Levels of Analysis and the Received View-Hermeneutics Controversy[1]

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Abstract: This paper clarifies several sources of the epistemological confusion that currently characterize the field of clinical psychology. Using a constructivist framework, it is argued that much of this confusion can be traced to a traditional failure to distinguish among levels of analysis when evaluating and comparing clinical psychology theories. By recognizing certain distinctions among levels of analysis, it becomes clear that efforts to provide epistemological legitimacy for clinical psychology theories have often conflated not only theories with epistemology, but also epistemologies that reside at different levels of analysis. Recognition of these distinctions also permits a more precise definition of the role for which the received view of a natural science epistemology and hermeneutics are competing. This role should be defined as a "superordinate" epistemology. It is demonstrated how this concept provides some of the terms necessary for settling the debate between advocates of the received view and advocates of hermeneutics.

The debate over whether clinical psychology should be considered a "science" or a hermeneutic enterprise represents one of the most controversial and crucial issues facing the field today (see, for example, Barratt and Sloan, 1988; Day, 1988; Edelson, 1984; Farrell, 1981; Grunbaum, 1984; Holt, 1985; Holzman, 1985; Hopkins, 1982; Maguire, 1983; Packer, 1985, 1988; Ricoeur, 1970, 1978; Russell, 1988; Sharpe, 1987; Wallerstein, 1986; Westerman, 1980, 1986; Will, 1984). Yet, psychologists seem unable to find a framework with which to resolve this controversy. In this paper, it is argued that this debate cannot be settled until psychologists examine an even more fundamental epistemological problem.

This more fundamental problem concerns the conflation of levels of analysis that has plagued traditional attempts to evaluate and compare clinical psychology theories. That is, efforts to judge the validity of clinical psychology theories generally suffer from a confusion between the epistemology used as the evaluative framework, on the one hand, and the theory that is being evaluated, on the other. As a result, there are no uniform standards for the validity of theories, nor is there agreement

among the advocates of different theories about the standards for legitimate knowledge. Thus, when advocates debate about content, they (implicitly) debate also about the very standards involved. This conflation of levels of analysis thereby prevents meaningful comparisons among different clinical psychology theories, and precludes bona fide evaluations of the validity of each particular theory. In the absence of the ability to compare and evaluate clinical psychology theories, practitioners cannot justify the methods, techniques and formulations that derive from these theories and that putatively form the knowledge base of the field (Silvern, 1986).

It is partly in response to this epistemological crisis that the received view and hermeneutics have been offered as alternate candidates for an epistemological foundation that would be sufficiently broad to encompass diverse theories within clinical psychology. The debate concerning the received view and hermeneutics reflects an understanding of the need for standards that transcend diverse clinical psychology theories. However, neither of these positions reflects a careful consideration of the importance of maintaining distinctions among levels of analysis. As a result, the received view and hermeneutics fall prey to some of the same problems that they are used to solve.

It will be argued that the importance of distinguishing among levels of analysis emerges from a constructivist perspective. A constructivist analysis stipulates that clinical psychology needs an epistemology that is "superordinate" to the theories it evaluates. Because the received view and hermeneutics have not been offered in the context of a constructivist analysis, they do not adhere to this definition and they thereby violate the epistemological lessons emerging from a careful consideration of what happens when levels of analysis are conflated.

Constructivism

Constructivism refers to a broad, post-Kantian tradition that has been widely accepted as a way to understand the development and evaluation of "knowledge" (e.g., Cassirer, 1923; Giorgi, 1970; Gollin, Stahl, and Morgan, 1989; Hopkins, 1982; Kelly, 1955; Kuhn, 1970; Polkinghorne, 1983; Silvern, 1986, 1988; Toulmin, 1961, 1971; Westerman, 1980, 1986). From a constructivist viewpoint, sensations become knowledge only when they are conceptualized, or "constructed," by individuals with particular interests and ways of understanding. That is, knowledge is gathered *not* by observing or "discovering" a pre-conceptually naked world. Instead, knowledge of events is always mediated by the prior meanings they hold for observers. These meanings are, in turn, dependent upon such factors as the paradigm, culture, language, social practices, belief system, and interests of observers.

Constructivism thus construes "theories" to be human creations that *make sense* of events by conferring meaning on such events. However,

theories cannot be validated in terms of an "operationalized" "reality" claimed to be grasped through "immaculate perception." This elimination of "reality" as the ultimate arbiter of a theory's legitimacy raises questions about the terms in which theories can be judged and compared.

Constructivism also draws attention to several distinctions that are usually ignored but that are nonetheless crucial. The first distinction concerns the difference between a "superordinate epistemology" and a "paradigm."

According to Kuhn (1970) a "paradigm" refers to the combination of content-filled propositions and related epistemological assumptions that are reflected in accepted methods of inquiry (e.g., contingencies of reinforcement and laboratory experimentation; the unconscious and free association). At first glance, experimentation, for example, appears to be only a standard for testing theoretical propositions. However, this standard implicates theoretical content at the outset—e.g., that human functioning can and should be described in terms of the impact of observable situations on observable behavior.

In contrast to "paradigm," "superordinate epistemology" refers to "external criteria" (Kuhn, 1970, p. 110) that must be used in any effort to compare or evaluate individual paradigms. This distinction underscores the need for a superordinate epistemology in a field, such as clinical psychology, overrun with mere paradigms.

Constructivism also draws attention to a distinction between two aspects of a paradigm itself, i.e., content-filled propositions and related epistemological positions. The term "theory" will be used here to include only the propositions. The term "inherent epistemology" will be used to include only the implicit epistemology reflected in the methods and standards that "inhere in" each paradigm.

Diagrammatically, this yields the following:

superordinate epistemology
paradigm (1. . .n)
theory-----inherent epistemology

Thus, there has been a tradition within clinical psychology of evaluating each theory according to its associated inherent epistemology, or according to the epistemology inhering in another paradigm (Mahrer, 1978; Rychlak, 1973).

Levels Of Analysis

There must be a distinction between the theories to be evaluated, i.e., the "target" theories, and the epistemology used to evaluate them. Specifically, the epistemology must reside at a higher level of analysis than the theories it is used to evaluate.

In a simple sense, the concept "levels of analysis" suggests that knowledge is conceptually organized in a hierarchical arrangement according to

breadth of scope and abstraction. Propositions at lower levels of analysis are less inclusive, less abstract, and more content-specific. Propositions at higher levels are more inclusive, more abstract, and have terms or categories that can be used to refer to theories and concepts at lower levels (Cassirer, 1923; Kelly, 1955; Silvern, 1988; Toulmin, 1961).

Beyond this characteristic of progressive abstraction, however, from a constructivist viewpoint each level of analysis is "emergent" (Cassirer, 1923). A level that is considered superordinate to another does not merely include more general or abstract categories. Instead, the "higher" level incorporates the subordinate concepts within a new whole, and confers new meaning on lower levels (Silvern, 1984). Thus, a superordinate epistemology for clinical psychology not only would contain the terms or categories with which to refer to its target theories, but also would recontextualize these theories within a critical perspective that would give new meaning to them.

The problem is that the application of one epistemology to evaluate theories represents the selection of this epistemology over others. Although initially one might consider solving this problem by elevating a particular inherent epistemology and using it as the standard for all theories, this "solution" is unworkable because each inherent epistemology shares its system of meaning with the theory embedded in the same paradigm (Kuhn, 1970; Polanyi and Prosch, 1975; Toulmin, 1961). As a result, inherent epistemologies cannot be considered superordinate in relation to individual clinical psychology theories.

The Two Ways of Conflating Levels of Analysis

When an inherent epistemology is used to evaluate the theory with which it is embedded, or when it is used to evaluate the theory embedded in another paradigm, levels of analysis are conflated. What results is often an important problem that looks like a solution. Levels of analysis can be conflated in two ways: by violating the principle of emergence, or by violating the principle of abstraction.

First, when a theory is evaluated in its own terms, according to its associated inherent epistemology, the principle of *emergence* is violated because there is no outside frame of reference to provide a truly critical perspective, and surely no basis for evaluating the comparative value of competing theories. The very rules for drawing conclusions *within* a paradigm are used to draw conclusions *about* that paradigm. For this reason, the inherent epistemology does not provide an emergent critical perspective that recontextualizes its associated theory.

Consider arguments that observations made within a psychoanalytic therapy provide the privileged context for evaluating psychoanalytic theory (e.g., Barlow, 1981; Blum, 1986; Freud, 1969; Ricoeur, 1978). It is only within an analysis that theoretically crucial concepts such as transference can be observed, and the inherent epistemology affirms the appro-

priate methods. This position has been criticized in the literature on the grounds that the psychoanalytic clinical encounter is designed to produce the very sorts of material that the psychoanalytic inherent epistemology would classify as confirmatory, or on the grounds that a psychoanalyst could interpret almost any material as confirmatory according to the rules of this inherent epistemology (e.g., Grunbaum, 1984; Masling and Cohen, 1987; Popper, 1962).

The more general point underlying these criticisms is that the meaning system shared by psychoanalytic theory and its inherent epistemology enables, indeed obligates, theory and epistemology to maintain one another. The entire psychoanalytic method is structured to produce what the psychoanalytic theory identifies as "focal" information (e.g., dreams, conflictual material, unconscious derivatives) (Blum, 1986; Freud, 1965, 1969; Klauber, 1980; Ricoeur, 1978; Schafer, 1983). This goal of producing focal information means that the basic propositions of the theory are simply assumed at the outset, and are not subjected to testing in independent terms. That dreams represent symbolic representations of unconscious conflicts, for example, is assumed; the work of analysis is to interpret these dreams in terms of their unconscious roots rather than to validate independently that such unconscious roots even exist. In this way, the method presumes the very propositions it supposedly tests.

This same point can be illustrated by means of the behaviorist paradigm. The behaviorist methodology of environmental manipulation merely presumes, rather than tests, the regulation of behavior by contingencies of reinforcement. This methodology is designed explicitly to enable the systematic study of stimulus-response (or contingency-operant) patterns (Skinner, 1974), and not to determine whether such patterns exist. The inherent epistemology takes as a given that legitimate propositions concern overt behavior and its determination by situations (Rychlak, 1973). Indeed, in the conduct of research, considerable pilot work is often needed to develop a "manipulation," i.e., to find an effective situational manipulation that then "produces" behavioral change (Bowers, 1973). By definition, it is not possible to conclude that a manipulation had no effect; a condition that does not produce change simply cannot count as a manipulation.

Thus, both the substantive propositions and the methodological approaches contained within either the psychoanalytic or the behaviorist paradigm organize observations into the identical categories. In each case, the paradigm defines what is focal, the theory presents propositions about relationships among focal concepts, and the inherent epistemology specifies how to gain legitimate knowledge about events so defined. In neither case does theory or epistemology question the shared meaning of the event.

Related to this tradition of evaluating each theory in its own terms is the equally flawed tradition of evaluating one theory in terms of the epis-

temology inherent in another—i.e., the second way of conflating levels of analysis. Where the first way of conflating levels of analysis likely confirms the propositions of the target theory, this second way of conflating levels of analysis either dismisses these propositions or redefines them.

Consider, for example, a nursing baby. The inherent epistemology associated with classical learning theory would focus on the relationship between gratification, assumed to occur with milk ingestion, and behavior. A "fact" would address some operationalized aspect of this relationship, and be "proven" by replicable procedures (Rychlak, 1973; Skinner, 1974). For instance: infants learn to nurse in ways that increase their efficiency. A knowledgeable statement would come in the form of a fact so proven.

By contrast, psychoanalytic object-relations theory presents a radically different version of what happens when a baby nurses. Indeed, the epistemology inhering in the object-relations paradigm would focus on the relationship between mother and infant. Likewise, a "fact" would pertain to some phenomenologically relevant aspect of this relationship, and could be "proven" by interpretive or experiential reports, or perhaps by inferences of the infant's reactions to its mother (Ricoeur, 1978). For instance: a secure nursing situation encourages a secure "symbiosis" between mother and infant. Finally, a knowledgeable statement would come in the form of a fact so proven. "Facts" about biological gratification would be considered irrelevant (Greenberg and Mitchell, 1983).

In this way, the relevant type of observation or "fact," as well as the criteria for drawing legitimate conclusions, differ dramatically for each inherent epistemology. The epistemology inhering in one paradigm deletes terms for the very events treated as focal in the target theory embedded in another paradigm. It also often omits the very methods affirmed in the target theory's associated inherent epistemology. As a result, there can be no legitimately knowledgeable statements about the omitted events, proven by the excluded methods.

The use of the epistemology inherent in one paradigm to test the theory inherent in another can also result in a redefinition of theoretical propositions, instead of a simple dismissal of these propositions. Indeed, a given event literally means different things when observed from within different paradigms because it is the conceptual context in which an event is understood that determines its meaning (Cassirer, 1923; Polanyi and Prosch, 1975; Silvern, 1986). It is, therefore, impossible to translate the meaning that an event holds within one paradigm into the meaning it holds within another without losing the original meaning (Kuhn, 1970; Wertheimer, 1988). To say, for example, that a mother and an infant are bonding is to assign to this event an irreducibly different meaning than to say that the mother is providing an unconditioned reinforcer. This irreducible difference in meaning would remain even if a behaviorist and a psychoanalyst were to agree that the event in question could best be referred to as a

"baby nursing." The same term, when used in the context of different paradigms, carries different meanings.

Consider as well what happens when the epistemology inherent in the social learning paradigm is applied to psychoanalytic theory. This inherent epistemology contains a "placeholder" of sorts for internal processes or "thoughts" in its concern with person variables (e.g., expectancies, cue-producing responses) that "mediate between inputs and outputs" (Rychlak, 1973, p. 296). This introduces the hope that social learning theorists and psychoanalysts might be able to communicate with each other about a jointly recognized phenomenon. However, this redefinition of what intervenes between observable events—i.e., situation and overt response—conceptually reduces unconscious processes to mediating variables. Social learning inherent epistemology may acknowledge the impact of the unseen, but in so doing, renders it epiphenomenal to the seen. The epistemologically necessary act of "faith" is that mediating cognitions were once learned as a function of the co-occurrence of observable events (Mischel, 1973; Rapaport, 1973; Rychlak, 1973; Silvern, 1984). Without that "faith," the mediating variables cannot be discussed at all in the acceptable terms of a knowledgeable statement.

In this manner, then, the unconscious can be recognized only by changing its meaning in such a way that its *causal* place within psychoanalytic theory will be redefined. That is, within classical psychoanalytic theory, the unconscious, following the dictates of the pleasure principle, acts as a cause of such key phenomena as defense mechanisms, symptomatology and dreams. When the unconscious is redefined as a "mediator," its meaning changes from that of "cause" to that of either "intervening variable" that reflects past situational manipulations or "noise" in a stimulus-response chain. To make matters worse, this redefinition must occur before any evaluation (i.e., in behaviorist terms, the experimental or observational situation) supposedly even begins.

Thus, when the epistemology inhering in one paradigm is applied to test the clinical psychology theory inhering in another, the propositions of latter must be either dismissed, or redefined in irreducibly different terms. This redefinition is different from what happens when a theory is recontextualized within an emergent critical perspective. Rather than add *new* meaning derived from an independent framework, an inherent epistemology often *replaces* the original meanings of terms drawn from competing paradigms with meanings drawn from its own paradigm. Alternately, it simply dismisses the original meanings. For these reasons, the inherent epistemology of one paradigm cannot be considered more *abstract* than the theory of another.

The Need for a Superordinate Epistemology

In summary, inherent epistemologies can never be considered superordinate to clinical psychology theories or paradigms because they violate

either the principle of progressive abstraction or the principle of emergence. Inherent epistemologies violate the principle of progressive abstraction when they are employed to evaluate theories embedded in other paradigms. Alternatively, inherent epistemologies violate the principle of emergence when they are use to evaluate the theory within their own paradigm. Evaluation of a theory by its associated inherent epistemology may be useful for determining whether a given paradigm lives up to its own standards. Inherent epistemologies also legitimately structure observations during what Kuhn (1970) calls "normal science," what Mahrer (1978) refers to as "in-house" research, and what one might call the school-bound clinical practice of an adherent. However, when a theory is evaluated according to its associated inherent epistemology, there is simply no emergent critical perspective to which that target theory is subjected.

The absence of a truly superordinate epistemology implicitly gives to adherents the license to dismiss, redefine and assume at will, thus producing a situation in which each paradigm putatively can account for all results and theories within its own conceptual system. When adherents of a paradigm can "explain" seemingly negative results from within the perspective of their paradigm, such paradigms can be said to exhaust the universe of discourse. For example, a patient's denial of the analyst's interpretation can be taken as confirmation of propositions regarding "repression." If a child's misbehavior is not eliminated by attempts to punish, it may be taken that such attempts constituted "negative attention," rather than that contingencies failed to control operants. Indeed, this analysis makes sense of the common understanding that research findings rarely have ever changed the mind of an adherent of a school or changed the school itself (e.g., Barlow, 1981).

For these reasons, choices among paradigms must rely on a superordinate epistemology. This epistemological mandate emerges from an analysis of the fundamental problem concerning conflated levels of analysis, and forms a preliminary framework for choosing between the received view and hermeneutics.

Toward Resolving the Conflict Between the Received View and Hermeneutics

The recontextualization of this conflict within the framework provided by an understanding of the importance of distinguishing among levels of analysis redefines the role for which the received view and hermeneutics have been competing. When the received view and hermeneutics both are held accountable to the new definition of a superordinate epistemology, it becomes clear that neither is a good candidate for this position. While the sort of detailed examination required to reach a definitive conclusion lies beyond the scope of this paper, I will suggest briefly the general contours of such an examination.

In order to qualify as a superordinate epistemology for clinical psychology, the received view and hermeneutics should be held accountable to the standards set by the principles of progressive abstraction and emergence. A preliminary foray into this process uncovers that the received view and hermeneutics each rests on a fundamental epistemological commitment that excludes some of the terms of certain of the major theories. For the received view, this epistemological commitment concerns the identification of "knowledge" with what can be observed directly and operationalized (e.g., Giorgi, 1970; Polanyi and Prosch, 1975; Polkinghorne, 1983; Russell, 1929; Silvern, 1988; Suppe, 1974). As a result of this position, the domain of meaning is bracketed or explicitly ruled out (Collingwood, 1946; Giorgi, 1970; Habermas, 1971; Polanyi and Prosch, 1975; Polkinghorne, 1983; Silvern, 1988; Suppe, 1974; Westerman, 1980). Yet, many clinical psychology theories contain terms and concepts pertaining to phenomena that are not observable in themselves and that fall into this domain of meaning (e.g., unconditional positive regard, the unconscious). Because of its fundamental epistemological commitment, the received view cannot refer to such terms without redefining them in the terms of what can be observed and operationalized. While it may be the case that concepts pertaining to phenomena that are not subject to direct observation are nonsense, an investigation that purportedly evaluates these concepts should end, not begin, with this conclusion. Because the received view does not even contain the terms with which to refer to such concepts, an investigation using this epistemology reverses this order, and conclusions become premises.

A hermeneutic epistemology, in the form generally held by many clinicians, rests on an equally problematic epistemological commitment. Its identification of "knowledge" with what can be expressed in a "coherent" narrative brackets the domain of reality (Habermas, 1971; Howard, 1982; Rubovits-Seitz, 1986; Silvern, 1988; Spence, 1982). Indeed, hermeneutics was designed as an epistemology specifically for the "human sciences" pertaining to knowledge about "persons." (e.g., Howard, 1982; Polkinghorne, 1983; Silvern, 1986). Explanation in terms of causal laws governing "real" events was ruled out explicitly.

Yet, clinical psychology theories refer to events that are, within the context of each theory, presumably "real" (e.g., contingencies of reinforcement, mother-infant bonding, developmental stages). Such factors are used to constrain the sorts of narratives that are considered feasible. An evaluation proceeding from a hermeneutic epistemology could only dismiss these factors, or reduce them to what they mean to "persons" acting intentionally. As a result, hermeneutics cannot even refer to the causal laws that lie at the core of many clinical psychology theories, and that could presumably distinguish the merely coherent narrative from the coherent narrative that is also possible as an "actual" life history (Silvern, 1986).

This very preliminary analysis suggests that both the received view and hermeneutics fail to meet the standard set by the principle of progressive abstraction insofar as certain theoretical terms cannot be referenced within the language provided by each epistemology. Additional analysis (e.g., of whether either the received view or hermeneutics represents an emergent level of meaning) would be required before the received view and/or hermeneutics could be declared absolutely unqualified for service as the superordinate epistemology for clinical psychology.

However, this analysis is suggestive for future attempts to select (or develop) a truly superordinate epistemology for clinical psychology. Hermeneutics and the received view were each found to exclude, in principle, *different* terms. This finding implies that neither epistemology *alone* is sufficiently broad to evaluate the diverse clinical psychology theories. It further implies that the field requires an epistemology that integrates the differing domains, if not the particular terms or standards, that each epistemology *does* include. Indeed, the observation that clinical psychology theories bridge the domains of "reality" and meaning implies that an appropriate superordinate epistemology must do no less.

Footnotes

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