slovenian journal for psychotherapy. In 2007, he received the SKZP Gold Award for the development of Slovenian psychotherapy.

Lea Šugman Bohinc is assistant professor at the Faculty of Social Work, University of Ljubljana. She is teaching following courses, at BA level: Epistemology of social work, Group work with creative expressive media, Dialogical approach to psychosocial support and help; at MA level: Maps of narrative of practice of support and help, Counselling work in education, co-teaching course Research in Social Work; at PhD level: *Narrative Models of Psychosocial Help and Supervision*. She was vice dean 2004/2005-2006/2007.

Since 2008 she is teaching courses for the students of systemic psychotherapy at SFU Ljubljana. She presented a series of papers at many international conferences, had lectures and workshops abroad and in Slovenia, organized international academic affairs, like summer schools and intensive seminars, participated in research projects. She was awarded the European Certificate of Psychotherapy (ECP) in 2006.

About historical figures who played important role for psychotherapy in the social field

Lea: The flow of today's discussion could go in many directions. We decided to have some opening questions as a starting point, but otherwise, we will go with the flow. Our idea was to make a kind of a map of the most important topics of the social dimension of psychotherapy.

My first question is - are there some prominent examples from the history of psychotherapy, where individual psychotherapists, or maybe some groups of psychotherapists played an important role in the social arena, that means in a broader context, like political, cultural, economic, religious or health context?

Stefano: Thank you very much for inviting me. It's a very, very great pleasure and an honour to be invited to your conference to participate in such a free discussion. When we are dealing with topics like this, no one is a professor. We are all kind of swimming in open waters and we don't know anything precise. And this is probably a virtue, not a problem. It's probably a good thing. And maybe I'll talk about it later - the possibility of acquiring this kind of an open stance.

Answering your question is difficult, as you'll see, taking into consideration non Western psychotherapists, which we should do more often. It appears to me, while there are certainly relevant figures and authors in our modern history of psychotherapy and psychology that have influenced social and political developments, the authors that we normally study have not contributed that much, or not as much as they could have, given their models, to social change or transformation, which also means political, economic and anthropological transformation and protection.

One author that belongs to our Western tradition, who has been very influential, is Gregory Bateson. I think he rejuvenated an ancient tradition that I might touch on later that is very important. It is a revolution in the Aristotelian categories tradition, that substitutes the first category of Aristotle's - substance - with

the fourth category - relationship. This is a huge revolution. Bateson, whom I love very much and who has deeply influenced me as much as Jung did, with his advocacy as an anthropologist, epistemologist and psychologist gave a great impulse to the general epistemology of how we look at the world.

For Bateson, knowledge is not knowledge of the intrinsic nature of things, whose substance is actually always undefinable (this is the same argument of David Hume: "Can anyone really respond to the question: Who are you?"), but it is the knowledge of its relationships with other objects and of its own constitutive parts. In this sense, for instance, we should renounce the (poisonous) concept of "identity", as the definition of one's essential nature versus an essentially Other other, and substitute it with an emergent and fluid sum of intrinsic and extrinsic relational networks. For Bateson, knowledge was the understanding of the complexity of what connects. I strongly support this complex, fluid epistemology.

But, besides Bateson, another name is the Italian Franco Basaglia, the great psychiatrist, who is the father of our psychiatric law, which is probably the best law in the world. Of course, it is not applied, it's not financed enough but, on paper, it is a very, very beautiful law that is actually not oppressive regarding psychopathology. So, Basaglia is another very important figure, at least for Italy, but looking abroad, maybe the most important name that I may mention, is Frantz Fanon. He is really a huge figure that relates psychiatry with post-colonialism, and with post-colonialist critique and revolution. Fanon as a psychiatrist, or at least starting as a psychiatrist, (although this is a little reductionistic, because he was a sociologist and philosopher also) is at the base of many social revolutions from Cuba, to the Tamil revolution, and although you may not agree with these revolutions, if we think what the impact of this psychiatrist is on the social anthropological world I think he has had the greatest impact of all.

In the east Buddhism is pretty much a psychology and if we consider Buddhism and Zen as psychologies, then I might say that the Eastern tradition has had a deeper impact on society through psychology than the West. Winnicott and Bion may have related to these philosophies. The main concepts of Bion, Winnicott and Jung are so close to these traditions that they actually may be considered as part of our world also.

Lea: Listening to you made me think of Augusto Boal. He was a politician for a certain period of time and contributed to many changes in legislation in South America. Miran, what are your comments on this question?

Miran: I am pleasantly surprised that Stefano mentioned Gregory Bateson because he is my favourite author. So I was very happy when in 2019 I could

contribute to the Slovenian translation of the *Steps to an Ecology of Mind* and in 2022 we will publish two more: *Mind and Nature* and *Angels Fear*. If Freud expanded the concept of mind in-wards to include the whole communication system within the body - the autonomic, the habitual, and the vast range of unconscious process -, Bateson expanded mind out-wards. His »ecology of mind« or »ecology of ideas« means that mind is much more than the brain in my or your head. He understood relationships among people, animals, plants and non-living things as a network of ideas. He surpassed the Cartesian mind body (matter) dualism and all kinds of dualisms like God versus man, elite versus people, chosen race versus others, nation versus nation, man versus environment, private versus public (intersubjective), intrapersonal versus interpersonal, personal versus political etc. His understanding of mind was incompatible with our usual understanding of biology, psychology and sociology. If he could have come to our conference, I am sure that he would start with asking fundamental questions – what is social, what is personal, what is biological.

Besides Bateson, who contributed a lot to a new understanding of the concept »social«, I would like to mention two more names who contributed on the practical level. I think that psychotherapy today would be very different if instead of Freud the central historical figure in our European area were Alfred Adler. He emphasized the importance of the social element in the re-adjustment process of the individual and he brought psychiatry into the community. His intent was to build a movement for the holistic integrity of psychological well-being and social equality. He discarded the analytic couch in favour of two chairs, because he wanted the therapist and the patient to sit together more or less as equals. His methods were not limited to treatment of mental disorders after they were diagnosed but extended to the realm of prevention. His prevention strategies included encouraging and promoting social interest, belonging, and a cultural shift within families and communities that would result in the eradication of pampering and neglect, especially corporal punishment. In the »red Vienna« of the 1920's he established numerous educational counselling centres that explicitly worked with the families and teachers, as well as the whole school system of a child experiencing difficulties.

And the third is Alfred Pritz who is also personally very important for me. I don't know any other psychotherapist, who has had such a global influence on the development of psychotherapy infrastructure. His political genius is astonishing. First he did something that is still a great challenge for us psychotherapists in Slovenia. During the 1980's, he started to organize psychotherapists in the Austrian Umbrella Organization for Psychotherapy into preparing a law that

was passed in 1990. He made it clear how important it is for psychotherapists to become an autonomous profession, acknowledged by society as a whole. From then on, Austrian psychotherapy really "grew wings" and started developing much faster because it was so well supported with this law. And then the next step was that he established and led the European Association for Psychotherapy (EAP) and World Council for Psychotherapy (WCP). He spread the idea of psychotherapy as an autonomous profession on all continents, also organizing European and world congresses and many other projects. For example during the Balkans War Alfred organized a series of meetings between all the involved parties, where he tried to establish a dialogue. He was always there where it was important to contribute to dialogue. And the last contribution that nobody did before him in the world was that he, together with his co-workers, started the first direct academic study of psychotherapy for students after successfully completing their secondary school education and this model was in 2019 also acknowledged by a new psychotherapy law in Germany. Direct study opened totally new possibilities for the development of psychotherapy. He contributed to the establishment of psychotherapy infrastructure on both sides, on the non-academic side as the general secretary of EAP and WCP, and since 2005 in the academic world as the rector of the Sigmund Freud University. I feel very privileged to have him for a boss, colleague and friend.

About hermeneutics and dialogism as a correction of reductionism

Lea: I think that by remembering these prominent figures, from different times in the development of psychotherapy, you have also touched on many of the social dimensions of psychotherapy. And I would like us now to maybe really draw a kind of simple map of the most relevant social dimensions of psychotherapy. How would you draw a map of those areas, topics, situations or target populations?

Stefano: These areas are heterogeneous. We may think about what kind of populations we should address our psychotherapeutic effort, or we may also think about which tasks psychotherapy really should have in our world. So, these are heterogeneous dimensions, and there are also many methods. Again, it is a complex question.

One thing I would say speaking about the huge challenge that psychology and therefore psychotherapy face is how to overcome the split between psychology

and anthropology, or psychology and sociology. In other words, the Cartesian split between inside and outside and the articulation of what is private and what is intersubjective, interpersonal, public, or political.

We think that these splits are Cartesian but they've become engrained long before in history and they make our task very difficult. Psychology has been conceptualized (Freud has been mentioned, of course) as something that belongs to the inner world of the subject, the locus is the thing inside of the private subject, and the patient is locked into a private room, taken out of their community and isolated as a patient with an expert in a bubble. So the whole conceptualization of psychotherapy has been for most of us, this one. Now, as Tobie Nathan says, sometimes the method makes the theory as much as the theory makes the method, so that observation grants that psychology is inside the head or the heart of a subject, conceptualized as a substance, like a unit, like an atom. If this is implied as a conceptualization, this makes it very, very difficult for psychotherapists and psychologists as we are, to act in the political world, *political* in the Greek sense, without losing our psychotherapeutic and psychological competence, because what we're discussing here is not how we can be citizens in the world.

The problem is: how can we be psychotherapists in the world? And this is very difficult. In my experience, many colleagues of mine (and maybe I do it myself too), when we start talking about what we can do in the world or express our opinion of what's going on in the world, we end up talking like normal people. I mean: from the vantage point of an ordinary citizen. What is then, as psychotherapists, the main feature that we have to save in order to cope with the world's issues, at all levels? In my opinion, it is the possibility of seeing things *inside out*, along with many authors, like Bromberg and Bion. But what does this mean? It means being able to see that there is an inner sociology that is introjected, as much as there is an outer psychology projected into our institutions.

So it means to operate in a deconstruction between the opposition inside / outside, but that would mean that everything we do with our patients, even in the privacy of our room, even if we interpret a dream in a classical Freudian sense, Oedipus and all that, we are being political, we are doing something that will have consequences in relationships. Therefore, we have to learn to take into consideration the economic position of the person, the colour of their skin, the neighbourhood where the person works and, sometimes – and this you can see very much with migrants - it is much more therapeutic to help them make a phone call to Kazakhstan if they are from Kazakhstan, than many sessions of psychotherapy. Provided that when you help them to make that phone call, you realize what kind of a symbolic action you are performing, what kind of world

you are recuperating. Otherwise this would be just a technical, outer help, which is very good, but they would not catch the meaning of the action. So, I think psychologists and psychotherapists need to be experts on the meanings of actions. They should act, but through meanings.

The second thing is rescuing the world from reductionism, which means to stop thinking that we are the product of our brain, to stop considering our bodies as biological machines and also – and I say this as a university professor of clinical psychology – that we should ever give a test to a child. I think that to test a child is intrinsically a reductionist paradox, because we theoretically all know that the child as such does not exist, because (s)he is embedded in the world, and yet we still keep testing children. Therefore, I think that psychology should carry on this debate about a revolution, by raising the awareness that we are all interconnected and that this interconnectivity is at the same time psychological and sociological. So the second area should be anti-reductionist.

And the third area, in my opinion is to rescue children. Rescue the children from how things are going, the children who are our future, and yet we are not understanding what's happening to them and to our adolescents today. I think it is a very urgent issue, at least in the Western world. Of course, psychology can do a great deal in the face of migration, and about helping the migrants and people from populations that have been displaced. This is another topic but it is very, very important to me.

Lea: Wonderful, I really enjoyed listening to everything. Miran, what do you think?

Miran: I agree fully with what Stefano has said and I would like to build further on his three points: psychotherapists as experts on meanings, rescuing the world from reductionism and rescuing children. To fulfill the first task we, psychotherapists, can lean on hermeneutic tradition, which deals with how we understand, how we know what we know and how we attribute *meaning*. Hermeneutics is not about achieving truth, but with how to understand understanding and meaning. Hermeneutics does not emphasize the difference between the natural sciences and humanities, between »fact« and value, between hard, clear, definite, »objective« and softer, vague, uncertain, »subjective« knowledge, but the difference between domestic, known and foreign, unknown. The main challenge in the construction of meaning or learning is how we are able to meet the unknown, strange, unexpected, unusual, rare. Hermeneutics is not an attempt to get final answers but nurtures knowledge as an open process, the goal of which is not objective truth, but the ability to (successfully) act or communicate.

If psychotherapy is based upon hermeneutics all these usual distinctions, like inside-outside, personal-political, can be constantly re-thought. We can think

again about any distinction (especially about those which have become domesticated and self-evident) and then maybe we can come to the conclusion that personal is political, and political is personal. And that public is private and private is public and so on. All these distinctions could be reopened and we can find new meanings. And this is something that I think for us psychotherapists is very important. It is our responsibility that in our practice or in public dialogue we open questions about meanings, about how we know what we know and reopen the discussion, when it has got stuck. As Richard Rorty³ pointed out, the crucial characteristic of the hermeneutic dialogue is keeping hope alive that it is possible to achieve a new perspective. Culture for him was not a structure, built on such and such common ground, but a dialogue in which it is necessary to »take care of freedom, and the truth will take care of itself«⁴.

Closely connected to Rorty's understanding of hermeneutics is Bakhtin's conception of *dialogue* or *dialogism*⁵, which is today relevant more than ever. Today we live in a plague of monologisms reinforced by mutually exclusive categories and roles, conventional expectations of authority, algorithm-based restrictions of dialogue and the spread of black and white polarizations on the Internet (this has become even more pronounced during the covid period), proliferation of populist, authoritarian political monologues and an emphasis on efficiency and 'getting things done'. In monologism the »truth« is constructed abstractly and systematically from the dominant perspective. Each subject's ability to produce autonomous meaning is denied. Qualitative differences are rendered quantitative. This leads to a kind of discursive »death« of the other, who, as unheard and unrecognised, is in a state of non-being.

Dialogism in contrast recognises the multiplicity of perspectives and polyphony of voices. In dialogism each of us has their own word and voice, but it relates to and interacts with those of other people. According to Bakhtin discourse does not logically unfold, but rather, interacts. All signifying or meaning attributing practices (i.e. use of language and symbols) have an ultimately dialogical aim. Human consciousness is not a unified entity, but rather, is always conflict-ridden between different consciousnesses. Indeed, a single consciousness separate from interaction with other consciousnesses is impossible. Consciousness is always a product of responsive interactions, and cannot exist in isolation.

3 Rorty, R. (1980). *Philosophy and the Mirror of Nature*. Princeton: Princeton University Press.

4 Rorty, R. (2006). *Take care of the freedom and the truth will take care of itself: Interviews with Richard Rorty*. Stanford: Stanford University Press.

5 Bakhtin, M. M. (1981). *The Dialogic Imagination: Four essays by M. M. Bakhtin*. Austin: University of Texas Press.
Bakhtin, M. M. (1999). *Problems of Dostoevsky's Poetics*. Minneapolis: University of Minnesota Press.

It is only through dialogue that we can evolve meanings. I think that in the present covid situation the main challenge is how to maintain the dialogue. We can see how monologisms are growing and how the polarizations in the public dialogue among people and groups are getting bigger and bigger. The corona crisis is like a magnifying glass which is showing us what are our social relationships. So we have a »black« and »white« polarization with practically no shades of grey in between. There are growing polarizations between the poor and the rich, men and women, young and old, those who have regular and those who have temporary jobs, black and white, right and left etc. For example, now in Slovenia we have a polarization between whether we should have lockdowns or not, vaccinate ourselves or not.

So the gift of psychotherapists to society could be our dialogical skill, and that we show how dialogue means taking a risk of meeting the strange and unknown, to question our own knowledge, our own meanings again and again, to be humble and to admit that so often we don't know. For example, I had an interview yesterday about the covid situation on TV, and my starting point was that we as professionals should not be afraid to show publicly what we don't know and that we should start from this lack of knowledge. Such a humble position can open the space for dialogue and new meanings.

And as an aside, if I could I would change the name psychotherapy, because it is based on the psyche-soma dualism. It implies that psychotherapy deals only with psyche and not with body, but neuroscience has shown clearly that effective psychotherapy changes the body. Our work is embodied and vice versa, our bodies are minded, as Bateson would say. I would rather call our profession dialogotherapy, as my teacher Graham Barnes proposed⁶. I think this would be a better name.

And now about reductionism. Bateson in 1968 drew attention to this problem in an inspiring essay *Conscious Purpose versus Nature*. He pointed out that reductionism is not only present in medicine, but prevails in science in general and also in our everyday thinking and acting. On the one hand, reductionism is essential for our survival, because in order to make effective decisions and actions, we must constantly cut down the complexity of ourselves and the environment, especially when we encounter a disturbance. We, human beings, are self-corrective systems, we are always conservative of something. Bateson pointed out that we are »self-corrective against disturbance, and if something is not of a kind that we can easily assimilate without internal disturbance, our self-corrective mechanisms work to sidetrack it, to hide it, even to the extent of

shutting one's eyes if necessary, or shutting off various parts of the process of perception. Disturbing information can be framed like a pearl so that it doesn't make a nuisance of itself.«⁷

On the other hand, reductionism is the main deficiency of medicine, which lacks what Bateson called wisdom, the knowledge of the larger interactive system — that system which, if disturbed, is likely to generate exponential curves of change. Bateson warned that »consciousness operates in the same way as medicine in its sampling of the events and processes of the body and of what goes on in the total mind. It is organized in terms of purpose. It is a short-cut device to enable you to get quickly at what you want; not to act with maximum wisdom in order to live, but to follow the shortest logical or causal path to get what you next want, which may be dinner; it may be a Beethoven sonata; it may be sex. Above all, it may be money or power.«

All too often the medical treatment of somatic diseases and mental disorders is reduced to relieving symptoms. The symptom, for example hallucination or delusion, is understood as a text without context, not as a punctuation and metaphor that can open the door to the understanding of the context, i.e. the ecological understanding of the individual and their involvement in the environment. The goal of medical treatment is too often only to reduce symptoms and to eradicate pathogens, while the goal of non-reductionistic psychotherapy treatment is not only to reduce acute symptoms but also to increase the quality of the client's life and co-evolution with disorder or pathogens. Psychotherapy could be understood and applied as a correction of reductionistic medicine.

And also for me, not only for Stefano, what is most disturbing are the harmful effects of medicine on children if they are diagnosed »autistic«, »hyperactive«, »ADHD«, »emotionally and behaviourally disturbed«, »dyslexic« etc. and treated mostly or even only with drugs like methylphenidate (Ritalin), antidepressants etc. In Slovenia children, adolescents and their parents must wait to get psychotherapy or psychological counselling in the health care system for one to two years, which is a national disgrace. It is vitium artis if they only get drugs without psychotherapy.

I agree with the Italian psychologist and philosopher, Umberto Galimberti, who in his book *The Disturbing Guest*⁸ proposes that today's youth is confronted with the presence of what he calls a "new guest" - nihilism. He believes that the existing discomfort among young people does not have psychological

6 Barnes, G. (2008). An introduction to dialogotherapy. *Kairos - Slovenian Journal of Psychotherapy*, 2(3/4), 25–60.

7 Bateson, G. (1987). *Steps to an Ecology of Mind* (pp. 439–440). London: Jason Aronson.

8 Galimberti, U. (2009). *Grozljivi gost: Nihilizem in mladi*. Ljubljana: Modrijan.

roots, but mostly social and cultural. For example, when young people, like Greta Thunberg, are looking to the future of the world, which is heading towards ecological disaster, they are losing all sense of their lives and cannot trust the well-intentioned promises of older generations. Human beings have always felt the need to give meaning to their lives, and to the world they live in, but young people are no longer, at this point, capable of creating it. If the “disease” is social and cultural, then the solution should be looked for in society and culture and not in the »disordered« brains of our children. This entails, on the one hand, the need to generate a process of renovation of social equality, environmental equilibrium and moral revival and, on the other, to develop the capacity of individuals to find a new sense in their lives.

And how should we go about achieving this? According to Galimberti the answer lies in going back to ancient Greek philosophy and its belief in “knowing oneself” and in understanding the “art of living” in order to find sense in our lives. This should become a collective endeavour, we need intensive social and global collaboration to shape culturally diverse societies, which will not only provide for sense but also make sense, thus giving young people the possibility of a meaningful future, with a consequent feeling of fulfilment.

About conflict and dialogical pluralism

Stefano: May I catch the inspiration from Miran and continue? Miran, you quoted “dialogue”, right? I totally agree with that, but I would maybe push it a little further. I think that the real task of psychology and psychotherapy is to be able to hold good conflicts. In this sense I am completely close to Heraclitus when he says that *polemos*/conflict is the father of all things. The art in human life is to conflict well, not just through dialogue. Which means to be able to cherish and hold the other person's differences. The art is not togetherness in the sense of being the same, but the art, the task, the goal is to be able to be together with *the other*. The other is the one we don't agree with, the other that has a different opinion, comes from another place. Sometimes a place that we call madness. Sometimes from a place that we call normality, that often is much more dangerous than madness.

What is bringing harm to the world? And now I'm talking as a psychologist. It is not madness, but normality. It is our normality that is blinding us. The world system is collapsing, because things that we take for granted are actually totally unconscious to us because we're not considering any of the consequences nor the implications of what we do every day, of how we think every

day or what we do not think about every day. So, I will say dialogue, yes, dialogue to hold, cherish and sustain good conflictuality. To save, rescue conflictuality, because that is something that may make us really evolve.

Another thing that I would like to underline is that a psychotherapist's task is to be potentially revolutionary. For the ontological formation of the person you first have to build the mind and in this sense, you have to adapt the child to an environment, but the ultimate goal of adaptation is creativity. It is the possibility of being in an active dialogue with the environment and with the other, in order to be able to believe something *different* from the environment. So, psychotherapy should not be normative and should not be an adaptive task. Of course, we work a lot with people that cannot adapt and if you cannot adapt, you cannot change nor help with change. You're just maladaptive. Right? Yet, the real task for us is to be intrinsically creative. Because this is the only way the human species can survive, to keep being creative as we are because we're so despecialized. So in order to do this, now I'm going back to what Miran said, and yes, I think as psychotherapists we should be the advocates of 'not knowing', of 'not knowing enough', because this means we are opening a space that can be filled by the dialogue. I think that the idea that we have theories that explain the mind, the idea that our knowledge can be saturated, the idea that we may teach something to somebody is intrinsically anti-psychological, unless the person needs to be stabilized in the environment for the time being.

So as psychologists and especially as psychotherapists, knowing all our theories, we should deconstruct our theories, to make space for the other person's theories. We have to decolonize psychology from its psychological theories. And there are important authors that are doing this, also psychiatrists that are trying to do this. I think that this decolonization of knowledge that is used as power, this making space for what we don't know and underlining the potential creativity of not knowing, helping people to sustain not knowing, I think it is probably the most difficult task that psychotherapy has. And this task is transcultural because not knowing suspends any positive knowledge, so it can be done with anybody. If you can build a setting, in which both of you, or the group can accept that their knowledge might not be enough in order to build the dialogue that Miran was describing, this is a task of psychotherapy that can be applied in interpersonal relationships, in groups and in communities.

Lea: Miran, would you like to add something?

Miran: As I understand the concept of dialogue or dialogism, it includes conflict. But to endure conflict in a constructive way there must be enough interactivity, communicative symmetry or reciprocity, openness, mutual trust, respect and care. These are the conditions for »dialogical pluralism« as defined by

my SFU colleagues Alfred Pritz and Omar Gelo⁹. They included conflict as an important part of the dialogue when they speak about communicative symmetry or reciprocity, which means that the participants must have the same chances to start, continue, or finish a communicative act. Communicative symmetry does not mean an absolute agreement, mirroring and similarity between the participants. A certain degree of asymmetry and conflict is necessary to allow for individual differences to emerge; but the conflict must be embedded within an overall balanced interactivity. And to enhance interactivity, common social situations first of all and then cultural contexts should be fostered to give the participants in the dialogue the opportunity to exchange and discuss ideas and viewpoints. It is very important to organize secure social situations and contexts for the participants, so that they can feel safe enough to resolve conflicts.

For example, we psychotherapists have a lot of experience with group therapy and group work and we know very well that the size of the group is very important for the question of safety. It is much easier for people to have good, productive conflicts in a small group or large groups up to around a hundred participants. Then we can approach the "other" who is different with curiosity. If we feel safe enough, especially when we meet a person or a group that is very different from us, then there is a greater possibility that we can take a risk and reflect on our own premises. I think this is a basic thing that we as psychotherapists should look for and foster safe situations, where we can meet very different people, very different cultures not only those with whom we are familiar and who are similar to us. And we should also train ourselves to be able to be confronted with differences and conflicts. Because it is not easy, it's anxiety provoking. Uncertainty which is connected to the not-knowing attitude and openness is something that is very difficult to deal with, because of the activation of our automatic defence mechanisms, which were described by Anna Freud (repression, regression, reaction formation, isolation, undoing, projection, introjection, turning against one's own person, reversal into the opposite, and sublimation or displacement). So one has to be able to reflect on these spontaneous mechanisms. Only then can we remain open-minded, which means the ability of being open to receive information in an unprejudiced way, and open-hearted, which implies a self-disclosing attitude of an honest, frank, genuine and authentic kind. In a pluralistic dialogue my open-heartedness may enhance the opponent's open-mindedness, to the extent it may induce them to a more empathic understanding of my motives

and reasons. And the other way around, my open-mindedness may favour the opponent's open-heartedness, to the extent it may foster their trust and readiness to self-disclose.

A beautiful example of the application of Batesonian tradition and Bakhtin's concept of dialogism is the »Open Dialogue Approach«¹⁰ in Finland. It is a network-based, language approach to psychiatric care, which has dramatically improved outcomes for young people in a variety of acute, severe psychiatric crises, such as psychosis. The open dialogue approach is designed to create a shared language that permits the meaning of the person's suffering to become more transparent within the immediate network. The Bakhtinian idea of dialogue and its adaptation to the psychotic situation derive from a Batesonian tradition that sees language and communication as primarily constitutive of social reality. Constructing words and establishing symbolic communication is voice-making and identity-making occurring jointly between people. The crisis becomes the opportunity to make and remake the fabric of stories, identities, and relationships that construct the self and a social world. Open Dialogue thus translates Bakhtin's concept of dialogism into a co-evolving process of listening and understanding.

Seikkula and Olson point out that for Bakhtin meaning is not fixed and intrinsic, although words carry traces and fragments of meanings from our diverse linguistic heritage. Since meaning occurs only in an ongoing exchange, the speaker and listener are intimately joined together in making sense of the psychotic episode. The therapeutic process requires creative participation in language that attends not only to what people say, but also to the existing feelings and sensuous responses that flow between them. Within the dialogue where the person, the important others, and the professionals meet, a language for suffering may be born that can give the suffering a voice. When differences arise, the hope is to give all voices room to exist and thus encourage listening and exchange, rather than polarized, right-or-wrong thinking. This does not mean that everyone has to accept all points of view; people can disagree. Positive changes can take place simply from the airing of different perspectives in a safe climate. The goal is to generate joint understanding, rather than striving for consensus. Every effort is made to talk about any major issue concerning the patient or family only in their presence, including responses to the meeting itself. Therefore, there is minimal post-meeting review.¹¹

9 Gelo, O. G. C. & Pritz, A. (2020). Dialogical pluralism in psychotherapy science. In A. Pritz, J. Fiegl, H. Laubreuter & B. Rieken (eds.), *Universitäres Psychotherapiestudium: Das Modell der Sigmund Freud Privatuniversität* (pp. 57-84). Lengerich: Pabst Science Publishers.

10 Seikkula, J. & Olson, M. E. (2003). The Open Dialogue Approach to Acute Psychosis: Its Poetics and Micropolitics. *Fam Proc*, 42, 403-418.

11 Idem, p. 410.

About psychopathology and self-reflective attitude of the psychotherapist

Stefano: Maybe we could add something very specifically psychological and psychotherapeutic. It is about how important it is to have a critical attitude towards diagnoses, diagnosing, naming and labelling psychopathologies or normalities. This operation of diagnosing or building categories is immensely dangerous, because, while it seems that it helps the patient, it actually helps only the psychotherapist or psychiatrist to name, construct and hold to their delusion of knowing what's going on, knowing the person that is in front of them, knowing how the brain works.

So one task is to deconstruct our diagnostic processes and to burn - although I don't like to burn books - the DSM. The DSM is an immensely dangerous book. It has created huge issues and huge problems, especially because it refers to wrong theories of how the brain works and the crazy idea that we know what causes psychopathologies in the brain. We do not know. There are correlations that we know quite well, but there are no causal relations yet explained, and this is not me saying it, there are neurobiologists and psychiatrists saying this. The idea that we know therefore creates a pseudo-knowledge, that instead of understanding, of creating meaning and helping the patient, it actually cages the patient into a name and into a label, and then proceeds with a cure (so to say) that may last a lifetime, with all the brain damage that we know that antipsychotics, antidepressants and anti-anxiety drugs create.

All these things are not created by bad people, evil people. They are created by mentalities, by wrong attitudes towards knowledge. So the 'not knowing' for us colleagues carries with it the idea that the moment that we are allowed to really do a diagnosis - which is always temporary - is at the end of a treatment, not at the beginning of a treatment. Only after a long time we might say, okay, now I know how this person is, what this person is. The idea we can infer from any side the complexity of a person is exactly the opposite of what we're talking about today - to freeing potentials, to building new kinds of relationships and taking into consideration the huge complexity, as Miran spoke about the abolishment of complexity, the immense complexity of psychology.

Lea: I think you've touched upon an immensely and crucially important topic. And I see it as a new step in the evolution of psychotherapy, psychiatry, psychology, and it's on the horizon. Of course, we already have a lot of critical authors, practitioners, research and groups of professionals. There are even professionals who contributed to DSM and who are now very critical about it.

But it's also very provocative, isn't it? This way of seeing the diagnosis and the theories and so on, is very provocative in psychotherapy, and usually professionals and even students respond to it with a feeling of being threatened, as if the whole house they built and they've been living in is going to fall apart. I think what we need maybe most of all, is a dialogue among psychotherapists, and a dialogue about this topic that you touched upon and how to, in everyday life, lead this kind of dialogue and face differences. If you have any concrete ideas, I think it would be very interesting to hear about it.

Stefano: There are methods that are much less dangerous, there are older dimensional methods for collecting data, like the SWAP 200 method of just collecting what you observe through the clinical interaction. The way they group the data in the SWAP 200 in order to build a dimensional description of the patient is already much less dangerous than the categorical cutoff of labelling and naming, as if behind the name there is an organic pathway, a real thing, like a disease in a cell. The term pathology should be reserved only for illnesses that have a known cause that is materially visible, otherwise there is a shift in the meaning of the word that is extremely dangerous because it actually starts to describe social and interpersonal constructions, not cellular pathologies as discovered by Virchow in the 19th century. So firstly, the dimensional methods may help us much better.

Also, we have to always remember, that any description that we make of anybody else, tells us not a lot about them (the patient), but it tells much more about the one who made the description. So in this sense, let me go to Bion once again. Although I'm a Jungian, I love Bion very much. He asked if we can make an interpretation in the first session. And then he says: yes, of course we can, and that will inform me of how I am thinking about the patient. If we remember that with any interpretation we draw, at least half of it is an extroversion of our attitudes, our own schemes, our culture, our knowledge, then we can do them, but we have to be totally and completely and constantly self-reflecting.

A handbook like the DSM has zero self-reflectivity. It is just behavioural and observational. You have to observe and make a catalogue of things. What's missing is the self-reflective attitude, with which, we may legitimately attempt to make a diagnosis. In fact, we are *always* diagnosing, constantly diagnosing through experience, but this must be done in a self-reflective way. And this is the real psychotherapeutic stance - to be self-reflective.

Lea: I remember that among the features that the best or most effective psychotherapists share is the re-integration of self-reflection in everything we do as psychotherapists. Miran, would you like to add something?

Miran: Yes. It's incredible how my and Stefano's streams of thought are similar and congruent. The last issue of our *Kairos – Slovenian Journal of Psychotherapy* was dedicated to the topic of reflectivity and reflexivity in psychotherapy pointing out that the self-reflective attitude of the psychotherapist is crucial¹². The whole issue was dedicated to the memory of Graham Barnes (1936-2020) who developed the idea of »reflexive psychotherapy«. He was not only critical of the DSM and ICD categorial diagnostics¹³, as Stefano described, but his main concern was that psychotherapists should be more aware of how we attribute meanings according to our theories. The starting point of his research was the observation that most psychotherapists are trained in a theory-centered style of practice, neglecting epistemological and hermeneutical aspects. The predominant habit of psychotherapists (and scientists in general) is to simplify problems by ignoring the possibility that the larger context may influence the smaller. The consequence is an absence of critical self-reflection about some basic assumptions of psychotherapy theories and clinical practices in the psychotherapy community. When using a particular theory, therapists forget that the theory is “using” them, as well, i.e., they are unaware of the effects the theory has on them and on their relationships with clients. They also do not sufficiently explore the larger context, the historical and socio-political background that has brought about the theory that is using them to solve (or, unfortunately, also aggravate) particular social and ecological problems.

As an alternative to this ignorance, Barnes developed the concept, research project and clinical application of what he called »second-order« or »reflexive psychotherapy« or »psychotherapy of psychotherapy«¹⁴, in which the central question is: how can we encourage therapists to engage in systematic self-reflection on the influence of theory on the content and structure of their therapeutic conversations? This question is based on Gregory Bateson's cybernetic epistemology¹⁵, in which he invited psychotherapists to incorporate in their professional work the second-order investigation of their epistemological premises.

This second-order/reflexive shift can raise epistemological awareness, because it emphasizes the claim that the most basic act of epistemology is the creation of difference or distinction. The good news connected to this claim is that there is

no end to the variety of distinctions one can draw. Francisco Varela pointed out that drawing distinctions enables us to create “physical boundaries, functional groupings, conceptual categorization, and so on, in an infinitely variegated museum of possible distinctions”¹⁶. However, the bad news is that we constantly tend to forget that we, as observers, are constructing our realities with our epistemological knife of discrimination and we even tend to forget that we are forgetting this fundamental insight.

I remember very vividly the period of my intense confusion, from 1985 till 1987, when I, as a resident of psychiatry, started training in psychotherapy, during which I was introduced to second-order cybernetics, constructivism and social constructionism¹⁷. After seven years of studying medicine (1976–1983), in which I was systematically encouraged to forget that the world of medical diagnoses is constructed and not “real” in an objectivist sense and even encouraged to forget that I had forgotten this, our psychotherapy teacher, Graham Barnes unveiled this oblivion. It was as though the world had been pulled out from under my feet. I felt very confused and unsure about everything I had learned, because during my study of medicine I had been trained to aim for certainty. I dreamed of becoming an excellent diagnostician who knows what is “wrong” with a patient the moment she walks in (or, at least, after some minutes of talking to her). After precise physical examination and some laboratorial checking, I would become certain about the diagnosis. And with the “right” diagnosis, I would prescribe the “right” therapy. My teachers radiated a certainty that I admired (or perhaps I simply projected it into them).

However, as soon as I started to work as a resident in psychiatry, I was overwhelmed every day by the complexity of patients. Labelling them with diagnoses did not turn out to be helpful for me, because each of them was so different and unique. I had more and more questions about how to understand and help them, and I was surprised that colleagues at professional meetings were only interested in making a diagnosis and prescribing medication according to some of the usual schemes. They gave the impression that everything was clear to them and that they were the ones who knew. My psychotherapy training with Barnes, on the contrary, encouraged me to learn the opposite approach: to accept the uncertainty of “not knowing” and to learn from the patients.

12 Možina, M. (2020). Editorial about common factors and reflexive psychotherapy of Graham Barnes. *Kairos – Slovenian Journal of Psychotherapy*, 14(3-4), 9-12.

13 Možina, M. (2020). Psychotherapy without diagnoses and its contribution to social justice: In memoriam Graham Barnes (1936-2020). *Kairos – Slovenian Journal of Psychotherapy*, 14(3-4), 259-315.

14 Možina, M. & Barnes, G. (2020). Second-order psychotherapy: How psychotherapists use theories and how psychotherapy theories use psychotherapists? *Kairos – Slovenian Journal of Psychotherapy*, 14(3-4), 231-257.

15 Barnes, G. & Možina, M. (2020). Metalogue: How to Understand Bateson? In *Memoriam Graham Barnes (1936-2020). Constructivist Foundations*, 16(1), 101-107.

16 Varela, F. J. (1979). *Principles of biological autonomy* (p. 107). New York: Elsevier.

17 Možina, M. (1998). Psychiatrist's epistemological confusion. In A. Detela, U. Kordeš & A. Ule (eds.), *Cognitive sciences: Proceedings of the International Multi-conference Information Society – IS'98* (pp. 74-80). Ljubljana: Institut Jožef Stefan.

Based on this experience, I know how demanding the shift from the knowing to not-knowing attitude, from “deficit” to “difference”, is, because it not only includes some superficial learning on the conscious intellectual level but, above all, a change in one’s unconscious attitude and premises. While such a change would certainly lead to an improved quality of psychiatric practice, it is especially hard for medically educated professionals, because they have to give up and leave behind the solidity and certainty of the objectivist medical world and embrace the uncertainty and fluid nature of the phenomena of the so called “mental disorders”. This fluid, relativistic world offers only one kind of certainty, the “certainty of uncertainty”¹⁸.

An aggravating circumstance is that the deficit approach is reinforced by the pharmaceutical industry. This makes it even more important that further efforts are needed to educate and raise awareness within society, including, in particular, groups and organizations of service users and their relatives. The key impetus for the enrichment of the medical model will not come from medical circles and institutions, but from society at large. I have described similar problems and challenges in connection with the medical understanding of hallucinations, where the Hearing Voices Movement promotes an alternative way of understanding the experience of people who “hear voices”.¹⁹ Although, in institutions and society, the medical model is still dominant and the constructivist one still marginal, I proposed that, on the scientific level, the constructivist/contextual model could embrace and integrate the medical model.

About the medical model and the contextual model

Miran: The »contextual model«²⁰ is now in psychotherapy circles offered as an alternative to the medical model²¹. And what is the crucial characteristic of the contextual model which is based on what is termed the »common factors« theory?

18 Možina, M. (2010). O psihoterapevtovi gotovosti v negotovost, dvojni vezi in paradoksih [On the psychotherapist’s certainty in uncertainty, double bind, and paradoxes]. *Kairos – Slovenian Journal of Psychotherapy*, 4(1-2), 67–96.

19 Možina, M. (2019). Epistemology of hallucinations and hearing voices: The contribution of constructivism and neurophenomenology. *Kairos – Slovenian Journal of Psychotherapy*, 13(3-4), 27–71. <https://cepa.info/6838>

20 Možina, M. The Dodo’s adolescence and adulthood: the development of common factors theory from first meta-analyses to Schiepek’s synergetic nonlinear dynamic model. *Kairos – Slovenian Journal of Psychotherapy*, 15(1-2), 57–149.

21 Možina, M. (2021). Editorial about common factors and the medical model: from scientific monism over dialogical pluralism to integrative psychotherapy. *Kairos – Slovenian Journal of Psychotherapy*, 15(1-2), 9–55.

It opens a meta level, so that the objectivistic, positivistic approach is not abandoned, but integrated into a larger, contextual frame, in which the ordinary dichotomies, like quantitative/ qualitative, nomothetic/idiographic, science/ practice, biological/ psychological/social, medical/contextual are resolved on a new, more integrative level.

On the scientific, conceptual level, such a shift from “deficit” to “difference” can be understood as a shift from the medical objectivist model, which informs the mainstream discourse also in the field of autism, to the constructivist (social constructionist)/contextual model (Table 1). This shift does not imply an either-or dichotomy, but that the medical model can be integrated, on a new level of abstraction, into the constructivist/contextual model, very much like the shift Heinz von Foerster proposed from *analytical clarity* to *trust* and from *objectivity* to *responsibility*²², and Bradford Keeney’s “cybernetic complementarities”²³, as well as Varela’s non-dualistic sense of “trinity”: “By trinity I mean the contemplation of the ways in which pairs (poles, extremes, modes, sides) are related and yet remain distinct [...] For every Hegelian pair of the form, A/not A, there exists a more inclusive [form], where the apparent opposites are components of the right hand side.”²⁴

In the case of a medical objectivist–constructivist pair where a symmetry of opposites is proposed, one can always reframe this pair as part of a more encompassing cybernetic complementarity. Such a complementarity involves different orders of recursion (which we can imagine as nesting Russian dolls). The pure medical objectivist perspective remains at the level of recursion that does not include the awareness that it is only one kind of construction, i.e., the construction under objectivist rules and premises. By contrast, the constructivist/contextual perspective can include both the awareness of objectivism as one possible way of construction and the awareness of constructivism as another possible way. So, the constructivist/contextual perspective can be understood not only as the Hegelian opposite to the medical pole, but as a more encompassing level of recursion, as a larger Russian doll that contains the smaller, medical doll. This recursive leap from medical to constructivist/contextual understanding avoids being stuck in medical technical and control approaches to the treatment of people with so-called “mental disorders”.

With this shift, medicine and psychiatry turn into a discursive, dialogical (and polylogical) activity, which accepts its epistemological responsibility.

22 Kordeš, U. (2005). A peaceful coexistence of epistemologies: Philosophy from the constructivist’s point of view. *Kybernetes* 34(1/2), 295–305. <https://cepa.info/2369>

23 Keeney, B. (1983). *Aesthetics of change*. New York: The Guilford Press.

24 Varela, F. J. (1976). Not one, not two. *CoEvolution Quarterly*, 12, 62, 64. <https://cepa.info/2055>

This responsibility includes taking into account context dependency, historical variability, circular, multicausal explanations with the inclusion of the observer (participatory position), and “dialogical pluralism”²⁵.

Table 1
Comparison of the medical (“deficit”) model and the constructivist, contextual (“difference”) model.

Medical, “deficit” model	Constructivist, contextual, “difference” model
decontextualization	context dependency, historical variability
successful alleviation of acute symptoms	more suitable for solving chronic problems and for understanding acute symptomatology as part of a longer, context-dependent process of evolution
biological determinism	social constructionism
linear, causal explanations	circular, multicausal explanations with the inclusion of the observer (participatory position)
dualism illness (disorder)/health, so that health is understood as the absence of illness	overcoming the illness (disorder)/health dualism, so that health is understood as the ability to coexist with an illness (disorder); it is this coexistence that increases the chances of survival and evolution
objectivism; positivism; scientific monism	constructivism; relativism; dialogical pluralism; systemic, hermeneutical and transformative epistemology
tendency towards trivialization of complex systems	consideration of nontriviality of complex systems (science of complexity and self-organization)
emphasis on pathology and pathogenesis	emphasis on salutology and salutogenesis – resources, resilience, empowerment
symptom as text without context	symptom as punctuation and metaphor of broader context
the goal of medical treatment is reduction of symptoms and eradication of pathogenetic factors	in addition to reducing acute symptoms, contextual approach aims to increase quality of life and coevolution with so called “pathogenic” factors
nomothetics, third-person perspective, quantitative methodology	idiography, integration of first- and third-person perspectives, mixed-methods (qualitative-quantitative) design
somatic interventions are prevailing	dialogical interventions are prevailing
bag of tricks, emphasis on techniques	wisdom, emphasis on holistic treatment
certainty, knowing and analytical clarity as virtues	uncertainty, curiosity and trust as virtues

During the last twenty years this new common factors/contextual wave in psychotherapy science and practice has emerged. It has created a new, integrative vocabulary and framework for the operationalization of psychotherapeutic clinical practice irrespective of what particular approaches and models the individual psychotherapist might belong to²⁶. A psychotherapist can use any technique, strategy, and theory as long as they reinforce one or more common factors (client, therapist, therapeutic relationship, client's feedback and general and specific effects of models/techniques) and make sense to the client. This »client-centered perspective« points out that the effectiveness of interventions depends primarily on the use of client resources, strengths (resilience), hopes, expectations, goals and their »theories of change«.

According to the contextual model, on the basis of trust and understanding between the therapist and client and the therapist's expertise (the key here being that all three are positively evaluated by the client) therapy works through three mechanisms: a) real relationship, b) (co)creation of expectation through explanation and c) some form of treatment and specific ingredients (tasks/goals, therapeutic actions). Unlike the medical model, the basic premise of the contextual model is that specific components do not act directly on a particular disorder or deficit, but indirectly through (co)creation of positive expectations and encouraging the client to actively develop healthy and functional patterns of thinking, feeling, behaviour and relationships.

About the client-centered perspective and the complexity science

Miran: I would also like to comment on the question of diagnostics, since Stefano has mentioned this. The contextual model has shifted the whole centre of gravity of diagnostics so that the client is diagnosing and not the therapist. Meta-analytic outcome research has shown that what clients thinks about their problems and suffering, and clients think can be a resource or solution, and what clients thinks about what kind of a procedure could be helpful for them correlates much more with the therapy outcome than the therapist's explanations and solutions. If the therapist doesn't follow the client and doesn't include the client's understanding about problem, resources and therapy process, then what the therapist

25 Gelo, O. G. C. & Pritz, A. (2020). Dialogical pluralism in psychotherapy science. In A. Pritz, J. Fiegl, H. Laubreuter & B. Rieken (eds.), *Universitäres Psychotherapiestudium: Das Modell der Sigmund Freud Privatuniversität* (pp. 57-84). Lengerich: Pabst Science Publishers.

26 Duncan, B. L., Miller, S. D., Wampold, B. E. & Hubble, M. A. (2010). *The heart and soul of change. Delivering what works in therapy* (2. ed.). Washington, DC: APA.

thinks, does or selects as a possible helpful procedure, correlates much less with positive therapy outcome. Diagnostics, which is based on psychotherapy theories, is more important for the therapist than for the client, as Stefano explained. Therapists' diagnoses tell more about the therapist than about the client. Therefore the advocates of »client-centered perspective« acknowledge that the client is the expert by experience, the main hero of therapy and the engine of therapeutic change. So we ask clients about their expectations and hopes, their experience of therapeutic relationship, therapy process and change.

Based on this client-centered perspective my mentor and colleague Günter Schiepek developed a systemic case formulation called the »Idiographic System Model«²⁷. This is a new kind of client-centered diagnostics where the client in collaboration with the therapist makes his or her own individualized process questionnaire to follow the therapeutic process and outcome based on her or his particular "map". This is a step beyond the standardized diagnostics. The questionnaire is then administered daily through an internet-based monitoring tool (Synergetic Navigation System, SNS), to capture the client's individual change process continuously throughout the therapy and after-care period. By making use of this systemic case formulation technique and subsequent daily online monitoring, client and therapist continuously refer to detailed visualizations of the mental and behavioural network and its dynamics. Using such a real-time monitoring system benefits self-related information processing, and identity development, and leads to more pronounced autonomy in life (instead of feeling helpless against the chaoticity of state dynamics).

If I now switch from this very practical, clinical level of diagnostics to the epistemological level, what we have learned in psychotherapy with the contextual model is that we need interdisciplinary knowledge. It's not enough to build our models based only on psychology or psychotherapy theories. We also need inter- and transdisciplinary concepts that are applicable to different professional fields. One such transdisciplinary, integrative frame is what has been termed »complexity science«²⁸, which developed on the basis of cybernetics and general systems theory and includes the research of self-organization and non-linear dynamics of complex systems, chaos theory, synergetics, cognitive science, computer and information sciences, systemic biology, systems engineering

and systems design, systems management, and ecology.

One can see that these subjects of study united under the umbrella of complexity science stretch far and wide. They include global politics, the economy, forest and marine ecosystem dynamics, the weather, the immune system, brain structure and function, neural networks, urban development, the family, corporate management, prebiotic evolution, protein chemistry, turbulence, artificial intelligence, and the learning process to name a few. Most of the people involved in complex systems research are working from within one or more traditional fields; there are mathematicians, physicists, chemists, biologists, ecologists, cognitive scientists, sociologists, anthropologists, therapists, psychologists, managers, economists, computer scientists, architects, engineers, philosophers, and so on, each of whom are contributing their expertise towards understanding complex dynamical systems and their behaviour. As a whole these multidisciplinary sciences represent a new synthesis in modern science, the dimensions of which we are only beginning to understand.

So if we talk about social dimensions and contributions of psychotherapy to other fields, I think that psychotherapy based on complexity science can offer a much better scientific foundation for mental health care when compared to the existing medical model; not abolishing the (neuro)biological perspective, but putting it in a frame in which biological reductionism will not be so harmful as it is now. And of course, this also means that we have to not only abolish all categorical diagnostics, but dimensional diagnostics is also not enough. We must go even further with our diagnostics. We must ask each client, how they understand what are their problems and possible solutions, and co-create with each of them idiographic, individualized process diagnostics.

Stefano: I'm really very sorry to agree so much with Miran. It's not fun. When you were saying that the expert is the client - the other - this is so crucial. I think a fundamental difference between our profession and all other professions is that we should be paid for our incompetence. For our ability to leave what we know, in order to make space for the knowledge of the object. The difference between a psychotherapist and their patient is that the patient knows but does not know that (s)he knows. On the other side, the therapist does not know, and knows that he does not know. Of course, that does not mean that what we know is not valid or is not useful, it's immensely useful. But in our Gestalt it is part not of the image, but of the background.

All our knowledge is the background of the image that comes through, that emerges through the dialogue that Miran was talking about. And this is, by the way, really an intercultural experience, because the other person may belong to our culture - still being different from us, but a patient may also come from

27 Schiepek, G. K., Stöger-Schmidinger, B., Aichorn, W., Schöller, H. & Aas, B. (2016). Systemic Case Formulation, Individualized Process Monitoring, and State Dynamics in a Case of Dissociative Identity Disorder. *Frontiers in Psychology*, 7, Article 1545. <https://doi.org/10.3389/fpsyg.2016.01545>

28 Snow, B. A. (1990). *Education in the Systems Sciences An Annotated Guide to Education and Research Opportunities in the Sciences of Complexity*. Washington: American Society of Cybernetics. Pridobljeno s: <https://philpapers.org/archive/SNOEIT.pdf>

another culture. In this case, once again, the psychotherapeutic stance has an immediate psychosocial impact, and this is something you can do in your office, you can do it anywhere. It is a mindset. It is a way we interact with people, which is *intrinsically* psychotherapeutic. Again, about our knowledge: nothing is lost. We have to keep studying throughout all our lives. It's a never ending accumulation of knowledge, but the mind frame of the psychotherapist is inverted regarding the other professions. The others are paid for their competence, we should be paid for our incompetence.

And the second thing about contextualism. Let me remind myself about the beautiful definition of a symptom by Tobie Nathan. There are many definitions of symptoms that are very beautiful. One is Jung's, who speaks about unilaterality - it is a very beautiful epistemological idea. But Tobie Nathan's one is also really beautiful. He says "a symptom is a text without a context", which means that when we approach a problem or a so called symptom, we should not focus our attention on the text - the symptom, but we should look for the lost context. If we find the background, we rescue the image and often the lost context may be a transgenerational issue, which means a symbolic issue, it may be a family issue, it may be a historical issue, it may be a cultural issue. What we should look for, once again, is not the explanation of a substance with the name of a category, a symptom, but it is the rebuilding of relationships, of contextualizations between areas. That is what actually saves the originality of the patient, including his symptoms. Sometimes, the real symptom is not having symptoms. The really serious patients are those who cannot even develop a symptom, and some of them are thought to be normal. So, to shift attention from the symptom as such, to the context that is lost, to the culture, the symbolic meaning of a symptom, is a very psychosocial endeavour, a symbolic endeavour.

Once again, this idea of complexity and context is absolutely crucial for our epistemology, which Miran reminded us is *the* epistemology of the 21st century. Here we're not talking about simple cause-effect relation, like medical science does, but of a more advanced epistemology and a much more difficult epistemology because, once again, you have to substitute substance with relationship.

Miran: I would like to add something to what you said, which was beautiful. Bateson, if he were here with us today, would say that a symptom is the punctuation of the larger ecology. A symptom is like a door through which we can enter and learn about the broader context. He called this knowledge about broader connectedness – wisdom. The symptom can therefore be an invitation to develop wisdom about the context and interconnectedness.

I would also like to mention another wise man, psychiatrist and psychotherapist Milton Erickson, who was Bateson's good friend. Bateson called Erickson »the Mozart of human communication«, because he had a way of entering a relationship system that allowed him to be part of the weave of the total complex rather than as an ego separate from the system. This enabled his action to arise within the weave and be harmonious with it. I like very much how Erickson replied to the patient who said: "I don't know what is wrong with me. I don't know how to come out of this troubled situation", with the answer: "I know that you don't know that you know." For Erickson the client was the expert, especially when their unconscious abilities and unused personal and contextual resources were considered. Erickson's personal attitude was based on an unwavering belief in the possibility of developing both the client's and human wisdom in general. He insisted that the main task of the therapist is to help clients to find out what they already know about the complex system, but they didn't know they know. He would say to the client: »Together we will find what you know, not what I know.« I think this is a fine example of the hermeneutical and dialogical turning point, which Erickson also expressed in his famous statement: »Each person is a unique individual. Hence, psychotherapy should be formulated to meet the uniqueness of the individual's needs, rather than tailoring the person to fit the Procrustean bed of a hypothetical theory of human behaviour.«²⁹

About the psychotherapy law for better use of social resources

Lea: I think we have generally agreed on psychotherapy of the 21st century as being non-normative. It is a big responsibility for psychotherapists to be so self-reflective, that we don't reproduce the imbalance of power that exists inside and outside of the therapeutic room. And that we don't reproduce all kinds of normativities, like heteronormativity and white normativity, and then the normativity or colonization of the Western concepts against the rest of the world etc. So I think it's quite a responsible task. And for these last ten minutes, I would like for you to maybe talk a little bit more about how to address these social resources, of course integrated with other sources or origins of

²⁹ Erickson, M. H. (1979). *First International Congress on Ericksonian Approaches to Hypnosis and Psychotherapy* (Conference brochure). Phoenix: Milton H. Erickson Foundation, Inc.

human distress. How do you address these social origins like poverty and power imbalance and all kinds of social constructs, like prejudice and norms of what it means to be mentally sane, healthy, socially useful, a person who is evolving as a person and so on? How do you work with this within the psychotherapeutic relationship, but also on the societal level? And what is the gift of psychotherapy, that can be offered as a medium for finding a way of addressing, of dealing with conflicts, holding conflicts, cherishing differences?

Miran: It is a broad question. I will begin with the first point you raised, how to address social resources. I would like to return to the starting point and remind us, that if we want to use social resources more, it's very important that in Slovenia psychotherapy becomes an acknowledged autonomous profession. At present Slovenian psychotherapists are members of a marginalized, politically neglected minority.

For example, in covid times the Slovenian Umbrella Association for Psychotherapy and our Sigmund Freud University branch in Ljubljana, joined together with several other health and social care organizations and offered free counselling on the phone and online. It was nice, of course, to be a part of this solidarity network, but at the same time we couldn't address all these organizations and professions from an equal standpoint. As psychotherapists, we are still on the margin of society. During the covid crisis we were accepted as motivated, benevolent individuals, and as a part of civil society, but not as an official professional group. However, if there were a psychotherapy law which regulated psychotherapy as an autonomous profession and academic discipline, we could then get access to public funding and we could address all the urgent health care issues very differently. We could develop preventative and curative programmes which would be based not only on voluntary enthusiasm but more sustainable resources.

In this sense the situation in Italy is different, because they have had a psychotherapy law since 1998. And although it is an obsolete law, because it enables only psychologists and medical doctors to be licensed psychotherapists, there are now approximately 38.000 registered psychotherapists in Italy (0.45 psychotherapist per 1000 inhabitants). Many of them have access to public funding.

We can also look to Austria, how their Psychotherapy Law, which was passed in 1990, enabled financing from public funds to grow exponentially (from 3,2 million euros in 1992 to more than 80 million euros in 2015) and also improved the accessibility of psychotherapeutic services. The Austrian law was written in the spirit of the Strasbourg Declaration (1990), which identifies psychotherapy as an autonomous profession on a high scientific level. In 1991 they changed the Austrian Law on General Social Security on the basis of the Psychotherapy

Law so that the public health system now includes the right of every Austrian citizen to psychotherapy whenever it is needed as a form of treatment. Since then the insurance strategy has been successfully realized and today all nine federal states in the public health network finance services to psychotherapists, who are on the official list. If we look at the Austrian example we can imagine easily how a Psychotherapy Law in Slovenia would enable psychotherapists to use social resources more efficiently and open access to psychotherapy with trained skilled practitioners.

At the same time I am aware that this marginalized position of Slovenian psychotherapists can be seen not only as a weakness but also as an advantage or precious opportunity, because the history of our civilization is full of examples where minorities created alternative narratives and actions which have contributed to freedom, equality, justice and brotherhood.

About social awareness and de-pathologization

Stefano: First, I think that in this case Freud and Marx are very close. Both of them wanted to create awareness. Marx an awareness of the person's social and economic class, Freud awareness of the personal unconscious. I think that our stance, our knowledge that is, as I have said, of a mostly negative knowledge (i.e., the knowledge of not knowing) might help in this process of helping people and groups to endure awareness, consciousness of their own situation, consciousness of the reasons (not the causes) that are bringing them to the situation and resilience, which means proactivity, potential. We could translate similar things into a psychological terminology (for example I mean that psychological understanding - the symbolization - of what is happening in one's body, in one's environment, in one's relationship, has a fundamental psychotherapeutic effect), in order to transform and change their life and the life of the people that are around them. So I think that creating and promoting awareness is the crucial thing, and this could be done inside or outside our office. Of course, the possibility of working with others outside as psychotherapists is something we could do and we should do. Outside means in communities, schools and with specific social and anthropological phenomena, like migrations.

Another very important issue is de-pathologizing. The Roman Catholic Church has as a historical mandate to be dissolved. Eventually, the ultimate task of the church is to dissolve itself. This is a beautiful idea. I think this also applies to psychotherapists. We should work to de-pathologize, i.e. not to create and define the psychopathologies, as has happened in the last 50 years. I think

we now have two or three times the number of categorized psychopathologies that we had in the 1950's, not to mention the number of diagnosed psychopathological children which, in the USA, has increased 30 times more in the last 60 years. This is crazy. Therefore, we should work to depathologize, which means to transform a symptom into a meaning. This is our work. Our disposition as psychotherapists should be the one of entering into a situation in which there is a problem, in order to translate the problem or the symptom, may that be a group symptom or an individual symptom, into a meaning within a context.

For instance, just take as an example, the issue of fatness and slimness in girls, and now also in boys. How many young women are haunted by this mad idea, that a thin body is a good thing and the not-thin body is not a good thing? This is not just a social construct. It is an overarching construct. It is a post-capitalistic construct, which has to do with a body that is reduced to a machine, that has to be accepted by its weight, as in Shakespeare's *The Merchant of Venice*, when Shylock says that he will take a pound of flesh as payment, and in that case it was the merchant's heart. We should retranslate the pounds, the kilos, into meaning, into feeling, into identity. For instance, one symptom like this, that has to do with the body is bulimia. It's a crucial symptomatic construct that is so deeply ingrained, anthropologically ingrained in our Western world, in our post-capitalistic neoliberalistic world.

This is a direct mission for us psychotherapists, not to mention, of course, all the other so called psychopathologies like anxiety disorders. Are we really sure that we can cure anxiety one by one, one person by one person without asking ourselves why is everyone anxious, or depressed? Why do so many people think or feel depressed? These are no longer just psychological questions. These are historical, anthropological, economic, political questions, because these are pandemic questions that we are called to think about. We are the ones that are called to think about them, not by pathologizing the pathologies, but depathologizing and questioning them and asking anthropologists, politicians, sociologists and teachers to think about these issues together with us, how we could think about them, ethno-psychiatrically or ethno-psychologically

Miran: I totally agree. I wrote about depression³⁰ along the same lines that Stefano has just pointed out. In the treatment of depressed clients the psychiatric reductionistic biological treatment is focused on the brain in the form of medications. Psychiatrists rarely acknowledge that something is wrong with the

social environment, and they encourage change in that environment even more rarely. Despite the commonly accepted facts that major depression is prevalent in our society and that our social environment is abundant with stressors that make us vulnerable, psychiatry does not link depression with the society in which we live. Social psychiatry — the study of the social origins of psychiatric illness — has all but disappeared as a paradigm for investigating the origins of depression and, instead, has been replaced by biological explanations.

Many psychiatrists believe that if they label the person with a diagnosis such as major depression, then there is a “real disease” called major depression. Bateson labelled this process of making an idea real - “reification”. To treat an abstraction as substantially existing is to reify the abstraction. Reification ignores the fact that depression can be more a signal of the toxic society in which we live than a thing in and of itself. Depression signals a need to better understand and improve society. Unfortunately psychotherapy can also do much harm if it emphasizes the need of the depressed individual to adjust to the social environment and forgets that depression is in most cases a healthy response to a toxic environment. But now I would like to go back to Lea's question about how we can react to power imbalance.

Lea: And not reproduce them in a psychotherapeutic setting?

About social power and social indifference

Miran: Yes. If we go back to Bateson, he pointed out that the term »power« can be misleading. Why? Because although it is a very well-defined concept in physics there is no such thing in communication. What does it mean when we attribute to somebody that he is powerful, for example more powerful than me/us? This implies that he or she can have unilateral, lineal control over me/us. That he or she can, for example, crush us, take away our liberty and so on. But if we look at this power question through the perspective of communication and relationship, then something very interesting happens. Bateson used the example from Nazi times. Goebbels was minister of propaganda and the secret of his success was that he established a feedback system all over Germany. He installed spies and informers in all small niches of German society. He was constantly gathering information and used that to create policy. The effective controller must always have his spies out to tell him what the people are saying about his propaganda. We do not live in the sort of universe in which simple lineal control and power is possible, but the Occidental man sees himself as an autocrat with complete power over the universe which was made of physics and chemistry.

³⁰ Možina, M. (2016). Uvodnik o melanholiji [Editorial about melancholy]. *Kairos – Slovenian journal of psychotherapy*, 10(3-4), 5-30.

Možina, M. (2017). Uvodnik o depresiji [Editorial about depression]. *Kairos – Slovenian journal of psychotherapy*, 11(1-2), 5-51.

Similarly Bateson pointed out that »the family is a cybernetic system and usually when systemic pathology occurs, the members blame each other, or sometimes themselves. But the truth of the matter is that both these alternatives are fundamentally arrogant. Either alternative assumes that the individual human being has total power over the system of which he or she is a part. Even within the individual human being, control is limited. We can in some degree set ourselves to learn even such abstract characteristics as arrogance or humility, but we are not by any means the captains of our souls.«³¹

Bateson was also very clear that the idea that power corrupts is nonsense: »What is true is that the *idea of power* corrupts. Power corrupts most rapidly those who believe in it, and it is they who will want it most. Obviously our democratic system tends to give power to those who hunger for it and gives every opportunity to those who don't want power to avoid getting it. Not a very satisfactory arrangement if power corrupts those who believe in it and want it. But the myth of power is, of course, a very powerful myth and probably most people in this world more or less believe in it. It is a myth which, if everybody believes in it, becomes to that extent self-validating. But it is still epistemological lunacy and leads inevitably to various sorts of disaster.«³²

Bateson died in 1980 and since then the development of communication and information technologies have opened up possibilities that he couldn't imagine, for example the internet of things. Internet-based control systems are enabling totalitarian regimes like in China and also in democratic societies (as Edward Snowden revealed in 2013) to enter into the private world of the people and gather the amount and diversity of information that Goebbels couldn't even dream of. This information then gives to those, who want to abuse it for the purposes of power, the opportunity for massive control and surveillance of people. It is more obvious than ever, how power is connected to communication pathways and to the management of information and knowledge.

The sociologist Francis Fukuyama pointed out, that in the 1960's and 1970's in Western societies »the great disruption«³³ from industrial to information societies has occurred and it has happened with side effects: increasing levels of inequality, poverty, health problems, massive changes in fertility and family structure, decreasing level of trust (social capital) and the triumph of individualism over community. Knowledge has replaced mass production as the basis of wealth, political influence and social interaction. What we need today is an

understanding of anti-capitalist strategies that avoids both the false optimism of wishful thinking and the disabling pessimism that emancipatory, social transformation is beyond our reach.

Erik Olin Wright outlined five strategies or strategic logics that have historically been particularly important in anti-capitalist struggles: smashing, dismantling, taming, resisting and escaping capitalism³⁴. *Smashing capitalism* is the classic strategic logic of revolutionaries. The results of such revolutionary seizures of authority, however, were never the creation of a democratic alternative to capitalism. *Dismantling capitalism* was based on the idea of a gradual introduction of socialism from above through state-directed reforms. For example, after World War II this strategy seemed to be gaining ground in certain places, with the nationalization of railroads in Britain, the creation of socialized health care systems in a number of countries, the expansion of state-owned utilities in many places and even state ownership of some industries in a few developed capitalist countries. Some anti-capitalists believed in a mixed capitalist and socialist economy, but it did not happen. The goal of *taming capitalism* is to neutralize the harms of capitalism. This became the dominant strategic idea of social democratic parties and non-revolutionary socialist parties in the second half of the twentieth century. This is like medicine that effectively deals with symptoms rather than with the underlying causes of a health problem. *Resisting capitalism* seeks to alleviate the harms of the system but does not attempt to capture state authority. Rather, it seeks to affect the behaviour of capitalists and political elites through protest and other forms of resistance outside of the state. *Escaping capitalism* typically involves avoiding political engagement and collectively organized efforts to change the world. Especially today, escape is often through an individualistic lifestyle strategy of voluntary simplicity which rejects the consumerism and preoccupation with the economic growth of capitalism.

I agree with Wright who pointed out that we can learn something from each of these five strategies. Taming and resisting capitalism both try to neutralize harms. Smashing, dismantling and escaping capitalism all attempt to transcend the structures of capitalism. In his research Wright discovered that at least in some of the movements opposing capitalism in Latin America and southern Europe, the beginning of a new strategic idea is emerging that combines the bottom-up, civil society-centered strategy of taming and escaping capitalism with the top-down, state centered strategy of taming and dismantling capitalism. Wright named this new strategic configuration »eroding capitalism«.

31 Bateson, G. (1987). *Steps to an Ecology of Mind* (p. 444). London: Jason Aronson.

32 Idem, p. 494

33 Fukuyama, F. (1999). *The Great Disruption*. New York: The Free Press.

34 Olin Wright, E. (2019). *How to Be an Anticapitalist in the Twenty-First Century*. London: Verso.

It suggests that even when the state seems quite uncongenial to advances in social justice and emancipatory social change, there is still much that can be done. Wright suggested that we can get on with the business of building a new world, not from the ashes of the old, but within the interstices of the old. We can build »real utopias«, pieces of the emancipatory destination beyond capitalism within a society still dominated by capitalism. While this idea of eroding capitalism is sometimes implicit in social and political struggles, it is not generally foregrounded as the central organizing principle of a response to social injustice.

I think that unfortunately from these five strategies the escape strategy is quite widespread in Slovenia. Most of the time the majority of people, also the majority of psychotherapists, are not engaged politically. For example, Slovenian people like to go to their holiday cottages in Croatia, and say: »I don't care for politics, I like to enjoy the peace of my cottage.« If people become indifferent to contributing politically, then it is much easier for a certain group of people to make non-democratic decisions. And then the people who were indifferent, who were not active at the right time and place, say to the group which took advantage of the opportunity: "Oh, you only want power, you are corrupted!" And they don't see that they themselves contributed to the »power« of the group with privileges.

The Pope Francisco is also pointing to the problem of indifference, but in an even more radical way. He is saying to the richer and to the middle class people - don't be so indifferent. He challenges us to »leave the nest that contains us« and burst the »soap bubbles« of our own self-concern. He laments the vanity of these isolating soap bubbles, the deceptive fantasy that creates the illusions of innocence and separateness. These myopic soap bubbles sew »terrible anxiety« and »take away peace« because peace - in the biblical tradition - is not the absence of conflict, but *shalom*: balance and wholeness in the fullness of right-relationship with God and our neighbours: »Today no one in the world feels responsible ... we have fallen into the hypocritical attitude of the priest and of the servant of the altar that Jesus speaks about in the parable of the Good Samaritan: We look upon the brother half dead by the roadside, perhaps we think 'poor guy', and we continue on our way, it's none of our business; and we feel fine with this ... The culture of well-being, that makes us think of ourselves, that makes us insensitive to the cries of others, that makes us live in soap bubbles, that are beautiful but are nothing, are illusions of futility, of the transient, that brings indifference to others, that brings even the globalization of indifference ... We are accustomed to the suffering of others, it doesn't concern

us, it's none of our business.«³⁵

Stefano: Often this kind of disengagement has to do with the fact that thinking is too painful. So people stop thinking about things. And then of course, they stop doing and participating. Not because they don't care, not because they're lazy, but because thinking creates pain. So, again, from our vantage point, we are the ones who should help people to withstand the pain of thinking. The pain of their thought, or the pain of thinking about their situation of where they are.

This can also be seen from the other side - how often citizens feel ashamed of their condition and the pain of shame is then transformed by siding with the manipulators. This is very clear for instance in phenomena like very low income people, who are themselves socially neglected and yet side with those who neglect them. They identify themselves with those who neglect them. This is very clear in the United States for instance, where a lot of people that voted for Trump came from extremely low social classes with very low education. The possible explanation for this is that thinking about their condition is so painful for them, that they bypass it by identifying with someone who is an example of someone that put them in their disadvantaged condition, in order not to think.

Once again, how to convey the possibility of thinking about these things, to hold the shame and guilt that might be felt paradoxically by those that actually are victimized, and how not to transform victims into victims that will acquire an identity of the victim. Because that is, once again, a lost cause. It is a very, very dangerous (self)-pathologization of those who cannot make it basically. Those that need psychosocial help.

So we might have social, economic, instructional, cultural and psychological neglect. The psychological neglect comes from the pain of starting to think about one's situation. If I understood what you, Miran, were saying about Bateson, it is important to be a protagonist of information and not just a recipient of information. It is important to be a conscious subject that proactively participates and decides in the flow of information.

Miran: Yes, thank you very much, you have added a very important perspective. I think we have now made a more rounded whole. On one side we have people, who are economically well off, but politically indifferent and disengaged. On the other side we have people, who are already pushed to the margins, who accept shame and guilt, accept their victimization and they don't reflect on it.

35 Mescher, M. (2016). The Problem of Indifference. National Catholic Reporter. Pridobljeno s: <https://www.ncronline.org/blogs/distinctly-catholic/problem-indifference>

About the individualized process diagnostics instead of categorial diagnostics

Lea: But it's also a meaningful response of people to the context that they experience politics as not meaningful, like you said about the symptom. So it makes sense for large groups of people to develop such an attitude towards the whole political context. So can you give some other examples of this idea of depathologizing and what would be the way to do it? How can we contribute to this purpose of depathologizing?

Miran: Well, I have already given one example. As I said, I wrote an article devoted to my teacher Graham Barnes with the title *Psychotherapy without diagnoses and its contribution to justice in society*. And in it I invite the readers to ponder on the possibility of simply omitting categorial diagnostics, as Stefano has also proposed. I think now is the time to do this. Of course, we need measures and procedures to orient ourselves and to assess the therapeutic situation. Like Bion said, it is important that we as psychotherapists interpret things for ourselves, that we put our observations and explanations in some kind of order, remembering our interpretations are more important for us therapists than for our clients.

I would like to repeat, that practically 90 % of diagnoses in DSM and ICD are without any causal explanation. DSM and ICD are only a collection of descriptions that don't correlate with the outcome of therapy and have very poor prognostic value. What does it mean if I say somebody is »depressed«? It does not help to make any prognosis. And it cannot help in making a good treatment plan. This is very important, we know this from meta-analytic studies and from everyday clinical practice. We don't need these diagnoses, because we also know that for example the syndrome of depression can be a result of the interaction of very different factors in the client's life situation and history.

As I have already partly explained about Schiepek's real time monitoring of the therapeutic process with the use of the Synergetic Navigation System (SNS)³⁶, instead of using categorial DSM and ICD diagnostics we can start with the three steps of idiographic system modelling (ISM). First step is a *resource-focused interview* with every client at the beginning of the treatment. This kind of interview sets a positive antipode to classical psycho-diagnostics, which almost exclusively focus on pathology. Many clients experience the positive tone and

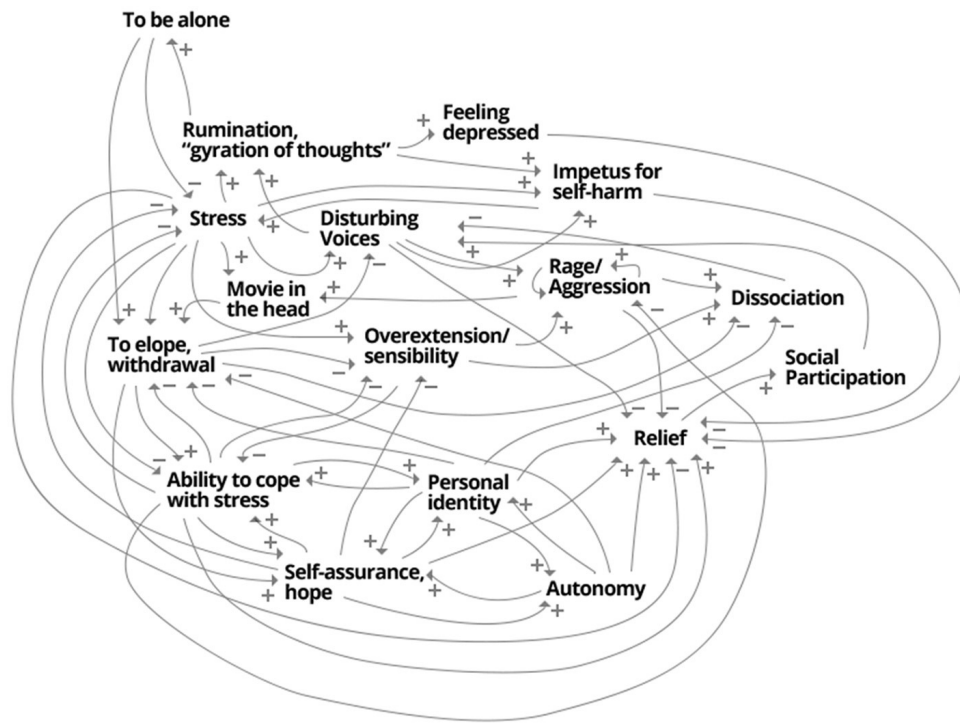
direction of such an interview as a relief and a reminder of one's strengths, creating a positive mindset. A second benefit of the rather open and loosely structured resource interview is its function as a prelude to the idiographic system model, priming the search for psycho-social relevant variables in a client's life. This procedure then becomes the base for co-creating a treatment plan and individualized process questionnaire for each client. So the starting point here is *not* the diagnoses of DSM or ICD.

After the resource-focused interview is finished, the therapist and client then proceed in a second interview with the second step and make a *list of important psychological and social variables of the client*. Starting off with for instance a general picture of the client's life in the last couple of months, the therapist takes note throughout the interview of important factors such as psychological problems, problem-solving methods, coping strategies, and impact on social life. These notes will form the basic components of the developing idiographic system model. Virtually any topic of importance to the client can be part of the interview and enter the system. It is advisable to try to capture the actual terms of the client's language, in order for client and therapist to achieve mutual understanding and produce the client's very own individual model. After the interview, all variables are checked for their terminology and content, to make sure that the client can see themselves in them. It is important that the components are expressed as variables that can change throughout time. In a perfect case, therapist and client manage to capture all important bio-psycho-social aspects of the client's life, incorporating cognitions, emotions, motives, behaviour, physiological states and more, while using the client's own language and terminology.

Subsequently, in the third step the inter-connections of these variables are mapped, creating a personal landscape of all relevant aspects of the client's mental functioning—the idiographic system model (ISM). Using a flipchart, a variable A is written down and the list is checked for other variables that are connected to it. Writing down a second connected variable B, both are linked with an arrow and a + or – symbol, indicating whether there is a positive relation (same-directed: increase in A leads to increase in B and decrease in A leads to decrease in B) or a negative relation (opposite-directed: increase in A leads to decrease in B and decrease in A leads to increase in B). An example of ISM is depicted in Figure 1, where we can see that the client described how an increase in “dissociation” is accompanied by a decrease of the distraction through “disturbing voices,” indicated by a minus sign between the two variables. In contrast and symbolized by a +, the more “rage/aggression” the client experiences, the more the client needs to switch on the “movie in the head (head-cinema),” and a decrease in aggression makes that coping-mechanism less necessary.

³⁶ Schiepek, G. K., Stöger-Schmidinger, B., Aichorn, W., Schöller, H. & Aas, B. (2016). Systemic Case Formulation, Individualized Process Monitoring, and State Dynamics in a Case of Dissociative Identity Disorder. *Frontiers in Psychology*, 7, Article 1545. <https://doi.org/10.3389/fpsyg.2016.01545>

Figure 1
The idiographic system model, a synopsis of psycho- and socio-dynamical aspects of the client's experiences.³⁷



This client reported that she would like to “be able to distance herself from loud noises and intrusive voices in her immediate surroundings” (note that these are real life situations as e.g., in the office and not psychotic hallucinations). Furthermore, she wanted to have “stability in life” and “find a job,” the latter she would dismiss throughout therapy as too big a burden. Secondly, therapist and client explored in a dialogical fashion the resources of the client, which were in a third step rated for their current, desired and potential manifestation. As resources, the client experienced the felt love for her partner, she enjoyed listening to music (as a means to distance herself from unpleasant sounds around her), knitting, liked herself for having a dry and at times satirical humor, being a good listener, with good general patience and endurance. Also, she saw herself competent in terms of being a reliable person, having a pool of positive memories (e.g., odors from her childhood) and her “head-cinema”—a technique she invented for herself in which she uses aggressive fantasies featuring

the perpetrator of intrusive sounds, in order to channel off her disturbance. Even though some of these resources might appear questionable, the condition of the patient at the beginning of therapy was such that she truly felt these were capacities and resources that help her in life.

The client managed to create her complete ISM in a session of 3 hours, being in a, as she described it, “focused flow” only interrupted by a short break. In contrast to her everyday life experiences of dissociative absences, she managed to keep up her concentration fairly uninterrupted through this intensive session. She reported finding herself very well represented by the model and brought a small copy of the model to almost all therapeutic sessions, referring to it as “the map of my soul”. Often, the model helped her to better understand patterns of her own behavior, and how in a systemic fashion, cognitions, emotions and behaviour could trigger each other. In a second step, the client attributed many of the variables to be differentially prominent in separate personality states. That understanding was the basis for seeing patterns, that before had presented themselves as volatile and erratic alternations of these states. In contrast to her everyday life experience, the ISM functioned as a systemic and systematic synopsis of her psychological and social life, making amnesic separations of important aspects visible. Consequently, this understanding allowed trauma-focused therapy and intensive work directed towards the different states.

After completion of the idiographic system modelling, therapist and client create an *individualized process questionnaire*, which is then administered daily through an internet-based monitoring tool (Synergetic Navigation System, SNS), to capture the client's individual change process continuously throughout the therapy and after-treatment period. With the use of an individualized process questionnaire what is called “feedback informed treatment” or “real time monitoring” becomes possible. The client evaluates regularly how they see the therapeutic relationship and process, how they perceive their life situation, their symptoms, the solutions, new perspectives that are opening up for them, how they understand and how they describe their emotions, positive or negative and so on. We know from research what are the crucial factors that contribute to the outcome: client factors, therapist factors, therapeutic alliance, feedback and method/technique. It is crucial that the therapist uses method/technique in the sense that it fulfills the expectations of a client. A method or technique is not a priori good or bad, but it is very important that it matches with what the client expects, values and what makes sense for them. It is also very important to follow what is happening in the client's life in general during the course of therapy, not only during therapy sessions, and not only at a certain point (point diagnostics), but to use process diagnostics. This is a new challenge that

psychotherapists are confronted with now. With the development of information technology and different feedback systems, algorithms are available for clinical use which are also supported by artificial intelligence. In addition to the usual clinical judgement, with IT support the therapist can collect information about what is happening in their client's life during the whole course of therapy, not only during the individual therapy sessions. In our SFU outpatient clinic we have started a pilot study of feedback informed treatments, and I hope this will go on and will present an alternative to the classical categorial diagnostics.

About the symptom as a paradoxical knot and as a guide to a more viable future

Lea: And of course, we are now obviously facing a demand for a shift in our psychotherapy education system as well. So Stefano, please. I know you have a lot to say.

Stefano: Okay. The way the mind works - the unconscious mind, which is basically almost everything, it works by generating gestalten - images, not visual images, not discursive formations, but synthetic formations. You have to consider how the brain works. The brain does not work by firing neurons separately, but by networks of neurons firing at the same time. So the idea is, that the mind works by producing highly integrated formations. They may be called neuro-maps or cognitive schemas or psychological complexes or images, whatever you want. In linguistics, you call them metaphors. A metaphor is the most important device in language to create meaning. And the metaphor works by putting together two separate items that have very little to do with each other and saying that one is the other - Caesar is a lion, Caesar is not *like* a lion, but Caesar is a lion. This is totally absurd, but if you integrate these two things, these two components at the same time, they create a meaning.

Symptoms are exactly the same. Symptoms are symbols that are not able to be expressed in a discursive way, which means through a reflexive (speakeable) action, or through relationships. Historically and culturally they are meanings. They are immensely condensed and remain condensed. But they are not just leftovers. They are not garbage. They are not things to dispose of. They are not mistakes. They are the mind's attempts to organize itself and to express itself in a metaphorical way. They are highly condensed formations that have to be unravelled. We have to unravel them to let them express themselves. And this is what happens in psychotherapy, where we mostly work with

metaphors. When we work in psychotherapy, at least most of us, we work a lot using a metaphorical language, because we convey a highly condensed way of communicating potential meanings, that will be unravelled by the patient or within the relationship.

Why am I saying this? I'm saying this because we should intend psychopathology in the Greek sense of the word psycho-patho-logy. That is the logical, the meaningful passions of the soul. Psychopathology actually expresses an attempt, in its own way, by the mind trying to solve problems, *problemata*, things that have to happen in the future, but unfortunately in a way that cannot actually solve the problems the way they should be solved. Depathologizing basically means not to punctuate on the inability of the symptom to be a symbol, but on the attempt of the symptom to be a symbol, on the positive side of the symptom, because the symptom, once again is extremely condensed.

Let's look at one example that Miran might like. If you take the Milan School of Relational Psychotherapy, and Mara Selvini Palazzoli, whom I had the good luck to know, they work a lot with paradoxes. In order to create a counter-paradox, the school of Milan used to give to the family a paradoxical prescription, in order for the family to be forced to enter into a chaotic state and to change. Well in order to complete one prescription they would take days. A prescription was written in the form of a letter, a few lines, and they had to formulate it. It was a very, very difficult thing to do, because it had to fit the family system in a way that there were no possible escapes that were not paradoxical. It was a counter-paradox. The incredible thing is, that during any family session that had some issues that were not symbolically solvable - they are symptomatic, so they express themselves in a condensed way, you notice that the members of the family create paradoxes constantly and they are all perfect. Everything they do, everything they say, puts the family in check, as if each one of them is so immensely intelligent, to constantly be able to say something that blocks, homeostatically, the possibility of the family from developing, while at the same time pushing for development. All geniuses know this is how the unconscious works. And they are symptoms, but these symptoms have the same intelligence of the counter-paradoxes of Mara Palazzoli Selvini who was able to understand the possible potential meaning of the symptom. By the way, here you will notice that we are going back to Adler - symptoms are not just caused by something but have a finality, they have a goal, they are trying to reach a goal. Jung also took this concept from Adler, it's a central concept. So how to depathologize?

Two quick examples, one issue of depathologization has to do with what we call the Karpman triangle. It is a triangle, in which if you have a victim, you automatically constellate a persecutor and a saviour. So if a psychotherapist

acts like a saviour, the psychotherapist is inducing into the patient the identity of the victim, defining the patient as a victim against a persecutor. By doing so, we are actually prescribing a symptom, because we are asking the patient to be a patient, instead of looking inside the patient for the positive meaning of their symptoms in order to free themselves. So, one very important thing is, for instance, not to look at our patients as if we were their saviours full of knowledge and they the victims of their psychopathologies, but as intelligent beings, whose unconscious mind (which as I said is mostly everything) is trying to look for solutions to problems that cannot be better expressed.

The other is clinical example. We had a woman from Liberia and she was diagnosed as a paranoid schizophrenic, and they were trying to give her all sort of drugs. She was not healing, she had eleven Jinns that were persecuting her. Jinns are like ghosts of god, supernatural beings, and they would talk to her and pursue her all the time, it was a terrible life. She had come from Liberia, where all her family had been exterminated. She had been raped multiple times, she was wounded in war, she had fled from her country and came to Italy, so everyone was building a DSM diagnosis of severe post-traumatic stress disorder, that had collapsed her personality into a schizophrenic state and she was being treated as if all that she was doing was totally meaningless, like "poor her, she was pursued by the Jinns because she was traumatized" and we were saving her without understanding anything. We then tried to help her with sandplay, which was actually very good. At a certain moment, it slowly came out, she told us a secret. This is very common, we know secrets can be very pathogenic. Well, the secret was that she was a female member of a genealogy which were meant to become psychotherapists, medicine women, one of our colleagues in Africa (just like us) but she refused. She had refused to become what she was supposed to become. Her grandmother was a medicine woman, now it was her turn. So we developed a hypothesis, and we must keep hypothesizing all the time, maybe the Jinns are not just crazy beings. Maybe the Jinns are trying to tell her, so to speak, you belong to us, you have to talk to us, why are you refusing, why are you considering us as a crazy part of your own personality? Well, eventually she went back to Liberia and she was initiated to be a psychotherapist, a medicine woman. And now, is she healthy? It depends on how you see her. She is extremely good at helping other people from West Africa that might have problems. Of course, she has some hyperactivity in her mind. But after all, who doesn't? And what's the problem about that anyway? Her Jinns are however much more under control, and they actually suggest to her what she should do when a person comes to ask her for advice. This is a typical story of Shamans.

We were able to approach this story because we imagined that her psychopathology was not just a psychopathology, but was a highly condensed way, (and she was a very, very serious patient,) of expressing something that by the way didn't just belong to her. It belonged to her culture, to her genealogy, to her roots, to her identity as an emergent subject from a multi layered, embedded set of relationships. I could give you many examples of this sort of thing that happen every day with my patients. It presents the possibility of not thinking about the symptom as a problem, but as I say, "the handle of my luggage". The symptom is the handle that I use, to try to hold the situation of the patient. It is the symptom that leads the way, the indication of where we should get is contained in the symptom. Not necessarily where we come from, this is less important, but where we should go. In the symptom, like a condensed paradoxical knot made up with the threads of the past, there is always the indication for a possible future.

Miran: I totally agree. Milton Erickson developed the same ideas about the symptom. For example he said that the symptom is like a cup handle that the therapist can grasp. This handle leads the way to work with the cup, which is the relationship network, the context. And he also said that symptoms can show us the way to a different, more viable future. I hope that we will learn from the symptoms, both individual and social, and let them guide us diverse wise solutions to huge social and ecological problems we have in our anthropocene epoch.

Lea: I think we can agree that many paths of knowledge have brought us to this time and space and that we are facing big challenges, because we need to deconstruct many concepts that we have taken for granted as psychotherapists, also as citizens and human beings. So it is a very exciting time we are living and we can all contribute to change in the direction of more democracy, understanding, holding conflict, and being able to coexist.



Drage bralke in bralci, recenzentke in recenzenti našega Kairosa!

Če lahko polom izrečemo, ta nima več zadnje besede.

Terry Eagleton

Poskrbimo za svobodo in resnica bo poskrbela zase.

Richard Rorty

*Upanje je, če verjameš,
da zemlja ni sen, ampak živo telo,
da nam ne laže ne vid, ne dotik, ne uho,
In da so vse znane stvari kot vrtovi,
ki smo prispeli na njihov rob.*

*Vstopiti ne moreš, ampak veš, da so.
Če bi gledali modro in bolj pozorno,
bi v tem vrtu sveta zagledali
zvezde in vse polno novih rož.*

Czesław Miłosz

Tokrat prvič, odkar izhaja Kairos, objavljamo uvodnik v angleščini. K temu nas je spodbudilo sodelovanje Stefana Carte, ki je bil pripravljen obogatiti transkript diskusije, ki sva jo imela ob pomoči moderatorke Leje Šugman Bohinc junija 2021 v okviru 18. Študijskih dni SKZP. Ker nas je trdoživi covid v jesenskem času letošnjega leta postavil pred nove osebne in družbene izzive in ker zato zaradi psiholoških in družbenih posledic pandemije ostaja tema študijskih dni o socialnih dimenzijah psihoterapije še kako aktualna, v uredništvu Kairosa upamo, da vam bo uvodnik kljub angleščini navdihujoč.

Kot mi je po eni strani prijetno, da imam ob izteku leta 2021 znova priložnost, da se na vas obrnem z dobrimi željami za novo leto 2022, sem se po drugi strani znašel v zagati. Ko bi bil covid edina družbena tegoba, ki nas tare, bi z vami lahko podelil svoje prepričanje oziroma pričakovanje, da se bodo novice o virusu v smislu števila obolelih, hospitaliziranih in umrlih umaknile v ozadje ter da se bomo, naveličani teme covid, končno lahko vse bolj posvetili drugim vsebinam naših življenj. Ker pa smo se že pred globalnim covid pohodom soočali z družbenimi in ekološkimi problemi, ki grozijo z razkrojem naše civilizacije, in jih je covid kot povečevalno steklo samo še bolj poudaril, žal v veliki sliki za

človeštvo ne vidim svetlejšje prihodnosti niti v letu 2022 niti v letih, ki sledijo. Kako naj se torej rešim iz te zagate in vam vseeno zaželim nekaj spodbudnega in upanje vzbujajočega, ne da bi zvenelo poplitveno in neiskreno?

Kar mi pomaga, je to, da podobno zadrego ob zrenju v prihodnost danes doživljajo številni ljudje, med njimi tudi tisti, ki so mi s svojo modrostjo svetel zgled. Naj na tem mestu omenim tri: komparativista, filozofa in družbenega kritika Terryja Eagletona, filozofa Richarda Rortyja ter pisatelja, pesnika in diplomata, Nobelovega nagrajenca, Czesława Miłosza.

Eagleton me je pritegnil že z naslovom svoje knjige - *Upanje brez optimizma*³⁸. Ker je v meni ob rušilnem pohodu divjega, kobiličarskega kapitalizma že pred mnogimi leti usahnil optimizem, mi predstavlja velik izziv, kako kljub temu ohranjati upanje. Eagleton zavrača tako optimizem kot pesimizem, ker ju razume kot drži, ki ju lahko zavzamemo vnaprej in potem nismo več odprti do tistega, kar bi ju lahko omajalo. Sam bi dodal, da v obeh primerih podležemo skušnjavi gotovosti, tako da svojo zaznavo in mišljenje zapremo bodisi pred svetlobo bodisi pred temo. Svet na silo prikrojimo v smeri plusa ali minusa ter se nočemo izpostavljati negotovosti, povezani z nepredvidljivostjo in naključnostjo naših življenj. Ko Eagleton išče upanje, ki je onkraj optimizma in pesimizma, ga najde v tem, da lahko o brezupnem stanju govorimo. Pri tem se spomni Edgarjevega vzklika v Shakespearovem Kralju Learu: »... dokler lahko rečeš: Na tleh sem – nisi še na tleh«. Dokler lahko govorimo o kataklizmi, pa naj si bo v vsakdanjem, znanstvenem, filozofskem ali pesniškem jeziku, naše upanje ne bo ugasnilo. Popoln mrk nastopi šele z uničenjem jezika oziroma jezikovnega izražanja.

Richard Rorty (1931-2007), ki ni videl možnosti, kako bi se lahko v prihodnosti izognili jedrski vojni (ker se po obetavnem jedrskem razoroževanju, ki ga je sprožil Gorbačov po koncu hladne vojne med Sovjetsko zvezo in ZDA, oboroževalna tekma ponovno stopnjuje in zdaj ni vezana le na velesile, temveč tudi na majhne države, kot je Severna Koreja) in kako bi se revne države lahko ekonomsko dvignile na raven bogatih, je že leta 1997 v intervjuju z naslovom *Prihaja kriza*³⁹ poudaril, kako je za ohranjanje upanja ključna svoboda. In prav glede tega me ob povečevalnem steklu, ki nam ga je nastavljal covid glede družbenih, politično ekonomskih procesov v globaliziranem svetu, najbolj skrbi. Prepričan sem namreč, da bomo razvili čredno imunost in da bodo nove različice virusa vse manj nevarne, tako da bomo z njimi našli dovolj varno sožitje.

Toda ob vse večjemu oženju prostorov svobode se sprašujem, ali se ne bodo omejevalni covid ukrepi v prihodnosti pokazali tudi kot krinka za številne imenitnike, ki imajo nenasitne apetite po lasti, oblasti in nadzoru. Ta dekadentna požrešnost je veliko nevarnejša od virusa in je bila še kako prisotna že pred korona obdobjem⁴⁰.

Rorty je v intervjuju opozoril, da je za ohranjanje liberalne demokracije, ki se je kot ideja pojavila že v času razsvetljenstva, ključna ekonomska blaginja. Čim pa se zamaje ekonomska trdnost, pride do porasta polarizacij (ki so se bolj izrazile tudi v času korone med bogatimi in revnimi, redno in začasno zaposlenimi, moškimi in ženskami, starimi in mladimi, belimi in črnimi idr.), fanatizma, fundamentalizmov, kultov ter skrajno desničarskih in fašističnih gibanj. Vse manj je dialoga in vse bolj se na bojiščih polarizacij pojavljajo enostranske resnice, vse tja do resnic z velikim R, ki skušajo izključiti vse druge, čeprav vemo, da je za ohranjanje demokracije ključen prav dialog oziroma polilog. Le tisto je lahko resnično, za kar se odloči svobodna skupnost. Zato se tudi sam zavzemam za Rortyjevo vodilo, da poskrbimo za svobodo in resnica bo poskrbela zase.

Znan je rek, da v vojni muze molčijo. In ker v tej naši lepi deželici na sončni strani Alp še vedno uživamo privilegij miru, naj zaključim s pesmimi Czesława Miłosza (1911-2004). Ob neverjetno vztrajnem oznanjanju medijev o številu obolelih, umrlih, cepljenih in testiranih, s katerim se praktično začnejo vsaka poročila in kar naj bi nas spodbudilo k odgovornemu ravnanju in nam krepilo upanje, da smo na dobri poti v svetlejšo prihodnost, namreč pogrešam veliko tišji in subtilnejši glas poezije. Sprašujem se, kakšen bi bil vpliv na naše upanje kljub zahtevni sedanjosti in temačni prihodnosti, če bi se novice na radiu in televiziji začele in končale s pesmimi, kot jih tako doživeto povedo naše igralke in igralci na programu Ars, ko nam zjutraj z lirčnim utrinkom pomagajo stopiti v nov dan ali ko nam zaželiyo lahko noč z literarnim nočturnom.

Miłosz je postavil namerno ob bok dve pesmi, ki si nasprotujeta, da bi ponazoril dve ključni perspektivi, s katerih lahko motrimo sebe in svet. Prvo, z naslovom *Pogovor z Jeanne*, je leta 1984 napisal na letovanju na karibskem otoku Guadeloupe, drugo, z naslovom *Pesem za konec stoletja*, pa na univerzi v Berkeleyu leta 1990⁴¹. V prvi je opisal trenutek čuječnega doživetja lepote narave:

38 Eagleton, T. (2018). *Upanje brez optimizma*. Ljubljana: Beletrina.

39 Rorty, R. (2006). There Is a Crisis Coming. V E. Mendieta (ur.), *Take care of the freedom and the truth will take care of itself: Interviews with Richard Rorty* (str. 56-65). Stanford: Stanford University Press.

40 Možina, M. (2020). Uvodnik o korona in gero-transcendenci. *Kairos - Slovenska revija za psihoterapijo*, 14(1-2), 9-53.

41 Miłosz, C. (2008). Dve pesmi. V K. Pisk in J. Unuk (ur.), *Czesław Miłosz: Zvonovi pozimi, izbrane pesmi* (str. 376-382). Ljubljana: Beletrina.

».... Potapljava se v peno na črti kipečih valov,
plavava daleč, od koder je obzorje zvito v klobčič
bananovcev, s pernatimi vetrnicami palm.
... Zibljem se na valovih in gledam v oblake«.

V drugi pa je izrazil jezo nad tem, da se ljudje tako neradi spominjamo in učimo iz preteklih napak, izključujemo zgodovinski spomin ter živimo, kot da nič ni, kot da bi groza ne prežala takoj pod površino naših vsakdanjih družbenih opravil in rutine:

»Na žalost me ni hotel
zapustiti moj spomin.
V njem pa živa bitja,
vsako s svojo lastno bolečino,
vsako s svojo lastno smrtjo,
s svojo lastno preplašenostjo.

... Na koga naj se obrnem
s to docela temno zadevo
bolečin in obenem krivice,
ki sta vpisani v arhitekturo sveta,
če niti tu spodaj
niti tam visoko zgoraj
nobena sila ne odpravi
vzroka in učinka?«

Tudi sam vedno znova doživljam nepomirljivo nasprotje oziroma dialektiko teh dveh načinov doživljanja. Po desetletjih trdega dela, za katerega sem dolgo upal, da bo pripomoglo k obetavni prihodnosti tudi in predvsem za tiste, ki prihajajo za mano, sem danes jezen in razočaran, ko se mi vse bolj izrisuje velika slika tega, kam gremo. Počutim se, kot bi bil v vagonu vlaka, ki z vse večjo hitrostjo drvi v prepad. In čeprav poskušam vsak dan narediti kaj dobrega zase in za tiste, ki se z mano vozijo v vagonu, se ne morem izogniti nelagodju in vse bolj trpkemu občutku nemoči, ko pogledam skozi okno vagona ali ko pred svojim notranjim očesom s ptičje perspektive zagledam obrise celotne vlakovne kompozicije. A dokler lahko o tem nelagodju in nemoči govorim in pišem, pa čeprav tega nihče ne bi slišal ali prebral, se strinjam z Eagletonom, ko pravi, da s tem lahko ohranjam kanček upanja. In sem hvaležen, da še živim v okolju, ki dopušča, da lahko dodajam svoj glas v polifonijo drugih glasov.

Ko pa se odmaknem od velike slike k podrobnostim, predvsem tistim, ki mi jih na vsakem koraku ponuja narava, sem prav tako kot Milosz vedno znova deležen milosti čuječnega doživljanja, ko vse samo najde svoje mesto in se izpolni. Ko ni potrebno kar naprej nekaj delati in iskati, temveč me samo od sebe ujame tisto, kar mi drugače polzi med prsti, če se nekaj globoko v meni ne umiri. Tako se mi je zgodilo tudi včeraj, ko sem tekkel na smučeh po samotnih poljanah in med smrekami,

ko je hrskalo pod smučmi ob vsakem zagonu,
ko so me objeli oddaljeni visoki, beli vrhovi
s čarovnijo, ki ukinja razdalje,
premošča razpoke
in zaliže rane.
Ko se poveže
vid, sluh in čutenje,
vsak gib, dih in sopenje,
ko trenutek zaledeni,
a vseeno greje tisto obilje,
ki lije čez rob
od mene k drugim in v veselje
in mi pravi,
daj se, ustavi,
ker lep je ta svet.

Tako – uspelo mi je najti odgovor na izhodiščno dilemo, kako sestaviti voščilo, ki je povezovalo izzive, ki jih vidim v veliki sliki sveta, z lepoto čuječnega doživljanja drobcev vsakdana. S pisanjem sem dolil v leščerbo v globini svoje duše, v kateri brli drobna luč upanja. Čeprav sveti medlo, je del tega upanja, da se ga bo nekaj prelilo tudi v vaše svetilke, drage bralke in bralci, recenzentke in recenzenti Kairosa.

Srečno!

