THE TRUTH IS OUT THERE

(DE)CONSTRUCTING (DE)CONTAMINATION

INTRODUCTION

I originally wrote this as a reply to Nick Irving's article about contamination written in TA UK Issues 60 and 61, though recent debates in this Journal and elsewhere have also turned around arguments concerning the definition of fundamental TA concepts. I argue in this article that there can be no universal or objective criteria by which contamination can be diagnosed. I do this by applying a critique derived from a social philosophy known as social constructionism, and I outline the core proposals of this paradigm in contrast to those of Positivism. I then discuss the central theoretical propositions of constructionism to construct a new definition of contamination and offer considerations concerning the process of decontamination.

COMPETING PARADIGMS

Different approaches or models in psychotherapy (as, indeed, in any discipline) consist of concepts that are based on a core set of philosophical principles, or beliefs from which a story is constructed that creates meaning about what we experience. A paradigm represents such a story and specifies ways of applying such ideas (a methodology) to identify and operate upon the concepts it constructs. Positivism and relativism, for example, represent two famous paradigms in the field of science.

NEWTON VS. EINSTEIN

Isaac Newton proposed a story about the universe in line with the positivistic paradigm, which said that there is one reality which can be looked at objectively. Furthermore, if we look at reality objectively enough, we will all agree about our interpretation of reality and thus construct 'facts' as truth. As an example, two people with identical watches would measure the same amount of time between one event and another (see Figure 1). However, in 1905, Albert Einstein made up a new tale about how time is dependent on other aspects of our experience such as how fast we're going and how close we are to heavy objects. After 1905, the watch of someone travelling very fast in space measured time very differently when compared with that of someone sat at home (see Figure 2). These two people can now no longer agree about what time it is – they cannot agree on an 'objective reality'. Such disagreements have been brought much closer to home

recently, as very accurate clocks have measured time passing at different rates within the atmospheric boundaries of our own planet.

Einstein's physics gave birth to theories of relativity which were unpopular with scientists of the day, including Einstein himself. "God" he said, "does not play dice" in his famous appeal to an objectifying deity. Unfortunately for Einstein, his efforts to prove his theories wrong were met with resounding silence, and eventually he and others built on these theories the consequences of which have been filtering through to our ideas in psychology and psychotherapy about peoples' less scientific experiences. This new story lead to a philosophy called relativism; a paradigm that proposes that time, reality and truth are relative and not absolute.
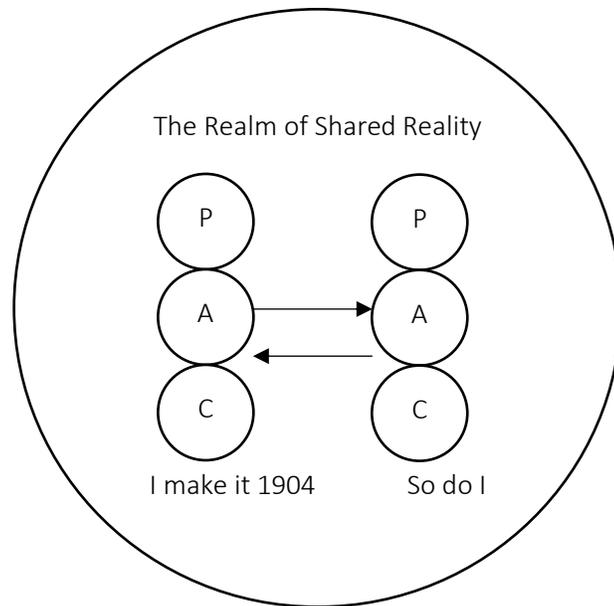
The Realm of Shared Reality

P   P

A   →   A
     ←

C   C

I make it 1904   So do I

Figure 1   The Positivistic Universe

P   P

A   →   A
     ←

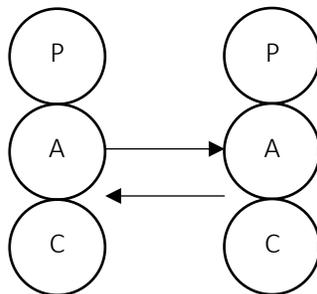C   C

I make it 1905   I don't

Figure 2   The Relativistic Universe

THE 'TURN TO LANGUAGE'
WITTGENSTEIN AND AUSTIN

Partly because people started realising that, thanks to Einstein, they now had a hard time defining reality, some philosophers suggested that reality was a mirage created through and by language. Ludwig Wittgenstein and John Austin were two such men who made a big impact in the way linguists and others started to think about this problem. Wittgenstein pointed out that we use language *selectively* according to what he called **language games,** with which people use familiar forms of argument to organise the meaning of what they do (he referred to the latter as **practices**). Importantly, this meant that the meaning of any given concept (word) was *situated* within the language game in which the word was deployed. In his 'Philosophical Investigations' (1953:43) he offered the following provocative definition;

"The meaning of a word is its use in the language"

Taking this argument further, he suggested that meaning and knowledge are products of language as it is situated and deployed within specific cultural practices (he called these **forms of life**). This meant that there is no way to objectively judge the meaning of a statement outside the form of life in which it is produced. That is, meaning and 'reality' can only be shared to the extent that language is shared, like the two observers able to agree what time it is. John Austin (1962) went on to argue that language performs *actions* which define 'reality'. These actions, or speech **acts** have differing **force** or authority dependent upon the language game in which they are deployed and the position of the speaker (as well as those of the listeners). He used the example of a dignitary naming a ship at a ceremony. The naming (speech act) by a recognised authority figure is part of a ritual (language game) which constructs an object that 'becomes' a named, recognisable object; a ship. So, rather than asking, 'what action or object does language *represent*?' Austin asked, 'what action or object does language *create*?' In this way, language determines meaning and reality.

STRUCTURAL LINGUISTICS

The famous ontologist, Martin Heidegger proposed that the 'objective world' be **bracketed off** since we cannot agree a universally acceptable description of reality. As a way of illustrating this concept, I would now have to alter the title of this paper like this:

THE TRUTH IS [OUT THERE]

Structural linguists such as Jaques Derrida (1978) developed this train of thinking and proposed several ideas that have become central to constructionism. Derrida suggested that, since certain complex philosophical words are now considered undefinable they should be placed under **erasure**. That is, we must use certain words since we have nothing better to hand but we cannot agree on their meaning outside of the meaning within the discourse of a given culture. Thus, we must 'suspend' definition since certain words have no objective, universal meaning. One example is the word 'truth' but Derrida suggested that many are common words, and his most famous example was the verb 'to be'. So, we must now alter my title like this:

THE ~~TRUTH IS~~ [OUT THERE]

The verb 'to be' has had a controversial history ever since Aristotle theorised about the concept. The linguist Alfred Korzybski (1933) the original proponent of the abolition of the 'is of identity', termed the false equating of one thing with another through the deployment of this verb "demonological thinking". He stressed that such thinking does not acknowledge the *relative* dimensions of human perception, changing over time as well as between individual, situated perspectives. Alfred Korzybski has written much about language with this verb under erasure (E-Prime) and some readers may recall Rod Gibson's article in TA UK Issue 58, offering ways of using E-Prime therapeutically.

POST-STRUCTURALISM

Michel Foucault revised many relevant concepts developed by Derrida within a paradigm that became known as post-structuralism. Foucault saw meaning as being structured in terms of **discourse**, "a group of statements which provide a language for talking about – a way of representing the knowledge about – a particular topic at a particular historical moment"[1]. Where such discourse as a representation of a way of thinking or state of knowledge becomes institutionalised, the resulting **discursive formation** will be empowered with the status of truth. TA for example, represents a discursive formation within the more general discourse of psychiatry. Foucault went on to argue that discursive formations are inextricably bound up with struggles of power and authority, as well as definitions of what is 'true', 'reality', 'right' and 'wrong'. The deployment of knowledge as truth through discursive formations thus gives rise to **discursive practices**, the *use* of language to (re)produce the discursive formation and assert authority.

Importantly, where knowledge is linked to power, it has the capacity to *make itself true*. Foucault talked about the concept of 'madness' to illustrate this process. Only after definitions of madness were produced through a specific discursive formation (psychiatry) and put into institutional practice was the object 'madness' made meaningful. In important ways, 'madmen' existed only *once they had been defined by psychiatry*. Thus, reality was (re)defined by the discursive regime

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[1] Hall (1992:291)

of psychiatry and a new 'truth' was used to regulate the conduct of others through various technologies, in various situations, social and historical contexts and institutional regimes.

DELUSIONAL DEFINITIONS

In his articles, Nick Irving points out that Berne did not so much define contamination as exemplify it. Consequently, the first problem Irving comes up against is a working definition of 'delusion'. There are many definitions of the word 'delusion', though strikingly DSM 4 does not provide one, though it refers to 'delusion' many times as a criterion for diagnosing several mental disorders. Here is one I have interpreted in terms of the critique presented:

> a ~~false~~ [belief] that ~~cannot be~~ explained by the patient's [culture] or [education]; the patient ~~cannot be~~ persuaded that the [belief] is ~~incorrect~~, despite [evidence] to the contrary or the [weight of opinion].[2]

In line with the ideas presented so far, I have bracketed off references to relative terms that rely upon agreement about reality and placed under erasure references to 'truth' or 'being'. This highlights the use of the word 'belief' as an effective *substitute* for 'delusion' in this definition, reflecting the idea that the meanings of words are *situated* and are *defined by their difference with other words*. 'Delusion', then, is defined by the *readers' construction of its difference* to the concept 'belief'. Similarly, deployment of the words 'culture, 'education', 'evidence' and 'weight of opinion' remain subjective and situated. This definition also appeals to a 'real', universal external world in offering validating, objective criteria to diagnose delusion through the deployment of the verb 'to be'. So, delusion is defined here in terms of a 'reality' as it is determined by a situated, authoritative discourse.

IMPLICATIONS FOR TRANSACTIONAL ANALYSIS

As TA therapists, we are situated within the discursive formation of TA psychotherapy (itself drawing authority from the discourse of Western psychiatric and scientific practices) and thus we construct the objects that determine our 'reality'. TA theory proposes and describes these objects (such as ego states and contamination) and a methodology for defining them (diagnosis) and thus constructs the objects it proposes. Importantly, in defining 'contamination' and offering criteria by which contamination can be diagnosed, TA *creates* contamination. This form of construction represents **pathologising** in the psychological literature. We bring about what we invent. Situated humanistic assumptions then add value to these objects (i.e. 'good' or 'bad'). As TA practitioners, we may subscribe to these values and thus perceive them as universal 'truths', but they remain *situated beliefs*. These values are then (re)produced as 'truth' through the discursive practice of TA psychotherapy. Finally, this practice is then used to regulate the conduct

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[2] Morrison (1995:137)

of others, that is change the meaning of their thoughts, feelings and behaviour and thus the thoughts, feelings and behaviour themselves.

CONTAMINATION

Firstly, how might a new definition of 'delusion' look when considering the considerations presented above?

A 'delusion' represents the labelling of an act by a person (subject) as defined by another (definer) perceived as authoritative, based on the definer's position, frame of reference, appeal to accepted cultural norms and purpose in arguing for such a definition.

I use 'act' as Austin proposed, including acts of speech (declaration) as well as other modes of behaviour (including 'internal beliefs' or stories). In more traditional TA terminology, though, we might also say that an 'act' represents a thought, feeling or action. I've included the reference to 'purpose' in order to recognise the part played by people's perceptions of others motivation and interest when assessing the persuasiveness of an argument (Potter, 1997, calls this 'stake').

These considerations have implications for a definition of contamination. First, 'contaminated' represents a **label**, which one person uses to describe *someone else's functioning.* As Irving points out in his first article (Issue 60:14) a person running a contamination is unlikely to agree on another person's interpretation of their experience, and they cannot meaningfully declare their own judgement contaminated, since this would lead to a logical contradiction.

Second, there are no 'real' or 'externally validating' criteria to support such a definition. The person doing the labelling appeals to cultural values and discourse, (which include 'reason' and accepted definitions) and use their authority to support their argument and persuade others to see things as they do. That is, the narrative, or story that one uses to argue for a position, and the *construction* of the meaning (or plausibility) of that story in relation to another person will determine 'reality' or 'truth'; in this case, whether or not someone is running a contamination.

Third, a person can only be persuaded that their thinking is contaminated where the *consequences* of their thinking conflict with their own beliefs. That is, only when the client shares the therapist's diagnosis of *internal incongruity* within the client's frame of reference will that client 'see' and integrate a previous contamination. Like words, the meaning of values and beliefs are relative (situated) and decontamination thus represents the *relational re-structuring* of internal meaning. Keith Tudor (personal communication, 2002) suggested that this represented a **co-creation** of contamination. Through the externalisation of their internal worlds, the client and therapist define *between them* the client's contamination - all contaminations are thus *relationally situated.*

In the light of these arguments, I offer the following definition of 'contamination';

A contamination labels (structurally) a thought, feeling or action or (functionally) thinking, feeling or doing which the subject believes to represent a consensual 'truth' of the Integrated Adult, and which the definer attributes to a contaminating fixated ego state.

Nick Irving came up with a 'multifactorial diagnosis' for client ego state contamination. I should like to offer a development of this incorporating the ideas I've presented.

A RELATIONAL DIAGNOSIS OF CLIENT EGO STATE CONTAMINATION

1.   A contamination represents a client act identified by the therapist that conflicts with the client's stated goals and/or appears internally incongruent within the client's frame of reference. This act, if changed or abandoned, would further the attainment of contract goals as agreed by the client and therapist.
2.   A contamination represents a client act identified by the therapist that conflicts with the therapist's understanding of situated, consensual social values. Thus, the therapist's understanding of situated cultural values as well as the client's ego state content (history) and function (process) will form the basis of contamination identification and definition.
3.   Identification and client acceptance of contamination begins the process of decontamination, and thus represents a *contractual* and *relational* negotiation between client and therapist. The process of decontamination represents a re-structuring of internal meaning for the client and a re-construction of their frame of reference.

CONCLUSION

The client's meaning-making is an integral part of their narrative; a story about identity and relating. This meaning-making is situated within wider cultural discourses and is (re)produced through language. After decontamination (or any effective therapeutic intervention) the client may tell (himself and others) a new story from an integrating Adult position. Story telling *determines* 'reality'. We 'are', in a fundamental sense, the story we tell about ourselves, other people and our world. Our 'reality' represents experiences which we subject to our frame of reference. I suggest that, by becoming aware of these stories we have more choice and can take more responsibility for *our* reality, rather than seeking to impose it upon others through the assumption that we have come closest to defining the 'truth that is really out there'.

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