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***THERAPY AS SOCIAL CONSTRUCTION  
Back to Basics and Forward toward Challenging Issues***

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Perhaps the most useful way to enter into the conversation about discursive therapies is to address what I see as a central issue that we must confront as spokespersons of therapy as social construction: What does it mean to approach therapeutic practice from a constructionist stance? What do we do, as therapists, once we propose that meaning emerges in the on-going flow of persons in situated activity? This concern gives rise to a related issue which I will touch upon as an exciting and vitally important direction in which we must now move: how do we assess or evaluate our therapeutic practice if meaning is understood as a local achievement? This question emerges as we confront both the continuing conversation around therapeutic practice and its relation to a constructionist orientation<sup>1</sup> (e.g., this volume stands as one illustration). Our discussions *might be* well focused on appreciating conversations that challenge us to articulate what we mean when we talk of therapeutic practice as social construction.

***Therapy as Social Construction: Relationally Engaged Practice***

First it is necessary to note that while there are many available models of therapy that

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<sup>1</sup>In this chapter, I am focused on therapy as social construction. I will use the term social construction or constructionism to refer to theory and practice that others in this volume call postmodern or discursive.

draw on, or are conversant within, a constructionist philosophy, my own consideration is focused more broadly than any specific model. Solution focused therapy (de Shazer, 1985; Berg, 1994; O’Hanlon and Weiner-Davis, 1989) and narrative approaches to therapy (White and Epston, 1990), to name two, are discussed as constructionist therapies. I do not talk explicitly about either these nor other specific approaches to therapy. I certainly accept them as *elaborations* of therapy as social construction, and others in this volume directly address how this is the case. My own concerns are broader in that I want to explore the question of what we mean when we talk about *therapy as social construction*. What are the implications of this way of talking for practice, for training, for assessment? And, more to the point, what does it *mean* to talk about therapy as social construction?

For now, let me briefly state that therapy as social construction centers attention not on any particular form of practice, nor on any specific activity a therapist might bring into the therapeutic context. Instead, therapy as social construction centers on *how* a therapist might bring particular forms of practice or conceptual bases into the conversation. In short, it is an issue of *how* not (necessarily) *what*. Does the therapist *impose* his or her way of working with clients or does the therapist approach the conversation with clients as a moment of invitation and construction – a moment when all members of the conversation draw upon their histories, their relations, their familiar ways of acting and *gently* introduce them into the therapeutic dialogue. As I will argue here, allegiance to any particular model or technique risks throwing any *gentle* participation in the therapeutic conversation out the window and imposing a domineering or colonizing form of instruction.

If therapy from a constructionist stance lacks specification of a particular therapeutic

technique, what is it, precisely, that constructionism has to offer in the therapeutic context? Related is the question of what we teach if there are no set methods or techniques emanating from a constructionist orientation. Perhaps the most useful way to talk about the relationship between constructionism and therapy is to recognize that there are no constructionist therapies *per se*. Rather, constructionism, as a philosophical stance, positions us to view therapeutic process as a *conversation or dialogue*.<sup>2</sup> This marks the central distinction between what we have come to call constructionist (or discursive) therapies and others. However, this point has not been well articulated to date in the constructionist literature.

For the constructionist, language is the focus of our concern. It is in language that we create the worlds in which we live. Thus, it should come as no surprise that in therapy, we are focused on the discourse of participants and how particular discursive moves constrain or potentiate different forms of action and, consequently, different realities. This is a liberating stance because when we become curious, as opposed to judgmental, about *how* people engage with each other, we open ourselves to the consideration of alternatives. This particular feature is often associated with the postmodern/constructionist focus on uncertainty. Attention to language

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<sup>2</sup>The title of my 1992 volume, co-edited with Kenneth Gergen, speaks directly to this important issue. We titled that volume, *Therapy as Social Construction* rather than *Social Constructionist Therapy* to indicate our focus on a stance or orientation with which we approach therapeutic process as opposed to a focus on any specific type of therapy (e.g., a model). As constructionists, we are interested in exploring therapy (and any other context or phenomena) first and foremost as a conversation wherein realities are crafted.

(which, to the constructionist includes all embodied activities) positions us in a reflexive relationship to our own actions as well as to the actions of others. We are poised and prepared to ask, “What other ways might I invite this client into creating a story of transformation?” “How is she inviting me into legitimating/transforming/challenging (etc.) her story?” “What other voices might I use now? Would the voice of a behavioral therapist be useful at this point? Of a friend? Of a parent?” “What other voices might he use? Perhaps I could ask him to answer me as if he were his wife responding, as if he were his fear speaking, or as if he were speaking as the person he wants to imagine himself to be when he doesn’t have this problem any more.”

### ***How do we understand language?***

What is the place of language and its relation to the meaning making process? Language and meaning are, after all, central to psychotherapy. As long as there remains confusion about language and meaning making, therapy as social construction will be misconstrued as a particular school or model of therapy rather than a way of positioning oneself towards social life in general, and toward therapeutic process more specifically.

One of the byproducts of conceptualizing language as a system we use to represent or picture the world is that it reduces our activities with each other to a technique. Specifically, if language is a system of symbols we use to represent the world, then in any conversation we are generally entering into a debate about my representation of things versus yours. The byproduct of this is that we attempt to claim the truth by using language accurately (according to us and the standards of our significant communities – which very likely differ). This form of persuasive discourse, which we try to justify by an appeal to a reality that already exists, permeates our institutions (education, government, health, etc.) as well as our intimate relationships. The

difficulty is that this view raises the question of what reality it is that is “out there” and independent of our ways of talking and acting. Here opinions differ. While most would agree that accurate or truthful representations must be rationally or logically formulated, the question is *which* or *whose* logic or rationality is appropriated. This question is pertinent because it calls to the fore the difficulty of *actively responding*<sup>3</sup> to any discourse (particularly those that are incommensurate with our own) in a way that is consistent with a constructionist sensibility. Can our responses, our justifications to those who question us serve as invitations to *future* coordinations rather than as claims to the truth?

One arena in which constructionism is consistently questioned, for example, is the arena of evaluation and assessment. Here, critics want to know whether therapy, when situated as a process of social construction, has standards by which we can evaluate the success of both the therapy, itself, and the professional competency of the therapist. If we can engage with our critics on this topic in a manner that invites further coordinations and conversations, we engage an aesthetic consistency between our theory and our practice. The aesthetic consistency is engendered when we, as constructionists, attempt to coordinate our activities with our critics rather than debate them. It is this unity or consistency of theory and practice that gives way to the identification of constructionism as a practical theory and thus affords an aesthetic quality to our work. In simplest form, it is to practice what we preach. And, in this practice there is an aesthetic harmony due to our resisting opportunities to tell others how it is or should be and

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<sup>3</sup>Later in this chapter I will discuss the centrality of active responsivity – what I call relational engagement – in constructionist practice.

rather, to engage others in attempts to coordinate our multiple views.

To be able to have such conversations with our critics is an achievement that varies dramatically from the modernist goal of winning the skeptic “over to the other side.” In fact, this issue opens the door to the very purpose of a constructionist discourse. That is, it centers on how we might *bridge incommensurate discourses* in such a manner that we can create meaningful and *useful* ways of going on together. Isn’t this, after all, what therapy is all about? This purpose is dramatically different from the tradition of debate where the goal of conversation (argument) is to decide which expert has the facts straight. But, again, straight by whose standards? It also underscores the central distinction that approaching therapy as social construction offers: our emphasis is on *coordination* and not on *shared meaning*. This bridging or coordinating of incommensurate discourses *is* the process of co-construction. It does not yield my truth over yours but ours.

Let me address this point in more detail. Because we are interested in the construction of meaning, many believe that it is a particular meaning, a shared meaning, or a form of *commensurate* meaning that therapy as social construction strives to achieve. In fact, adopting a non-representational view of language, we must pause to ask, “*What does going on together mean if not agreement on meaning?*” Is it possible to go on together without shared meaning or a common discourse? These questions are most often left unanswered in the constructionist literature and consequently many make the erroneous assumption that bridging incommensurate discourses means not only sharing the *same* discourse, but the same meanings as well. It is here that the distinction between coordinated activities and unity of action and meaning becomes central. People can perform well coordinated scenarios with little or no shared meaning. I can

disagree strongly with all that you hold dear while still engaging you in dialogue full of potential. I think here of the dialogues orchestrated by The Public Conversations Project (Chasin, Herzig, Roth, Chasin, Becker, and Stains, 1996; Chasin and Herzig, 1994) where the aim is to bring people with diametrically opposing beliefs and values together not for purposes of debating contentious issues but to engage in well coordinated conversation (i.e., dialogue). What emerges in these dialogues is not common understanding but *coordinated respect* for differences. I call this form of respect coordinated because participants are *responsively with* each other in the moment. They are not focused on coming to some unified position but hope, instead, to grant each other the *right* to be coherent.

Like the Public Conversations Project, a constructionist emphasis is on *bridging* incommensurate discourses, *not* on *making incommensurate discourses commensurate*. Unfortunately, many read the constructionist literature as implying an emphasis on making differences commensurate. It is not difficult to see that when language is viewed as a representation of how things really are in the world, the penchant to make differences unified is tempting because, by definition, there can only be one reality. Yet, the constructionist emphasis on the *activity* (bridging) and not the *entity* (reality or one, unified discourse) is, as Bateson (1972) says, *the difference that makes a difference!* Here we find the distinction between debate and dialogue akin to the distinction between determining what the entity is, what the reality is (which requires debate) and constructing connections, bridges among previously incompatible ways of being (which requires dialogue). Let's examine very briefly the dialogue/debate distinction.

### *The Difference of Dialogue*

An impetus for my work as a constructionist is to try to find ways of talking and writing that alert people to the possibility of the unknown, the surprises, the newness that might emerge in conversation. Certainly, therapy is a context which shares these emphases. To talk of any kind of conversation (not just therapeutic) in terms of openness, uncertainty, surprise, newness reminds me of the pioneering work of the Mental Research Institute (e.g., Watzlawick, Weakland, & Fisch, 1974) who talked about first and second order change. Any comment or action in a given conversation can be an opening to something entirely different. Unfortunately, we most often treat another's comments and actions (as well as our own) as part of anticipated rituals. Thus, an action that could invite an entirely different way of relating and creating meaning together could be interpreted as a variation on the on-going theme, the same old thing. The constructionist view is that second order change (i.e., change of entire patterns) is always potentially possible. Yet, our tendency to act into relational rituals actually constructs sedimentation of our realities or first order change (simply substituting one action for another similar action thereby maintaining the overall pattern or meaning). An important step that dialogue offers is the opening of possibilities for people to pause and consider various alternatives - or, second order change.

I find that Wittgenstein's (1953) focus on how we go on together shifts our focus from debate to dialogue. Human engagement requires attention to how we craft liveable futures together. In the simplest terms, the focus on how we go on together suggests the need to create the conversational space where *different* kinds of conversations can transpire. This implies that the preparation for generative dialogue should be central. How can we invite participants to engage in dialogue from a stance of coordination and not co-optation and therefore, with

*different* voices. Often in conversations, we find ourselves speaking from abstract positions.

This frequently takes the form of statements like, “This is what I believe,” “This is true,” “This is right,” “This is wrong.” These abstractions serve as invitations to debate. Yet, inviting others to speak from a personal or significant story tends to invite dialogue, newness, and surprise. While I may disagree with your position on something, I can’t tell you that your story is wrong.

*Lois Shawver: At this point, your words evoke in me a story about my recently feeling trapped in a conversation in which I was tempted to debate, and even continuously struggling with the temptation. Since your words evoked this story in me, would you say that you successfully invited me to want to initiate dialogue with a story? And does my saying I have such a story in anyway invite you to tell one, thus creating a dialogue? I am not asking you to tell me your story, necessarily, but wondering if this relates to what you mean by "inviting dialogue" rather than dispute.*

*Sheila McNamee: As I was writing the above passage, I was thinking about how often we tend to make broad, sweeping statements and make them with a air of certitude. I challenge myself by continually pausing to notice the ways in which my own knee-jerk tendencies to speak “as if **I really** know” (after all, I am an academic!) actually close down dialogue. I want to be aware of how those sorts of actions invite a classical form of argument. I do not mean to say that classical argument is bad or wrong. I simply want to open up some space for engaging differently together. I find that I do this most by telling stories or anecdotes about my own life, my family, my insecurities... not in a mode of self deprecation but*

*rather in the spirit of inviting those with whom I am speaking to fully engage **with** me. So, yes. I suppose a story does beget a story!*

This opens a possibility for us to be in a different kind of conversation than one in which we would otherwise find ourselves. Often, people are responsive to what they imagine the other person will say based on the relationship's history. But, that is not what *has* to happen and that is where conversations go awry quite often. If I'm truly being attentive to the process of relating – that is, being relationally responsible (McNamee and Gergen, 1999) – no matter how many times you and I may have had into an argument about something, when I'm talking with you now I will not necessarily listen to what you are saying *in that frame*. Rather, I might be attentive to what we are doing *right now*. The history of that becomes a part of it, but does not dominate it. Again, this leaves space for the creativity.

The question is how can we build in Bateson's (1972) notion of the difference that makes a difference? How can we position ourselves in relationships such that we are either waiting to understand another's "same old" comments or activities in slightly different ways *or* willing to do things ourselves in slightly different ways. It has always been interesting to me to notice how we talk about dialogue as a natural activity. We engage in dialogue every day. And in contrast, we think of debate as something in which we must be trained. In debate, we have rules and procedures. There is an order to debate. Ironically, in order to make a difference (to invite dialogue not debate), in order for the newness to emerge, we must make the ordinary unusual, make the familiar, unfamiliar. We can do so formally as illustrated by public dialogue models such as the Public Conversations Project, and we can do so in a more intimate relationship. It is not so difficult to say, "Let's make a rule before we have a conversation that

we won't talk in this way or we won't be too quick to judge each other." Personally and intellectually I find that those operations remind us that dialogue is full of potential. But we need to be reminded by making it into something that is foreign. I will return to the importance of making the familiar unfamiliar later.

A poignant illustration is repeated each year in my courses. Students engage frequently in simulations of families, colleagues, couples, and so forth. The first thing that happens in these simulations is that students look for the "script" and their "part." I inform them that there is no script, there are no parts. They simply need to begin, for example, being a family. They start by drawing on extremely stereotypical images. Yet, slowly they create an identity that is beyond any one of them – a beautiful illustration of the performative notion of developing into who you will become. They engage in precisely the sort of creative, unusual, and spontaneous reality that marks the distinction between dialogue and debate. They create identities, relationships, and even *histories* that are part of all of them but not identifiable with any single one of them. They engage in a conversation and questions are asked and accusations made and things happen. And then, if those of us observing ask them questions, we find that our questions can change or arrest the direction or nature of what is being created and so forth. This all becomes so powerful that, in every single instance, there has been at least one person in the simulation who has felt it necessary to declare openly to the class, when all is said and done, "I am not like that! That is not who I am. I don't act that way. I don't believe in those things."

This activity is an opportunity for all of us to see the power of dialogue. It also provides us with the opportunity to reflect on how infrequently we question *how* we accomplish the creation of beliefs, values, and identities in this ordinary practice called dialogue. Participants in

simulations might believe that it is ordinary to be a mother this way or be a father that way, but very quickly it becomes unusual, not ordinary. It becomes an incredibly unique and unpredictably dynamic. The interactive moment<sup>4</sup> constructs the identity of the family, of each individual and so forth. To me, this is an illustration of the tension in dialogue to recognize our routines and our assumptions while also recognizing the open potential for transformation, for something beyond the usual.

### ***Therapy as Social Construction***

As therapists, we are not interested in persuading clients to see their difficulties as we do from our “expert, professional position.” Therapy as social construction is not concerned with debating what is healthy or unhealthy in dialogue with clients. Nor is it concerned with debating what counts as constructionist technique and what does not at the level of professional, academic and clinical dialogue. Therapy as social construction concerns itself with an ethical obligation to coordinate disparate logics or discourses. The simplest way to articulate this constructionist ethic is to say (again) that reality, truth, and values are neither mine nor yours but they are ours.

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<sup>4</sup> The interactive moment refers to the moment by moment engagement of persons in their situated activities. This focus on what people are doing *together in the moment* is not, however, devoid of the historical and cultural resources available to them. In other words, social construction, with its focus on the interactive moment, does not move all social interchange to either a level of abstraction such that there is little left to inform participants how to go on nor does it move to such a singular level of activity that any interchange is capable of being viewed as a-historical and/or a-cultural.

Yet *ours* to the constructionist does not imply a common discourse nor shared meaning. *Ours* refers to the relational construction of a joint space where participants can *coordinate* their activities together. It is the creation of a conversational domain where respect for divergent rationalities is coordinated – the *coordinated respect* of which I spoke earlier. This ethic helps constructionists articulate theory and practice in a manner that is closer to an invitation to practical dialogues aimed at creating new futures together, rather than a closed pronouncement of how things already or *really* are. This ethic assures the *aesthetic consistency* of constructionism – not a reliance on convincing (debating) others how things are or should be but a way of *engaging* in relational coordination with others that does not separate theory from practice.

To maintain a focus on *therapy as conversation* (another way to say “therapy as social construction”), I find it useful to be attentive to how we might focus on our activity with others. We should be able to offer our critics the sort of responsiveness and engagement in the relational process of constructing realities together that we offer our clients in therapy. Furthermore, we should be able to do so without waving the banner of “better.” Discursive therapies are not better. They are not techniques. They are orientations to therapeutic process that privilege what is happening in the conversation. The focus is on dialogue, not on individuals, psyches, situations, problems, or relationships divorced from the conversations that construct them. This is a significant difference because it positions the discursive therapist in an open manner to *any* method of therapy.

Specifically, approaches to therapy, as well as theoretical models, are most typically taken as incommensurate or in competition by most practitioners. Working from one model usually implies allegiance to that model and not to others. Such an attitude ensures that the

virtues and values of one over another will be continually debated. The constructionist focus on *how we engage with others* in crafting possible futures, pasts and presents, allows us to attempt *coordinated respect* for all models. The constructionist focus on dialogue facilitates bridging (i.e., coordinating) different discourses at the expense of arriving at one answer (i.e., adopting one truth/model over all others or *making the incommensurate, commensurate*). Behavioral, cognitive, psychoanalytic, narrative, solution focused, and all other models become *potentially* viable and generative ways of becoming relationally engaged with clients. For example, one client might find a psychoanalytic understanding of his problem as useful in “going on” while another might find the same form of understanding exceedingly pathologizing, only making the situation worse than it was before therapy. The point is that a therapist can not know ahead of time how to engage with clients. We can not know what will resonate for any particular person. At the same time, as therapists, we can not enter into a therapeutic conversation without our own historical traditions, relations, and forms of discourse. To hold on to the idea that any discourse (any that could be potentially offered by the therapist as well as any that could be offered by the client) *could be* generative underscores the way in which any model, theory, or technique can be potentially viable and transformative.

Social construction serves as a philosophical stance one adopts in relation to meaning construction. As noted, emphasis is on language in use. My attempts to talk about social construction *in action* have led me to the term, *relational engagement*. While this term, itself, may appear unspecified or vague, it *must* remain so if it is to be first and foremost situationally sensitive. At the same time that constructionists find unilateral and scripted use of a given technique antithetical to constructionist work, we also find reliance on abstract concepts and

categories equally unresponsive to the interactive moment. Thus, one way of describing relationally engaged activity (i.e., relational practice), is to characterize any theory or technique as an option for action rather than as an essential truth or means toward truth. The challenge is then one of coordinating creative possibilities among various options.

*Theories and techniques as discursive options.* Any particular discourse (or in this case, any particular theory or model) becomes a potential resource for transformation rather than a tool that will *bring about* (read: cause) transformation. Social construction, as a therapeutic stance, tunes us into the interactive moment where therapeutic change might be possible. The challenge, of course, is that there are no specific techniques, nor are there any desires, to determine which ways of talking are therapeutic and which are not. The question of what is therapeutic remains open and indeterminant, just like conversation. When therapy is understood as a *conversational process*, we can never be certain where it will go. I can never fully predict another's next move and consequently, the potential for moving in new directions, generating new conclusions and possibilities (and constraints) is ever present. What we can do, however, is remain open and attentive to what conversational resources we select and which ones might serve as useful alternatives. It is important at this point to emphasize that (1) we make no attempt in constructionist practice to act in a particular manner beyond adopting the stance of responsivity and relational engagement. One can not know ahead of time what *should* be done. Like improvisation, however, the professional who embraces therapy as a process of social construction will "prepare to improvise" by remaining respectfully curious about differences, (2) we become relationally engaged by focusing attention on the conversational processes of those involved (rather than on individuals, objects, problems, or specific strategies), and (3) we can not

“know” what forms of relational engagement (what specific actions) will contribute to therapeutic change ahead of time. Relational engagement can only take place in the situated moment; not in the abstractions of universal or disembodied techniques.

*Lois Shawver: I am recalling that earlier you spoke of "relational rituals" constructing "sedimentation of our realities" and to such a sedimentation you are contrasting, it seems, improvisation, or performance that is tailored to the moment. But can't improvisation be improved by training or practice? Are we ever acting totally in the moment? For example, I have heard people improvise on a musical instrument. I believe my ability to improvise this way is greatly limited by the fact that I do not play such an instrument. And, surely, learning a language helps me to improvise in that language just because I better understand what is being said. Do you think there are things that therapists can do to improve their abilities to improvise in the situated moment?*

*Sheila McNamee: Absolutely. This is precisely what I am trying to say (but I think it is difficult to convey the both/and quality I am trying to get at here). Instead of studying a technique, for example, so we can **use it properly**, we need to study a technique so we can **integrate it into the dance we are doing with our clients**. Musicians who improvise, as you say, need to first be exceedingly familiar and accomplished performers of a piece of music. One can only improvise **from** a stance of familiarity. So, our challenge when we are consulting, doing therapy, teaching, and training is to give the message, “take this and make it your own again and again and again (because it will never be consistently the*

*same over time, across relationships)” rather than “take this and use it correctly.”*

Focus on situated activity rather than disembodied techniques can be very unsettling for many of us (and our clients as well as for review boards). But remember, therapy is conversation. We can never anticipate precisely the outcome. Is this a problem? I don't think so. If we remain attentive to the process of relating, itself, we will be attentive simultaneously to the additional voices we all carry (friends, colleagues, family, culture, and so forth). In so doing, we are more likely, I believe, to engage in inquiry that encourages multiple stories, multiple possibilities, and thus, the potential for therapeutic transformation.

In the context of training, we can explore with students the multiple options for action in any given moment. Yet, we do so *not* for purposes of categorizing good and bad actions (of course, this would be impossible). Rather, we do so for purposes of illustrating (1) that in any given moment, there are multiple resources for action and (2) each of these resources has the potential to generate wholly different realities, possibilities, and constraints. Learning to move in and out of these possibilities develops the constructionist stance that marks discursive therapies from other models.

Selecting a theory, technique, or conversational theme as a practical option for action enhances our ability to be relationally engaged with clients. We become sensitive to their stories and our own in ways that allow us to be responsive and relationally responsible (McNamee and Gergen, 1999). There are many ways in which we might pragmatically achieve such a responsivity. In the remainder of this chapter, I would like to identify three conversational themes that could usefully focus our attention on relational engagement rather than on proper

methods. Surely, many more themes can be added to the list. These three simply serve as useful in achieving relationally engaged therapeutic practice: (1) moving familiar conversational resources into unfamiliar settings, (2) focus on the future, and (3) languaging<sup>5</sup> the ideal.

In identifying these themes, my hope is to find that space between prescriptive techniques and abstract concepts. My suggestion that a therapist and client might engage in a conversation about the future, for example, is not meant to dictate how or when such a focus might be invited. It is also not to suggest that it *must be* an element of all therapeutic conversations. The same stance is adopted for the remaining resources offered here. Let's take a brief look at these themes and consider how each might be useful in approaching *therapeutic process as a conversational activity*. In doing so, we must explore the ways in which each theme assists us in coordinating or bridging incommensurate discourses.

*Using familiar resources in unfamiliar places.* Tom Andersen (1991) talks about introducing not too much change and not too little change but just enough change. He echoes Bateson's well-known phrase, "the difference that makes a difference" (1972, p. 272). Here, I am suggesting a variation on this common theme. We all carry with us many voices, many differing opinions, views and attitudes - even on the same subject. These voices represent the accumulation of our relationships (actual, imagined, and virtual). In effect, we carry the residues of many others with us; we contain multitudes (McNamee and Gergen, 1999). Yet, most of our

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<sup>5</sup> I use the term languaging here to emphasize the *activity* of relational engagement and to distinguish this constructionist notion of language from the traditional view that language is an object of sorts (a system of symbols) that is used to represent the world.

actions, along with the positions we adopt in conversations, are one dimensional. They represent only a small segment of all that we might do and say. The challenge is to draw on these other voices, these conversational resources that are familiar in one set of relationships and situations but not in another. In so doing, we achieve *just enough difference* as Tom Andersen proposes.

Using familiar resources in contexts where we do not generally use them invites us into new forms of relational engagement with others. If we think of all our activities as invitations into different relational constructions, then we can focus on how utilizing particular resources invites certain responses/constructions in specific relationships and how it invites different responses and different constructions in others. All represent various attempts to achieve coordinated respect for the specificity of a given relationship and situation. Let me elaborate by focusing attention, for the moment, on the issue of professional identity.

We inherit from modernist discourse the expectation (assumption) that there is a proper way to be a professional therapist. We often see this in trainees when they begin seeing clients. They are more likely to talk as they believe a therapist *should* talk thereby ignoring those conversational resources that are familiar and unique to each of them (i.e., the way they might talk with a friend, a family member, or a co-worker about a difficulty for example). Trainees' ideas about how a therapist *should* talk will vary, of course, by tradition. It might be paraphrasing (What I hear you saying is...), it might be empathizing (Oh, that must be quite difficult...), it might be interpreting (What that really means is...). Trainees are actually in the process of *adding* these "professional" conversational moves to their already developed repertoire. This is not necessarily a problem except to the extent that, in so doing, they silence the very ways of relating that are most comfortable, familiar, and thus natural for them. The

familiar becomes alienated and what has previously been alien (e.g., being a “therapist”) is miraculously supposed to be instantly familiar!

This reminds me of my own clinical training. As a researcher of therapeutic process, I spent years interviewing families, couples, and individuals about their therapy. After many years as a researcher, I decided to boldly plunge into my own training. The initial stages of this training were difficult and frustrating. I found myself frequently speechless with clients. Not only did I have a hard time thinking of questions to ask (regardless of how much pre-session time had been spent generating hypotheses and questions), but I was constantly monitoring myself for *how* I asked questions. I wondered endlessly about whether or not everything I did or said was “right,” given my new identity as therapist. My difficulties were not at all unlike those of my students engaged in a simulation with no “script” or specified “role.”

One day, while sitting with a client, my supervisors called me out of the room. They asked one very simple question: Are you comfortable and confident when you interview people for your research? My response was affirmative. They said, “Then go back in there and act like a researcher.” This directive was so liberating for me that I forgot my fear of *acting like a therapist* and simply engaged in conversation with the client. What I realized in this moment was how our attempts to be good professionals actually can prohibit our ability to be relationally responsive (as professionals) in our conversations with clients. I also realized the benefit of using a familiar repertoire in a context where I would not expect it to serve as an appropriate resource. If we can encourage ourselves (and others) to draw broadly on the conversational resources that are already familiar, perhaps we can act in ways that are *just different enough* to invite others into something beyond the same old unwanted pattern. To the extent that we can

invite the use of the familiar in unfamiliar contexts, we are coordinating disparate discourses.

What we are avoiding is co-opting one discourse as right and another as wrong. The novelty of enacting the old in a new context becomes, I believe, fertile soil within which to craft generative transformation.

*Focus on the future.* If you examine the field of psychotherapy, you will note that a good deal of therapy talk hovers on the past. Therapists and clients alike explore the history and evolution of the problems that clients bring to therapy. When did the problem begin? How long has it been a difficulty? How have you come to understand (make sense of) the problem? What do you think causes the problem? What do others say about it (and you)? What have you done to try to solve this problem? The questions that therapists ask direct the therapeutic conversation to the past, as do the expectation that many clients bring to therapy. Most cultural presentations of therapy (consider any Woody Allen film) portray client and therapist locked in a conversation about the past (childhood, adolescence, etc.).

With such an emphasis on these past-oriented questions, there is little room for imagining the future. The potential to sediment the past, to reify the story, and thereby make it static and immutable is tremendous. Probably more important, is the logic inherent in the therapeutic focus on the past. By focusing on what has already transpired, we unwittingly give credibility to causal models that are the hallmark of modernist science. We privilege the logic that claims that what went before causes what follows.

Constructionists do not necessarily want to argue for a disconnection between past, present and future. We simply want to raise the issue of narration. The past is always a story. And we all know that there are many ways to tell a story. Not only do we harbor many voices,

each with a different set of possible narrations, but others involved in the same “history” will very likely narrate it differently. Thus, the causality of past to present (and implied future) will take different turns, highlight different features, and pathologize or celebrate varied aspects depending on which story is privileged.

One reason that future-oriented discourse can enhance relational engagement is because we all understand that we do not yet *know* the future. We have not embodied it yet. And thus, to the extent that we engage *with others* (our clients in this situation) in conversation about the future, we underscore the relational construction of our worlds. We fabricate together what we might live into.

This is not to suggest that talk of the past is wrong or emblematic of non-constructionist therapy. Instead of privileging a particular way to talk and/or particular themes or topics for therapy, constructionist therapy emphasizes the collaborative, situated creation of possibilities and *one way* to achieve this is with future-oriented discourse. In our talk of imagined futures, we invite coordination of many convergent and divergent understandings of the past and the present. Again, this form of relational engagement moves toward coordinated respect for multiplicity and difference.

***Languaging the ideal.*** Perhaps more than an additional theme, the notion of embodied languaging simply puts another description to our attempts to be relationally engaged. In addition to being responsive in the interactive moment, entertaining ideal scenarios offers us a way to engage in dialogue with clients. Often we associate ideal talk with talk of the future. It is, after all, fantasy-like in that it is usually unknown – like the future. However, we can invite our clients to talk about how things would be for them in the present if the past had been ideal.

Ideal talk can enhance relational engagement by honoring a painful or sedimented client story. Asking how things ideally would have been, should be, or might be does not disregard how they are presently narrated by a client and thus do not further pathologize the client. I am thinking here of Carla Guanaes's (2003) research on group psychotherapy. She describes a client who offers a very well articulated story about how her problem was rooted in the past. In an attempt to help the client change her story and begin to see that she could actively participate in her own transformation, the therapist and other group members persistently offered many different interpretations about this client's past (e.g., maybe you were just lazy?). The client could not accept these interpretations. She was convinced that her story of her problem was precisely how things really were. The more she referred to this horrible past that had made her mentally ill, the more the therapist and group members attempted to persuade her to give up her interpretation and look at the many other ways she could make sense of her situation. It could be the case that if the therapist and group had engaged this client in inquiry that was focused on how the story of her past would *ideally* be told, the client would have felt less pathologized. Perhaps to this client, the past *is* what it is. But asked how it *could have ideally been* is a very different sort of question. Had the group been sensitive to the significance of this story for the client, they might not have attempted to (essentially) tell her she was wrong. This attentiveness to the story of the client fosters a relational sensitivity. Here, however, I am not discussing relational sensitivity as a strategic stance of the therapist but rather as an embodiment of the constructionist focus on language and conversational process. The suggestion here is simply that the language of the ideal can serve as a bridge between stories of despair and stories of hope.

***The Provocative Issue on the Table for Discursive Therapies***

Thus far I have tried to articulate that constructionist therapies are not free-floating, whimsical opportunities for therapists and clients to create meaning *as they choose*. All strands of discursive therapies hinge on the very important notion of *relational engagement*. We are all accountable not only to those with whom we engage in the therapeutic context, but we are also *relationally responsible* to a myriad of others within our professional, personal, cultural, and global communities.<sup>6</sup> Yet, talking about therapy as conversation raises an interesting question about evaluation that requires serious discussion. I believe such discussion will be exciting and re-invigorating for our work.

*Assessment.* As with the topic of education and training, the topic of assessment is enormous. Let me use the remaining space here to simply suggest the important and exciting reconstruction that is needed on this topic.

Some critics fear that the constructionist appreciation for multiplicity denies the very idea (and possibility) of evaluation standards. If standards and values emerge within situated communities, then the standards can well be expected to vary. If these standards vary, by what

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<sup>6</sup>Of course, this raises a significant issue which deserves much more discussion. How can any person or set of relationships be simultaneously responsible (as in relationally responsible) to competing and divergent communities? If a therapist is relationally responsible to his or her client, does this mean he or she is also relationally responsible to a professional review board? What happens when such relational responsibilities are incommensurate? In the age of managed care, this issue is clearly negotiated on the side of the insurance companies often at the expense (psychological, physical, relational, and financial) of the client.

criteria do we recommend, promote, and help advance professionals? Equally important is discussion of the standards used to claim positive outcome in therapy. Aren't there some common standard to which we should hold all psychotherapists, regardless of philosophical or theoretical orientation?

These are important questions. They are questions that are asked professionally, but personally as well. Am I really performing as a competent therapist? Did I have the client's best interest in mind when I shared a particular story or suggestion? These sorts of questions can plague both therapist and educator alike. If we are supposed to *know*, but knowing is a relational achievement, then professionalism must also be accomplished relationally. I can not be a "good therapist," nor can I *know* that I am a "good therapist," in the abstract. I can only *know* in the very local, therapeutic relationship. A good therapist, a good trainer and educator, is one who remains open and *responsive* to the interactive moment – one who is *relationally engaged*. There are several implications of this focus on relational engagement for both personal and professional assessment. The future of discursive therapies demands attention to this issue.

They are not minor. They lurk in the background (foreground for some ardent critics) of all that we do and say. Currently, it seems that we use modernist criteria to assess our professional competency, our teaching, and the outcomes of our therapy. How can we reconcile this with our dialogical work with our clients (and trainees)?

There is a fear that postmodernism at large, and constructionism specifically, can not and will not provide any standards by which we can make meaningful decisions about who is or is not a good therapist, what is or is not a successful therapy outcome, and what practices are or are not useful in promoting therapeutic change. Postmodernist practitioners can not provide such

standards, critics believe, because they eschew the very notion of foundational reality. What this critique misses is that constructionist practice, by emphasizing the relational creation of meaning, is *continually* and *rigorously* committed to issues of accountability and therefore to issues of ethical concern. To the constructionist, an outsider can not possibly know when a therapist is being relationally responsive. Relational engagement requires participation in the situated moment. If this is the case, then does this mean that there can never be an outside evaluation of therapeutic competence or success?

These issues must be addressed if discursive therapies are to remain viable options within the profession. They must be addressed in the spirit of relational engagement. This does not mean elaborating a constructionist evaluation. Specifying a uniform method for constructionist evaluation would only invite divisiveness (e.g., constructionist vs. modernist evaluation methods). The challenge we now confront is how we might *generatively* work together within the psychotherapy profession to collaboratively construct multiple forms of *relationally engaged evaluation*. Just as discursive therapies focus on conversation, so should evaluation. Can we create evaluative processes that are sensitive to the variation in what counts as success and what counts as useful? Can we draw on various theories and techniques as practical options in crafting situated evaluations? Can we envision a relationally engaged evaluation process by integrating the three themes proposed here: (1) moving familiar conversational resources into unfamiliar settings, (2) focusing on the future, and (3) languaging the ideal? A challenge indeed!

*Lois Shawver: Your concern with the challenge of meeting not only the requirements of a postmodern conscience but also bridging with the more*

*modernist review boards concerns me, too. Review boards could assess postmodern therapists' abilities to re-story pathologizing self-stories that clients present in less pathologizing ways. At first glance this seems to me like a hybrid practice which reifies the ability of the therapist to avoid reification. Is that good enough for a social constructionist like yourself? Or do you think that a postmodern sensibility requires us to stay closer to the ideal of tailoring even assessment to the situation with improvisation and relational responsibility?*

*Sheila McNamee: I'm not sure I would describe your suggestion as a reification of the ability of therapists to avoid reification. I see it more as a move toward both/and rather than either/or and, to that end, it serves as a potential bridge between incommensurate discourses. It is an attempt to say, "Ok, we recognize that there can be utility in assessment of therapeutic practice but we also recognize that therapeutic practice and ways of thinking about psychotherapy in general vary dramatically from person to person. Can we generate some assessment tools that are coherent with our view of co-creating more generative meanings with clients?" Of course, that sort of activity also, to me, achieves what you raise at the end of your question – namely, being relationally responsible in any form of assessment by remaining sensitive to the situated aspects of meaning making.*

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