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To know, tell and construct oneself: The many epistemological aspects of talking about oneself in cognitive-constructivist therapeutic methods

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Cognitive Therapy has evolved through a remarkable parallelism with epistemological topics, important enough to allow epistemology to serve as a metaphor and foundation for therapeutic models and methods from as far back as the rational approach of Albert Ellis; through the empiricist perspective of Aaron Beck; all the way up to the latest constructivist developments, including Post-Rationalist Cognitive Therapy. This work focuses on certain methods belonging to a variety of cognitivist and cognitive-constructivist approaches in order to suggest that therapeutic dialogue — seen as re-elaboration of personal knowledge — is a context in which various epistemological positions are employed. The interactive construction of personal knowledge is made through a synergy of several epistemological positions, some of which regard self-observation as a privileged, Cartesian observational standpoint of oneself, whilst others entail the construction of autobiographical narratives — the epistemological constructivist position — and the pragmatic aspects of conversational interactions — the ontological constructivist position.
On the basis of such a transversal perspective, we aim to put forward a distinctive therapeutic methodology and epistemology, the scope of which is to achieve a genuinely comprehensive self-knowledge implemented in the various cognitivist and cognitive-constructivist methodologies.

Keywords: *cognitive-constructivist therapy*, *personal knowledge*, *epistemological positions*

Introduction

The spreading of the constructivist view of knowledge in psychotherapy has determined repercussions defined as “cross-cutting," i.e., affecting all the main approaches, from dynamic to family/systemic therapy. As regards Cognitive Therapy, it was noticed that “the adoption of a constructivist epistemological assumption has determined the emergence of new orientations that have run counter to even those that stem from” (Chiari, 2016, p. 196).

Since Cognitive Therapy deals with the way patients know themselves and the world in order to help them improve their "map," it is possible to compare its featured methods with epistemological theories. This interesting remark by Lyddon (1992) relates to a specific aspect of the relationship between Cognitive Therapy and epistemological theories; it draws a remarkable parallelism with epistemological topics, important enough to make epistemology a candidate for serving as metaphor and foundation for therapeutic models and methods. It becomes, thus, possible to analyse the models of personal knowledge developed by clinical cognitive movement during its evolution: starting from the rational approach of the forerunner Albert Ellis, up to the empiricist one of the founder Aaron Beck, all the way to the latest constructivist developments, including Post-Rationalist Cognitive Therapy. This will be our first perspective of analysis.

Nevertheless, in addition to the said epistemology *within* Cognitive Therapy, we can also make a point on the epistemology *of* Cognitive Therapy. In other words, it is possible to analyse how the therapist treats the patient and his/her knowledge, that is to say how he/she gets to know the person and concretely makes her known to herself. In fact, the therapist's makes use of procedures that lets him/her to empower and guide the patient to get to know him/herself. Substantially, this second analysis will be focused on showing how cognitive activity is *addressed* during the making of the assessment procedures.

By taking this twin path — which compares and crosses those that we might term the different souls of clinical cognitive movement — we wouldn't want to suggest further models of personal knowledge or, rather, to resolve issues that have been addressed by philosophers, psychologists and scientists for quite some time; nor we aim to put forward our own constructivist form of cognitive psychotherapy. We wish, though, that the reflection on some topics related to the knowledge making process — topics that are commonly addressed among cognitivist approaches, such as the influence of contexts, corporeity, and subjectivity (see Armezzani, 2002) — result being stimulated, and somehow bounded, accordingly to the implications of this work.

Epistemology within cognitive therapy: From rationalism to constructivism

In this first part we will attempt to account for the way Cognitive Therapy gets inspiration from epistemological theories in order to represent the knowledge that a patient has of him/herself and of the world. Specifically, the layouts of the Standard Cognitive Therapy (CTS) recall the empiricist and rationalist models of knowledge, while later developments of Cognitive Therapy will put a greater emphasis on the active and subjective aspect of knowing, resulting this way in a constructivist model. Each different orientation makes use of a specific epistemological model of knowing the patient, model that guides its therapeutic procedures as well. In this description, we refer — with some differences — to the contribute by Lyddon "Cognitive Science and Psychotherapy: An Epistemic Framework" (Lyddon, 1992) and to the encyclopaedic work of the late Mahoney on Human Change Processes (Mahoney, 1991).

As suggested by Mahoney (1991), a *rationalist epistemological position* is at the core of the layouts of Standard Cognitive Therapy. This author highlights that for the first generation of cognitive therapists rational thinking can and must lead a person's life. According to this rationalist perspective, knowing is a deductive process in which rational ideas and logical processes that are intrinsic to the mind are primary resources of objective knowledge. Reality

— in its everyday appearances underlying order — is accessible thanks to universal principles of human reasoning and, thus, knowledge is valid inasmuch it adheres to such principles.

Irrational thinking is considered dysfunctional, and mental disorders are mainly expressions of non-rational thoughts and images that have to be fixed through specific therapeutic procedures. Adherence to the rationalist approach implies that knowledge of the world is to be considered valid if logically consistent with the principles of rational thinking. Notably, *Ellis*'s (1962) *Rational Emotive Therapy (RET)* assumes that the roots of several clinical disorders lie in a set of evaluative beliefs that result to be substantially irrational — meaning, the silly little phrases that we tell to ourselves. The irrationality of a thought is defined by two kinds of requirements: one in contents, pertaining to contents that are considered to be irrational; one in styles, which is connected to the dogmatic and absolutist way by which the contents are interiorized and used. Therapeutic treatment is pragmatic and utilitarian, in that it aims to achieve a more rational knowledge through the correction of those negative, dogmatic, and absolutistic thoughts that are connected to the disease, and through adherence to a more rationally appropriate knowledge of the world.

The pursue of a more appropriate knowledge of the world — which implies an actually achievable objectivity — also belongs to *Beck*'s (Beck et al. 1979, 1985) *Cognitive Therapy*. His understanding of cognitive activity shares an *empiricist epistemology*, in that valid knowledge is in function of accuracy of perception and inductive processing. In this perspective, the emotional and behavioural problems are to be attributed to the degree of accuracy of the perception and interpretation of subject's experiences. Leading examples of the empiricist approach to Cognitive Therapy refer back to *Information Processing* theory (IP, Ingram, 1986). More recent conceptualizations of IP suggest the existence of several codings and subsystems in the human knowledge system (Teasdale, 1996; Teasdale & Barnard, 1993, 1996) and that in critical situations there might occur shifts to "primitive" codings that introduce systematic biases (arbitrary inferences, excessive generalizations, selective abstractions, dichotomous thinking, minimization or magnification, etc.) in the inferences and interpretations of empirical data. The *collaborative empiricism* of the therapist lies in the endeavour to make the patient consider his/her beliefs as hypotheses that need to be empirically tested through an inductive method based on observation, specifically geared towards the main components of cognitive activity. These components result to be part of the subjective experience of the patient — such as images, sensations, or thoughts. Relying on the observations made, the patient is invited to "seize the facts," that is to process new information directly from experience so as to achieve a different evaluative and discriminative means of elaboration. The patient is thereby engaged in a job of systematic experimental observation of him/herself, which requires him/her to practice a monitoring of his/her own experience and behaviour, that is made through specific methods of data collection and evaluation.

Therefore, unlike the emphasis that Ellis's rationalist approach puts on challenging the irrational and dogmatic nature of beliefs, Beck's empiricist approach aims to correct the selective, distortive inferences that are built on perceptions that are, in their turn, selective or even distorted.

However both these approaches make reference to an "objective" foundation of reality in order to restore the right functioning of personal knowledge, although with different shades.

Conversely, a reversal of this last aspect is offered by *Cognitive-Constructivist Psychotherapy* (Chiari & Nuzzo, 2010; Mahoney, 1995; Neimeyer, 2009), which sees reality as a dynamic and multiple construction and/or invention of the subject. In a *constructivist epistemological perspective*, personal knowledge is to be considered complex and non-univocal, constantly subjected to revisions; it needs to be evaluated in relation to its practical convenience — namely, viability — rather than in accordance to an external requirement of

adequacy or truth. Consistently, mental disease is seen as expression of an *impasse* of the knowledge system which is not achieving an harmonious configuration of its different components. Cognitive-constructivist psychotherapy, thus, aims not to persuade the patient into adopting high standards of truth of his/her personal knowledge, but rather to recognise, comprehend and better articulate his/her own personal "truth" — since this is the only way to access a more harmonious view of themselves and their own reality.

As claimed by various Italian authors, the cognitive-constructivist perspective highlights the active, generative and self-organizing approach that is featured by the individual cognizing activity (Guidano, 1987, 1991; Guidano & Liotti, 1983; Reda, 1986). As in an ecumenical construction, these authors offer a series of interdisciplinary contributes that end up establishing and outlining the setting of a revolution in the understanding of personal cognizing activity. One only need think to Piaget's (1954, 1970) developmental psychology and in some respects to Bowlby's (1969, 1988) Attachment Theory, and not least to Maturana and Varela's (1991) and Ford and Lerner's, (1992) self-organization theory, to get to Campbell's (1974) evolutionary epistemology and a number of different psychological contributes which concern the role of emotions in the development of individual identity — from Tompkins (2008) to Plutchik (1995) up to Magai and Haviland Jones (2010), just to reference some among the most interesting.

In the constructivist perspective of Cognitive Therapy any major therapeutic change implies a structural articulation of personal meaning that constitutes and characterizes each individual reality (Mahoney, 1991). It is by focusing on the construction of a more viable form of personal knowledge, rather than on an increase in rationality or adherence to the truth of experience, that the constructivist bending of cognitive psychotherapy is achieved.

Epistemology of cognitive therapy: How the therapist gets to know the knowledge of the patient

After describing how the three initial schools of thought in Cognitive Therapy recall precise epistemological positions, we will shift our focus on how the therapist does effectively treat the patient's personal knowledge during a session. In particular, we will analyse the various assessment procedures used to identify with a shared vision the specific elements of knowledge upon which the therapist will work therapeutically. We will then discuss on how in Cognitive Therapy the knowledge about the patient is acquired, to what extent it can be considered certain, or what kind of certainty can be acquired on it. Such perspective will help us to describe the evolution of the different investigation methodologies of individual cognitive activity that, as we shall see, will extend its target from the experience to the modalities of narratives to get to the aspects related to communication and to interactive positioning achieved through the action of communicating itself. We will try to demonstrate how, in this progression, the elicitation method of cognitive activity is gradually altered while also changing its epistemological assumptions.

We can start considering what the therapist and the patient do during a session. Under the conversational point of view (Hutchby & Woofitt, 1998) it can be identified how specific linguistic activities treat the patient's experience. In particular, conversational activities such as those of *Inquiry* and *Reworking*, that are transversally detectable in different approaches of Cognitive Therapy (Bercelli & Lenzi, 2004), make a kind of shared recognition of perceptions, thoughts, feelings, emotions and behaviours possible, exactly "there where they happened."

Such process is called *elicitation*, and during the session a specific kind of re-elaboration will follow. This kind of elicitation of cognitive activity assumes that the patient's experience can be univocally recognised, and therefore attributing to it a precise kind of knowability and making it possible to distinguish different components in it. The therapist, in fact, helps the patient in the process of self-observation, directing it towards specific and differentiated elements of cognitive activity itself.

Investigation procedures are among other things useful to stimulate the cognitive ability of the patient, for example by activating his/her metacognition skills and decentralization (Semerari & Dimaggio, 2003; Semerari, 2000), so that a particular form of knowledge becomes accessible to the patient who would otherwise not be used to it. Through the *Inquiry* process then, which is oriented to increase the patient's self-knowledge skills, Cognitive Therapy shows to recognize that individual experience does have traits of knowableness.

As observed by Semerari (2000), the importance of this feature in Cognitive Therapy is primarily clinical, when considered to be born in the background of the psychoanalytic perspective, which, at the time of its origins, tended to focus too much on metapsychological formulations and especially to move away, in terms of clinical practice, from the personal meanings that patients attributed to their experiences (Beck et al., 1979). The attitude towards the inquiry of subjective experience, representing the basis of Cognitive Therapy, possesses indeed another feature of great importance: the epistemic one. It recognizes experience and its components as explorable and recognizable, and above all considers this exploration and knowledge possible to be accomplished through an explicit and reproducible methodology.

The inquiry on experience

We will now analyse, in order to be able to better evaluate its epistemic features, how — using inquiry procedures — a certain type of exploration of the experience could be realized. The first point to focus on is related to how it is possible to get to know the subjective experience of the patient through the process of self-observation, creating what might be defined as a situation of Cartesianity (Agazzi, 1976; Bozzi, 1976): a situation where experience is regarded as an object empirically given and validly, reliably knowable.

What is achieved during the session is an intentional and contextualized self-observation of one's own experience related to specific moments, which have been experienced in specific contexts of time and space. The patient and the therapist are pushed to reflect through self-observation, which is, to think to those same actions as to objects, in a kind of "non-ideological introspection" (see Battacchi, 2006) in which the focus is not only put on objects of experience (the contents) but it has on the various formal aspects of cognitive activity as such, that is on the *acts of experience*.

So the experienced past not only becomes a means of knowledge, but turns out to be, at the same time, its object, thanks to a seemingly trivial process: the observation of the different components of experience itself, starting from the so-called *automatic thoughts*, or the recording of the happening of the individual elements in a given time. This collection and configuration of elements represent a basic recognition of the psychological object, making it "empirically" observable. It is, in our opinion, a position of psychological realism (Geiger, 1921) as it is centred on connecting the experienced past to reality as the object of all intentional acts. It is not enough then, according to this position and in order to define the psychological object properly, to consider the past assuming that a certain kind of psychology can rest exclusively on it. If the "bond with reality" gets lost — the contextualization of experiences and their intentional object — anticipating and provoking the subject's response, the analysis of the experiences might result in a form of "relativistic subjectivism in which the

accidental nature of my experiences, as well as other people's ones, might be exchanged for the universal structure of experience" (Zanet, 2009, p. 64).

The inquiry on self-narratives

In the historical development of Cognitive Therapy, the clinical interest has been focused on another aspect of the cognitive activity, the one concerning the elaboration of experience occurring in the narratives as well in the communicative acting. We will analyse how these issues are addressed at during the therapeutic practice.

It should be noticed that the attitude to self-knowledge and thus to the exploration of subjectivity as an autonomous objective, i.e. not tied to a specific subsequent re-elaboration, has progressively gained importance in some recent guidelines of the cognitive approach; as it did for example in Ryle's Cognitive Analytic Therapy (Ryle & Kerr, 2002), or in the *Post-Rationalist* and *Evolutionist* approaches of the Italian clinical cognitive movement of Guidano and Liotti (1983). Both authors, though with some differences, aim, on the one hand, to formally characterize and contextualize the different aspects of cognitive activity and personal knowledge depending on the construction of personal identity called, according to autopoietic theory (Maturana & Varela, 1980), *systemic coherence* or, in Janet's words, *personal synthesis*. On the other hand these Italian authors aim to understand the historical evolution of personal knowledge referring it, among other things, to Bowlby's *Attachment Theory* (1969, 1988).

To this kind of broadened theoretical perspective corresponds an equally innovative change on the level of application, that introduces the narrative dimension into the cognitive method, extending so the methodologies of Inquiry and Re-working to the target of autobiographical narratives (Lenzi & Bercelli, 2010).

The symptom/problem gets contextualized and connected to specific life events and to connected experiences, which are then re-elaborated according to an explicit methodology (Guidano, 1991). Such methodology is placed in between spontaneous narratives and a meticulous reconstruction of the episode, according to an original narrative articulation that facilitates, to use the terminology Guidano used in his first writings, a subdivision between immediate experience and explicit re-elaboration.

The narrative re-elaboration leads to an *explicative reformulation* of the symptom identifying a specific function within the individual cognitive processes and the affectively significant relationships. Hence, the possibility of acceptance of the symptom itself and a resulting therapeutic change based not only on a deconstructive process - as it also seems to have happened lately in the new methods of the Third Wave of cognitive-behavioural therapy (Hofmann & Asmundson, 2008) - but rather on the recognition and recovery of cognitive functions it fulfils - the *internal reformulation*, according to Guidano (1991), or *the implicit metaphor*, according to Liotti (2001).

Coming now to the points of epistemological interest which are typical of this evolution in the methodology, we will immediately note that the particular choice of reconstructing the episodes of the patient's life implies that, as spectators, we get to know the behaviour and subjective experience, achievable through the evocative reconstruction of the self being the protagonist of the narrative. As it is also in standard cognitive methodology, the protagonist-self becomes the object of self-observation. This cognitive position makes it possible a corresponding narrative reconstruction that involves the acquisition of new elements of subjectivity, which are not necessarily present in the usual narratives of the events, nor in ordinary self-knowledge. In order to focus on the behaviour and experience of the protagonist-self involved in a specific episode we need to possess a specific reflective and introspective attitude — that is, self-observation — which is possible to achieve thanks to the special

conversational environment during a session. Such attitude is not, however, easy to construe and it would be a serious limitation, if not even an error on the therapeutic level, to disregard the significance of the difficulties that may be encountered in achieving it, as well as not giving epistemic and therapeutic importance to the phenomena occurring when construing it and that could even prevent its realization.

Interlocutors willing to retrace a personal event will have to go through a step that we could consider as that of *epistemic uncertainty* or "inability to verify and have control on all the initial conditions" (Castiglioni, 2001 p. 22). In such a situation only specific constraints — for example the choice of a specific narrative theme — set to the mutual construction of shared narrative would enable a reliable version of the story (see Lenzi, 2009b).

To this aim, explicit and bounded procedures of narrative re-elaboration can somehow bring order to the narrative of the story and the experiences of the protagonist, making it specific and therefore consolidated as well as in a good narrative form.

In our previous works we have described what appear to be the precise conversational operations of such re-elaboration (Lenzi, 2009a). Without going into detail, once a shared narrative theme is chosen, it basically involves a divided development and the subsequent integration of two supplementary narrative modes, named *supra episodic register* and *episodic register*.

This working modality was programmatically set by Guidano.

> First you must always start from an event or a series of events arranged in succession and that can be then analysed one by one. In the end, any problem presented by a patient can be well be reformulated in terms of the events that produced it and to which it refers to. (Guidano, 1991, p. 100).

It is then developed in different approaches of cognitive-constructivism in the Italian area (see Lenzi & Bercelli, 2010), or in more recent developments relating to the treatment of axis II diseases (Dimaggio & Lysaker, 2010; Dimaggio et al., 2012), where an important part of the treatment consists in the narrative reconstruction of the "episodic" aspects in relational and personal events.

Such explicit mode of re-elaboration, if analysed on the epistemological level, represents then a guidance to orient ourselves in the multiplicity of realities that stories tend to arise, as well as in their uncertainty, if compared to the validity of reconstruction of autobiographical experiences and events (see Lenzi, 2009b). Through this kind of re-elaboration it is possible to follow an interpretive path that, on the one hand, enables us to properly document both the events and the subjective experience of the protagonist-self, making them available to self-observation; on the other hand it makes the experience consistent and integrated through the narrative sharing, both confining and protecting it from interpretive modalities that the construction of a certain kind of explicit image of the self might require. Such modalities might involve taking distances from emotional experiences or, on the other hand, its exaltation in spite of the sequential and causal reconstruction of the events through a systematic set of operations of *narrative exploitation*. It is likely that this narrative exploitation of significant personal experience and relational events needs to follow a specific logic related to communication and relational strategies as well as to mental states and related cognitive processes, as pointed in the different narrative styles described by Attachment Theory (Crittenden & Landini, 2011; Main & Goldwyn, in press).

In any case, beyond the psychopathological implications and the modalities of shared therapeutic re-elaboration, such personal narrative strategies represent a moment of cognitive indeterminacy that we can define epistemological. In fact, through the existence of different possible re-elaboration it produces at a given time the possibility of manipulating the construction of past events and to construe their value or meaning.

However, cognitivist knowledge of subjective experience through self-observation can lead not only to this kind of indeterminacy related to the possibility of narrative re-elaboration during the phase of therapeutic procedures. When referring to the basic procedures of assessment in Cognitive Therapy it is possible to locate a second type of indeterminacy and the subsequent knowledge construction related to the variety of communicative situations and interactive formats. And finally, this is what needs to be discussed.

The inquiry on communicative acting

There is no doubt that in order to achieve an observing reconstruction of the experience in certain situations it is necessary to activate special modalities not only of narrative elaboration but especially of relational and conversational positioning. These modalities are sometimes far from the attitudes and the storytelling the subject is used to. In clinical settings the narrative reconstruction of personal stories gets complicated because of the so-called *interpersonal cycles* (Safran & Segal 1990; Semerari, 2000, and also Holmes, 2001; Wallin, 2007) which is — to say it in a way allowing us to understand the issues related to the current topic — the stiffness of the patient's relational position: for example, an attitude of competitiveness or excessive complacency could prevent or influence narrative and self-observation attitudes. These relational positions can be expressed with particular conversational moves, which shape the reconstruction of personal events or facts which are related to the self accordingly to momentary motivations, those of *re-enacting* (Wiedeman, 1986). In these situations a particular communicative phenomenon called *embeddedness* (Ochs & Capps, 2001) happens: this is the embedding of the narrative activity with other communication activities.

These types of conversational phenomena produce, charging the narrated events, a new cognitive situation, and yet different from previous ones, which we believe to be assimilated the *ontological indeterminacy* identified by Castiglioni (2001). We use this definition to indicate a situation in which even a possible little knowledge of all the initial conditions of the event would not be sufficient itself to describe the consistent and acceptable tendency of the event, nor to find explanations or to provide predictions about similar situations. Conversely we could add that this kind of relational modality determines a particular condition of the object of observation itself, thereby contributing to modify it or at least to define it in the course of the interaction itself.

We are now facing not only an interpretation but rather a reality which has been co-construed by communicative interactions by which, as amateur playwrights, the therapist and the patient defined the character the patient wish to be, manipulating the events of his/her own life. At this stage it is the subject the one who creates the substance of what was told, showing to be capable of "in-form," that is, to shape the self and to give meaning to the world through ongoing interaction.

We will only mention the fact that, on a therapeutic level, intervention procedures in situations with such characteristics imply an important relational work of interactive tuning and negotiation. All we need to emphasize now is that this tuning work on the different *embedded* activities leads to the typical therapeutic situation of Cognitive Methodology, enabling self-observation and narrative reconstruction.

Taking into account a primary cognitivist approach we could conclude that to be able to have a fair report of the events, behaviour and experience of the protagonist of a biographical episode while ensuring the possibility of self-observation, narrative and communicative exploitation of subjective experience must be put in brackets.

On the other hand this statement itself makes us notice a series of cognitive situations and some subjectivity aspects that were not originally in the theme of cognitive practice but that in

some way — during the evolution of clinical cognitive movement — expanded the field more than once to purely constructivist positions (Chiari, 2016). The contribution of the constructivist soul that the cognitive movement has from his origin, is that of taking into account all the stages of this process, all the different "realities" that are produced and meet in it, recognizing the specific function that the modalities of narrative re-elaboration and the interactive and communicative phenomena have in the building of personal knowledge.

Conclusions: The kaleidoscope of self-knowledge and the plurality of its practice

When faced with the variety of knowledge situations and the epistemic complexity of the different methodologies in cognitive assessment, we must evaluate carefully the aspects of validity and reliability — provocatively denoted as *Cartesian* — that the standard cognitive approach had accustomed us to.

The epistemological status of Cognitive Therapy is characterised by the achievement of that what we defined as an *area of Cartesianity*, a mental space where to rationally practice the pursuit of self-management through monitoring and modifications of cognitive activity; in other words, the practice of observing your own experience in the elements that make it up, and its reconfiguration with regard to rationally made outcomes and decisions.

This practice and the knowledge modality featured by its epistemological view are not always accessible or viable, though. Frequently, the therapist has to deal with patient's specific and differentiated ways to handle his/her experience, ways that we mentioned above as "narrative and communicative exploitation." On the one hand, the exploitations need to be pointed out and — so to say — set aside through auxiliary procedures of narrative re-elaboration or conversational tuning in order to gain access to self-observation; on the other hand, such transitory situations fall together into different levels of subjectivity, each with diversified epistemic and ontological statutes. These aspects have the potential to offer a "scientific" description of the person's subjectivity of great interest, in that it is not reductionist.

The way it is identified by the cognitivist activities of Inquiry and Reworking, cognitive activity itself comes at first as a modality of experience in its rational or perceptive component, and only then also in its representational and emotional component. Subsequently, with the expansions resulting from the different procedures of knowledge processing, the scope of cognitive activity involves narrating and communicative acting of the subject; self-telling and self-construing, when staging everyday interactions, represent the "making" and the "self-making" of the subject without submitting to the self-recognition of the situation of Cartesian self-observation, thus realising a genuine kaleidoscope of self-knowledge — a metaphor suitable both for self (Deaux & Perkins, 2001) and for knowledge (Chiari, 2016).

Such plural perspective not only secures us from the risk of *desiccation of experience* (Hoffman, 2009) and accordingly of the subjectivity itself, but it also lets us to aspire to a "scientific" description of the unique distinctiveness of individual subjectivity, looking at what the subject undertakes through those operations that we called exploitation of experiences, which, them as well, tend to blur the presumed clarity and validity of a reliable self-knowledge, landing to constructivist epistemological positions.

There is no need, then, for the so-called knowledge error to be necessarily or exclusively amended with regards to an intersubjective or even objective truth — if it can actually be

defined as such. By contrast, “the error” is to be considered as an expression of individual subjectivity, as rhetoric substance of interiority.

As noted by Giovanni Jervis,

> To have erroneous ideas does not exactly mean to make mistakes: it means construing worlds. Adaptations, defences, shared cognitive constructions, social attitudes in general and stereotypes and prejudices in particular, self-defensive statements of all sorts up to duplicity; if on the one hand they deform and hide, on the other they generate. The error is rich, not poor: it creates images and above all it produces discourses and ideas; perhaps inaccurate ideas, maybe improper and false too, but often ingenious and most importantly outstretched to work as structures of sociability and as defences of the individual from its own fragility. (Jervis, 1993, pag 351-52)

We believe that the cognitive-constructivist perspective provides special access to these idiosyncratic worlds of subjectivity, an access that is capable — because of methodological rigour and plurality — of offering valid and reliable benchmarks both for research and for self-knowledge and care.

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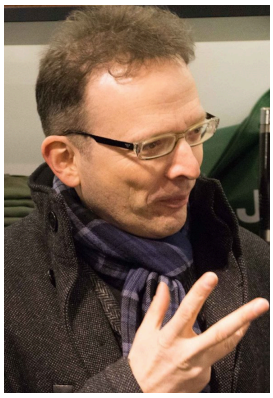

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