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Hermeneutic psychotherapy: Collaborative, dialogical and epistemically just approach to psychosocial distress and mental disorders

Hermenevtična psihoterapija: sodelovalni, dialoški in epistemično pravičen pristop k psihosocialnim stiskam in duševnim motnjam

Summary

In this article, philosophical hermeneutics is used both as an epistemological framework and as a broader conceptual tool. We examine different philosophical interpretations of hermeneutics and point to possible bridging of traditional epistemological gaps in scientific and professional observation and understanding. The idea of a "creative circle of epistemology" is used, in which objectivism and constructivism are seen as complementary recursive dynamics of objectification and construction. We are critical of the current diagnostic system of mainstream psychiatry and question the assumed neutrality of therapists and the impact of this assumption on their relationships with clients. We contrast objectivist psychotherapy with constructivist approaches and warn against the hegemony of the dualistic Western psychotherapy culture and the imposed global standard of the DSM-5. We argue for the social construction of psychiatric diagnostic categories. We define the psychotherapeutic encounter as a communicative act and argue for hermeneutic, non-theory-centred approaches to psychotherapy. The article presents some selected philosophers, psychiatrists, and psychotherapists who have contributed to a shift from traditional objectivist to hermeneutic psychotherapy. We give an example of an interdisciplinary project to integrate

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objectivist and hermeneutic paradigms and quantitative and qualitative methods of consciousness research in the field of neurophenomenology. We emphasise the importance of understanding the client's theory of change and address critical issues arising from the epistemology of testimony. We conclude that the hermeneutic approach to psychotherapy fulfills the criteria for a testimony in the epistemic sense, with established trust as a necessary condition. Finally, we return to the problematic consequences of using psychiatric diagnostic systems, pointing out the epistemic injustice and arguing for hermeneutic psychotherapy as an empowering, collaborative and dialogical approach. This approach addresses traditional epistemic injustice by recognizing clients as experts in their experiential worlds and as equal partners in the co-creation of new knowledge in the processes aimed at achieving agreed upon change.

Key words: philosophical hermeneutics, psychiatric diagnostic criticism, communicative act, hermeneutic and objectivist psychotherapy, client's theory of change, epistemology of testimony, epistemic justice

Povzetek

V članku avtorici uporabljava filozofsko hermenevtiko kot epistemološki okvir in kot širše konceptualno orodje. Preučujeva različne filozofske interpretacije hermenevtike in opozarjava na nekatere možnosti premostitve tradicionalnih epistemoloških vrzeli v znanstvenem in strokovnem opazovanju in razumevanju. Uporabiva zamisel „ustvarjalnega kroga epistemologije", v katerem je na objektivizem in konstruktivizem mogoče gledati v luči rekurzivne dinamike vzajemno dopolnjujoče se objektivizacije in konstrukcije. Kritični sva do sedanjega diagnostičnega sistema prevladujoče psihiatrije in preizprašujeva domnevno nevtralnost terapevtov in vpliv takšne predpostavke na njihove odnose s klienti. Objektivistično psihoterapijo primerjava s konstruktivističnimi pristopi in opozarjava na hegemonijo dualistične zahodne psihoterapevtske kulture in vsiljene globalne standarde DSM-5. Zagovarjava družbeno konstrukcijo psihiatričnih diagnostičnih kategorij. Psihoterapevtsko srečanje opredeliva kot komunikacijsko dejanje. Zavzemava se za hermenevtične psihoterapevtske pristope, ki niso osredotočeni na teorijo. V članku predstaviva nekaj izbranih filozofov, psihiatrov in psihoterapevtov, ki so prispevali k premiku od tradicionalne objektivistične k hermenevtični psihoterapiji. Navedeva primer interdisciplinarnega projekta povezovanja objektivistične in hermenevtične paradigme ter kvantitativnih in kvalitativnih metod raziskovanja zavesti na področju nevrofenomenologije. Avtorici poudarjava pomen razumevanja klientove teorije spremembe in odpreva kritična vprašanja, vezana na epistemologijo pričevanja. Skleneva, da hermenevtični pristop k psihoterapiji izpolnjuje merila

za pričevanje v epistemičnem smislu, in sicer ob nujnem pogoju vzpostavljenega zaupanja. Na koncu se vrneva k problematičnim posledicam uporabe sistema psihiatrične diagnostike. Opozoriva na epistemično nepravičnost in zagovarjava hermenevtično psihoterapijo kot pristop, ki krepi moč, omogoča sodelovanje in dialog. Ta pristop odpravlja tradicionalno epistemično nepravičnost, saj upošteva kliente kot strokovnjake za svoje izkustvene svetove in kot enakovredne partnerje v soustvarjanju novega znanja v procesih, usmerjenih k doseganju dogovorjene spremembe.

Ključne besede: filozofska hermenevtika, kritika psihiatrične diagnostike, komunikacijsko dejanje, hermenevtična in objektivistična psihoterapija, klientova teorija spremembe, epistemologija pričevanja, epistemična pravičnost

1. Introduction

In answering the question of what hermeneutics is, Jens Zimmerman (2015, p. 24) first offers a very simple definition, stating that hermeneutics is a profound human activity of interpretation. He continues by broadening the scope of the word, by pointing out that although in various areas of life the need for interpretation may be more or less obvious, hermeneutics is unconsciously at work even in acts of perception as elementary as grasping the meaning of a red traffic light. The author (ibid.) defines hermeneutics as "the art of understanding"," i.e. of receiving (interpreting) a message, "and making oneself understood," i.e. of sending the (interpreted) message. The Greek term *hermeneuein* - to utter, explain, translate, later Latinised as *interpretari*, referred to the task of understanding various types of spoken or written communication. Its use dates back to Plato and Aristotle in the fourth and third centuries BC. Considering that interpretation was one of the basic techniques used by Freud, the father of all psychotherapies, the meaning of hermeneutics becomes even more complex if we follow the train of thought that associates the term with the god Hermes in Greek mythology. Hermes is the messenger between the gods and mortals, delivering divine and human messages in one way or another.

It may be interesting to reflect that the philosophers of antiquity thought that all understanding can be described as self-understanding (Zimmermann, 2015). Plato and his student Aristotle warned of the potential danger of rhetoric, which can seduce the audience with various emotional and verbal skills in order to achieve an interpretation that serves motives and interests other than the search for truth. Alongside hermeneutics as human interpretation in the fundamental sense, it has established itself as a philosophical discipline that analyses the conditions of understanding (ibid.). In contrast to epistemology as a

philosophical theory of knowledge (or science that examines the production and quality of scientific knowledge), the "new" (as opposed to the "old") hermeneutic philosophy examines how our understanding is made possible by our culture, language, and history. It tries to understand our ability to understand, it seeks to *understand understanding*. Human beings do not only engage in the activity of interpreting. Interpretation is our deepest way of being in the world because we cannot not interpret, interpretative activity is not optional. We are "interpreting animals" (ibid., pp. 31, 36). Our experiences of the world as meaningful is only possible through interpretation. Our experiences are mainly organised in the form that resembles the structure of stories or narratives (Bruner, 1986, 1991) - we are "story-telling animals" as the moral philosopher Alasdair MacIntyre put it in 1981 (MacIntyre, 2007, p. 216). Our lives are embodied by culturally, linguistically and historically embedded narratives.

All knowledge is interpretative. Or, to use some famous metaphors, it is impossible to adopt the "God's Eye view" (Putnam, 1981, p. 55) or a "view from nowhere" (Nagel, 1986) or from an "experiencer-independent world" (Glasersfeld, 1982, p. 5). The philosopher Richard Rorty (1979) questions the entire endeavour of epistemology since the Greek period, which he characterises as "foundational" (i.e., the assumption of an objective, universal, common ground or foundation of knowledge of truth). Traditional analytic philosophy is trapped in the notion that the mind is a mirror that reflects reality through more or less accurate representations. For Rorty, the notion of knowledge as a system of accurate representations of the world is a matter of choice. He argues that there is no way to establish the validity of our beliefs by checking the accuracy of our mental representations of the world, i.e. the accuracy of ideas and their objects. We defend our beliefs through the social process of conversation, in which we try to convince others of what we ourselves believe. Rorty (ibid.) conceives of the construction of epistemology as a search for the greatest possible common ground of agreement with others. He notes that philosophers, in presupposing the possibility of constructing an epistemology, have so far taken for granted the existence of such a common ground of agreement between people. This alleged common ground ensures the comparability of the contributions of the participants in a conversation, which means that the contributions can be subjected to a single system of rules that determine how to arrive at a reasonable consensus on the issues at stake.

Rorty (ibid.) opposes the idea of any objective meanings and argues that people do not "discover" the world through interpretation, but "create" it by describing it, i.e. interpreting it. He deconstructs epistemology, i.e. foundationalist concept of knowledge, and proposes hermeneutics, i.e. the hermeneutic

concept of knowledge, instead. Hermeneutics, according to Rorty (ibid.), differs from epistemology precisely in that it attributes the possibility of reaching an agreement, a consensus between people, not to the existence of this common ground or matrix, but to the conversation itself - as long as it continues, there is hope that the participants will develop a consensus. In arguing for the inevitable "hermeneutic circle" associated with a holistic interpretation of cognition, Rorty defines his understanding of the term as: "... the fact that we cannot understand the parts of a strange culture, practice, theory, language, or whatever, unless we know something about how the whole thing works, whereas we cannot get a grasp on how the whole thing works until we have some understanding of its parts" (Rorty, 1979, p. 319). The philosopher therefore conceives of culture circularly as a conversation rather than linearly and hierarchically as a structure built on an assumed common foundation. He compares the development of an understanding to getting to know a person and not to following a demonstration (ibid.).

In the theory of logical thinking, circular reasoning was or is regarded as a useless concept with unsolvable consequences, as an undesirable "vicious circle" in which cause can become effect and effect can become cause. The first author of this article and Urban Kordeš have introduced the idea of another creative circle, namely the recursively reconstructed complementary relationship between two traditionally opposing epistemologies, objectivism and constructivism (Šugman Bohinc & Kordeš, 2004). Rather than viewing them as two opposing epistemological poles, we define each as a position that incorporates certain aspects of the other. Their relationship can be symbolically represented as a circle with two intertwined and recursively unfolding complementarities, for example objectification and construction or stabilisation and change processes as they are known in psychotherapy. Every observation, every experience on the part of the therapist begins with hearing, watching, feeling and thinking about the observed system, in our case the client, as if the client were an "existing" phenomenon – and in this way "objectifying" or "stabilising" it. Verbal language acts as an "objectivator" or "objectifier", because by naming or formulating something that we observe and address, we are already behaving in a certain way as if the observed system (objectively) existed.

From this perspective, there are no differences between the objectivist and constructivist positions. They differ only in the attitude of the observer towards her observation. The constructivist reflects her participation in the observed system through her personal experiences, values, expectations and beliefs, which are in line with her cultural, religious, political background and professional knowledge, to name but a few. In this way, she can change and reconstruct her

previous interpretation of the client as well as of herself, the therapist. This reconstruction or reinterpretation can influence both the therapeutic process and the relationship which can develop in a new direction. It is probably unnecessary to say that these objectifying and reconstructing processes are similar from the client's perspective. On the other hand, if the objectivist has taken precautions to prevent or control the possible influence of the above contextual factors on her observational objectivity, she does not doubt the objective reality of the observed system and is likely to maintain her understanding. To summarise, the recursive circularity of objectification and construction is a dynamics involved in the process of observation from a constructivist position, and it can be understood that these processes are not mutually exclusive and contradictory but complementary. Instead of vicious, we can call this the "creative circle" of epistemology (Šugman Bohinc & Kordeš, 2004; Kordeš, 2005).

While not all philosophers agree with Rorty's nihilism towards any traditionally foundationalist and objectivist epistemology and many (including Zimmermann, 2015) label him a relativist, the author himself has always resisted this label and explained his understanding of relativism (as well as subjectivism) as a product of the representationalist paradigm (Rorty, 1979). He claims that there is no actual correspondence between the mind or cognition and reality, and holds that truth is what we interpret it to be. The understanding that all knowledge is interpretative does not replace the presupposed existence of objective truth with the relativism of infinite subjective truths, for these two positions are the opposites of the same dimension, the same (objectivist) epistemology. An important perspective that hermeneutics brings not only to psychotherapy but to all science is the influence of the socio-cultural context in which people live and in which our psychosocial problems emerge. Robert Woolfolk (2015) reminds us of the ideas popular decades ago in community psychology and the anti-psychiatry movement, namely that the origins of the problems for which people seek out psychotherapists are not always individual, but various social, economic, political, environmental, and ethnic, gender, age, etc. factors. The hermeneutics on which this paper is based goes beyond the polarity of objectivity and subjectivity by proposing the constructive, interpretative, narrative character of all knowledge, personal i.e., individual, and collective, including all professional knowledge.

The authors of this paper would like to share our ideas and experiences about where the above definition of hermeneutics can lead us when applied to the context of psychotherapy. We begin with a postmodern critique of psychiatry's diagnostic systems, arguing for hermeneutic psychotherapy as a way to avoid the harmful effects of diagnosing in psychotherapy. After defining the

psychotherapeutic encounter as a communicative act, we continue by contrasting hermeneutic and objectivist approaches to psychotherapy. In discussing the vision of a peaceful coexistence of different epistemologies, we point to neurophenomenology as an example of an interdisciplinary approach that aims to close traditionally unresolved paradigmatic and methodological gaps. We discuss the idea of a creative circle of epistemology that views objectivism and constructivism as complementary and mutually influential. Further, we introduce the reader briefly to the science of hermeneutics in psychotherapy. After presenting the epistemology of testimony in psychotherapy we return to the problem of diagnosing thus completing a full circle in our story on hermeneutic psychotherapy.

2. Postmodern critique of psychiatric diagnostic systems

In medicine, psychiatry as a subfield has the status of a non-science, as it lacks an independent biological basis that serves as evidence for the clinical definition of most mental illnesses and has not provided causal explanations for them (see e.g. Kendler et al., 2011; Tyrer, 2014; Zachar, 2015). In this respect, the taxonomy of psychiatric disorders does not reflect the classifications of physical illnesses, which are understood as natural kinds (i.e. supposedly existing in nature, reflecting the structure of the natural world) as opposed to social kinds (i.e. reflecting people's interests and actions) or, as philosopher Ian Hacking suggests, practical kinds. In his influential work "Mad Travelers: Reflections on the Reality of Transient Mental Illnesses" (1998), Hacking introduced the concept of "*making up people" through psychiatric categories*. He argued that psychiatric diagnoses are not merely a reflection of pre-existing conditions, but rather play a role in shaping and constituting the identities and behaviours of individuals. Hacking (ibid.) suggested that psychiatric diagnoses create "interactive kinds," i.e. categories that influence the behaviour and experiences of those who are assigned to them. Using the example of multiple personality disorder (now known as dissociative identity disorder), he illustrated how psychiatric categories can both reflect and shape the way people understand and express their mental distress.

It should be noted that the debate about whether or not mental disorders can be classified in a similar way to somatic diseases dates back to the nineteenth century and continues today. The postmodern critique of psychiatry's diagnostic systems involves a critical examination of the assumptions, methods and consequences of psychiatric classification and diagnosis, drawing on the

perspectives of various authors who have contributed to this discourse. One of the arguments of the postmodern critique is that psychiatric diagnostic categories are *socially constructed* (see e.g. Lewis, 2000; Cooper, 2005). Child psychiatrist Sami Timimi (Cohen & Timimi, 2008; Timimi, 2020), who initiated an international campaign on the Critical Psychiatry Network UK (2011) and called for the abolishment of both the International Classification of Disease (ICD) and Diagnostic Statistical Manual (DSM), has contributed to various critical discussions in psychiatry, including the medicalization of children (Timimi, 2014). There is a long list of key historical figures and notable postmodern authors who have promoted this understanding by emphasising the role of social, cultural, and historical factors in shaping psychiatric diagnoses. Among the best known are the psychiatrists Ronald D. Laing (1960), Thomas Szasz (1974, 2008), Franco Basaglia (1967) and David Cooper (1974), the philosopher Michel Foucault (1961) and the psychologist David Rosenhan (1973) with their classic works[3]. These authors point to the need to consider broader socio-cultural contexts when interpreting and criticising psychiatric diagnoses.

Another focus of postmodern criticism of psychiatric diagnostic taxonomy is its *medicalization of normality*. Authors such as Robert Whitaker (2010) and Adebayo Clement Akomolafe (2010) have examined how psychiatry tends to medicalize normal human variations and suffering, presenting them as disorders in need of treatment. A postmodern critique would argue that this pathologization has profound effects on individuals and society. We have already mentioned some authors (Kendler et al., 2011; Zacher, 2014, 2015) who criticise the biological reductionism of modernist psychiatry, which focuses on (as yet unproven) biological factors and thus oversimplifies the complex nature of mental disorders. The psychiatrist and psychotherapist Miran Možina (2024) is one of the most prolific Slovenian critics of the biomedical model and its negative implications, such as "medicalization and medicamentalization". Referring to Foucault (in Možina, 2024), the author points out attention to the connection between the mental health diagnosis and the institutional power and influence of psychiatry in contemporary societies. He emphasises the effect that the possible social (especially class and gender) factors of human suffering are obscured and disguised because the symptoms of mental disorders are associated with biology and genetics. Psychiatry is subject to the postmodern critique that it has historically been used to control and pathologize political dissent (Cosgrove & Whitaker, 2015). This perspective of the *medicalization of*

3 See the titles in the reference list at the end.

dissent highlights the potential for abuse of psychiatric diagnoses.[4]

One of the most criticised perspectives on the psychiatric diagnostic system is the *influential role of the pharmaceutical industry in shaping psychiatric practice* (Whitaker, 2010; Compton & Shim, 2015; Lewis-Fernandez & Kirmayer, 2019). In his book "Anatomy of an Epidemic: Magic Bullets, Psychiatric Drugs, and the Astonishing Rise of Mental Illness in America" (2010) (also translated into Slovenian in 2023), Robert Whitaker presents a comprehensive critique of the influence of the pharmaceutical industry on psychiatric practice (especially in the USA), which he backs up with statistical data and evidence. The author addresses the following key points and issues. - Increase in the use of psychotropic drugs: Whitaker examines the significant increase in the use of psychotropic drugs over the decades, particularly in the United States, and warns of the alarming trend of overmedicalization of American children and adolescents. He highlights statistics that show an increasing reliance on psychiatric drugs to treat various mental health conditions. -Psychiatric drugs and disability: It is paradoxical that the number of disabilities in people diagnosed with mental disorders is increasing despite the widespread use of psychiatric drugs. Whitaker raises the question of whether these drugs promote or contribute to long-term disability. He argues that the rise in disability rates may be related to the widespread use of psychotropic drugs. - Influence of pharmaceutical companies: The author presents evidence of the industry's substantial financial contributions to psychiatric research, education, and professional organizations, raising concerns about potential conflicts of interest. - Marketing and advertising: Whitaker discusses the aggressive marketing and advertising of psychiatric drugs by pharmaceutical companies. He points to the enormous advertising budgets and marketing strategies used to promote the prescription of psychiatric drugs. - Long-term results: An analysis of studies and data is presented that suggests that many psychiatric drugs are not effective in the long term. The author questions the efficacy of these drugs in terms of lasting improvement in mental health and social functioning. - Alternative approaches: The book emphasizes the importance of

4 There are films and novels that shed light on the above-mentioned historical abuse of psychiatry against political dissidents, which often leads to the misuse of psychiatric diagnoses for political purposes, in vivid narratives. They emphasize the importance of critical inquiry and ethical practices in the field of mental health. We list some of the films: "One Flew Over the Cuckoo's Nest" (by Miloš Forman, 1975, based on the novel by Ken Kesey), "Girl, Interrupted" (by James Mangold, 1999, based on the memoirs of Susanna Kaysen), "Shutter Island" (by Martin Scorsese, 2010, based on the novel by Dennis Lehane), "Silver Linings Playbook" (by David O. Russell, 2012, based on the novel by Matthew Quick); and novels: "Doctor Zhivago" (by Boris Pasternak, 1957), "The Madhouse" (by Alexander Zinoviev, 1969), "Kesey's Garage Sale" (by Ken Kesey, 1973), "The Great Brilliant Waltz" (by Drago Jančar, 1985), "The Shock of the Fall" (by Nathan Filer, 2013), "All the Bright Places" (by Jennifer Niven, 2015), "Everything Here Is Beautiful" (by Mira T. Lee, 2018), "The Key" (by Kathryn Hughes, 2018) and many others.

exploring alternative approaches to mental health care, such as psychotherapy, social support, and non-pharmacological interventions. Whitaker points out that these approaches can lead to more sustainable and better outcomes.

Another important focus of the postmodern critique of contemporary psychiatry is the *hegemony of Western culture's diagnostic taxonomies in non-Western countries*, often without regard for (or even belittling) local cultural contexts and indigenous understandings of mental health and its healing practices. Adebayo Akomolafe (2010) and Ethan Watters (2010) caution against how Western diagnostic systems such as the American DSM have been widely adopted as "the global standard" for diagnosing mental disorders. This adoption can be seen as a form of cultural imperialism, where Western norms and values are imposed on non-Western cultures, often with little regard for local perspectives. As Watters claims, the internationally often well-received DSM has produced a globally homogenized human suffering. Furthermore, a similar hegemony of the dominant psychotherapy approaches of Western dualistic culture is taking place in responding to the needs of people from ethnic minorities. In particular, John Christopher et al. (2007) point to the problem of the assumed moral, ethical, and political neutrality that underlies the traditional dualistic cultural view of Western psychotherapy. The authors (ibid.) propose philosophical hermeneutics as a metatheoretical framework for helping professionals in cross-cultural interactions. They argue that the hermeneutic concept of dialogue can further our understanding of the influence of the dualistic worldview on theories, practice, and research in psychotherapy.

3. The psychotherapeutic encounter as a communicative act

In our everyday encounters with other people, we converse and often conclude the conversation believing that we have understood the other person well enough to predict what they will do. Of course, we can be wrong and misinterpret the other person's message, but this shows that we can recognise and correct errors in understanding when we make them. This is an integral part of the communication and understanding process. We take each other's (above all, the client's) epistemic, i.e. knowledge-related, and other processes as evidence of correct or incorrect understanding. On this basis, our understanding and beliefs about a person's experiences and feelings can be confirmed, rejected, or somehow changed. The psychotherapeutic encounter is a *communicative act*, independent of the therapist's different theoretical assumptions.

We have known for some time (for recent meta-reviews of studies on common factors of psychotherapy outcome, see Tschacher et al., 2014; Cuijpers et al., 2019; and D'Aniello & Fife, 2020) that the effectiveness of psychotherapy is not determined by the psychotherapeutic theory itself, but by the quality of the therapeutic relationship (and other common factors) that fosters *mutual understanding*. The importance of the therapeutic relationship emphasises communication as a central, complex, dynamic non-linear phenomenon in the psychotherapy process (Salvatore et al., 2016). Understanding in psychotherapy as the authors of this paper see it is developed through a hermeneutic process in which the therapist and the client must be open to new ways of understanding to avoid getting stuck in old patterns of understanding or, more precisely, in misunderstandings. Making assumptions usually means creating the possibility of misunderstanding and miscommunication. In psychotherapy, however, it is crucial to open the space for interpretations that neither the client nor the therapist had at the beginning of the therapy. Hermeneutic psychotherapy focuses primarily on the communicative act and much less on theory, as is the case with objectivist approaches to psychotherapy.

Richardson et al. (1999), who also argue for a hermeneutic approach to psychotherapy, place psychotherapy in a *collaborative, dialogical framework*. The "epistemic actor" – in our case a person who can process information and make decisions about what to believe or accept as true - is situated in a network of meanings, values, and knowledge that determine identity, feelings, and behaviour. The authors (Richardson et al., 1999; Richardson, 2023) are critical of those radical postmodern ideas in psychotherapy that relativise all knowledge by emphasising only the "personal knowledge" and defining psychotherapy as an individual journey in search of the "inner voice". For Richardson et al. (ibid.), the content of psychotherapy should be a shared dialogical search for answers to the fundamental question of how to live better in concrete, particular situations in which we exist. In their effort to promote a hermeneutic approach to psychotherapy, they emphasize the importance of an individual approach in which each unique practice represents a unique interpretation that, in a sense, redefines the practice itself.

Psychotherapy as such is an *intercommunicative act that aims to develop understanding* among participants for the symptoms, problems, and suffering that the client brings with them. What distinguishes psychotherapeutic communication from everyday conversation is the need for psychotherapists to think carefully about how they understand clients. This difference means that therapists know that by reflecting on their own understanding they are working to develop an understanding with the client. The optimal methodology for this is hermeneutics.

4. Hermeneutic versus objectivistic approach to psychotherapy

There are various criteria for distinguishing psychotherapeutic approaches, but for this paper the criterion of Graham Barnes (2002) is of interest. He defines *theory-centred (styles of) psychotherapy* (also theory-oriented psychotherapy, see Barnes, 1994, p. 173) in contrast to *non-theory-centred* (2002). The theory-centred psychotherapist applies the constructs of her psychotherapy theory and imposes them on her clients, transforming her clients' everyday life practices into various psychopathologies constructed by the theory. While all theory--centred psychotherapy is performative in that "it enacts what it diagnoses, explains and predicts" (Barnes, 1994, p. 173), non-theory-centred psychotherapy operates with clients' theories. The non-theory-oriented psychotherapist explores and learns her client's language (the Wittgenstein language game) in order to co-create conditions that the client finds supportive and stimulating for the change process. Another name for non-theory-centred psychotherapy is hermeneutic psychotherapy (Barnes, 1994, p. 185) – an approach in which all parties to the conversation share their interpretations of the topic of conversation and eventually agree on a common interpretation, e.g., of the problem and the desired outcome, the resources available or to be made available, the plan of action towards the solution, etc. One of the main consequences of the theory-centred training of most psychotherapists is that they forget that their theories are not discoveries but creations, inventions. Moreover, they are unaware of the impact of the theory on themselves and their relationships with clients (Možina, 2020 a). Barnes (1994), understanding that humans cannot escape from their theory any more than they can escape from their language or experiences, proposes a solution in the form of a recursive concept of "theory of no theory". We cannot escape being used by theories. However, we can be reflexive and constantly re-examine our perceptions, ideas and actions as interpretations by reviewing their meaning and usefulness in conversation with our clients and exploring with them possible changes that they inspire with their theories. The inevitability of being influenced by implicit theoretical and methodological premises (for further reading, see Možina & Barnes, 2020) in conjunction with self-reflection on these implicit assumptions has been defined as a necessary condition for "scientific pluralism", especially of a kind that Omar Gelo and Alfred Pritz (2020) associate and comprehensively describe as "dialogic paradigmatic pluralism". The authors associate the term with hermeneutics, in particular the hermeneutic circle, and dialogism. In contrast, the authors speak of scientific monism, for example in research based on the quantitative paradigm in psychotherapy science.

In a somewhat similar but different way, Hakam Al-Shawi (2011) distinguishes between the standard view of psychotherapeutic approach, namely the *standard view of insight-oriented psychotherapies*, and *alternative psychotherapeutic approaches*. The standard view of psychotherapeutic approach encompasses all psychotherapeutic approaches that have a comprehensive theory and offer clients insight into their true, inner self. With a high degree of ethical sensitivity to the issues of power and suggestion in the therapeutic relationship, the author problematizes the absorption of clients into their therapist's worldview based on epistemological assumptions that Al-Shawi (ibid.) associates with realism. He states that the client absorption is the result of deception inherent in the psychotherapist's theory and methods: "By claiming to provide a means of discovering some 'true' self when in fact they are constructing one, such therapies are deceiving clients into believing in a 'true' or 'core' self when such a self is only an assumption: an assumption of the very practices that claim to find it" (Al-Shawi, 2011, p. 63). These standard (insight-oriented) psychotherapies can be described as objectivist.

So far, the perspectives on the two styles of psychotherapy of Barnes and Al-Shawi seem to have much in common. However, in contrast to Barnes, Al-Shawi does not propose constructivist psychotherapies as an alternative to realist ones. He believes that clients can be similarly absorbed into (and thus deceptively constructed along the lines of) the constructivist worldview of their therapist. Although he notes that this is probably empirically impossible, he argues for an alternative psychotherapy not as antirealism, but in terms of a multiple philosophical foundation in which knowledge is both discovered (objectivism) and constructed (constructivism). Al-Shawi calls this epistemology "situated realism," "a worldview, which recognizes its situated nature within itself, while simultaneously positing a universal look" (ibid., p. 123). The authors of this paper wonder whether his concept of a multiple philosophical foundation, expressed in the formulation of situated realism, is at least partly related to Barnes's concept of theory of no theory or a peaceful coexistence of different epistemologies as a possible future, as Heinz von Foerster (1995) argues. He suggests that the obstacle to achieving this goal is not the competition for the most rational and convincing concept of truth, but the weak and often unachieved willingness to trust, especially to trust that the participants in the conversation can agree on some mutually relevant meanings (see also Kordeš, 2005; for a good practice of coexistence of different epistemologies, see e.g. the Hearing Voices movement and the related new paradigm of mental health, Možina, 2019).

The authors of this paper would also like to point out that there is a large body of research in the relatively new interdisciplinary field of neurophenomenology

(for the writings of the pioneers of neurophenomenology, see Laughlin et al., 1990; Varela et al., 1993; Varela, 1996; for recent conceptual or empirical overview, see Ramstead et al., 2022; Froese & Sykes, 2023; Schmidt et al., 2024). Inspired by Carl Rogers' (1964) concept of the "three ways of knowing" - subjective, objective and interpersonal – a neurophenomenological study of human experience combines philosophy and neuroscience to bridge the traditional conceptual and methodological gap between first- and third-person approaches to understanding the human mind. The first-person approach can be described as phenomenological and "subjective"; it is based on a qualitative research paradigm and methodology. The third-person approach is neurophysiological, "objective" and based on a quantitative research paradigm and methodology. Furthermore, neurophenomenology aims to integrate these two perspectives, which, it seems, are irreducible to each other (Varela, 1996). One possible direction of combining the respective approaches is the second-person (interpersonal, "intersubjective", combined research methods) approach to the study of consciousness (Varela & Shear, 1999). This perspective highlights the experiences made by a person in an interdependent relationship with their environment.

As Anna Shutaleva (2023) notes, the inherent "subjectivity" of conscious experience makes the reliability of the acquired knowledge in neurophenomenology quite challenging due to the complexity of personal experience or awareness as well as the underlying neurophysiological processes, not to mention their relationship. The author emphasises this: "[H]uman perceptions of the world are not passive recordings of sensory input but active interpretations shaped by cognitive processes" (Shutaleva, 2023, p. 3), the latter processes being primarily shaped by the processes of biological evolution. One of the assumptions on which neurophenomenology is based, and which is of particular value for hermeneutic psychotherapy, is that subjective experiences are valid sources of knowledge (ibid.). What appears to be an epistemic difference rather than commonality is the notion held by neurophenomenologists that these "subjective" experiences should be integrated with "objective", i.e. neurophysiological data.

Of course, the idea of the subjectivity of a source of empirical data raises some difficult questions about its trustworthiness and accuracy. Let us again recall Rorty's position that there is no correspondence between cognition and reality, and explain this dilemma as the result of a traditional representationalist ("epistemological", i.e. objectivist) paradigm (Rorty, 1979). Truth is what we interpret as such. However, Varela (in Varela et al., 1991) proposes a concept of "embodied representations" as a way of integrating the two perspectives, where the body is both a living structure and a context for cognitive processes. Another concept proposed by Varela is "enaction", which means that cognitive systems

actively produce and transform their experiences through cycles of interactive and adaptive exchanges with the world (Shutaleva, 2023). This understanding can be interpreted as another example of an ongoing recursive complementarity rather than an interplay between two separate and contrasting concepts or phenomena.

Following the critical thinking of Barnes and other constructivist authors, objectivist or non-hermeneutic psychotherapies can be defined as all psychotherapeutic approaches that offer a psychotherapeutic theory and a personality or psychopathology theory as an objective basic position for psychotherapeutic practice, with a *neutral attitude* on the part of the therapist. The idea of the *therapist's objectivity* (Leider, 1983) in the therapeutic situation originates in Freud's thesis (Freud, 1915) that treatment should be conducted so that the analyst does not provide the patient with immediate, libidinal gratification. This proposal was based on Freud's notion of the scientific nature of psychoanalysis[5], in which the psychoanalyst assumes the position of an objective observer, much like a scientist in her research. However, this belief places the therapist in a position where she neither approves nor disapproves of what she hears from the patient. According to Robert Stolorow (1994), a psychoanalyst advocating for the hermeneutic approach in psychotherapy, this distorts the therapeutic dialogue and provokes hostility and conflict that is more a product of the therapist's attitude than an expression of the patient's psychopathology. This notion of neutrality could therefore obstruct rather than facilitate the psychoanalytic process and is thus unsustainable. Stolorow et al. (2013, p. 43) suggest replacing it with "an attitude of sustained empathic neutrality" that emphasises the therapist's role in opening, illuminating, and transforming the client's subjective world. Interpretation becomes a legitimate method for understanding clients and guiding them towards therapeutic goals. However, interpretations should prioritize mutual understanding over adhering to theoretical explanations.

In therapeutic work, whether we are aware of it or not, we are always faced with the choice between two starting points: 1. do we try to "normalise" the person who asks us for help, to adapt her to the socially defined reality; 2. do we try to help her shape herself according to a vision of herself for the future? In the first case, we prescribe the client's experiences and behaviour according to a chosen frame of reference; in the second case, we support her in her creating of something new, in her uncertainty on a journey into the unpredictable, the unknown. In the first case, according to Rorty's (1979) definition, we are epistemological, i.e. objectivist; in the second case, we are hermeneutic.

5 Although we use the term »client« throughout this article, we use the term »patient« when referring to Freud's psychoanalysis.

The hermeneutic psychotherapeutic approach therefore assumes that every psychotherapeutic encounter is not only a communicative but also a *hermeneutic act*. In the non-theory-centred or "transtheoretical" approach every observation serves as a working hypothesis that must be refined, confirmed, rejected, or revised by the client system. In this way, a theoretical framework for understanding and coping with the current situation is jointly created (e.g., Hayes et al., 2019; Ong et al., 2020). The hermeneutic approach in psychotherapy guides the therapist to achieve understanding with her client and appreciate her unique individuality. The understanding that occurs through dialogue is an important factor in the quality of the therapeutic relationship, which serves as a precondition to the change processes leading toward psychotherapy success (for a comprehensive overview of the history and current status of process and outcome research in psychotherapy, see Gelo, Pritz and Rieken, 2015; for psychotherapy research on the therapeutic relationship and other common factors of effective change, see Možina, 2020 b, 2021). The interpretations made by the therapist during therapy are aimed at mutual understanding and serve the agreed therapeutic goal, rather than objectifying the client's condition by explaining her experiences according to a psychotherapeutic theory and thus making them "true".

5. A brief introduction to the science of hermeneutics in psychotherapy

The science of hermeneutics as a scientific discipline in psychotherapy, particularly in psychoanalysis as the dominant approach at that time, has a rich history, thanks to the contributions of the philosopher Georg Gadamer and the psychiatrist (and philosopher) Karl Jaspers (for a more detailed account of the development of hermeneutics in philosophy and its impact on psychotherapy, including hypnosis, in the context of the approach called "dialogotherapy", see Barnes, 2008). According to Schwartz and Wiggins (2004), *hermeneutics provides a fundamental framework for all psychotherapy*. Gadamer recognises that individuals are shaped by various factors such as historical context, culture, gender, education, and language. He describes the move towards understanding each person as an individual as a "fusion of horizons" (Gadamer, 2009), where initial distance gives way to shared understanding. Thompson (1990), like Barnes (1994), emphasizes that researchers and therapists cannot escape their own experiences that shape their interpretations. Gadamer (2009) criticises the notion that psychoanalysts can have a purely scientific insight into patients' lives, calling this "methodological alienation." This perspective risks

empowering dogmatic elites with privileged access to truth and excluding others from meaningful dialogue.

Roy Schafer, as discussed in Woody and Philips (1995), presents another approach to applying hermeneutics in psychotherapy. He views psychoanalytic treatment as a form of narrative that offers an alternative interpretation of the patient's story. Schafer emphasizes that psychoanalysis is inherently interpretative and hermeneutic rather than scientific (i.e., according to mid-20th century definitions of science). There is *no single correct interpretation of the patient's life*, and interpretations are influenced by narrative strategies that are consistent with treatment goals. Schafer suggests that the theoretical framework of psychoanalysis guides the selection and reinterpretation of elements from the patient's narrative in order to open up new perspectives. This process of understanding leads to the creation of new narratives for both the patient's past and present and for psychoanalysis itself, which evolve in response to new insights and discoveries of multiple stories.

In their discussion of hermeneutics in psychotherapy and counselling, Khaled Sheikholeslami et al. (2015) refer to Neuman (1997), who asserts that the interpretative approach involves the qualitative study of socially meaningful actions through direct observation in natural settings to understand *how individuals construct their social world*. This paradigm of qualitative research places the researcher at the forefront of meaning-making. Habermas (1972) views psychoanalysis as hermeneutic rather than scientific. He attributes Freud's characterization of psychoanalysis as a scientific contribution to a "scientific misunderstanding". According to the author (ibid.), psychoanalysis departs from science by deconstructing causal explanations and instead offering interpretations of the patient's symptoms. In his research on psychoanalysis, he introduces the concept of "general interpretation" and emphasises the therapeutic situation as interaction through communication between therapist and patient. Understanding unfolds as a reciprocal process through a dialogue in which the therapist's understanding continuously adapts to the patient's answers. This dialogue, which differs from everyday conversation, requires a constant restructuring and reformulation of the therapist's understanding.

The hermeneutic perspective in psychotherapy, as already mentioned, emphasizes the understanding of the patient as a unique individual. However, there are different views on psychotherapy within and between the various therapeutic schools. Many authors of psychoanalytic literature adopt a hermeneutic orientation in their descriptions and explanations of the therapeutic process. For example, Stolorow, Brandshaft and Atwood (2013) emphasise the *importance of intersubjectivity* and reject the concept of the therapist's neutrality, arguing

instead for a relationship of mutual understanding between therapist and patient. Therefore, the interpretative approach goes beyond specific therapeutic modalities.

Robert Woolfolk (1998) highlights the hermeneutic approach to psychotherapy, which promotes the development of self-understanding—a narrative, reflective, and evaluative knowledge of one's own values and abilities. In contrast to "translating" clients' narratives into psychological theories, psychotherapeutic work consists of a dialogue that focuses on clients' understanding of their situation. Woolfolk (1998) calls this their "practical self-understanding," which influences their daily decisions and contributes significantly to life satisfaction. It also shapes the relationship between therapist and client, which is crucial for therapeutic success. A hermeneutic psychotherapist recognises that interpretations that emerge from therapy allow clients to develop new perspectives on their problems, including re-evaluating past traumatic experiences, rather than offering scientific causal explanations. This shift in perspective points to the potential of therapy to reinterpret or rewrite events, fostering progress while maintaining the clients' autonomy, self-confidence, and self-esteem.

6. Learning the client's theory

In promoting a hermeneutic approach to psychotherapy, importance is given to individualised practice as a unique interpretation that reshapes the practice itself. Barry Duncan and Scott Miller (Duncan & Miller, 2000; Duncan, 2014) are among the authors who advocate identifying the client's theory of her problem and desired outcome. Miller et al. (1997) argue that since all psychotherapeutic approaches are equally effective and the relationship between therapist and client is paramount, "objective" psychotherapeutic theories should be replaced by a focus on mapping the client's territory as the main theory for therapy (Duncan et al., 2011). This involves considering the client's worldview, her ideas about change - perception of the problem, her framing of the problem and her proposed solutions, referred to as the client's theory of change. This concept, which is similar to George Kelly's (1955) notion of the client's "personal theory," has significantly influenced the development of hermeneutic psychotherapy.

The most famous proponent of client theory and a practitioner who promoted what is termed the utilization approach was Milton Erickson (1980). His approach, as explained by Rossi, consists of examining the client's individual characteristics, experiences and cognitive abilities. The aim is to identify the resources that can be used to address the problem in question and then use these particular personal strengths to pursue the therapeutic goals (Erickson & Rossi, 1979). Many

psychotherapists (e.g. Duncan & Moynihan, 1994; Duncan, 2014) confirm that utilizing the client's theory of change facilitates a good relationship, increases client engagement, and supports a positive therapeutic outcome. They argue (Miller et al., 1997) that the client's theory is the key to success, regardless of the model of therapy used. Duncan and Miller (2000) refer to the results of numerous studies confirming that the client's experience that her beliefs match those of the therapist is related to trust in the therapist, feelings of being understood, and satisfaction with therapy. The authors conclude that the success of psychotherapeutic treatment depends on whether the client's and therapist's beliefs about the client's responsibility for her problems are in agreement.

Duncan (2014) suggests some elements of a hypothetical conversation that is guided by the therapist's curiosity and eagerness to learn about her client's theory of change:

- Many times people have a pretty good hunch about not only what is causing a problem but also what will resolve it. Do you have a theory of how change is going to happen here? Or perhaps something that has worked for you in the past? Or even something that you think might be helpful that you heard about from family, friends, or the media? (Duncan, 2014, p. 82)
- Learning the client's theory occurs through a hermeneutic process in psychotherapy, which can be structured in four steps, as suggested by Sheikholeslami et al. (2015, p. 179):
- In the first step, the therapist recognises her own understanding and preconceptions. This can be understood as a need to reflect on her own knowledge and any biases that the therapist may bring to the dialogue.
- In the second step, the therapist examines the interlocutor. The hermeneutic therapeutic process begins with questions to the client about her views on the problem, solutions, ideas, philosophy of life, beliefs and perspectives, especially with regard to future changes. The therapist asks the client to tell her story, from which she learns something about the client. In this way, the therapist gets to know the client's theory of change, the client's language, her understanding of concepts, descriptions and notes verbal and non-verbal reactions.
- In the third step, the therapist uses interpretations to better understand and verify her views. The therapist discusses the therapy, the problem and future solutions with the client, without imposing her own ideas and attitudes, and offers interpretations that lead to the desired outcome. Careful observation of the client's verbal and non-verbal responses and reactions indicates the direction the therapeutic process should take.
- In the fourth step, an understanding based on the mutual relationship is

achieved. Without an epistemically privileged position, therapist and client can develop a collaborative relationship through meaningful dialogue. In contrast to a power relationship, in which the therapist has knowledge about the client that is not accessible to the client and in which there is the possibility of exercising epistemic dominance, there is no epistemic asymmetry in a collaborative relationship that develops in the hermeneutic approach to psychotherapy.

7. Epistemology of testimony in psychotherapy

The knowledge that the therapist brings to therapy is therefore not a formal theory with a privileged and objectified status. Rather, it is a set of skills for grasping and facilitating developments in the client's theory of change, and guiding therapy to achieve therapeutic outcomes. The therapist creates knowledge about each individual client, observing and utilising her unique patterns of experience and behaviour. The therapist is not responsible for the content of the client's informal theory (Held, 1991), but rather for accessing that theory and effecting change. In doing so, the therapist becomes an expert in learning the client's theory, the client's unique interpretations, the experiences shaped by her environment and culture, in learning the client's language - the metaphors the client uses to describe her experiences. This in turn signals to the client that her knowledge and participation are of paramount importance, and it preserves her autonomy and supports her self-confidence by enabling the construction of change, taking into account what the client already knows and meeting all the criteria of successful psychotherapy. Throughout the collaboration, the therapist sees herself as an expert on the process and addresses and understands the client as her own expert on herself and her world of experience. Marie-Nathalie Beaudoin and Jim Duvall (2017, p. 26) call this attitude "relational expertise".

To briefly summarise what has been said so far: Every therapeutic session is an encounter between the client and the therapist, who engage in a conversation and build a relationship that requires mutual understanding for effective communication. This understanding goes beyond understanding a language, such as Croatian, Slovenian or English or any other official language, which is a prerequisite for most communication processes. It refers to the client's *learning and understanding of the world*. Elizabeth Fricker (in Fricker & Cooper, 1987, p. 57) uses the word *testimony* to cover "the whole characteristic process by which a hearer, as a result of observing an assertoric utterance by a speaker, acquires a belief in what has been asserted". As for the intentionality of the speaker, Duncan Pritchard (2004) defines testimony as the deliberate transfer of a belief from one

person to another, usually through an oral or written statement or assertion, while Jennifer Lackey (2006b) describes testimony as acquiring information by the listener, whether through spoken or written words, where intent is not a prerequisite. Some authors suggest that testimony can be understood in the broadest sense as communication (Prijić-Samaržija & Vidmar, 2012).

The framework for understanding what constitutes a good communicative act in psychotherapy is therefore provided by epistemology, in particular the *epistemology of testimony*. Since understanding is the result of discursive exchange in witnessing, i.e. in testimony, it is essential to shed light on the necessary epistemic preconditions for a good communicative act in psychotherapy and possibly highlight areas of a poor communicative act due to the client's sensitivity to the therapist's testimony. In general, a communicative act includes verbal, i.e. oral and written utterances, as well as nonverbal signs of communication, such as nodding or shaking the head, waving the hand, etc. For a communication to be classified as a communicative act, it is sufficient for a transfer of information, i.e. signals or signs, to take place. It can be learning from words, speaking in a general sense without limitations related to the topic, or conveying something to transmit information to someone else. This transmission of information can occur through perceptual content and not only through communicative content. This means that not every communicative act is also a testimony in the epistemic sense. A communicative act is every expression of signs, whereas a testimony is a special case of a communicative act in which the speaker conveys information to the listener on the basis of which the listener forms a certain belief.

The basic assumption of psychotherapy is that other people can influence our thoughts, and testimony is one of the most influential ways of creating beliefs. The therapist creates opportunities for unconditional acceptance of what the client offers, because only in this way can mutual understanding arise – so that the therapist understands the client and the client understands the therapist's messages. The client in turn accepts the therapist as an authority on the issues raised in the conversation. The context in which this is possible is that of trust and reliability. The client considers the therapist's testimony about the truths expressed as justified beliefs. In their relationship, truth does not play a major role as a prerequisite for successful therapy. In hermeneutic psychotherapy, an important part of the therapeutic goal is the aforementioned change in self-understanding, while the *epistemic goal*, i. e. the goal of knowing something, is for the client to acquire or develop functional beliefs. These are not necessarily "true" beliefs about the external world, but they are beliefs that enable the client to function well in society.

The *epistemic method*, i.e. how knowledge is formed, is through mutual understanding, and the epistemic influence takes place simultaneously in both directions. Meanings that are co-created in this way are relevant in the context of the relationship between therapist and client and are not true or valid for anyone other than the interlocutors in the process. In this context, the therapist does not function as a discoverer of truth independent of her knowledge. The way the therapist approaches the client, the relationship she establishes with the client, the questions the therapist asks, and the interpretations she provides shape the client's answers. A successful therapist gathers information, formulates her ideas and adapts her actions to the responses she receives. The formation and evaluation of beliefs are activities within a psychotherapy session. Just as a child learns about the world through socialisation, a client learns about herself and the world through conversations with the therapist.

Moreover, *this knowledge-producing process is reciprocal*, as the therapist also learns something about herself and the world through her dialogue with the client. The method is social, and the resulting knowledge has a social aspect, as it arises from the interaction between therapist and client. The therapist's interpretations are not detached insights into the therapist-client relationship. Rather, they are integral parts of that relationship, shaping the therapist's actions. New understandings or "insights" into the client's inner experiences emerge within this relational context. Every interpretation in therapy can be perceived by the client as guidance for her own actions. The therapist's views, knowledge, theories, and personal characteristics influence these interpretations. In addition, interpretations operate on an unconscious level for the client, shaping own her perception and understanding in the light of the therapist's interpretations. In this way, interpretations serve as suggestions, and the therapist's self-reflection on their own biases is considered *epistemic responsibility* and *epistemic virtue* (for further reading on epistemic responsibility and epistemic virtue, see Miškulin, 2017, and Prijić-Samaržija & Miškulin, 2017).

Ernest Sosa (2010) defines testimony as the expression of a person's thoughts or beliefs, which can be addressed to anyone and to no one in particular. Our beliefs and knowledge are based on *the reliability of the speaker's testimony*. Sosa (ibid.) even argues that knowledge derived from testimony is similar to knowledge derived from instruments (e.g. a thermometer) as both types of knowledge are supported by the reliability of either our testimony or the results of the instruments. Most of what we believe about the world is based on the testimonies of other individuals, i.e. what other people say. For example, the knowledge acquired in primary and secondary education is based on the testimonies of teachers. We are largely epistemically dependent on other people and

the community in which we live. Every community relies on epistemic trust between its members, as individuals cannot acquire certain beliefs themselves and must trust others to pass on these beliefs. An epistemic connection is established between the listener and the speaker, and the resulting belief state is formed through the maintenance of this connection (Fricker & Cooper, 1987).

Regardless of the definition of testimony used, we can agree that during a psychotherapeutic encounter between a client and a therapist there is a *deliberate transfer of beliefs* from one person to another. A testimony can serve as a source of beliefs for others, regardless of whether the subject intended to be an epistemic source or not. In psychotherapy, testimony is crucial for information gathering, especially through the spoken word. However, as we mentioned when discussing the epistemic goal in psychotherapy, testimonies do not always lead to "truths" in the sense of forming justified "true" beliefs about the external world (so-called propositional knowledge). The communicative act of psychotherapy is characterised by the feature that it is not primarily about conveying this kind of "true" information from the client to the therapist or vice versa, but about resolving the client's psychological suffering and achieving the outcomes jointly determined in therapy.

Therefore, in psychotherapy we encounter a form of testimony transferring beliefs, lived experiences, emotional responses, and sometimes even the client's imagination. For instance, delusions or simply "false" beliefs about the external world, where the client believes in empirically unproven ways of treating malignant diseases or believes that a deceased loved one is somehow present and continues to communicate with them. In such situations, the client speaks what she believes is true. The client is not "lying", so it is not what Anthony Coady (2006) calls a "pathology of testimony". Reflective regarding her influence on the outcome of therapy, the therapist is obligated to prioritize the well-being of the patient, not necessarily the "truth". In the hermeneutic psychotherapeutic context, orientation towards truth must allow for the possibility that more than one interpretation could be true, in the sense that *the client's interpretation is true for her*.

It is important to note that the client intends to truthfully convey her experience, and the therapist intends to genuinely understand that experience, which is the basis for trust as one of the elements of testimony. There is *no room for intentional deception and lying* in the psychotherapeutic communicative act, neither from the client nor the therapist. The client's statements are an attempt at truthfully conveying information. The therapist's statements aim at achieving the client's desired outcome, taking into account all the important generic goals of psychotherapy, such as preserving the client's autonomy, self-confidence,

self-esteem and expanding her scope of freedom while empowering her in personal growth. In this way, the psychotherapeutic communicative act serves its epistemic purpose.

The psychotherapist's trust is based on the knowledge that lived experience influences the creation of understanding, emotional reactions, and the way one arrives at certain beliefs. Linda Zagzebski (2012) emphasises the importance of *deliberate or "first-person" reasoning for trust* as opposed to the *theoretical or "third-person" reasoning for trust*. As the author explains, her use of the term "third-person reasons" for beliefs means that these reasons "can be shared with other people – laid out on the table" (ibid., p. 64). Third- reasons for beliefs are "facts" that are logically related to the truth of what one believes. When compiled, theoretical reasons can be used in probability calculations and referred to as "evidence". In this way, they "connect facts of the world with the truth" of a belief (ibid.). In contrast, deliberate reasons for beliefs connect me as a person to the truth of my beliefs and they are not reasons for people other than myself – they are "first-person" reasons (e.g., experiences, feelings, intuitions, self-trust, trust in others) for beliefs (ibid., p. 65). In the context of psychotherapy, it is important for the therapist to be able to believe that the client has had an experience that is personally connected to her and only to her, and thus it becomes a "fact" in the psychotherapeutic encounter. In a psychotherapeutic conversation, the therapist therefore does not create and maintain a relationship of trust by verifying the truth of the client's assertions in terms of theoretical or third-person reasons for trust. Instead, the therapist's trust in the client's narrative is a deliberate, first-person reason for her belief. The hermeneutic therapist tries to understand the client's story, the "truth" that is meaningful and important to her. This truth is not obtained as information, but as an utterance whose meaning makes sense to the client and which is further reconstructed in a collaborative, explorative, co-creative process of interpretation. In this way, the client deepens her self--confidence and changes her self-understanding.

8. Back to the problem of diagnosis in psychotherapy and its connection with epistemic injustice

We have reached the point where the hermeneutic therapist does not try to make a so-called "true diagnosis," as is the case with an objectivist approach in psychotherapy, but rather tries to understand the client's story, even if the client does not fully understand it herself. It is precisely this lack of understanding that leads to suffering and pain in the first place. To make a diagnosis in such a situation would presuppose the therapist's objective position in evaluating the

client's behaviour, but would not contribute to the process of understanding. Heinz Kohut (1980) recognises the psychotherapeutic situation as one in which one person, i.e. the therapist, attends to another person, i.e. the client, for an extended period of time with an empathic intention that the client cannot experience as neutral because it meets her deepest needs to be understood. If the therapist believes in her own neutrality in psychotherapy, this constitutes a bias that, in its most severe form, can have harmful consequences for the client by inflicting what is known as *epistemic injustice*. Miranda Fricker (2007, p. 1) defines epistemic injustice as, "... wrong done to someone specifically in their capacity as a knower." Psychotherapists should strive for self-reflection on their own principles, including those that may inadvertently and unintentionally influence the therapeutic relationship and process and be the source of epistemic injustice (Storolow, 1994; for further reading on epistemic justice and injustice in psychotherapy, see Miškulin, 2017).

The therapist's theory of empathy in the psychotherapeutic process enables the client to believe that her deepest emotional states and needs can be accepted and understood, that is, that her intentional reasons for her beliefs are recognized as valid. This also enables the client to articulate her subjective life in a self-reflective way. In this way, the therapist establishes a relationship of understanding that the client has previously perceived as misunderstood by her environment and by herself, thus building a relationship of trust in the psychotherapeutic process. Furthermore, in the communicative psychotherapeutic act within the hermeneutic approach to psychotherapy, the therapist does not use the information offered by the client to classify it in any way, but understands this information as a starting point from which further communication takes place. In the objectivist approach to psychotherapy, on the other hand, the therapist uses the information provided by the client in the communicative act to categorise the client and her experience according to certain norms or theoretical assumptions. Such a therapist does not regard the client's information as relevant for further communication, and in this case one cannot speak of testimony.

In the objectivist approach, the client is automatically placed in the position of an epistemically irrelevant interlocutor, while the therapist holds the position of epistemic power in which she exercises expertise. In the objectivist psychotherapeutic approach, the therapist is the source of information and in this sense has a privileged epistemic position. She assumes that she understands her client better than the client understands herself. She believes that her professional theory and her knowledge of classification and/or interpretation of the client's experiences and statements represent the relevant knowledge in psychotherapeutic communication. Metaphorically speaking, the client's

knowledge is a "playing field" for diagnostic classification and not an epistemically relevant statement for further psychotherapeutic communication. With such an approach, the client is automatically epistemically devalued and excluded from the realm of epistemic trust. This can have a detrimental effect on the therapeutic process, as it potentially undermines the client's self-confidence and runs counter to the aim of psychotherapy. In this way, psychotherapy not only becomes ineffective, but can also harm the client. Both possible consequences contradict the general epistemic goal of creating new knowledge and achieving the agreed desired change.

As described in more detail in the first section of this article, we find support for the above view in recent debates on the philosophy of psychiatry. More and more critical voices emphasise that it is highly questionable whether one can speak of "truth" or "true" diagnosis of mental disorders and whether psychiatric classifications of mental disorders correspond to biological realities. These critics highlight the crucial role of human interpretation in determining what a mental disorder actually is. Among the authors not yet mentioned who criticise the controversial assumption that some prescribed medical norms or standards (e.g. DSM-5) about what constitutes a mental disorder correspond to some "real", physical conditions, is Derek Bolton (2008). He points out that the concept of mental disorder is not only conceptually unclear and incoherent, but that diagnoses often stigmatise and disqualify the normal while medicalizing personal and social values. The "harm" or "danger" associated with the concept of mental disorder often refers to the impairment of established notions of social security, and it is questionable to what extent they refer to "objectively existing" conditions. Bolton (ibid.) explicitly concludes that the role of mental health professionals is not to make a "correct" diagnosis, but to respond to the client's expressed problem and desire for help.

9. Conclusion

We have first defined philosophical hermeneutics in order to use it as an epistemology and as a broader conceptual and practical framework for this article. We have shown that there are various philosophical interpretations of hermeneutics in relation to knowledge and reality, and pointed to possible bridging of the traditional epistemological and other gaps between different approaches to observation in scientific or professional contexts. We have presented the idea of a „creative circle" in which objectivism and constructivism are seen as complementary, each incorporating aspects of the other and thus influencing both the therapeutic process and the relationship. After drawing a map of

postmodern critical views of the current diagnostic system of psychiatry used in mainstream psychotherapy, we have problematized the assumed neutrality of therapist and its implications for the attitudes of those mental health professionals who share and practice this notion in their relationship to the clients. We have contrasted the objectivist psychotherapy science and profession with constructivist approaches. Furthermore, we have warned against the hegemony of the dualistic Western psychotherapy culture and the imposed "global standard" of the DSM-5, as well as against the medicalization of normality in certain age groups (e.g. children and adolescents) and ethnic minorities within Western societies and in people in psychosocial distress outside of Western culture. We have argued for understanding that psychiatric diagnostic categories are socially constructed.

After defining the psychotherapeutic encounter as a communicative act, we have proposed hermeneutic, non-theory-centred approaches instead of objectivist, theory-centred styles. We then briefly introduced some philosophers, psychiatrists and psychotherapists who have contributed to the development of the science of hermeneutics in psychotherapy by promoting a shift from traditional objectivist to hermeneutic psychotherapy. We have given an example of an effort to integrate traditionally opposing paradigms – objectivist and hermeneutic - and research methods – quantitative and qualitative - in the form of neurophenomenology. We have moved from defining the focus on learning the client's theory of change to the critical issues raised by the epistemology of testimony. We have concluded that the psychotherapeutic encounter in the hermeneutic approach to psychotherapy, despite some of its peculiarities, fulfils the criteria to be classified as a form of testimony in the epistemic sense. Moreover, in our point of view, trust is a necessary condition to speak of a testimony that has epistemic characteristics in this context. Finally, we returned to the original topic of the problematic consequences of using psychiatric diagnostic systems in psychotherapy. Alongside its negative manifestations and effects, we have highlighted epistemic injustice and again argued for hermeneutic psychotherapy as an empowering collaborative, dialogical approach. This deconstructs the traditional epistemic injustice towards clients by addressing and understanding them as experts on themselves and their experiential worlds and as equal partners in the co-creation of new knowledge in the processes towards an agreed desired change.

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