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Therapy And Identity Construction In A Postmodern World

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The vast expansion of technological capabilities in this century has had a tremendous impact on our identity construction. With a simple flip of the television channel, radio station, newspaper or magazine page we have at our disposal an enormous array of possible identity models. Specifically, we can learn by watching "Dallas" how wealthy Texans live, including a view of their backstage (Goffman, 1959) attempts to craft the desired image.¹ In contrast, we have the "personalities" of the rural, small town characters of television's "Northern Exposure." These differing portrayals are only a small fraction of the hundreds available. Contrast these fictional identities with the varied images we can view daily of national and local leaders, news reporters, economists, talk show personalities, and so forth. Any specific person filling one of these "roles" is very likely to be seen at some time or another "out of character." That is, we might see an interview with the President where the focus is on his family, not on his political identity.

What technology has done for us is expand our ideas of what is possible. Gergen (1991) argues that years ago, when the majority of people lived in small, isolated communities and membership in the community was based on similarity, it was difficult to imagine the "other." Now, however, the "other" is vividly portrayed via the media and the image of the other is not unidimensional as it has been in previous decades. For example, classic television characterizations of family life (i.e., "Father Knows Best"), which featured upper middle class, white families, generally omitted depictions of more impoverished groups. However, when those "others" were portrayed, it is fair to say that those depictions were stereotypically unidimensional (e.g., maids, service employees, etc.). In contrast, today's technological capabilities provide us with multifaceted representations of a wide variety of people all of whom symbolize multiple ethnicities, races, economic classes, educational backgrounds, interests, professions, sexual orientations, and so forth. Our easy access to various lifestyles, communities, and cultures -- thanks to technological development -- quite literally thrusts multiplicity at our feet. Along with such diversity comes a myriad of styles for leadership, family life, partnering -- the list is endless. In other words, the technological advances made in the present century have virtually expanded the web of possible forms of relating simply by offering seemingly infinite characterizations of diverse groups of people.

These media offerings say nothing of the increase to our sense of identity that is provided by other forms of technology such as fax machines, electronic mail, voicemail, telephone answering machines, conference calls, and so on. All these technological apparatus provide the means for connection with a multitude of "others." And, with connection (i.e., conversation) the possibility for identity construction expands ever more rapidly.

Just as one illustration, electronic mail networks provide instant friendships with persons who share hobbies, interests, fears, theoretical concerns and a multitude of other possibilities. These "chatlines" or bulletin boards provide the means by which virtual strangers can converse (sometimes quite intimately) and thus build relationships. This potential puts to rest long traditions of social scientific research where focus has been placed on documenting common,

¹ The reference here to Goffman's notion of backstage is not meant to imply an allegiance to his work. One problem with the frontstage/backstage dichotomy is that it harbors a modernist ideology and in so doing positions one identity or performance against the other in an attempt to locate the "true" self.

successful ways to develop and manage relationships. A brief conversation on the electronic networks quickly dispels the otherwise coherent steps presented in much of this research. And, just as relationships are forged with great rapidity via electronic connection, the possibility to sustain them (without the trappings of day-to-day interference) is greatly enhanced. Also, because there is no physical contact or limited if any visual image of our conversational partners, many find it all the more tempting to adorn long desired identities. As those in the conversation respond, these identities become less and less "fantasy" and instead take shape, rapidly becoming "real" possibilities.

The ways in which technology has potentiated such "population of the self" (Gergen, 1991) is central to a discussion of therapeutic practice in a postmodern world. The ability to populate ourselves with a multitude of identities, all constructed in the ever-expanding relational possibilities we engage, changes our traditional notion of identity and thus calls for changes in our view of therapy.

The Centrality of Identity

This century has generated a self-consciousness about identity. It is difficult (and perhaps unimportant) to catalog the seeds of such self-consciousness. They are as multiple and varied as the participants who describe them. Despite the varied explanations for our current concern with identity construction, we have little difficulty agreeing that the essence of a person's identity or selfhood is a central aspect of our contemporary culture. We are surrounded by illustrations of this pre-occupation: advertisements for, movies and television programs about, call-in radio programming all devoted to self-understanding, self-improvement, and self-celebration. Add to this list the ever-growing accumulation of self-help books, each geared toward improving one's relationships, self-esteem, business know-how, parenting abilities, or social competencies -- in a phrase, all attentive to our consuming interest in who we are, in our identity.

As highlighted earlier in this volume, the study of identity or selfhood has emerged most fervently within this century as a modernist project. The modernist adherence to individuality, objectivity, and reason have been so widely accepted as "the way things are" that it is difficult for us to shift our way of talking about the world. As Shotter and Gergen (1994) argue, . . . it still seems only 'natural' to conduct our inquiries into ourselves in terms of analytically structured theories, thought of as representing a hidden, underlying, ahistorical human essence, a human 'reality' that could be discovered either by focusing upon self-contained individuals themselves (psychology) or upon the 'systems' within which they live (sociology). (p. 11)

The consequence of such a discourse is that we are quick to assume that problems can be solved with the correct method. This problem carries over quite dramatically in our commonly adopted notions of identity. For example, there are few who would describe a "good person" as someone who appears to have a particular set of values and morals in one situation and vastly different values and morals in another. Such a description is commonly correlated with the terms duplicitous, fake, dishonest, even immoral or unethical. And yet, our daily connection with diverse ways of being -- including diverse moral and ethical codes -- suggests that a situational/relational identity would be a more reasonable by-product of our day-to-day lives than a universal, objectively grounded one.

This argument, or versions of it, have been articulated elsewhere (Gergen, 1991; Anderson, 1990). My concern in the present chapter is with the implications this multiplicity has for identity as it relates to the therapeutic professions. Specifically, I am concerned with the

place and meaning of the therapeutic profession, which is centered on the premise of "fixing" identities, in a Postmodern world where identity can no longer be universally rational, moral, or objectively "good." What are the features of postmodern therapy when stable, essential selves become conversational resources rather than entities in themselves? Because therapy as a profession developed within the modernist project (although in many respects identified as a romanticist, Freud is credited with making psychology scientific and thus modernist), the emphasis has been placed largely on developing techniques or methods that will move a "client" toward some preferred state or goal. The importance of obtaining certain ends via correct or appropriate methods -- methods that get at the underlying structure of a person's psyche (i.e., identity) -- celebrates the modernist project with its "grand narrative of progress" (Gergen, 1991).

The following section provides an overview of modernist therapeutic practice. The basis upon which this profession is built, however, is called into question as technological possibilities and realities make multiplicity rather than unity commonplace. My own concern and interest with this topic is part of a broader, long-standing conversation and, as it is personal, so it is relational. This story sets the stage for my own scholarly work and much of it revolves around interdisciplinary interests. To develop professionally within the social sciences and simultaneously with a keen interest in "non-scientific" forms of therapeutic practice has presented a continuing challenge to me. Perhaps my own resonance with postmodern characterizations is born of my emersion in a continual sea of shifting contexts. I have spent my professional career as a communication researcher examining (and practicing) therapy.

As a student, my interest in the therapeutic process was so keen that I found myself enrolled in clinical courses where, being the only non-clinician, I inevitably felt alien. Yet being a foreigner was not unique to that context. Armed with the discourse of the therapeutic context and also equipped with the practical resources of communicative interchange, I would return to my "home" in the communication discipline only to feel myself again "different." Different now because of my therapeutic language skills but more so, different by virtue of my "applied" and non-scientific interests. Eventually I felt I was not truly a clinician in therapeutic contexts and not truly a social scientist in the communication domain.

This kind of multiphrenia (Gergen, 1991) was troubling until I developed -- through my relations with others -- a way of talking about my interests and my work in a non-pathologizing manner. By this I mean a way that did not engender feelings of inadequacy or inferiority but fostered a celebration of the different voices that could contribute to the examination of social life. The multiplicity of conversational resources afforded by being variously situated gave me license to question what was being cast in any conversation as unquestionable truths or premises -- a useful skill for life in the postmodern world. It is this personal narrative that serves as context for the argument that follows.

Modernist Therapy

While the list of competing therapeutic models is vast, the general sentiment is that this extensive list is indicative of more or less fruitful attempts to accurately assess mental (and subsequently, social) life. Each psychotherapeutic model has been generated within a context where progress, rationality, and objectivity have been taken for granted. That is to say, in order to develop a coherent and viable therapeutic model, the tradition has been to assume some representation of an objective, rational account of the distinction between abnormal and normal and provide remedial measures for moving from the former to the later. If each model developed proposes a coherent, rational, and objective way of "curing" mental deficit, then it is sensible to conclude that these therapeutic models are in competition with one another. Each one claims to

move us along as a community or culture toward some "greater good" in terms of who we are as individuals.

This general assumption is worth noting because it is in sharp contrast to the contextually situated sensibility that is common to postmodernism. However, it is not exactly fair to cast all therapeutic models as competing for a universal claim to truth. Models are parsed into categories depending on criteria such as population being served (e.g., families, children, marriages, men, women, African Americans, Hispanics, etc.) and nature of the problem (e.g., psychotic, neurological, affective, interactional, etc.). Yet, once within any of these categories, the competition is keen for the right to claim success in the restoration and/or correction of identity.

The competition among therapeutic models mirrors the competition in the natural and social sciences at large. Science, in general, is devoted to advances -- advances in knowledge and advances in control of our environment. With science as a guiding metaphor for the study of human life, it should not be surprising that therapeutic models are built on the premise of advancing human functioning. If each model claims such an advance and if human nature has an assumed (or potential) universality, then the possibility for one therapeutic model to emerge as more correct in its ability to advance human capabilities is implicitly acknowledged.

To this point I have argued that while there are multiple possibilities for therapeutic treatment available to us today, most of these treatments are based on the assumption that one treatment is or could be the correct one (at least within a particular population). This belief is a by-product of modernist thought where the emphasis on progress issues us towards a utopian goal of "knowing" how best to understand and operate in the world.

Within this grand view of therapy, a cultural narrative about identity has emerged. This narrative includes some vision or standard of normality and some method by which abnormality (and its severity) can be assessed. And then, consistent with the rational, progressive narrative of modernism, our cultural story about identity informs us that with the proper treatment, any abnormal identity can be brought closer to - if not completely within - the expected norm. One of the more acceptable means for achieving this form of "identity adjustment" is psychotherapy.

In sum, the cultural story we embrace tells us, as we speak it, that who we are is central to our success or failure in living our lives. And, our success and our failure can be measured against some standard. Thus, we live a story that invites, at the same time that it creates, a world where homogeneity is privileged over difference and where our attempts to be unique individuals require that we fit in with everyone else. One of the most important perpetuators of this cultural story is the therapeutic profession. It is to the therapeutic context that we run when we fail to feel consistent or coherent or when the evaluative voices -either from self or others - drown the voices that celebrate who we are or want to be in that moment.

Within a modernist discourse, we are quick to assume that problems can be solved with the correct method. This modernist emphasis on "technique" is a natural by-product of a modernist attention to progress, outcomes, and goals. When our conversations (whether those conversations be research conversations, therapeutic conversations, or everyday conversations) begin with the assumption that there are essential features of individuals that can be known or discovered with the proper tools or methods, it is not surprising to find ourselves developing techniques that we believe are better suited in meeting particular goals. Similarly, the goals we establish are presumed to fall within the reaches of progressive action. Our modernist belief that we can objectively assess a person, a situation, or a relationship is based on the notion that there are (or could be) some clear standards of evaluation. Such constant self-monitoring, self-assessment, presupposes an active observer (i.e., therapist or expert) who is equipped with the

proper assessment tools. In Bakhtin's (1981; 1984; 1986) terms, such an orientation is monologic.

From Monologue to Dialogue

Bakhtin distinguishes monologue from dialogue as an attempt to provide another way of talking about and critiquing the long-celebrated objectivist (i.e., modernist) tradition. Bakhtin introduces the term "dialogic" as a way of identifying social processes as central to any understanding of our worlds. As Sampson (1993) summarizes Bakhtin's position, "Neither meaning nor self is a precondition for social interaction; rather, these emerge from and are sustained by conversations occurring between people" (p. 98-9).

Bakhtin's insistence that meaning emerges in dialogue is contrasted to a monologic view of meaning construction. In short,

. . . monologism denies that there exists outside of it another consciousness, with the same rights, and capable of responding on an equal footing, another and equal I(thou). For a monologic outlook (in its extreme or pure form) the other remains entirely and only an object of consciousness, and cannot constitute another consciousness. No response capable of altering everything in the world of my consciousness, is expected of this other. The monologue is accomplished and deaf to the other's response; it does not await it and does not grant it any decisive force. Monologue makes do without the other; that is why to some extent it objectivizes all reality. Monologue pretends to be the last word. (Bakhtin, 1984, p. 318)

The inevitable conclusion of monologue is for the speaker to assume the position of objective observer, evaluator, and an intentional agent/actor whose actions have certain effects on their objects. Even a "silent" therapist (i.e., one who spends most of his or her time listening) could be cast as an intentional agent and thus as illustrative of Bakhtin's monologism. To many therapists, there is purpose, evaluation, and objectivity in their silence. These features characterize Bakhtin's monologism. Action emerging from an implied notion of agency, individuality, objectivity, and consequently evaluation assume that monologic voice rather than the dialogic voice of relationship. Thus it is important to point out that it is not necessarily the case that a therapist who adheres to a monologic epistemology or ontology will actually do things differently from a therapist who adheres to the dialogic principle. Yet the interplay of the therapist's and client's actions will be qualitatively different in both cases with the dialogic therapeutic context serving as an illustration of attentiveness to relational processes (i.e., processes of social construction).

Another way of discerning monologism from dialogism is to recognize that a monologue locates our investigation within the person. To that end, any attempt to discover, assess or adjust identity is directed toward an investigation of a self-contained individual (Sampson, 1977; 1993). Dialogism, on the other hand, locates our investigations in relational patterns. We enter into our conversations, our investigations, our therapeutic contexts privileging processes rather than individuals. Such an emphasis means that "people's lives are characterized by the ongoing conversations and dialogues they carry out in the course of their everyday activities, and therefore that the most important thing about people is not what is contained within them, but what transpires between them" (Sampson, 1993, p. 20, original emphasis). Consequently, the conversational practices that engage therapists and clients become the focus of dialogic therapy whereas studying what are assumed to be features of the client become the focus of monologic therapy. In the later, there is little or no consideration given to the relational creation of identity

that emerges in (1) the therapeutic relationship and in (2) the client's telling of his or her story. The telling of a story is always constrained and potentiated, as are its meanings, by the relationship (real and imagined) in which the telling occurs. Consequently, a story told to one's therapist might construct a different identity than the same situation storied in another relational context.

Psychotherapy, because it is considered the "talking cure," could all too quickly be identified as dialogic. Conversation is already a central component of psychotherapy. It is easy to deduce from this realization that, by its very nature, therapy is dialogic. However, a return to the distinction between dialogue and monologue illustrates that despite its largely conversational nature, most forms of psychotherapy are, as illustrated above, monologic.

Monologue implies or suggests that a therapist can evaluate another through his or her ability to objectively determine and intervene in the other's life and this can be and often is a therapist's stance even when/if she or he proclaims a "process" orientation. For example, a therapist who attends to interpersonal processes in families but claims that the family has diffuse boundaries and is therefore enmeshed does not speak as one engaged in relational construction but as one who is the objective observer of complex family patterns. On the other hand, a therapist who "plays" with the idea of boundaries, who invites clients to "try on" this discourse as a way of talking about the current problem situation, is engaging in dialogic interplay. In other words, the dialogic therapist does not levy a diagnosis or evaluation on his or her clients. Rather, the therapist suggests a way of talking about the client's situation which draws on that therapist's array of conversational resources (i.e., ways of talking). The limits and constraints of these resources, to the postmodern therapist, are always featured.

Let us take, for example, what has become the cornerstone of psychotherapeutic treatment: the American Psychiatric Association's 1987 Diagnostic and Statistical Manual of Mental Disorders, third edition, revised (DSM-III-R). This manual lists 200 categories of mental disorder and discusses several other related problems. The very generation of such a manual -- created for use as a definitive guideline in assessing mental health -- presumes that the clients in therapy are not part of a dialogue but are, rather, objects to be studied, classified, and subsequently treated. Within this realm, the "stories" told by clients in psychotherapy are not thought of as told for purposes of co-constructing with therapists new life narratives or new interpretations. Instead, they are heard as evidences of relatively enduring features of personal character in need of cure, adjustment, re-alignment, or fine-tuning. The "talk" of the "talking cure" is no different in this respect from the data analyzed by scientists in a traditional scientific investigation. Thus, the prominent cultural narrative of science permeates our therapeutic talk about identity.

This is clearly a problem constructed within the diagnostic/evaluative context. In other words, diagnosis, itself, becomes a focal point within modernist discourse where emphasis is placed on progress. In order to progress, we must take stock of "what is," evaluate it, identify (i.e., diagnose) the degree to which it impedes movement (i.e., progress) toward the culturally preferred state, and ultimately develop a treatment plan. This plan (or "cure") might, in fact, resonate with dialogism particularly in the therapeutic domain where conversation is central to "cure." Yet diagnosis - particularly as exemplified by DSM-III-R - distances and objectifies the focus of study and thus takes on a monologic character.

This distinction between diagnosis (as monologic) and cure/treatment (as perhaps tending toward more of a dialogism) might present a useful way to think about therapy. However, the more important issue here, from a postmodern sensibility, is the recognition that both diagnosis

and cure are language games (Wittgenstein, 1963). For example, diagnosis is not an objective science. It is a discursive possibility. To invite others into a conversation about a problem could take, as we well know, many forms which could serve diagnostic purposes but would not be necessarily considered "real" diagnoses. For example, I could discuss my problem with a friend and in the course of that conversation generate an explanation that characterizes my quickness of temper as a sign of commitment and passion. In the therapy room, however, a discussion about the same situation might yield a diagnosis of pre-menstrual syndrome. Thanks to modernism, it is the language game in the therapeutic context that gains a greater audience. It is the language game of diagnosis. Yet is that game any more real than the language game enjoyed with my friend? And, we must ask, what are the ensuing conversational and relational possibilities engendered by each language game? Is it necessarily the case that the language game of diagnosis will generate better interactions?

What has contributed to the elevation of modernist ways of talking? It is a cultural narrative that is in great part possible because of the technological advances made in this century. As illustrated above, media have expanded the potential for conveying to large segments of the population three important features that contribute to the modernist notion of a secure, stable identity. First, media contribute to the idea that there is a proper way for a person to be by providing numerous and consistent illustrations of "normal" individuals. Second, media have in recent years contributed to the popularization of psychotherapy as a form of identity adjustment by featuring various therapeutic modes as legitimate cultural discourse: by viewing "favorite characters" in therapy, by offering programming like Oprah!, and by making on-line therapy available via electronic networks. Finally, by legitimizing both the notion of "typical" ways of being (i.e., normal identity) and by legitimizing therapy as a means to achieve and/or maintain normality, media, and technologies in general, have contributed to the necessity of psychotherapy.

The irony of this situation is that while technological advances provide the grounds upon which modernism has been able to flourish, these same advances have generated the potential for a major deconstruction of our current notion of identity. Simultaneous to the features just listed, the multiplicity of images and connections made possible through technological advancement expands our notions of who we are, of what it means to be an ethical or moral person, a wife, a husband, a lover, a friend, a daughter, a son, a professional, a neighbor. The uniform image presumed to be an unquestionable rationality is now easily juxtaposed with two or three or four alternative possibilities. For example, the legal institution -- an institution previously believed to be built on a solid and unshifting foundation of reason and justice -- is displayed as a complex criss-crossing of narratives all vying for a voice. On television, lawyers are all crafting a story that fits coherently within one community but is deemed illegal or unethical within another. If such a significant cultural institution as the law can be portrayed as multivocal, what are the implications for similar portrayals of a good parent, or a good spouse, or a good friend?

Beyond media represented images, we now have a multitude of ways to speak with each other. With these increasing formats is the possibility for increasing intimacy. As Gergen (1991) argues, relationships formerly kept superficial because of geographic distance, now have the potential to blossom and expand in an infinite number of ways. What does the onslaught of such multiple relationships imply about our selfhood? If we believe, as modernists do, that there are essential characteristics that comprise the self, then an expansion of our relational network would do little to alter our identities. However, if we talk about selfhood as a relational construction, then this swelling web of relatedness has significant bearing on who we are and

how we talk about ourselves.

The Discourse of Relationship

It is not only the advances in technology that warrant a move away from a modernist conception of identity. We must examine what it is that such technological capabilities have introduced to our way of talking about the world. We have explored already how technology brings us in contact with various ways of shaping an argument, constructing a description, and accomplishing a goal. In each of these arenas, it is a way of talking that is introduced. Simply put, the multiplicity offered through technology is not a multiplicity of essences or objects (i.e., things that exist) but rather a multiplicity of discourses (i.e., ways of talking). We have access to a wide variety of conversations -- some are congenial with the ones in which we already participate. Others are foreign and disparate. However, our present ability to participate in (even as observers) multiple conversations, many with diverse rationalities, presents us with a forum for realizing or at the very least recognizing competing discursive forms.

Our ability to listen to these competing discursive traditions and become curious about their local coherence invites us into the conversational domain of postmodernism. Here, the modernist attempt to objectify the social world gives way to the postmodernist attempt to attend to the various ways of talking that construct our social worlds. Identity, from a postmodern perspective, is not an object to be examined but is a reality constructed in the interactive moment. It is an emergent by-product of persons in relation, each drawing upon his or her conversational resources (i.e., his or her networks of relationship) as the moment unfolds.

The shift this represents is a shift from the study of objects to the study of conversation. A central feature of this shift is relationship. Simply put, conversation is a relational accomplishment. Meaning is created as the actions of one person are supplemented by the actions of another (Gergen, 1990). This relational orientation to meaning construction is what Bakhtin captures in his notion of dialogism. Regardless of an actor's intentions, meaning only emerges at the moment another responds to that person's actions, for it is in the connection to another's response that a performance takes shape.

The emphasis on performance is in keeping with Wittgenstein's (1963) notion of language games. To Wittgenstein, words do not represent a world "out there" nor do they represent the nature of the speaker's mind. Rather, words gain their significance through their use in social interplay. Consequently, the construction of a world, a reality, an identity is contingent upon how language is used in particular contexts. How language is used is dependent, in turn, upon how others respond to (supplement) each action. The forms of action and supplementation in any given context or relationship are themselves contingent upon the discursive traditions (i.e., histories) and discursive communities (i.e., cultures/relationships) with which the participants are engaged.

To return to the topic of identity, we can reiterate that to a modernist, identity is seen as an object to be examined, evaluated, and adjusted (if need be). While the question of what counts as identity varies dramatically among modernist theorists (e.g., it can be thought of as cognitive, behavioral, psychic, neurological, biological, cultural, etc.) all share in their attempts to objectively analyze identity by studying its various representations in isolation. This, to Bakhtin, is monologism.

The discourse of relationship provides the means by which identity becomes the accomplishment of situated activity. Thus, it is a by-product of relationships rather than a precursor to the construction of any relationships. Bakhtin refers to this as dialogism. The implication for therapy then is that armed with a dialogic understanding of identity, a therapist

must consider and question his or her own part in pathologizing or not pathologizing clients. That is, a therapist must see his or her descriptions of clients as relationally achieved constructions and thereby assume some relational responsibility (McNamee and Gergen, forthcoming) for any pathologizing as well as for any "cure." Relationally speaking, identity is created in conversation and conversation is always culturally and historically situated. Talking this way about identity, we quickly slip away from the idea that anyone could have an essential, stable identity. To talk of an essential self is to engage in a particular form of discourse. That is to say that modernist discourse, itself, is not wrong from a postmodern perspective. It is simply one of many competing discursive alternatives.² The question we must ask concerns how well people can coordinate their activities within any discursive style at any given time in any given relationship.

This question suggests that, unlike the modernist or monologic adherence to one ultimate form of rationality, postmodernism or dialogism provides the forum for entertaining multiple rationalities. Rhetoric then becomes a central feature of the postmodern (cf, Shotter and Gergen, 1994) because the evaluation or acceptance of one's rationality will depend in large part on one's ability to warrant one's position (Gergen, 1989) in light of the competing voices. Whereas modernism provides us with the tools necessary for deciding whose voice will be heard, postmodernism directs our attention to the processes through which one voice eventually emerges as sustainable over others. Thus, processes of negotiation, coordination, and performance are centralized in postmodernism.

Therapeutic Practice With/In a Postmodern Sensibility

Now, confronted with the postmodern dilemma of multiple and often competing realities, we must question what purposes therapeutic practices serve. If advances in communication technology have given us access to diverse ways of knowing the world and thus of constructing our sense of identity, what then becomes the task of postmodern therapy? Rather than uncovering and adjusting an essential self (which is the modernist project), postmodern therapy entertains and privileges the construction of multiple selves as emergent by-products of situated action -- for both clients and therapists. This constitutes a radical adjustment in our thinking about therapeutic practice. If the therapeutic profession, itself, developed as a modernist project, why or how can we (or should we want to) hold on to this profession in a postmodern world? Some may even wish to ask if we should want to hold on to the therapeutic profession.

One of the first points to be made concerns the term identity, itself. Identity is conceptualized as an entity in modernist discourse. While from a postmodern approach we would want to de-essentialize such a term, we would not attempt to cast it aside. Our concern is not with the object-status of any suggested concept. Instead, and consistent with Wittgenstein, we are concerned with the way in which terms are used and the ways in which they gain significance in particular discursive contexts. To that end, identity as a topic of investigation maintains its centrality in a postmodern, highly technological context if only by virtue of its historical and cultural salience. Here identity is described as a conversational resource -- a way of talking that we quite often find useful in our attempts to coordinate with others. Identity as a conversational resource differs dramatically from descriptions of identity as a possession of self-contained individuals. If identity is a person's possession, then that person is (and should be)

² Shotter and Gergen (1994) discuss the project of social constructionism as an alternative, not as a view of knowledge that is superior to the dominant tradition.

held responsible for the character of his or her identity. Consequently, if there is a problem located within a person, that person is held accountable and thus becomes the nexus of control and potential change. Such a view has spawned our commonly accepted economic, moral, and ethical cannons where individualism is featured and held in high esteem.

However, to describe identity as a conversational resource used by participants in their situated activities implies that it is the discourse itself that becomes open to investigation as well as the relational context in which it emerges. Questions focus on how (not why) a particular way of talking/acting gains viability and sustainability in this particular interactive moment. How do the actions of all participants join to constrain certain ways of talking/acting and potentiate others? How does this specific interactive moment make particular lines of action possible while excluding others? What might have happened if the participants in the given interaction had been different, or if the situation was different, or if the way of talking had been different? These are the sorts of questions raised when we place our emphasis on the process of relating (i.e., discourse). Thus, postmodern therapy is not equated with no therapy. In both traditional and postmodern therapy, a therapist can be seen as an active participant in the conversation. What distinguishes the two is that in traditional, modernist therapy, the "conversational role" of the therapist emanates from his or her predetermined understanding of particular problems and the remedial actions that are believed to be the best ensuing from this understanding of the problem. On the other hand, the postmodern therapist engages not in a conversational role but in the conversation itself, seeing it as a contingent, indeterminant dance within which meanings, actions, and identities emerge.

Postmodern therapy provides a different way of talking about what counts as therapy and what the cultural purpose of therapy is. Therapy is no longer viewed as a professional service sought by individuals, couples, or families who need to understand their core identity, their true feelings, or their denied problems. Therapy in a postmodern mode seeks to explore the multiple possibilities for identity construction and how they fit with significant relational networks with which a client or clients engage. Most pragmatically, clients might leave this therapeutic context armed with a variety of ways to comfortably talk about themselves and their relationships. Most important, they might leave such a therapeutic experience with a sense of curiosity for the local coherence of not only their own but others' stories and with a concomitant tolerance and respect for these stories (although not necessarily an agreement with them). Such curiosity and respect demands a relational sensibility. It demands, in other words, at least a gesture of recognition to the relational contexts within which certain ways of talking and acting emerge and become viable and sustainable.

To this end, the relational focus on process can be described as a form of "interested inquiry" (Gergen and Kaye, 1992), a sort of "not knowing approach," (Anderson and Goolishian, 1992), or curiosity. In this spirit, there is emphasis on questions rather than answers, on multiple interpretations rather than any singular meaning, on the historical, cultural, and situational nature of any description of identity. The relational attention to process suggests that a client's descriptions voiced in therapy are just as relationally, historically, and culturally specific to that particular therapy context as the "events" or interactive moments they are attempting to characterize. They are not heard as factual descriptions nor are they heard as symptoms of pathology. Rather they are viewed as conversational resources made possible by the therapeutic conversation itself. In these terms, the metaphor of therapist as conversational partner takes precedence over the metaphor of therapist as objective knower.

Postmodern therapy attempts to achieve a conversational domain where participants

begin to supplement their own and each other's behaviors in ways that allow failures, difficulties, and problems, as well as successes, to be recognized as relational accomplishments.

Therapeutic Possibilities

The multiplicity of meaning, a plurality of voices/discourses, attentiveness to process and the historical, cultural, and situational nature of identity can be, and often is, explored in all forms of therapy. However, in modernist therapy there is a foundationalist premise urging both therapist and client to uncover or unlock the root of the client's problem. The problem, here, becomes an object to be dealt with or treated in some way. While postmodern therapy may find this conversational mode useful as the therapeutic narrative unfolds, it is not a necessary selection.³ What is necessary is the originary commitment to exploring many voices because selection of one method, one form of conversation, one set of beliefs, adorns a relational sensibility when it is selected for its "good fit" from among many and in a particular interactive moment. As exemplars of this postmodern commitment, Penn and Frankfurt (1993) use letter writing as a way to engage clients in a different kind of dialogue with themselves, as therapists, as well as with the client's web of significant relationships. Letters (or journal entries) become processes of construction for alternative conversations by virtue of the client's ability to imagine different supplements from those typically emergent in daily interactions. As clients read their written materials in the therapy sessions, the therapist can provide yet another array of supplements. Thus, both the writing and the reading become significant interactive moments. The possibilities generated in the use of this different conversational style provide the potential for both client and therapist to attend to the processes through which certain identities have been constructed as well as how these processes might encourage new constructions.

The reflecting position or process described by Andersen (1991; 1992) offers another illustration of postmodern therapy. He asks clients in therapy to listen to the therapist or therapy team "reflect" on the clients' stories. After listening, clients comment on the therapist's or therapy team's discussion. Andersen notes that "The listener is not only a receiver of a story but also, by being present, an encouragement to the act of making the story. And that act is the act of constituting one's self" (1992; p. 66). By constantly shifting one's position from that of speaker to that of listener, clients and therapists engage in an interactive process where multiple meanings are given voice. Shifting positions eliminates the notion of therapists as scientific, objective professionals who only discuss what they observe of their clients with colleagues behind closed doors. This shift in the way therapy is enacted aids both therapist and client in attending to the processes of construction themselves.

Conclusions

In the brief descriptions of alternative therapeutic conversations, it is the construction of a multiplicity of accounts that is featured rather than the selection of any one account. Commitment to one account is a practical matter, but there is a vast difference between a situational/relational commitment and a universal commitment. That is to say that therapist and client will select a certain interpretation so that they "know" how to go on in their situated activities. Yet, to adopt a particular discursive form as opposed to another, regardless of the relationship in which one is engaged, would imply an adherence to monologism.

Dialogue, where we curiously enter into conversation, allows us to do different things in

³ It is not my attempt here to cast modernist therapy as evil or wrong. My project focuses simply on casting a variety of readings onto the stage for consideration.

our interactions. We focus on how certain interpretations and lines of action become sanctioned as viable and sustainable while others are negated. We move our assessment, therefore, from one of the individual to one of the conversational arena. In such a move, we must adopt a tolerance for uncertainty. We will not be able to provide definitive answers to questions of one's identity. Yet, we can provide situated answers. Even these, however, can only be provided in dialogue with clients and others. The therapist, in the course of conversation, invites participants to question their own assumptions about mental health, identity, relationships, etc. by questioning his or her own as well as the broader cultural assumptions that have become our traditions.

When we place our emphasis on what people do together we abandon the individual as our unit of investigation and replace it with relational practices. Such a move underscores the often competing interpretive communities that participants bring to any particular relationship. These interpretive communities are expanded daily by virtue of the vast array of mediated interactions. And thus, each interactive moment is full of uncertainty, multiplicity, and potential conflict. The chore of coordinating our lives within this complex web of relatedness is daunting if we are constantly pathologized by the voice of objectivity, universality, rationality, and progress. Alternatively, attentiveness to the process by which we create different (and often competing) rationalities and truths provides us with a way of talking about identity, therapy, and social life as culturally, historically, and relationally situated. Such a way of talking provides the means by which we can comfortably entertain the plurality of identities and moralities with which we engage. These are necessary survival skills for constructing identities in a mediated world and the therapeutic profession can play an important role in mediating identity construction.

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Footnotes