THEORETICAL IDENTITY IS NOT JUST BELONGING

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Over the past few years, many voices have claimed that PCP should enter into the mainstream of cognitivism. This paper identifies, at least, three planes involved in this debate: political, historical and epistemological. The problem of where one theory ends and another one begins is examined particularly from the epistemological perspective. Theoretical identity, according to this perspective, is dealt with not merely as being a part of one particular community, but as a way of experience.

Keywords: *theoretical identity, epistemology, research programme, personal constructs psychology, cognitivism.*

THE QUESTION OF IDENTITY

The question of whether PCP is part of the cognitive movement is an old, and apparently still unsolved issue (Rychlak, 1978; Mischel, 1980; Jahoda, 1988; Warren, 1989, 1990, 1991; Adams-Webber, 1990). Recently, for many reasons, other voices have arisen again, to claim the entrance of Personal Constructs Psychology (PCP) into the *mainstream* of cognitive therapy (Raskin, 2015; Feixas, 2015).

So, inevitably, a question about theoretical identity has been posed.

Facing this question, trying to find a correct position for PCP between other theories, we are dealing with clinical approaches that cover, historically, the space from Pavlov's dog to postmodernism and their theoretical and epistemological complexity and richness – a complexity in which it could be difficult to find our bearings. Moreover, although there are so many logical and paradigmatic jumps, theories are never separate entities, far-off islands, but they are linked territories in any case. Ideas are born exclusively in connection with other ideas.

For this exact reason, it becomes important to orient ourselves between the theoretical and epistemological differences. If we do not know them, we run the risk of being uncritically guided by an affiliation criterion, a dogmatic belonging to an approach.

A theory is not just, reductively, a fence for our belonging, a place in which to recognise each other. A theory – following Lakatos's thoughts (1980) – is above all a 'research programme' or, rather, *a way of experience*.

At any rate, since we recognise the strong connection between theory and practice, the question of a theoretical identity cannot be avoided.

In this discussion, we can identify, at least, three planes: (a) political, (b) historical and (c) epistemological.

The next step concerns a brief presentation of arguments and counter-arguments regarding the PCP confluence into cognitivism. First, the political and historical issues will be treated and then, the focus will be on the epistemological level.

Political plane

The political point is, probably, at the same time, the most significant but also the least openly admissible by scholars.

The advantage of staying in the mainstream

The *fact* is that at this historical moment clinical cognitivism – and above all the larger umbrella of CBT (Cognitive Behaviour Therapy) – is really the *mainstream*, it is widely recognised by academia and by many governments in their legislation. Therefore, as the dominant trend in clinical psychology and psychotherapy, clinical cognitivism is a guarantee of scientific importance and political consideration. Those, in academia, who wish to go a long way (some quietly confess) have a distinct advantage in obtaining the scientific licence largely recognised for cognitivism.

In other words, if PCP – traditionally a minority group – becomes part of the bigger family of

clinical cognitivism, it could have hope in a future. Otherwise it is destined to extinction.

Another argument, which, in my opinion is above all political in itself, is based on the idea that to protect the theoretical borders of PCP is a form of harmful behaviour, simply aimed at defending a 'pure belonging'. This attitude is commonly named 'isolationism'. Being part of a larger and more recognised movement also implies larger theoretical fertility.

Identity is not just belonging

Those who are against the PCP confluence into cognitivism – and I include myself in this group – censure the first argument because it is indifferent to the question about what a theoretical identity is, and which criteria we can use in order to orient our theoretical position: the political plane is different from the theoretical level. In effect, this reasoning, that is bringing the theoretical identity to a political issue, becoming part of a wider coalition, simply skips the problem of what identity is.

Furthermore, scholars who criticize those who call for a precise PCP identity – defining them *isolationists* and defenders of a mere attachment to the PCP 'theoretical fence' paradoxically make the same mistake: they pose the problem simply in terms of membership. So, theoretical identity is fully *reified*.

Additionally, being just politically – and thus *uncritically* – part of a bigger movement, like cognitivism, does not necessarily mean being richer and more theoretically fertile, but again, it can represent a *loose* affiliation.

Historical argumentation

Kelly as a precursor of cognitivism

The historical argumentation in favour of cognitivism is, in a nutshell, (after speaking with colleagues), based on a couple of thoughts.

One… Many psychologists – not only cognitivists – already recognise George Kelly as a cognitivist. Indeed, many handbooks consider Kelly, in their historical chapters, as a precursor of clinical cognitivism. However, in my reading experience it is seldom clarified why. The simple fact that so many authors consider Kelly as a father of cognitivism appears as proof in itself. It is just taken for granted.

Another reason, adopted by others, is that Kelly himself was part of conventional psychology… For instance, his presidency of APA should testify to his agreement with the *mainstream*. So, if even George Kelly accepted being part of the mainstream, why should his proponents refuse this association, closing themselves off in a sterile *isolationism*? This seems to be a recurrent accusation.

Kelly as a reluctant revolutionary

Those who are for a distinction between PCP and cognitivism, testify and agree with two arguments, considering these previous points both logically weak and historically incomplete.

The first argument is that George Kelly was convinced that PCP was too revolutionary for that time: he believed that psychologists were not ready to understand his approach. Trevor Butt (2008) reminds us that, regarding PCP, Kelly "believed it was just too far from what psychologists could accept" (ibidem, p. viii). Hinkle (1970), quoting a conversation with Kelly, also testifies that he told woefully: "At the time I was already concerned that it might be too far from the mainstream to be recognized as psychology" (ibidem, p. 91). Hence, as Butt adds (2008), "he appears to have been modest – far too modest – about his theory. It was the aggressive crusading spirit of a British psychologist, Don Bannister, which led to its propagation outside the USA, first of all in the UK" (ibidem, p viii).

The second point, around which these authors appear in unison, is that George Kelly explicitly refused to consider his theory as cognitivist. Once again Butt wrote: "He began work on a book he was never to finish, *The Human Feeling*, which aimed to rebut the charge that personal construct theory was a cognitive approach". (ibidem, p. viii)

Epistemological plane

The epistemological plane is, in my opinion, the most articulate, but also the most appropriate with which to face our question.

PCP as a cognitivist approach

Those calling for the PCP confluence into clinical cognitivism argue that contemporary cognitivism is, for the most part, constructivist. Both in cogni-

tivism and in PCP we are dealing with the mind as a system of constructions. In other words, according to these authors, PCP and cognitivism are sharing the same epistemological presupposition and the same subject too.

So, why not recognise the fundamental similarity between PCP and current cognitivism in the clinical field, which is under the large umbrella of CBT?

PCP as a non-cognitivist approach

From the other side, although the idea of *personal knowledge* is central both in cognitivism and in PCP, under the umbrella of constructivism, significant differences remain.

Personal knowledge, indeed, is used in two different ways:

a) The cognitivist approach considers personal knowledge, and each personal vision of the world, as fragmented into components and sub-systems: e.g. cognition and emotions. In this case, there is an emphasis on *thoughts*, constructions (as cognitions) and symptoms.

b) The PCP approach to personal knowledge is *holistic*: the person is *knowledge in motion* and this process cannot be divided into different sub-systems, such as, for example, a cognitive and emotional one. Kelly "chose to view the person as a complete entity and as a form of motion" (Fransella, 1995, p. 117). Furthermore, the ways in which cognitivism and PCP define this 'subject' lead to two different directions. For instance, as we will better see later, if cognitivism is focused on searching the connection's *rules* between different internal subsystems, establishing what different kind of people have in common, PCP is focused on experience's *criteria* that people use in order to construe their vision of the world, not only in terms of invariable commonality but, above all, in terms of individuality.

Since these aspects are, in my opinion, really fundamental in order to establish what kind of relationship we can assume between clinical cognitivism and PCP, it would be useful to do a very careful analysis. In other words, if we agree with the idea that the epistemological plane could be considered the most appropriate, we have to face it with as much rigour as possible.

According to Imre Lakatos, each theory is fundamentally founded on a research programme, which is a *hard core* of theoretical assumptions. This group of theoretical assumptions form the identity of a theory and so they cannot be left out or changed without abandoning the same theory.

Following the Kellian idea of a hierarchically ordered constructs system, I suggest we separate out four different levels of assumptions and implications in a theory. It should help us to find similarities and differences between theories. From the most superordinate to the most subordinate level, the four levels are illustrated in *Table 1*.

Table 1: *Hierarchical levels of assumptions and implications*

LEVELS	QUESTIONS
Philosophical or metaphysical postulations	What is the idea we have about the world? What is the nature of the reality in which we live? What is our place in it?
Relationship rules	In which way can I know the world, or experience "reality"?
Theoretical assumptions	What is the subject of investigation of a specific theory, its range of convenience? That is, what is the core construction of this research programme?
Research methods and practice	Which are the practices, the methods and the instruments implied by the previous theoretical assumptions?

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Once we have made, have analysed and (even if temporarily) accepted these distinctions, we can explore their features, implications and relationships. Moreover, we can individuate and compare the *hard core* group of assumptions that form the identity, respectively, of cognitivism and PCP.

The philosophical (or metaphysical) level

This corresponds to the idea we have about the world. It concerns questions about the nature of the reality in which we live, and our place in it. Realism, Idealism and Constructivism are all presuppositions about it. In which kind of relationship are clinical cognitivism and PCP with these main philosophical postulations?

Clinical cognitivism as a heterogeneous perspective

First of all, we have to consider that between clinical cognitivism and PCP there is another fundamental difference: if PCP is a unitary and complete psychological theory, clinical cognitivism, meanwhile, appears as an enlarged family of theories and models (Chiari & Nuzzo, 1996). This internal heterogeneity corresponds to heterogeneity in philosophical perspectives, too.

Actually, cognitivism covers the entire distance from realism to constructivism, moving from the classical clinical approaches, the empirist of Aaron Beck (Beck 1975, Beck et al. 2008) and the rationalist of Albert Ellis (Ellis,1962; Dryed, 1991), to the so called 'new wave', with Michael Mahoney (1995), Vittorio Guidano (1995) and many others. So, we can fundamentally recognize three different approaches in clinical cognitivism (Lenzi, in press): rationalistic, empiricist and post-rationalist (or constructivist).

According to the rationalist approach of Albert Ellis (1962), knowing is a deductive process in which rational thoughts are the primary sources of objective knowledge. Reality is reachable only thanks to the universal principles of Reason. Consequently, knowledge is real and valid to the extent that it adheres to these principles.

In agreement with the empiricist approach of Aaron Beck (Beck 1975, Beck et al. 2008), on the other hand, the world is objective and we can know it and ourselves only if we perceive them accurately. Differently from Ellis, the process of knowledge is inductive.

Both these different approaches (one deductive and the other inductive) have in common the idea that reality is given and it is outside the process of knowledge.

The cognitive-constructivist approach challenge and capsizes this perspective and, coherently with constructivism, sees reality as a dynamic and manifold construction made by the subject. Therefore, personal knowledge has to be evaluated in relation to its utility and viability, instead of its conformity to a real world (Mahoney, 1995; Neimeyer 2009; Chiari & Nuzzo, 2010).

In any case, as Chiari and Nuzzo have suggested (1996), if from the one side, this reference to the person as active construer of his/her world appears too generic, from the other side, all these perspectives – even the constructivist one – share a common, continuous referral to the results of scientific research. Often, the reproducible fact is simply substituted by a likewise reproducible scheme of construction.

This emphasis on Science, in my opinion, limits the reach of what we intend as 'constructivism'. Apparently, ignoring that science is also itself a dynamic construction, bringing the 'validity' of knowledge to Science means coming back to an already denied rationalistic approach. Simply put, the results of Science take the place of the rational principles.

Personal Construct Psychology and explicit philosophical presuppositions

George Kelly, in writing his main work, *The Psychology of Personal Constructs* (1955), openly declared the "philosophical roots" of his theory. He wrote:

All thinking is based, in part, on prior convictions. A complete philosophical or scientific system attempts to make all these prior convictions explicit. That is a large order, and there are few, if any, writers who can actually fill it. […] The first of these convictions has to do with the kind of universe we envision. (ibidem p. 6)

He called these philosophical roots "Constructive Alternativism":

We assume that all our present interpretations of the universe are subject to revision or replacement. (ibidem, p.15)

It is absolutely clear that this presupposition explicitly puts PCP in a constructivist vision of the world. Besides, like other personal, scientific or philosophical theories, PCP is an interpretation *subject to revision or replacement*.[1] Obviously, this is also applicable to the results of scientific research that are not truth but constructions.

Although Constructive Alternativism in PCP clearly refers to constructivism, this assumes different and, I guess, compatible forms; for instance radical constructivism or social constructionism.

Relationship rules level

This level defines the knowledge relationship rules between us, between our theory and what we consider environment, that is our conception of reality (or experience of reality). It is the level usually considered precisely epistemological: it is the fabric that, differently from contents and methods, is hidden and requires to be discovered and made explicit.

Mechanism, determinism, humanism are relationship rules in the sense that they establish *in which way* we can know the world, according to the characteristics we recognise in it and to the position – also theoretical – that we occupy with respect to them.

Trevor Butt (2008) and Franz Epting (2006) agree in their consideration of PCP as a humanistic approach. Trevor Butt (2008), specifically, suggested viewing *humanism* as opposed to *mechanism*, and clinical cognitivism as a mechanism perspective. Taking for granted that this is a *scalar construct*, what are the differences between these two *ways to know* our world and, above all, our psychological world?

Humanism versus Mechanism

Humanistic theories are those that see the person as a free agent, an interpreter who is fundamentally responsible for his/her choices. In this sense, we can widely define this approach as *anthropomorphic*, that is, to put the person at the centre of the knowledge action. The person, given some limits, is not determined.

These theories contrast with mechanist approaches that concern a person who is determined by independent forces; forces that push or pull the person toward an action (Butt, ibidem). In other words, mechanism is – if only to a certain extent – deterministic. It decrees a world constituted by causes and effects. In short, Sadi Marhaba (1976) wrote:

According to the mechanist perspective, in order to know people, it is first necessary to pursue a scientific psychology; according to the anthropomorphic perspective, on the contrary, in order to pursue a really scientific psychology, it is first necessary to know people.[2] [3] (ibidem, p. 31)

[1] What is probably less clear is that this explicit position is valid not only for personal theories of the world, but also for PCP in itself. It is a sort of *instruction for self-destruction*.

[2] Author's translation from Italian.

[3] This is an old dispute in psychology. Even William James spoke about a 'tough minded' approach as opposed to a 'tender minded' approach. The 'tender minded' approaches are humanistic because they are

Considering these opposite poles, I guess that if PCP is an anthropomorphic and humanistic theory, then clinical cognitivism is, on the contrary, mainly mechanist. But, since I consider the level of relationship rules to be like a bridge (*relationship*, exactly) between the superordinate, *philosophical* level and the level of *theoretical assumptions*, it could be useful to explore the latter in order to better understand why.

Theoretical assumptions level

This is the level that defines the subject of investigation of a specific theory, its range of convenience. As with the previous two levels, I think it is impossible to demonstrate. This constitutes, indeed, the identity *core* of a theory. So, if we overcome it, the theory becomes another theory. Traditionally, the subject of psychological investigation is a generic 'mind' that, in hindsight, assumes different meanings in different theories or approaches.

We can borrow here, to some degree, Lakatos's idea of research programme. In an attempt to demarcate the borders of theories and explain their development, Imre Lakatos suggests that what we regard as a 'theory' is actually a group of theories which are subtly different from each other and share some principles and convictions that are the *core*; that is the identity of this group. Since this collection of ideas is not a *thing*, but rather, it is in movement and produces a certain type of practice, he defined them as research programmes.

So, in which way can we define the subject, the core of clinical cognitivism, and the core of PCP? And what is the link between these cores and the rule level previously described? Are they recognisable as a unique programme of research or, on the contrary, are they distinguishable as two different programmes?

The identity core of clinical cognitivism

In my opinion, the *core* of the cognitivist perspective corresponds to its conception of mind, which is its subject: the mind is an aggregate of different systems, components (e.g. cognition and emotional systems) and functions, which are the filter between environment and behaviours. And this core conception is even in current, constructivist cognitivism.

Moreover, all cognitivist theories and models stress the role of Science. As Silvio Lenzi (in press), a constructivist and cognitivist author, reminds us: "Cognitive Therapy is a brief and time-limited approach, based on a scientific model of mental disorders, which has the patient's symptoms as the main focus of intervention".[4]

At this point, we have identified two main elements in this research programme: the *fragmentation* of the subject into components and the emphasis on *scientific research*. What are the implications of these two principles?

Fragmentation

The fragmentation into components implies, in my opinion, a sort of determinism. Even if constructivist-cognitivist scholars and practitioners are interested in a person as an active construer, in her/his vision of the world, this vision has to be the result of something else. For instance, emotions – as an independent adaptive system – condition constructions and constructions affect emotions. And both determine behaviour (Cionini, 1999a). Perhaps constructions, thoughts, emotions and behaviours should be the result of some neural configuration. In this sense, *thoughts* are separate from the *concrete experience* of the person.

Therefore, although a person is viewed as an active observer that construes a reality, which is not independent from him/her, this vision will, at any rate, be a useful filter to organize actions in reaction to the environment.

above all interested in adhering to the complexity of the concrete person in daily life. Mechanist psychologies, meanwhile, have the primary worry of being at the same level of the Natural Sciences in common (ibidem).

[4] Author's translation.

The accent is on *thoughts*, constructions and symptoms as another, more sophisticated form of representation.

Emphasis on Scientific Research

Another step towards the negation of the personal concrete experience is, I believe, the emphasis on *hard* scientific research. Since the main aim of scientific research is, traditionally, to find general rules and reproducible schemes (according to the Commonality Corollary), clinical cognitivism does the same. Facts or common schemas and structures of constructions must be experimentally verified and, consequently, also clinical protocols must be experimentally proved. These structures of meanings, these schemas of constructions are, obviously, superordinate to the concrete person's experience. In other words, a phenomenon is worthy and respectable only if it has a scientific blessing, it is generalisable and measurable.

It is a disembodied vision of the human experience in which science has to explain people and not vice-versa.

Maybe, the vision of the person – even if considered as an interpreter – fragmented into separate functions and components, allows cognitivists to play the science game (Bannister and Fransella, 1980), following traditional scientific experiments, and avoiding imagining and creating new ways to experiment with a subject that is, in itself, an experimenter.

Cognitivism as mechanist perspective

Although constructive cognitivism assigns a limited and situational shape to rationality and replaces the objective reality with the experienced realities, there is not an appreciable discontinuity between theories and models in this area (Lenzi, in press). This *programme of research* is clear and widely shared. And it is also evident that the rules which govern the relationship between the cognitivist programme of research and its philosophical postulations appear inescapably mechanist and deterministic, although to different degrees.

The core construction of Personal Construct Psychology

What is the *core construction* of the *research programme* that we call PCP? I think it is expressed well and completely in the fundamental postulate: "A person's processes are psychologically channelized by the ways in which he anticipates events." Kelly (1955) wrote:

This term (person) is used to indicate the substance with which we are primarily concerned. Our first consideration is the individual person rather than any part of the person, any group of persons, or any particular processes manifested in the person's behaviour. (ibidem, p. 47).

Starting from his postulate, George Kelly suggests to us a holistic approach to human experience. The person is not fragmented. His/her experience is not fragmented. Since a person is a *form of motion*, constructs cannot be separate from experience and vice-versa. In other words, there is no construction without experience and no experience without construction: *knowledge is an embodied process* and a *construct* is not simply a *thought* or a more refined form of representation, but – according to functionalism – an action channelized by anticipation and oriented by choice.

Besides, since even science is a construction, the faith in Science (and evidence) is not absolute but always guided by a critical attitude. In this case, the focus is always on the complexity of personal experience, the concrete daily life of people that are, at the same time, the guide and the subject of scientific research, instead of being guided by it.

So, also in this case we have isolated two features, among others, of this perspective: the *holistic approach* of human experience and the *critical attitude towards Science*.

A holistic approach

Kelly openly describes his theory as a holistic theory, at least in two ways.

The first is specified in the fundamental postulate in which Kelly indicates the "person's processes" – an entire entity that is not fragmented

into its presumed components – the subject of his research. Likewise, the notion of *anticipation* that *channelizes* the same *processes* is the 'sealing' that bonds these processes with the experience in a whole unity.

Again, Bannister and Fransella (1980), in an effective summary, wrote:

The standard chapter headings of memory, cognition, motivation, perception, emotion, the senses and so forth are the ultimate denial of the person as the subject matter of psychology. They substitute for the person functions to be studied separately, in spite of the fact that they cannot be lived separately. (ibidem, p. 48)

The second way in which Kelly gives us a holistic theory could be called 'monism', and it is a strong refusal of most of the classical dichotomies in psychology. Kelly openly criticises the Cartesian dualism, which divides the world into two substances, mind and body. For PCP, even these are constructions. Therefore, neuroscience's charm, which inspires a lot of psychologists – above all in the cognitivist area – represents a further betrayal of the person as a psychological issue, as an interpreter, as *knowledge in motion*.

Critical attitude towards science: the role of reflexivity

Although Kelly considers science and scientific theories as constructions that *are subject to revision or replacement*, he does not refuse the role of science. In any case, in accordance with the anthropomorphic and humanistic perspective, *in order to realise a scientific psychology, it is first necessary to know people*, to be interested in their actual lives. So, science does not explain people more than people explain science. In other words, if in the cognitivist approach we can observe two different epistemologies, one which is *of* the approach (the way in which it considers the knowledge of the person) and another one which is *inside* the approach (the way in which it considers its form of knowledge), in PCP there is just one epistemology, both for the person and for the theory.

As Don Bannister and Fay Fransella (1980) remind us:

The theory is reflexive. Personal construct theory is an act of construing which is accounted for by personal construct theory. Putting it another way, it does not, like learning theory, account for all kinds of human behaviour except the formulation of learning theory. Construct theory treats scientists as persons and persons as scientist. (ibidem, p. 12-13)

Methods and applications level

Hierarchically subordinated to the others, in this level the previous presuppositions are translated in clinical and research practices and, sometimes, in standard procedures. If we use the idea of the programme of research, each theory has its own direction and, consequently, its methods and instruments, in order to be fertile in that way.

Clinical cognitivism: resolving incoherence, resolving dysfunctions

Clinical constructive-cognitivism is interested in finding common constructions that should be able to explain the symptoms of the person, his/her dysfunction. The idea of dysfunction is implicit in the notion of different functions; it is its natural consequence.

Nevertheless, if a realistic approach concerns malfunctions that are indicated by the distance from reality, then the constructive-cognitivist perspective deals with psychological disorders as the expression of an *impasse* of the system of knowledge in terms of *viability* instead of *conformity to a presumed real world*. This impasse is a sort of 'break' in the internal coherence of the system among its components (Cionini, 1999 b). The system loses its harmony. What will the role of the psychotherapist who must face and resolve this incoherence be? Of course, he/she has to change dysfunction into functions. Thus, as Lenzi (in press) wrote:

The constructive-cognitivist therapy does not try to persuade the patient to adopt other standards

of reality but, rather, to recognise, to understand and better articulate his/her personal "truth" in order to achieve a more harmonious vision of him/herself and of his/her own reality.[5]

As is evident, the accent is on the idea of teaching the patient to live in a more functional way, to persuade him/her about something better, a more coherent vision… of the world. This attitude, I believe, can be called *psycho-pedagogical*.

This psycho-pedagogical attitude, the fragmentation of the subject into components and functions but, above all, the emphasis on thoughts (even though called 'constructs') necessarily leads to the importance of *rational consciousness* as the main tool for resolving malfunctions. Another constructivist and cognitivist therapist, Lorenzo Cionini (1999a), clarifies this point:

Only when the patient is able to analyse the function the symptoms have in order to maintain his internal equilibrium, will he be able to substitute them with other modalities of reaction, which – satisfying the same adaptive function – can fill other adaptive needs too. (ibidem, p. 66)

In any case, the psychotherapist is an expert; the patient is a malfunctioning person.

PCP: Psychotherapy as a shared experiment, singularity and concreteness of the person

If cognitivism stresses the Commonality Corollary, according to science's necessity to find explicative and generalisable results, on the contrary, PCP underlines the utility for the therapist, of understanding what a specific person is.[6] Each time we meet a person, we meet a universe.

PCP is an abstract and empty theory in which the personal vision of our patient can find its place and be understood. It is like an ensemble of navigation tools useful to orient us within the universe of the other.

Disorders as a choice

The person is considered – this is the usual Kellian metaphor - as a scientist involved in anticipating events, experimenting and, through behaviour, testing how meaningful his/her anticipation was. An external or internal force does not determine the direction of each action; we follow the meaningful direction, as described by the Choice Corollary. Everything we do, even if apparently incoherent with other parts of our personal theory, is the best choice compared with its alternative in that moment. So, there is no space for any dis-function: even disorders are choices, solutions and not problems when compared with their alternatives.

Equal attitude

The idea of the person as a scientist leads to the idea of psychotherapy as a laboratory for social experiments in which two co-researchers are involved, trying to give sense to the situation, the other and ourselves. In other words, they are construing. This equal attitude is substituted in place of the psycho-pedagogic attitude. Therapist and client are, at the same time, authors and interpreters of the same tale.

Evolving personal theory

The PCP programme of research, as we have already seen, is based on a holistic vision of the person and experience. The *equal* attitude, this emphasis on person as a unity and as a *theory in motion* implies that the general aim of psychotherapy is not to resolve presumed internal incoherencies of the system (we happily live with many apparent incoherencies) through a *rational consciousness*, but to help the client extend, articulate and develop his/her personal theory. The focus is not a cluster of symptoms, but the person and his/her life theory. The emphasis will be on shared experiments, as consciously deliberate

[5] Author's translation.

[6] To be clear: nothing against the attempt to find common constructions experimenting not *on* but *with* people. In any case, these constructions can never take the place of the person.

as they are viscerally perceived. There is nothing to correct, there is just some invitation towards new explorations.

Table 2*: Comparison of assumptions and implications between cognitivism and PCP*

LEVELS	**COGNITIVISM**	**PCP**
Philosophical or metaphysical postulations	a) Reality is given. b) Reality is not directly knowable, but science can approximate it.	Constructive alternativism (constructivism, social constructionism)
Relationship rules	a) Mechanist approach. b) Reaction.	a) Humanist approach. b) Anticipation. c) Choice. d) Reflexivity.
Theoretical assumptions	Mind is an aggregate of different systems (e.g. cognition and emotional systems) and functions, which are the filter between environment and behaviours.	Fundamental postulate: "A person's processes are psychologically channelized by the ways in which he anticipates events."
Research methods and practice	Psycho-pedagogical approach	Co-construction of experience

CONCLUSIONS

In conclusion, it seems that clinical cognitivism and PCP have some quite significant differences - they are two diverse approaches. Starting from prior philosophical postulations, they are two different assemblies of ideas and principles that move in dissimilar directions and produce different types of practices. Recognising these differences, establishing borders along which a theory stops being itself to become something else, does not mean to fix membership rules to one club or another. It also does not mean that we have to live a theory and its identity borders like a dogma. As Bannister and Fransella (1980), wrote:

A religious or moral dogma is something that it is proposed we live by – a scientific theory is something that it is proposed we live with and explore. (ibidem p. 11)

The emphasis is not on an uncritical belonging but on experience, on what we are actually doing. Drawing clear boundaries does not mean to close people into a fence and limit possibilities of knowledge and exploration, but, on the contrary, it means clearly knowing what we really do and why. If we agree with this perspective and we consider theories as dynamic tools "we live with and explore", we can see clinical cognitivism and PCP as two diverse research programmes, collections of ideas in movement, tools effectively oriented toward different directions.

Table 3: *Levels of comparison between the "third wave" of clinical cognitivism and PCP*

Philosophical or metaphysical postulations	Constructivism	
Research programmes – hard core assumptions	Clinical cognitivism: mechanist approach, fragmentation, etc.	PCP: humanist approach, fundamental postulate, etc.
Research methods and practices	Psycho-pedagogical approach	Co-construction of experience

Clinical cognitivism and PCP organise their identities around and through two dissimilar *core assumptions* at the same hierarchical and epistemological level, and one cannot, logically, include the other. The latest form of clinical cognitivism and PCP can share the most superordinate level, the level of philosophical postulations, but are different for the rest. It is not a scandal: *"Different or alternative theories can live together*

inside the same epistemological perspective" (Marhaba, 1976, p.23).[7] In any case, confusing these levels is, I surmise, a logical mistake.

We cannot say that a cat is a form of dog – even if they are both mammals – just as we cannot say that PCP is a form of cognitivism – although both are constructivist. Moreover, as Kelly teaches us, a construct is not just a word, but it is an action, a meaning in action under a verbal label. So, even if clinical cognitivism is fast evolving, only a vague, loose use of the term 'cognitivism' could absorb many different approaches into it. It is, indeed, questionable whether all new theories and models currently recognised under the umbrella of cognitivism, are effectively cognitivist. Theoretical confusion, I believe, does not lead to anything useful, neither in academic research nor in clinical practice. On the contrary, knowing our exact theoretical position helps us in a more fertile exploration and, moreover, it allows construing bridges towards other approaches. In other words, I go anywhere only if I know who I am.

In conclusion, coming back to the comparison between clinical cognitivism and PCP, they are, from my point of view, *two ways of experience*. Identity, even in theoretical terms, is not just identity, but a way to know the world, themselves and others. It is, also, a way to stay in relationships. For all these reasons, in my opinion, PCP is (and was not) neither a theory within the *mainstream,* nor is it against this. It remains an alternative, revolutionary proposal.

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[7] Author's translation.

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