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Therapy as Social Construction: An Interview with Sheila McNamee

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Abstract

In this interview, Sheila McNamee presents an important review of her trajectory in both the fields of communication and psychotherapy. She presents a personal history of the emergence of social constructionism and its applications in psychotherapy, specifically in Family Therapy. In this journey, she describes important features of a social constructionist discourse, pointing to its central assumptions and inviting voices of different authors into a dialogue, through which a broader, pragmatic view of social constructionist discourse emerges. She also addresses present dilemmas and issues in the field such as the possibility of a "social constructionist therapy," the idea of "theories as conversational resources", and the notion of psychological change. Finally, Sheila McNamee talks about how she conceives the future of social constructionism, inviting us to remain engaged in dialogue about its limits and possibilities, thus entertaining different scenarios, imagining and creating its future and bridging incommensurate discourses with other theories and practices.

Keywords: Psychotherapy; social constructionism; Sheila McNamee

Terapia como construcción social: Una entrevista con Sheila McNamee

Compendio

En esta entrevista, Sheila McNamee presenta una revisión importante de su trayectoria en los campos de la comunicación y de la psicoterapia. Ella presenta una historia personal de la aparición del construccionismo social y de sus usos en psicoterapia, específicamente en terapia de la familia. En este viaje, ella describe las características importantes de un discurso construccionista social, señalando sus asunciones centrales e invitando las voces de diversos autores en un diálogo, con el cual una vista más amplia, pragmática del discurso construccionista social emerge. Ella también trata los actuales dilemas en el campo tal como la posibilidad de una "terapia construcionista social", la idea de "teorías como recursos conversacionales" y la noción del cambio psicológico. Finalmente, Sheila McNamee habla de cómo ella concibe el futuro del construccionismo social, invitándonos a que sigamos enganchados en diálogo sobre sus límites y posibilidades, produciendo diversos panoramas, imaginando y creando su futuro y tendiendo un puente sobre discursos inconmensurables con otras teorías y prácticas.

Palabras clave: Psicoterapia; construcion social; Sheila McNamee.

Sheila McNamee is an important author in the field of Social Constructionism and Psychotherapy. Briefly, social constructionism can be described as a philosophical stance which focuses on how people make sense of themselves and the world they live in. The focus of a social constructionist investigation is on language in use and its performative character. Constructionist authors propose that people create conversational realities in their social interaction through their discursive practices.

Currently, Sheila McNamee is a full professor at the University of New Hampshire (Durham, New Hampshire, USA). As a professor and researcher, she has been studying conversational processes in a diversity of therapeutic and non-therapeutic settings. In 1990, jointly with Kenneth Gergen, she published the book *Therapy as Social Construction* (McNamee & Gergen, 1992), which became an important mark in the therapeutic field. This book offers a different and critical view of psychotherapeutic processes, inviting us to consider therapy as a social construction. She wrote the books *Relational Responsibility: Resources for Sustainable Dialogue* with Kenneth Gergen (McNamee & Gergen, 1999); and *Philosophy in Therapy: The Social Poetics of Therapeutic Conversation* with Klaus Deissler (McNamee & Deissler, 2000). She is author of several articles and book chapters about the practice and theory of social constructionism. She is also the co-founder of *The Taos Institute*. This institute gathers many professionals and researchers who are interested in promoting relational practices by working with families, communities and organizations.

The aim of this text is to share with other professionals and researchers some ideas and thoughts of Sheila McNamee and to invite them to dialogue about social constructionist assumptions and its potential as an alternative for transformational practices.

Guanaes: First of all, we would like to know about your trajectory in the psychotherapy field, specifically, how did you

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develop your interest in becoming a therapist and when did you begin to think about social construction?

McNamee: Those are connected but not necessary the same processes. When I was working on my Ph.D., in the late seventies, I became very interested in Family Therapy. I wouldn't say that my interest was in Psychology or Psychotherapy per se. At that time, Family Therapy was a radical fringe, a domain where people were playing with ideas that appeared to me to be of central importance. As a Ph.D. student, I was studying with scholars who were challenging the reductionistic, variable-testing models that were dominant within all the human sciences (Psychology, Communication, Sociology and Anthropology). We were interested in relational understandings of human interaction where the language practices of participants were the focus of study. In those days, we were reading many authors whose focus was on how people engage with one another to construct a reality. Much of what I was reading in those days (and still today) was centered on language and how realities are achieved in what we do together (e.g., Wittgenstein, Bateson, Austin, Searle, Berger and Luckmann).

I don't think I labeled myself a social constructionist at that time. The distinguishing intellectual identity had more to do with our focus on language and the relational aspects of our worlds than on the broader sense of constructing a reality (even though that was clearly part of what we were all talking about). It was a field quite different from today. What I was interested in was a whole philosophical approach to the study of human activity, human engagement and change. Specifically, I was focused on the process of human transformation. I became quite fascinated with family communication. I think because this was a field where a great deal of innovation was taking place. As I look back on it now, I wonder if Family Therapy invited more nonconformist practices (and people). Family Therapy, while connected to Psychology, distinguished itself apart from academic Psychology and thus had the liberty to play with unconventional ideas. I had been very influenced by the work of Gregory Bateson (as had the early Family Therapy movement). And, while my introduction to his work was long before I began exploring Family Therapy, I can see now the "logical" progression of my scholarship.

Bateson's early work with schizophrenics and their families really defined the field of Family Therapy in the 1960's and 1970's. My first interest in reading Bateson's work was an exploration of communication. When I began designing my doctoral research agenda, I was searching for a context within which to study communication as a relational phenomenon rather than a lineal transmission of information between sender and receiver that were popular at the time. Family Therapy was intriguing to me, partly because the field had so deeply embraced Bateson and Wittgenstein but also because family therapists saw communication as the central focus of therapy. I felt like I had found an intellectual home in the field of Family Therapy (even if I felt ignorant when it came to classic psychotherapeutic literatures).

I started taking courses in a program where they were training people to be family therapists. This training was part of an academic doctoral program which, in and of itself, was innovative in the late 1970's. The more traditional route for those interested in Family Therapy was to study clinical Psychology at the university first, and do post-doctoral training in Family Therapy at a private institute. This practice is still the dominant practice in North America. In some of the family therapy courses I found people were very interested in the communication theory with which I was working. In my "home" discipline of communication, I had been working with Barnett Pearce and Vernon Cronen who were developing in those days a theory called *The Coordinated Management of Meaning* (or CMM for short). As I indicated earlier, the basis of this work was very much grounded in the writings of Bateson and Wittgenstein as well as Spencer-Brown, Russell and Whitehead. The faculty and graduate students in the Family Therapy program saw CMM theory as very innovative and quite compatible with the Family Therapy models they were using. We shared a common interest in the production of meaning and specifically, a concern with how people *work together* to achieve meaning. For all of us, meaning was no longer a private thing *in the heads of private individuals* but was, instead, a jointly produced phenomenon. This was an enormously important distinction – particularly for those operating in the field of psychotherapy. The most obvious implication highlighted by this approach was the need to explore coordinated, joint action in order to: 1) understand the process of making meaning, and 2) transform that meaning. Psychotherapy was no longer about individuals or collections of individuals (e.g., families) but was about *relational processes of meaning construction.*

At this point, the world of family therapy and those of us in the communication field, truly shared a common path. It was during this period that Cronen, Johnson, and Lannamann (1982) published their article, *Paradoxes, Double Binds, and Reflexive Loops: An Alternative Theoretical Perspective*. This article was significant as a bridge between the coordinated management of meaning theory we were developing in Communication and Systemic Family Therapy. The authors of that article (one of whom is my husband, John Lannamann) and I had been working with the ideas of reflexivity, paradox and meaning making for several years. It all came together in that moment. I wrote my dissertation (McNamee, 1983) on the process of Family Therapy from a communication perspective, integrating the Milan Model with the coordinated management of meaning theory. Due to my specialization in this area, I had the good fortune to become deeply immersed in Milan Systemic therapy and connected with the Milan group, themselves.

I was invited at this time to work as a research associate with Karl Tomm who was (and still is) Director of the Family Therapy Program at the University of Calgary Medical School, in the Department of Psychiatry. He was one of a handful of people who were largely responsible for introducing the Milan

model in North America. He was also fascinated with the theory of meaning making that I had been studying and collaborating on with my colleagues. He found the coordinated management of meaning theory a useful tool for understanding paradox and the power of language and relationships in the therapeutic context. To that end, he saw CMM theory an elaboration of the Milan Systemic model. While working with Karl in Calgary, we developed the bridge between systemic therapy and CMM theory further (McNamee, Lannamann, & Tomm, 1983; McNamee & Tomm, 1986; Tomm, Lannamann, & McNamee, 1984). Looking back on this evolution, it seems to me that second order cybernetics was a central feature in uniting Milan System therapy with the Coordinated Management of Meaning Theory. With the introduction of the Milan Model, we began asking how we think about language. We began to see language practices as the point of entry as opposed to behavior being the point of entry. In my mind, strategic and structural family therapy had become a bit sidetracked looking at behavior as opposed to action.

Rasera: The concept of language presented in these theories was also different, focusing more on the understanding of language as a social practice.

McNamee: Right. The popular notion of language (known as the representative view of language) is that language is important to pay attention to because it gives you a map back to the real meaning in the mind. Our words, to those who adopt this restricted view of language, *represent* reality. But the Milan Model, CMM theory, and surely social construction emphasize that speaking is not a reflection of what is in a person's mind. Rather, speaking and acting is an *embodied activity.* It is a performance and it is in that performance that we make our worlds (i.e., create our realities). This is a radically different view of language and we largely have Wittgenstein to thank for the articulation of this view (although he is joined by a host of other philosophers).

Introducing this dramatically different view of language into the field of Psychology and Psychotherapy, in particular, was very powerful. The implications were arresting. Most alarming was the implication of the performative view of language for Psychology. In its most deliberate form, viewing language as a *joint performance* took Psychology's focus away from the private workings of the psyche (or mind) and placed the focus on the activities of people engaging together. Today, years later, we are still having a difficult time operating within this frame. Our tendencies to retreat into the individual mind are still strong – particularly in Psychology.

Guanaes: How do you look to Milan Systemic Therapy after Second Order Cybernetics? Do you consider Systemic therapy a social constructionist form of practice or do you think that things happened after that also, changing the idea of therapy?

McNamee: It is really confusing at this point. After the initial explosion of the Milan work, the group (particularly Boscolo and Cecchin) started offering training seminars and workshop, as well as special conferences. They developed a tremendous international presence and were in very strong demand. People were really excited by their work (and others were outraged by it!). It wasn't long before we started seeing developments, innovations, and extensions of these ideas. One example of this is Tom Andersen's reflecting team (Andersen, 1991). He began playing with who was observing whom, seeing not only the therapist but the therapy team (generally located behind the one-way screen) as part of the process. The therapist could no longer be viewed as standing apart from the process, making sense of what was going on for the clients (or patients). Everybody was involved. And, the net result of the therapeutic conversation had to necessarily include transformation for all: the clients, the therapist, and the therapy team. Andersen was playing with that notion of the observer and he was playing with the idea of reflexivity, obviously. He was also playing with the idea of language in the sense that he recognized language as more than talking or *representing* one's mental processes. Andersen underscored both talking and *listening*. And, it was the processes of reflecting that helped to emphasize both aspects of language. By shifting back and forth between talking and listening positions, the therapist, therapy team, and clients were invited into a collaborative performance of construction and transformation.

At the same time, Harlene Anderson and Harry Goolishian were focusing therapeutic process within the domain of language practices in very important ways. Anderson and Goolishian were very connected with the Milan group, but at the same time, they were doing something different with their Collaborative Language Systems Approach (Anderson & Goolishian, 1988). They were talking about how people collaborate in conversation and together create the idea of a problem. They developed what they called the *not-knowing approach.* This idea has being very misunderstood by people. Critics mistakenly understood *not knowing* as implying that the therapist has no history, no biases, and no ethical or moral stance that s/he brings to the therapeutic conversation. Anderson and Goolishian, however, identify *not knowing* as a *philosophical stance* adopted by a therapist in the therapeutic conversation. This stance allows the therapist to be open to the possibility of myriad meanings, to refrain from being "too quick" to know what the clients are talking about, and to approach the therapeutic conversation from the stance of genuine curiosity for the *local coherence* of the client's situation.

Of course, there were other influences during that time. One other significant one for me and for the world of systemic therapy (as it was evolving) was the work of Chilean biologist, Humberto Maturana (Kenny, 1988). Basically, Maturana and others added another voice to this movement toward language practices. He argued that language was an embodied activity. By uniting biology and mental processes (i.e., Psychology), we were further able to move beyond the private interior of the individual's mind and examine, in psychotherapy, what *people were doing together.*

We had been playing around these ideas for about ten years (1978-1988), when, I cycled back toward what I considered my roots: social construction. Perhaps the critical event at this time for me was taking a sabbatical and having time to read and think more about psychotherapy and human interaction in general. I emerged from this period thinking a lot more deeply about language. Not that I had not been previously, but my movement *outward* - solely toward a focus on what people were doing together, rather than to what *sense* people were making of what they were doing together – was clear. I remember during this time thinking that it would be generative to introduce Harry Goolishian and Harlene Anderson to Ken Gergen. I felt that they each could offer each other something. Fortuitously, I had that chance when Tom Andersen asked me if I thought Ken Gergen would be a good person to invite to his June seminar. (In those years, Tom had started offering a seminar almost every June in the North of Norway bringing family therapists together with theorists from other fields such as biology, philosophy, linguistics, and so forth). In 1985, Gergen wrote a piece in the American Psychologist, entitled *The Social Construction Movement in Modern Psychology* (Gergen, 1985). I immediately started using this article in my teaching and more and more I found myself integrating the constructionist arguments with these current, systemic views of therapeutic process. It was, if you will, a return to my earlier, philosophical roots. It was apparent that the practices proposed by each therapeutic model (circular questions, paradoxical interventions, reflecting teams, the not knowing stance, etc.) were reduced to mere techniques if we ignored the broader issue of language. Social construction, as a philosophical orientation to human interchange, clearly helped emphasize the centrality of language in the creation of our worlds. I set out to think about the differences between thinking of *therapy as a process of social construction and social constructionist therapy.* This focus gave birth to the idea to edit a book that would invite all the different voices to join together in articulating therapeutic conversation as a *process of social construction*. I was hoping that in editing such a volume, people would begin to see that social construction is not a *type* of therapy. Instead, each innovation – whether it be from the Milan group, Tom Andersen, Harlene and Harry, Karl Tomm, or anyone else – was much more than *technique* and was, instead, a radical shift in attention away from locating meaning in the heads of individuals toward recognizing meaning as a collaborative achievement of engaged participants' coordinations together.

At that time, Ken and I had been in conversation a lot, so we decided to do the book together. It was an interesting project. I was able to draw on my connection to the world of family therapy and ask people who were central contributors to write about the ways in which they saw their models as elaborations of social construction. This yielded some very interesting results. As you would expect, there was no unifying model or method for therapy. Instead, the unifying pattern that emerged in *Therapy as Social Construction* was an interest in moving out of the realm of an individual's meaning making into the realm of relational meaning making. Ken and I were interested in proposing that we look at the world as a process of social construction. In this volume, we specifically wanted to look at therapy. We wanted to show that therapy is a process of constructing a world and there are many different ways to do it. On that basis, we invited people to write about how they saw their work as a process of constructing some transformation for people who want and need change. Perhaps we presented a dilemma to many of our contributors in asking them to think about something that they really never thought about before (in some cases). I don't think it matters for other people reading the book, but to me and Ken, I think this is a point of self-critique. We hadn't considered that perhaps many of our contributors were more focused on presenting their models.

Guanaes: Sheila, don't you consider that this is also a revelation of the present moment? I'm articulating this with some of your present articles in mind which you are talking more about psychological discourses as resources that can be useful in the therapeutic conversations. In other words, you argue in your most recent publications that a social constructionist therapy doesn't exist. Instead, you now argue from the stance of *therapy as a process of social construction*. But, earlier social constructionist writings critiqued other psychological theories indirectly arguing in favor of social constructionist therapy (as if it were a specific model). So, what you are proposing now seems new, like a different approach to this topic.

McNamee: You are right. We speak from where we are in the moment. While the title of the 1992 book was intentionally *Therapy as Social Construction* as opposed to *Social Constructionist Therapy*, there was a pervasive sense in those early days that we were creating something different, even "better." In this sense, we were dangerously close to creating yet another model of therapy. Yet, I don't think people were attracted to the book because they were looking for a new model. I think the real success of that book has been the fact that, for the first time, in one book, people had access to some of the most influential and significant voices in the field of psychotherapy. The volume was a collection of different but overlapping ways of talking about therapeutic process. And that is what makes the book so compelling. Until the publication of *Therapy as Social Construction*, access to these central voices in psychotherapy were scattered throughout different journals and books. *Therapy as Social Construction* provided all the ideas that were really running around at the time in one volume. In a way, this book served as a dialogue among these different voices.

This was such an exciting period, I have to say. The book was a wake up call against technique, focusing the spot light on the larger issues that every single one of these different ways of talking about therapeutic process converged on – the centrality of language. Deeply philosophical conversations were

going on during that period, within all the journals. It was a really exciting time to be reading because the focus was not on outcome studies, it was more reflection on what the therapeutic conversation entails. We were asking about the process of human change. We were exploring the issue of what we should be examining (the psyche, the individual, the family, the broader system?). And, the most important question we were asking, of course, was about the role of Psychology and traditional psychological theories. The discussions were enlivening.

Rasera: What do you think these practices that we now refer to as social constructionists therapies have in common – for instance, Narrative Therapy, Harlene Anderson and Goolishian's Collaborative Language Systems, Tom Andersen's reflecting team, etc?

McNamee: There are a few things that allow them to sit happily in the same space, in the same room together. One is a movement away from looking at individuals. Another is a movement, more precisely, away from looking at or assuming that there is something inside individuals – motivations, intentions, belief, genetics, make up, etc. So, there is the shift from the individual to the relational and there is the shift from the internal to the domain of the social. Both of these shifts require us to explore language practices. This is a very specific turn to me. It's not just language, not language acquisition, it's all embodied activity. We are interested in what people are doing *together*. Once you look at the relational, at language practices, you are operating in a model of potential possibilities, as opposed to a model of deficit, pathology, standards, norms, and so forth.

Guanaes: What do you considered as the basic features of social constructionism, after the publication of the book *Therapy as Social Construction*? What are the features of a therapy oriented by this perspective?

McNamee: I think the book put within its two covers a fairly wide range of therapeutic practices that are now, by virtue of the book, labeled under the heading of social constructionist practices. What I think was happening at the point of the book's publication was the proliferation of therapeutic practices that, to that point, had been referred to as systemic practices, following the Milan Group. But the book encouraged an evolution. It did not change therapeutic practice, but the way of talking about it expanded by putting it in the context of social constructionist discourse. It then became more popular to talk about social constructionist therapy. And that became the operative term where before, I think, systemic had been the operative term.

So, the answer to the question, "What are the features that may identify a given therapeutic process as a process of social construction?" would be the focus on conversation rather than a focus on any particular set of techniques or skills. In other words, therapy as social construction requires an acknowledgement and recognition that what people are doing in the interactive moment – in any moment of a therapeutic conversation – has potential to momentarily solidify a reality that has been constructed. And, every interactive moment in therapy (or any conversation) is equally an opportunity to deconstruct and reconstruct a reality. Thus, the therapist's awareness of using the "right" techniques in any given moment of the therapeutic conversation is discarded. This quest for the proper method is replaced by the therapist's *responsivity* to the other. The therapist's ability to recognize the ways in which he or she is being responsive or not, and ways in which he or she might be able to open up new possibilities by inviting clients into a particular conversation take center stage. But, unlike other forms of therapy, I don't think you can make a mistake. Perhaps a conversational move with the client may not be generative in a given moment, and may in fact be dangerous for the person. But in all conversational moves we have the ability to deconstruct them and reconstruct them as something else. This is what I mean when I say, "I don't think you can make a mistake." A mistake means something you have done is wrong because there is a *correct* way of acting in that moment. In a situation where the therapist feels that his or her actions were "wrong," the constructionist is more likely to reflect, "This conversation is definitely not opening up generative and useful possibilities for this person and, in fact, may be opening up dangerous possibilities for this person. How do we transform that?" Transformation in meaning can transpire by remaining in the conversation. I see this as a whole new way of looking at therapy. Here, we can clearly see that therapy is a process of social construction. And importantly, the therapist is very much part of that process of construction.

Rasera: So, we cannot really talk about a "constructionist therapy," but, at the same time, social constructionism offers us ideas about how we might talk with clients in a more productive way.

McNamee: Yes, it's a conundrum. Social constructionism always comprises these difficulties. It is confusing to say, "There is no such thing as constructionist therapy." When we say that, we are really trying to emphasize that more than a technique, we want to talk about therapy as a process of social construction. It is difficult in the abstract to say there are any particular techniques or therapeutic styles that we might not employ. At the same time, we do not want to say everything and anything is therapeutic. As a constructionist, I am not interested in persuading you via some accepted rationality that viewing therapy as a process of social construction requires any specific moves or techniques. Constructionists are not interested in conversations of persuasion – in other words, we are not interested in informing the world that we, as constructionists, have the Truth. We simply are interested in shifting the focus of attention in therapy from the psyche, cognitions, or behaviors of individuals to the language practices they engage in with others. Thus, I can look at a psychoanalytic session and point to the ways in which the client and the analyst together create possibilities and constrains, thus creating their world together. Would I want to call psychoanalysis a constructionist form of therapy? Probably not, because

psychoanalysis has very specific meanings to people. Yet, the *discourse* of psychoanalysis might be a generative conversational frame for a given client in therapy. The issue for constructionists is one of using multiple ways of talking and acting in the therapeutic context such that generative and useful transformation might ensue. So, the best we can do is to look at each model or theory of therapy as a fluid and flexible resource for action. And that's what therapy as social construction looks like – moving in and out of different discourses. Now, no therapist or any one client has access to every possible discourse, so we are always limited and constrained by those resources with which we can play. There's an article I wrote (McNamee, 2004) where I talk about this notion. The title is playful, *Promiscuity in the Practice of Family Therapy.* In this article, I encourage us to be more promiscuous with our theories and our models. Promiscuous, if you look in the dictionary, means to mix things up, and this is exactly what we want to do.

Guanaes: In Brazil, we used to call this notion, when applied to therapy, "eclecticism". And usually we say that you cannot be an eclectic therapist, just mixing different things and trying to put them together because it doesn't make a consistent practice. And this is just the opposite of what you are saying. I hear you saying that diversity of discourses can be good and can improve the possibilities of relationship, of relational engagement.

McNamee: Yes. I would say that is one defining feature. But to me, there is a vast difference between being promiscuous (as I am proposing) and practicing therapy in a scattered and unfocused manner (as some might suggest eclecticism produces). Again, when the focus is on language practices, as it is in social construction, our shift is away from any particular features of individuals (beliefs, cognitions, psychic processes, individual behaviors, etc). I think you can see that if I were eclectic and mixed a focus on cognitive processes with an emphasis on a little bit of psychic structure, both my client and I might quickly become confused. My practice would look highly unfocused. Yet, by shifting the emphasis to what people do together (i.e., joint activities or language practices), my ability to draw on a wide array of discourses (i.e., different theories or models of therapy) does not yield inconsistent practice. Rather, I think it is more likely to produce *interesting* conversation.

Therapy as a moment of social construction embodies a sense of uncertainty. Like conversation, we never can know ahead of time exactly where the conversation might go next. So, I suppose, as a constructionist, I would be forever positioning myself as open to alternatives and multiplicity. I could use, if I knew it, some good psychoanalytic moves in a therapy session and do it because it seemed generative. In other words, that way of talking might resonate with the client. Perhaps the client has come in expecting that therapy should be psychoanalytic. If we can coordinate this sort of conversation, there might be significant therapeutic effects. But, in a case like this, I would be drawing on psychoanalysis as a conversational resource, not because I believe it is the language of psychological change all the time, for all cases. This, of course, contrasts with the psychoanalyst who uses psychoanalytic method because she or he believes it is the right method to use. And that's the difference. I'm not so focused on the method but on the stance a therapist adopts when she or he draws on the various resources (models and theories) in the therapeutic conversation. The stance is one of what's useful, not what is true, nor what's right. Constructionism, following Wittgenstein's emphasis on our performances with each other, focuses on utility, not truth.

Rasera: According to a constructionist sensibility, what features would you consider important to a therapist?

McNamee: I'm thinking about some of the most recent things I've being writing (McNamee, 2003). I think there are several features. One is what we have been talking about here: *to think about theories and techniques as discursive options*, rather than as tools one must use. Doing so completely changes the conversation. For example, a therapeutic conversation can be extremely generative if we recognize cognitivism as a particular way of talking that might resonate with a particular client. Behavioral discourse might be another option. Using theories as discursive options in one important feature for practice. This, of course, has direct implications for training. Training should help practitioners move in and out of various discourses. It is like knowing multiple languages. The more you know, the greater possibilities for communicating and co-creating meaning.

Another feature is what I call *"using familiar resources in unfamiliar places."* We need to give ourselves the liberty – the freedom – to step out of what we expect of ourselves as professionals, and use some resources that are very familiar to us, but we may not necessarily think of as we sit as professionals with our clients. So, for example, I think of my own story. When I was training to be a therapist, after spending years researching therapeutic process and interviewing clients about their experiences in therapy, I found myself constantly in a position that was very uncomfortable, as a therapist. No matter how much my supervisors and I would plan for a session, I would just not be able to think of useful questions to ask in order to keep the therapeutic conversation going. One day, my supervisors pulled me out of the therapy room and said, "You've been a researcher of therapeutic process for so long, what do you do?" I told them that I interviewed clients about their experience. They asked me if I had a hard time thinking of research questions to ask in those moments. I replied, "No." So, they turned to me and said, "Well, go in there and pretend you are a researcher." This was so liberating for me! I was able to do something that I knew I did well.

I think that the cultural discourse of being a professional, being the expert, is so sedimented, so fixed, that we find people acting as they imagine they should act if they were a professional, and completely ignoring some of the most useful

resources they might have – resources that allow them to be fully present in conversation with the client. This is a direct evolution of the relational responsibility work (McNamee & Gergen, 1999), where you realize that there are many ways to engage in relational discourse with others. You can draw on your internal others, you can talk about your joint activity with your client (i.e., what "we" are doing together). One way to do this is to draw on what John Burnham (Burnham, in press), from Birmingham, England refers to as relational reflexivity. I have always talked about self-reflexivity – a moment of entertaining doubt about our own positions and pausing to ask, "How else could it be?", "What else could I do now?" John Burnham expands this notion by making it more relational and in so doing he emphasizes this attention to the ways in which we jointly create our realities. He says that it's equally important for us to ask, "How is this process going? How are we doing?" - which is to talk about the "we," the joint-activity. I think this is another voice that might not sound "professional" or legitimate in therapy. We are supposed to know. That's our job. The relational sensibility of social construction invites us to "not be too quick to know." Can you imagine a young therapist in training stopping and saying that? It doesn't seem to fit in that context of the therapeutic interview. I think that one of the features that a therapist needs to develop is the ability to speak the unspeakable. As therapists, we need to feel the freedom and the liberty to do something that is familiar (to us), but foreign in that conversational context. I think there is so much richness in doing that. It allows the therapist to really be present with the client because the therapist is not putting on the professional language, but is mixing perhaps professional language with their common, everyday language. It brings light to the process.

Another feature that I've talked about elsewhere is to *"focus on the future"*. I think that one of the interesting things about therapy is that most of the questions we ask are about the past: "When did the problem began?", "What did you do about it then?", "How come that didn't work?", etc. It is as if there is a necessity to chart the course of the story. There is nothing particularly wrong with this. It can often be quite useful. But it came to me about a year ago that, in asking these questions, we unwittingly reinforce the logic of causality – what happened in the past has caused the present and directs the future. Instead, as a constructionist, the idea of asking about the future invites clients to recognize and participate in a moment of construction. By asking questions about the future, we invite our clients to construct the unknown future with us. Of course, talking about the past is also a moment of reality construction. However, there is an illusion that this past reality is *really* real and it *really* happen just as the client describes it. We know that the past can be narrated in different ways.

Guanaes: With all these ideas, how can we think about change? How can we conceive of change in therapy and which concepts could help us to think about it, according to a social constructionist perspective?

McNamee: When I'm asked a question about that, my first response is a kind of a panic response. This is a serious and heavy question. How do we explain what counts as change, and what is the process of change? And then, if I give myself a chance to calm down from the panic, I remember that it's a very simple answer to me. It is Wittgenstein's concern, "how do we go on together?" This is what the moment of change is about. It is the ability to stay in conversation – that is, to stay in relation. A lot of people think of therapeutic change as a resolution of some major conflict, either an inner conflict or a relational conflict. To me, a constructionist view of change sees problem resolution as not necessarily central. Rather, it is the ability to move beyond the *need* to solve the problem. This might mean keeping the conversation going, realizing that you can stay in the language of the problem while constructing a different meaning, one is removed from the trouble and the discomfort. We don't want to push the problem aside but rather engage in other conversations and other activities that make the talk about the problem less problematic and, in same cases, perhaps, irrelevant. A story is always a story and it always has the potential of sticking around, but we can re-narrate those stories.

I am listening to what I am saying right now and I am hearing other, more critical voices saying: "This sounds unethical to me. It sounds dismissive of the client's problem." There are many who naively assume that focusing on constructing possible futures means ignoring a client's problem. This is not the case. Let's imagine that I am struggling with my own discomfort with a particular difficulty in my life. I can not simply say, "I'm not going to talk about it and, if I don't talk about it, the problem will no longer be a problem." The focus is not on talking or not talking about a problem but is on *how* I talk about my situation with others. Can I find a different way to talk about my life in relation to this difficulty, one that does not make the difficulty a dominant story for me anymore?

We were talking about a relationship and a problem within a relationship. Perhaps the story of the difficult situation in a relationship is always there. Let's say, a husband has an affair. We can not simply say this never happened. Yet, there are ways of talking about what that affair means, its significance in the context of his marriage, for those involved, for the people who surround the married couple, and so forth. There are always other ways to talk about it. I think change requires finding a way to keep in conversation and keep the conversation evolving and shifting.

Rasera: When you think about change that can be accomplished in therapy and the context where the person actually lives and probably where these narratives of problem were first sustained, is this the moment when you need to think more relationally as well as think about how these other stories can survive in other environments?

McNamee: Absolutely. We have to think relationally all the time, not just in those moments. We are all so connected to so many other relationships. Let's say you are a client and you are able to construct a really generative sense of who you are. You feel that you can confront your problems. Yet, when

you leave the therapy room and go home and meet your family members or your spouse, you will very likely engage in the *same* conversations that you usually have. It is hard to bring these others into the therapeutic conversation. And similarly, if the therapeutic conversation does not in some way include significant others in your life, it might be very difficult to carry the voices from the therapeutic conversation into your everyday relationships. One of the most useful things to do is to talk about the network of relations within the therapeutic conversation. The Family Therapy movement recognized the wisdom of this and gave birth to therapeutic practice that engaged the entire family. In those early years, therapists were adamant that the entire family be present for each therapy session. This demand was a byproduct of realizing the relational construction of meaning and one's family members became particularly significant in the construction of interactive patterns and systems of meaning. However, over the years, family therapists began to realize that literally having the entire family present was less important than giving voice to client's understandings of family members' and significant others' views. The focus shifted to conversations about *how* a client might talk about their differences with others, about what they might do differently. Focus is on other relational ways of being and on how we invite others into a different kind of conversation.

There are all sorts of ways to achieve this sort of conversation. The work of Jaakko Seikulla (Seikulla et al., 1995) is a good example of not just treating the person in crisis but inviting the wider network of people (family, friends, medical and health professions, legal authorities, etc.) into what he calls an *Open Dialogue*. Such an open dialogue ensures that the person in crisis is not treated as a flawed, self contained individual. This process in itself is transformative. One of the things that I think contributes to psychosis is isolation. So if you involve the broader network of relations in the therapeutic conversation, the psychotic person is no more in isolation. There is already a transformation just by the very act of having the conversation.

Guanaes: What are the values that support these constructionist/relational ideas in therapy? Could we say there are some values or beliefs that sustain these thoughts and practices?

McNamee: It would be critics of social constructionism who would say that the very fact that I am willing to answer this question "proves" that social constructionism is inconsistent – social construction, because it claims no ontology, should not privilege any values. However, constructionism values the very multiplicity of values. We might translate this value as a stance of openness or curiosity to difference. It is a stance of interest in alternatives. We are open to the possibility of some very diverse and contradictory – at times even what we might consider evil – modes of being that we temporarily respect, even if we strongly disagree. There is another value. This is the value of keeping the conversation going. A central way to keep the conversation going is to entertain and respect multiple values. Basically, social construction is a discourse that values curiosity and multiplicity. Approaching each other from a stance of curiosity and multiplicity allows us to keep the conversation going rather than close it down only because the other's views contradict our own. By keeping the conversation going, we are more likely to find a way to "go on together" without oppressing each other by letting our own beliefs and values dominate.

Rasera: How do you think training in Psychology could be framed?

McNamee: This is a one million dollar question! I think this is where we need to put all our effort now. I've been very interested recently in education and training. We operate in a system of education that is so far away from the ideas about which we are talking. We have set a dilemma for ourselves. How can we, institutionally, invite people into this very different way of operating? What we are talking about here requires us to disavow ourselves of the tendency of education and, more important, the byproduct of education, that is, becoming a professional. Our specific cultural histories, the cultural narratives we use and the forms of practice that support those narratives, keep them alive, and in so doing, these narratives and practices maintain the educational system and all our institutional life. What happens in my classrooms is a little bit of deconstruction. We have to play both games, because we are part of institutions, we are part of a broader culture with values, and particular (valued) forms of practices. I have to grade my students. They have to show me that they know what I want them to know. By agreeing to teach at the University, I have implicitly committed to my responsibility of grading my students. By enrolling in the University to study, my students have implicitly committed to their own responsibility to do the required work. It could be a dilemma for constructionists in the sense that we are limited in how we must operate within this overall, academic structure. We can not create the learning environment as we wish. Yet, we can accept the institutional frame (which is very modernist and is based on the notion of educating *individual* minds) and find ways to improvise and work in innovative ways within that traditional frame. To do so is to operate in a "both/and" modality rather than the "either/or" logic of modernism. The question is how can we *engage* with our students in the learning process. Engagement is much more important than "following the rules." I'm not sure much learning goes on by simply following the rules because that's "the way it's done." "Don't ask why, just do it this way." Somehow, over the years, we have lost the connection, the idea that being in a classroom is a relationship and that thinking, knowing, learning is a relational achievement. If you don't attend to what sort of relationship you are creating and you assume there is only one "proper" way to be a professor or a therapist, for example, you quickly begin to feel incompetent. Not knowing, on the other hand (or said otherwise, *not being too quick to know)*, can open us to some very interesting conversations. Unfortunately, we do not have a history of training people to speak with uncertainty. Speaking from a "knowing position" has much more credibility. We don't train therapists to sit with their clients and say "I'm really perplexed right now. I'm not quite sure what would be useful at this moment." But why can't we? I think we have to work hard to

deconstruct the assumptions of what it means to learn; what it means to became an expert or professional.

We must consider here the issue of standards. How are we going to license a person as a clinical psychologist if we don't have any kind of standardization across programs? We belong to a culture where people require documentation of what is appropriate therapy and what is not. But we need new ways; we need to create evaluation methods that are connected to *people* and the *processes* they are going through, rather than some completely external, superficial, abstract standard. Over the past few years, I have started to think in terms of returning to the humanities, although I don't want to do so in a divisive manner where *humanity* is the polar opposite of *science* (either science drives the world or the human spirit drives the world). I am talking about humanity in a unified sense. People caring for one another and recognizing their connection. For example, if somebody doesn't seem to be a particularly nice person, you ask yourself what your contribution to that description might be and how you might contribute to helping that person as well as helping yourself.

Guanaes: What would you consider as the future of social construction and its relation to the psychotherapy field?

McNamee: I think there is always innovation just around the corner. I imagine the future holds an elaboration of the old ideas and practices that we have discussed. They will be amplified differently as time goes on. I think some examples of that would be the work of Jaakko Seikkula. He deals with severely psychotic people. Seikkula and his colleagues have moved completely outside of the medical model, while in many respects maintaining just enough of that model to sustain their credibility. Their form of *open dialogue* (which I mentioned earlier), includes all sort of people – including the psychotic person him or herself in the discussion of treatment and diagnosis. I think this is a bold move that has a dramatic effect on not only the person in crisis (the psychotic person) but on the entire community.

I think the future holds broader, more communal forms of transformation, if you will. We have many different forms of practice at our disposal now - the Public Conversation Project, Jaakko Seikulla, Bliss Browne's project called "Imagine Chicago" (Browne, 2001) - where whole networks of people are getting together and transforming their communities. There is enormous personal growth and change in that, as well as broader social and communal change. I also think that such broad-scale communal transformation would be very hard to reach with the tenacious return to evidence-based therapy that we experience today. I do not mean to imply that there is anything wrong with evidence based practice, but it has been taught as the *only* form of therapy for which insurance companies will pay. And why? Because they have the evidence to "prove" the effectiveness of a particular kind of treatment. I guess the real future holds the demand and the challenge to people who are not marketing therapy as a scientific process or as a process that can be measured like a natural resource such as oxygen. So, for people like us, the challenge is to produce what counts as evidence. When do we, when does a family, when does a community or an organization or a school know that a particular treatment has been effective? This is not a question that requires one, unified measure. The subtlety and nuance of each situated moment should be considered in evaluating what counts as effective treatment. I think, in some ways, professionals today are side stepping this issue and abandoning the mental health field altogether rather than submitting to some abstract standard for evaluating their practice. I think, within mental health, we desperately need to address issues of evaluation. To the extent that this can happen, I think the future holds some extremely important innovations. Just think about what people have done under the rubric of constructionist work: the reflecting team, externalizing, all the narrative work, solution focused therapy. It's so much!

Rasera: Recently, especially in *Theory and Psychology*, some articles have been published with reviews and critiques of social constructionism. What do you think about this? Why do you think these critics are coming in this moment? Do you think this adds other ideas to constructionism?

McNamee: It's a good question. I think it's coming in this moment because constructionism has gained a lot of credibility over the past twenty years. Twenty years ago, we were on the fringe and unacceptable to mainstream Psychology. Constructionism has grown and it has grown to the point of becoming almost mainstream. This serves as a sort of "wake up call" in the field of Psychology and to those for whom social construction presents too much of a challenge to our traditions. It has become an important effort to point out its flaws. This is probably the most insignificant of reasons for current critique. But I think it's there. A more significant reason, I think, is because there are multiple understandings about constructionism. There are many interpretations of what it is and what it means. To some, constructionism is very, very dangerous. Yet, when I look at these critiques or hear them, what I notice is a very naïve and simplified understanding of what we are really saying as constructionists. For example, many claim that constructionism favors "rampant relativism." In other words, "anything goes….if you don't like what's happening now, just construct it differently!" This is simply a bad interpretation and, moreover, a limited interpretation. These critics use traditional logic to point out what they claim to be the numerous inconsistencies in social construction – particularly in terms of claims to knowledge. A good example is Mackay's article in *Theory and Psychology* (Mackay, 2003). His argument (and others like it) fails to recognize that there could possible be another way of being in conversation beyond the empiricist's logic of rationalism. To many people this is the way it is and everything has to be made sense of within that frame. Yet, within that frame, social construction is inconsistent. Social construction never claims or attempts to locate itself within this frame. Yet, it is extremely difficult to articulate this important distinction to those for whom the frame of realism is the only one that counts.

I think that the last and third reason that these critics are particularly visible now is due to our own way of articulating constructionist discourse and its practical implications. Until recently, our description of social construction was always placed within a strong critique of individualism (and for many, still is). While constructionism does serve as an *alternative* to individualist discourse (and thus, can be read as a critique) it is much more than critique. It is an option…just as individualist discourse is an option. As we become more and more globalized, our attempts to hold on to one set of standards for evaluating, judging, making decisions, and so forth becomes more and more difficult. Is it wise, for example, for insurance companies to control what counts as mental health treatment when they know little about mental health treatment? Can a review of outcome studies really indicate what sort of treatment should be used with a specific client in a specific moment in time? Such standardization comes from our scientific tradition. Writing a persuasive study of cognitive therapy vs. behavioral therapy, for example, is quite a rhetorical achievement. But, you can deconstruct how questions are asked, how data are analyzed, how arguments are made. Instead, such research produces more tightly circumscribed domains for every form of practice. In education, mental health, organizations, and all domains of our daily life, we have standards and tests. Such standards generate a desire to control. The image I have is that things are getting so out of control the more connected we are because of technology, the more possibilities, the more I have access to seeing that there are twenty thousand different ways of thinking about something, depending on what culture you are from, what your relations are, what subculture you are from and so forth. Yet our critics try desperately to control it all. There is this need to control.

Rasera: And Sheila, there are also other authors (even constructionist authors) saying that we are in a post-constructionist moment. How do you see this?

McNamee: I think that people are always looking to move on because whoever moves on will be the next expert. And I think there is something we might call post-construction. I also believe that in ten years I'll probably be talking about things differently. But I'll know the connections. I think there will be some post-stuff, and I think that a lot of the post-constructionism, for me, will be a deeper appreciation of what I consider old ways of doing things. Science is ok, as long as you don't take it so seriously; as long as you do not see it as the ultimate Truth. Rather, if you look at scientific reports and say, "That's really interesting. How can I supplement the data, the proofs that this therapeutic technique works better than that one, with other stories . . .?" I think that maybe the post-constructionist moment is more a bridging of incommensurate discourses.

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Therapy As Social Construction book. Read reviews from worldâ€™s largest community for readers. An interesting collection of the state of the art of social...Â Let us know whatâ€™s wrong with this preview of Therapy As Social Construction by Sheila McNamee. Problem: Itâ€™s the wrong book Itâ€™s the wrong edition Other. Details (if other): Cancel. Thanks for telling us about the problem. Return to Book Page. Therapy as Social Constructio. n Back.pdf. Content available from Sheila McNamee: Therapy as Social Construction Back.pdf. 568e8fac08aead3f42f021e9.pdf. Content uploaded by Sheila McNamee. Author content. All content in this area was uploaded by Sheila McNamee on Jan 07, 2016. Content may be subject to copyright. 568e8fac08aead3f42. f021e9.pdf. Content available from Sheila McNamee: Therapy as Social Construction Back.pdf. 568e8fac08aead3f42f021e9.pdf. Content uploaded by Sheila McNamee. Author content.Â An outline of a relational and dialogical ethics is presented, based on social constructionism, postmodern therapy and on Martin BuberÂ´s relational and dialogical philosophy. View. Show abstract. Abstract In this interview, Sheila McNamee presents an important review of her trajectory in both the fields of communication and psychotherapy. She presents a personal history of the emergence of social constructionism and its applications in psychotherapy, specifically in Family Therapy. In this journey, she describes important features of a social constructionist discourse, pointing to its central assumptions and inviting voices of different authors into a dialogue, through which a broader, pragmatic view of social constructionist discourse emerges. She also addresses present dilemmas and i Therapy as Social Construction. Edited by SHEILA McNAMEE and KENNETH J. GERGEN. 1992 . SAGE Publications . London . Newbury Park . New Delhi. Copyright: Introduction and editorial arrangement Sheila McNamee and Kenneth J. Gergen 1992.Â He has a strong interest in postmodernist theoretical developments that have heuristic potential for the clinical process of interventive interviewing. He has published several articles on this topic in Family Process. Michael White is Co-Director of the Dulwich Centre in Adelaide, South Australia. Copyrighted Material 4 Therapy as Social Construction The Emegence of a Constructionist Consciousness Simultaneous with the growing loss of confidence in vision of scientist-therapist, there has been a generalized falling-out within the academic world with the traditional conception of scientific knowledge.Â However, the first set of chapters elaborates more fully on the theoretical and metatheoretical background of constructionism in the theraeutic context. In the second division, chapters articulate particular forms of practice that illustrate a constructionist sensibility. The four chapters Copyrighted Material 6 Therapy as Social Construction included in this section discuss some of the orientations adopted by constructionist therapists.