

Why does psychotherapy need postmodernism?

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SUMMARY

The author presents the elements of the postmodern perspective present in contemporary psychotherapy. Moreover, he indicates the usefulness of some therapeutic techniques, mirroring the tendencies representative of postmodernism. The social constructionist perspective and its usefulness in family therapy will also be described alongside the advantages and dangers of applying postmodernism in psychotherapy.

postmodernism /social constructionism

While this work was still under preparation, I found out that Tom Andersen, a friend and a master of Polish family therapy circles, mentioned in this paper, died on May 15th [2007] and so it is to him that I wish to dedicate this work.

POSTMODERNISM

When it comes to postmodernism, everyone agrees on one thing: no one single satisfactory definition of the concept is generally accepted and even the date of its origin is uncertain, although the notion of postmodernism seems almost synonymous to the contemporary thought, as it was first used back in the 19th century by the British artist John Watkins Chapman [1]. However, it is only the end of the 1960s that is most often considered to mark the distinct beginnings of postmodernism.

Following the most frequently used terminology, we shall accept for the purpose of this paper, that postmodernism is a development in culture and philosophy, which questions the possibility and credibility of a comprehensive and coherent account of reality. An adequate account of reality is understood as naturally fractional, consisting of rather chaotic and incoherent fragments, and

so scepticism undermining the project of the Enlightenment, and openness for pluralism are dominant in the intellectual climate of postmodern thought. Pluralism, in relation to literature, has been famously expressed in Barthes' thesis that there are as many creative literary works as there are readers, as every reader comes up with a different reading.

This perspective may unsettle those that see reason as the source of order and harmony, but inspire others who have been let down by that notion; those for whom the 20th century was the age of fallen moral authority and the collapse of any hopes for a comprehensive, coherent and rational account of reality.

WHAT IS "POSTMODERN"?

The Pompidou Centre, with the traditional architectural form broken down, and coloured pipe work exposed in the classically bourgeois neighbourhood, is postmodern.

The TV remote control is postmodern in the sense that it is a tool that enables us to transfer

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within a few seconds between a boxing match, papal mass, a documentary about starving children in Africa or a discussion on current economic issues.

President Sarkozy is a postmodern politician. As Aleksander Smolar says in *Gazeta Wyborcza*, 12th/13th May 2007 issue – [Sarkozy] “is not too concerned with ideology, he picks and chooses at random from whatever might prove useful for staying in power”

Second life, the popular computer game, is postmodern – its participants move between the real and cyber, virtual spaces and it is not exactly clear to the ethicists and lawyers of the real world whether or not one should be responsible for the crimes committed in cyberspace.

Some orthographic rules, for example those according to which one may start a proper name with a small letter (e.g. iPod) or put an exclamation mark in the middle of the name (e.g. Ha!Art [Publishing House])

Finally, this list itself is postmodernist, meaning that it is entirely arbitrary, illustrating multi-layered nature of the world we live in.

This multiplicity sketched here, which may even be called a mess, may be considered suspicious and dubious rather than useful to psychotherapists. I will, however, try to show that with all the scepticism (towards postmodern scepticism) this direction may prove to be an inspiring perspective for therapists.

One differentiation will have to be made clear at this stage i.e. between the postmodern understood as the entirety of the current intellectual climate, “the condition of our times”, the character of customs and the general cultural sphere, and postmodernism understood as a trend in philosophy, psychology and art. For psychotherapists the relation between these two areas is particularly interesting, but also the relation between the “postmodern” man [2], his cultural conditioning and the trends developing in psychotherapy and family therapy.

I shall discuss the presence of postmodernist threads, mostly in the context of family therapy, but they may be also inspiring for other therapeutic models. It is important to realize that the terminology with regards to the trends, which are more or less indirectly influenced by postmodernism, is not uniform. Some use the term “social constructionism based therapy” [3], while

some new sources use the terminology exposing the idea of collaboration between clients/patients and therapists, such as collaborative therapy [4], the collaborative language-based model. [5].

This study, however, means to abstract away from the variations in terminology and instead focus on the idea of postmodernism itself and its presence in therapy.

WHAT DOES POSTMODERNISM HAVE TO OFFER?

Let’s have a closer look at a few basic postmodern principles, and see if they are in any way reflected in therapeutic practice:

P l u r a l i s m. As mentioned before, pluralism (of doctrines, views, theories, cultures etc.) is one of the main characteristic elements of postmodern thought. Knowledge has no permanent foundations, it is not a continually expanded edifice, with new floors of discoveries added to it, and new theories exploring the depths of its grandeur¹. Just as modernism reached into fact-relating science, postmodernism regards human knowledge to be based on changing interpretative schemata, which in political, historic and economic contexts give order, sense and meaning to experience. There is no one single truth, just different truths. This questioning of the existence of one knowable truth and the theories that express it (known as the collapse of metanarration) creates a climate of programmed scepticism and mistrust of any doctrines which, in relation to the Enlightenment project, announce that they do have sure knowledge.

In psychotherapy, we experience and realize this pluralism in a variety and multiplicity of schools, approaches and therapeutic models. Some of them, in the true spirit of modernism, can, or think they can, describe the human psyche in a full and comprehensive way, while some others are quite fragmentary. The language, methods and aims of various schools remain different and create a mix that is anxiety-provoking for some and entirely natural for others. Postmodernists encourage us to give up the feeling of superiority over different therapeutic

¹ For a psychotherapist with a medical education this thesis may be, to say the least, dubious in the face of the excellent successes noted in the field of biomedicine, based on nothing but hard facts. However, in a humanities approach pluralism is striking (also in psychotherapy).

cultures for the benefit of curiosity, surprise and friendly approach. [6]

This pluralism is also relevant to family therapy. There is no reason why we should, against all modernist views, accept only one theory of family or one set of family standards. What is more, the observation of various phenomena, increasingly present in our culture, provides additional arguments. The idea of a two or three generation family with grandparents, parents and children is no longer a common standard (neither statistically nor as an ideal). There are no externally construed definitions of what is healthy or sick, what is functional or dysfunctional. What may be good in a given time or place, may turn out to be sick or bad in another. This observation, fairly obvious during the period of the revolution in customs and technology at the turn of the century was, not so long ago, treated as unfounded anarchism or anomie. Theory as a source rationalized judgments about family becomes suspicious. From the theoretical-cognitive point of view it seems to obscure reality rather than clarify it. Tom Andersen has pointed out [7], recalling the categories of prejudice and superstition, [8] that in contact with a family the key skill is the ability to reach into the family narrative, omitting or suspending the therapist's theories, which may turn out to veil the family rather than assist in the understanding of it. It's worth noting that almost half a century ago, a famous Polish psychiatrist, Antoni Kępiński, warned of the potential dangers of excessive adherence to theoretical concepts. To quote him: "It's not good for either the psychiatrist or his patient if they allow themselves to be too strongly affected by as certain hypothesis or by what may be considered some revolutionary research result. This might actually lead to misinterpreting the patient's true condition" [9].

This issue may be clarified by the graphic scheme presented below (on the next pages?).

This problem is well summarized in a quote from Gaston Bachelard [10, p. 19]: "In order to think one must forget so much of what one has learnt..."

The role of language and social constructionism. The second key postmodern tenet is the role that language plays in social discourse. Common sense has it that language reflects reality, but postmodernists take this proposition further, to

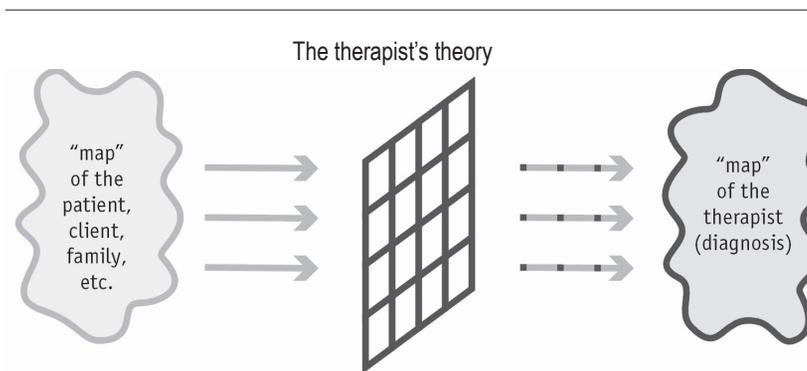
state that language constructs reality rather than merely representing it. Reality is a social construct created by language. The discourse about the world is not a map of the world but an effect of social linguistic exchange. Reality is described or "linguisticated", to use a term which is philologically awkward but in many ways rather to the point, and it is the social or political criteria that make a given method legitimate. Those who remain in power (not necessarily in a direct, political sense) do within the framework – using classical Foucauldian terminology [11] – participate in the discourse and give meaning to reality. For example, what used to be called "being possessed" within the theological discourse of the Middle Ages is today, within medical discourse, a dissociative disorder.

In this context, the therapist's role is changing. In modernist models a therapist not only knows best what is wrong with a patient (or a family), what he or she needs to be healthy and how to get there, but also, to use the language of therapeutic theory, he proposes a specific reality. For example a family therapist, who acts within a structural model, thinks and communicates it directly in the therapeutic process that a family recovers its functionality if it is structured properly (it preserves the boundaries between generations, disposes of triangulation, introduces the division of power etc). Whereas in the postmodern approach a therapist does not refer to his pre-knowledge, he is not an expert; or if he is, it is only an expertise in "good conversation". There is no model of family or strictly defined therapeutic procedures, other than those that arise in the dialogue between those participating in the creative process. It is a part of the therapist's programme to mistrust theory, which means that his own hypotheses have to be maintained in a state of intervention (to recall a category used by Gianfranco Cecchino [12]), i.e. they have to be disposable. This questioning of hypotheses and looking for new narratives is not happening in an atmosphere of the negation of helplessness but, to use a word important to postmodern therapists yet again, as a common "creativity" between the consultant and the family members [13].

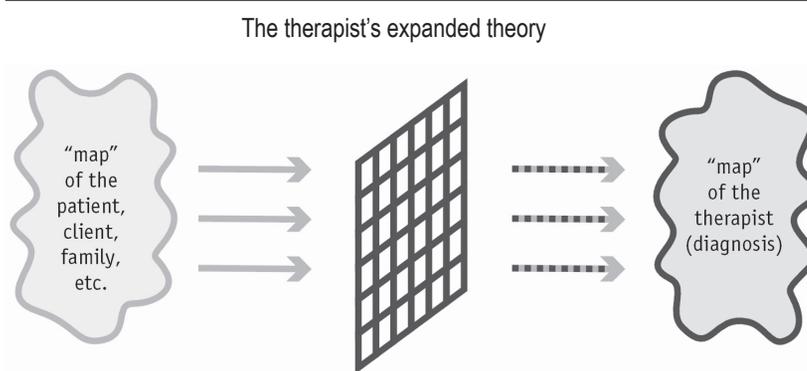
A good example here might be the reflective team method [7,14], often quoted as a classic postmodern form, based on linguistic coopera-



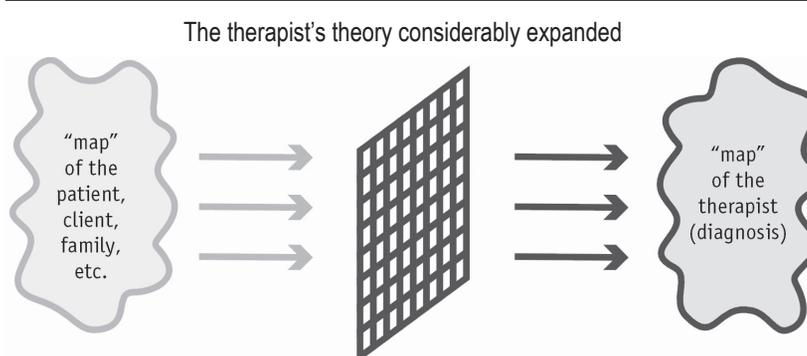
III. 1. If the therapist were open, without any prejudice towards the map (text) or the person (persons) asking for help, he or she would have access to the description “untouched” or “uncorrupted” by his or her theory (the arrows remain bright)



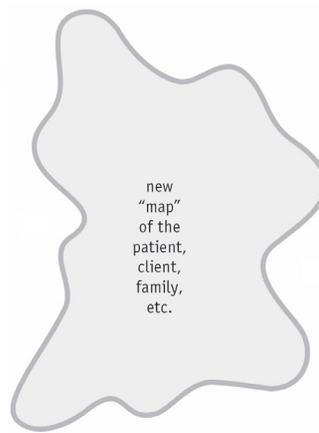
III. 2. However, the therapist's theory creates a certain cognitive pattern, which affects the picture of the situation that reaches the therapist (the arrows are partially darkened)



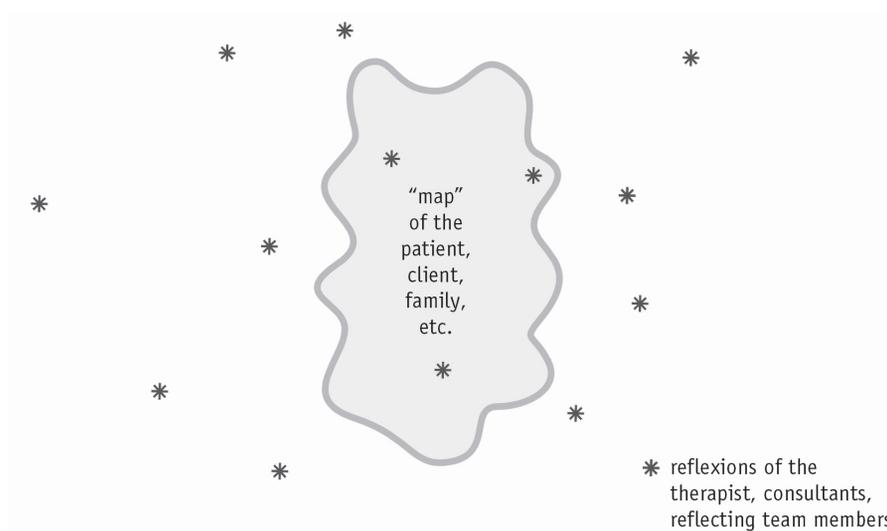
III.3 The more expanded the theory is (the thicker the “theory filter”) the more the picture that reaches the therapist is distorted by the theory (the arrows are considerably darkened)



III. 4. When the theory is considerably expanded it puts a veil on the person/s asking for help, to the degree when the therapist remains “within his or her theory”, failing to reach the picture of the person/s asking for help

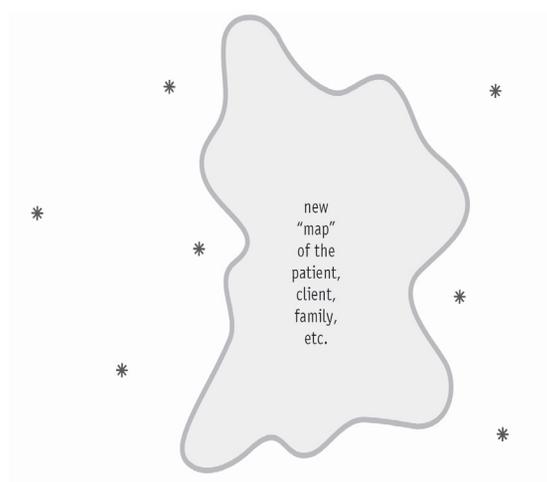


III. 5 The “map” of the patient (patients, family etc), i.e. a subjective perception (images, descriptions) of reality



III. 6 The reflections of the therapist (consultants, members of the reflective team) are at this point more or less distant from the family’s perceptions. According to the principle of multiple versions, they are various – not particularly cohesive or unanimous. For the “owner of the map” the reflections which are most useful will be those that are close to his “map” and create the field of optimal difference.

The reflections reaching this area are neither too banal (are not inside the actual “map”) nor too weird (they are not too distant from the actual “map”). It is these reflections that the persons asking for help are ready to assimilate.



III. 7 New boundaries of the “map” (perception). The “map” has been expanded (to use Michael White’s term [15], from *thin* to *thick*)

tion. The natural presence of multiple versions of the perception of the world, especially in the context of family therapy, is particularly noticeable here. The numerous reflections of various commentators are not quite “binding”, and the description is expanded through the acceptance by the patient (family or any participant in the “Andersenian” consultation) of only these statements that are “optimally different” from the “map” established so far.

3. *P r a g m a t i s m*. The method presented above illustrates another key aspect of the postmodern perspective. Knowledge (either higher level, abstract, theoretical knowledge or the lower lever knowledge of a given family) is merely a version of an account, a generalized concept of what type of procedure may be successful. We are not making claims about knowing the Truth, but only of knowing one account of it, the one which guides us towards the procedure that may prove useful. Needless to say that this procedure, which looks for the description that is not necessarily true but which simply “fits”, has its serious consequences for psychotherapy.

4. *C o n t e x t u a l i s m*. Phenomena need to be observed in their context. Without context they are incomprehensible, just as – to use the strategic therapists’ favourite example – it is impossible to understand the movement of the gills of a fish washed onto the shore, outside of its natural environment. Contextual thinking in family therapy is inevitable by virtue of the nature of being a part of a family. A person is a part of a family system and systemic family therapy is based on that simple fact. In consequence, the answer to the question of what is pathological is changing. Contrary to the traditional understanding of pathology, it is not to be “found in a patient” but, so to say, in interactive family patterns. The IP (index patient) is only a carrier of pathology. Symptoms may have the characters of metaphorical family communication. The analysis of circular relations and feedback results in the transformation of the language of evaluations and judgments into the language of description, or numerous descriptions, of inter-related narratives. Individuals co-create a contextual network.

OTHER POSTMODERN PREMISES PRESENT IN THERAPY

It is impossible to discuss all applications of postmodern thinking about psychotherapy in detail. However, among the issues present in postmodern texts it is worth mentioning the following examples:

N a r r a t i v e s. This category has been already mentioned. As the key word of postmodern philosophy it also clarifies the work method of therapists [16]. From the Book of Genesis to Hollywood productions, it is with stories that we think about the world. Postmodern therapists place a lot of emphasis on that fact because narration can indeed “tyrannize” [17] its authors, therapy may rid the patient of this tyranny and enable him or her to live according to their own intentions. It does not mean (as I have pointed out earlier) that the therapist has any right to accept that his description, his construct of reality is better or “truer” than the patient’s or of somebody of the patient’s family. The therapist can, however, induce a certain degree of reflection over the patient’s story, through changing the frame of reference and, in consequence, changing its meanings and extracting marginalized “undertones”. As a result of the deconstruction of a narrative which is leading to impasse, the patient-author may search for a new one, which leads him or her out of this impasse. In this context the narration therapy in itself is postmodern, insofar as it stresses language as the creator of reality².

The problem of power. Michael Foucault analysed such phenomena as madness and sexuality from a historical perspective and described the relationship between power and knowledge [19, 20]. Communication and language patterns in the family are related to power. Just as in the pre-modern period knowledge was attributed to age (the proverbial “wisdom of the elders”), in postmodern times it is young people who are in a favoured position, as they are better at learning the achievements of the digital-technological revolution. In consequence, the tension between those who have formal power and those who have “linguistic power” is inevitable. This

² For more information on narration therapy in Polish refer to item [18] on the Bibliography listing.

is one of the explanations behind the crisis inherent in the contemporary family.

The exclusion problem. The feminist perspective, deeply rooted in postmodernism, reveals the illusion of the existence of objective theories [21]. There are many theories; a lot of the so called universal stories are not commonly accepted, since they are written from a politically motivated point of view (feminist critics would have it that the perspective is male, marginalizing the female side of the story). Noticing the perspective of the excluded seemed unusually inspiring in reaching beyond the problem of male chauvinism and the patriarchal character of knowledge and, in consequence, of power. The roles of the excluded were (or still are) occupied, in various places and times, not only by women but also by mad people (in medical discourse, treated as mentally ill), the elderly, sexual, religious or racial minorities. Postmodern sensitivity points out the need to be sceptical towards the prevailing theories and identifying whose interests they are representing (men? the middle class? white people?). Openness to The Other is among the central premises of postmodern, individualist ethics.

CRITICISM OF POSTMODERNISM

Postmodernism is not a commonly shared perspective. The allegations against it can be summarised in three points.:

Postmodernists who reject the achievements of modern science place themselves outside of science. To this charge, postmodernists usually respond that they do not reject the achievements of natural science and technology (it is indeed PCs that they use to write their theses and there would be no PCs without technology), but they notice the self-righteous approach and negative effects of academic discourse. As Safran and Messer, [17] who sympathise with postmodernism, conclude, pluralism works a little like a cure in medicine: given in the right doses it is an effective antidote for the tyranny of rationalism but in excessive measures it leads to relativism. A leading representative of postmodernism, Kenneth Gergen, says [22] that the programmatic scepticism of postmodernism applies also to postmodernism.

Ethical allegations seem to be among the main charges against postmodernism, and their main concern is with relativism and moral nihilism. If we allow relativism - and there are indeed as many versions as there are participants in the discourse, - we tolerate everything, including evil. Is it not, by any chance, that a famous postmodern slogan "everything goes" justifies crime? Does it not legitimize an obvious evil in the general humanist perspective, but also on the therapeutic plane, in relation to any patient or family where physical, sexual or cultural abuse are present? Postmodernists say that ethics should not be based on codes and paragraphs but, in the first instance, on the personal and constantly present awareness and responsibility of every man in the humanist perspective: the therapist's responsibility towards his or her patient/client [23, 24]. Therapists are responsible for what they have influence over. However, in the last few years even postmodernists became more aware that a world without universal ethics is hard to live in [23].

Finally, it is worth mentioning the allegation which, it would seem, is often formulated to attack any new approach: postmodernism is often accused of being nothing new although pretending to originality. This allegation is the least of postmodernists' worries, as they are willingly accepting of anything new, alien, other, foreign, quoted or borrowed. This fragmentation of the world (as in a collage) is one of the trademarks of postmodernism. There are many stories present in us and it is not always possible to identify their origins.

CONCLUSIONS

The postmodern perspective can be criticized for many reasons [compare with 25]. However, and whether we like it or not, as therapists participating in culture we are thrown into postmodernism, with our patients and clients. In this sense, those of us who take cultural and linguistic contexts to be an important part of the process of therapy should be sensitive to postmodernism and aware of its manifestations. As therapists, we are obviously not going to consider whether postmodernism is "correct" or not; however it is our right and a good opportunity

to draw from postmodernism what we consider useful for our patients and clients.

Why then do psychotherapists need postmodernism? I think that with all its provocations, extremes, dead ends, serious risks of academic anarchism and cultural anomia, this perspective carries an important message for therapists:

Be careful or even mistrustful of your own thoughts, judgments and the theories you adhere to. Do not think that you know better what somebody else needs in life.

Consider context (interpersonal, cultural, economic and political). Without it, you will have no access to the "meanings" hidden under the "facts".

Remember that language co-creates reality. This is why it is very important to be aware that what you say, the conditions in which you say it and the prejudices you may convey have consequences for the person expecting help.

Be aware of the multiplicity of accounts of the world and numerous stories, without the self-righteous belief that it is your story that is right (or even more importantly – true).

Count more on your own responsibility and morality than codes or paragraphs.

For some, these guidelines are simply banal and obvious, but for others they raise definite objections. Perhaps these ambiguities are reflections of our times, of the postmodern spirit.

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