

The Question for Postmodern Therapists: To Be or Not to Be Theoretical¹

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ABSTRACT: A good number of therapists have turned to the antirealism of postmodern theory in general, and postmodern literary theory in particular, to justify their antitheoretical preferences. Does this turn make sense? Given what drives the antitheoretical agenda — the aspiration to individualize therapeutic practice so as to optimize each client's unique potential for change — the answer is no. More specifically, I argue that it is the composition (i.e., the completeness) of the theoretical system that guides therapeutic practice, rather than the therapist's epistemological leanings, that does have considerable bearing on the recalcitrant problem of individualizing practice, otherwise known as the nomothetic/idiographic problem.

RÉSUMÉ: Bon nombre de thérapeutes se sont tournés vers l'antiréalisme de la théorie postmoderne, en particulier de la théorie littéraire postmoderne, pour justifier leurs positions antithéoriques. Qu'en est-il de ce choix? Si l'on considère le moteur de l'idéologie antithéorique — à savoir l'aspiration à individualiser la pratique thérapeutique afin d'optimiser le potentiel de changement propre à chaque patient — il faut admettre qu'elle ne tient pas. De façon plus spécifique, je soutiens que c'est la composition (c'est-à-dire la complétude) du système théorique qui guide la pratique thérapeutique, non pas les inclinations épistémologiques du thérapeute, lesquelles ont par ailleurs une incidence considérable sur le problème tenace de l'individualisation de la pratique, connu aussi en tant que problème nomothétique/idiographique.

There is equivocation about the use of theory within the postmodern therapy movement. The equivocation is especially pronounced within the brief solution-focused and narrative therapies, but it is also noticeable within the postmodern franchises of psychoanalytic, eclectic/integrative, and even cognitive therapies. On the one hand, practitioners of the postmodern therapies have sought to bring down theory. More precisely, they have tried to eradicate the relevance of all (psychological) theory to their therapeutic practice. This campaign has been waged in the name of seeing and treating each and every client as a unique entity, one who is not subject to any general,

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predetermined laws or theories of human nature (e.g., Anderson & Goolishian, 1988, 1992; de Shazer, 1991, 1993, 1994; Freedman & Combs, 1996; Friedman, 1993; White & Epston, 1990). And if the campaign were to be successful, there would be fewer constraints put on the practice of therapy; indeed, there might be no constraints at all, and so therapeutic practice could be maximally individualized — a condition that would surely optimize each unique client's unique potential for change. Or so, at least, it is commonly thought. On the other hand, the practitioners of these therapies have used the highly abstract and complex theory of postmodernism in general, and postmodern literary theory in particular, to justify and advance their antitheoretical agenda. Thus, a contradiction, or at least a curiosity, emerges: How (simultaneously) to be and yet not to be theoretical? To put the question differently, Does it make sense, for *therapeutic* purposes, to use theory to justify the non-use of theory?

In this article I first discuss how postmodern theory in general, and postmodern literary theory in particular, has been used to justify and advance the antitheoretical campaign. I then offer considerable criticism of both *this* means of justifying the campaign, and the logic and practicality of the campaign itself. I conclude by suggesting alternative routes to what motivates the antitheoretical campaign in the first place.

How Postmodern Therapists Use Postmodern Theory to Justify Their Antitheoretical Campaign

There is a primary defining feature of a broad intellectual movement — postmodernism — that sometimes “defines” itself by denying the existence of any one defining feature² (e.g., Best & Kellner, 1991; Held, 1995; Kvale, 1992; Rosenau, 1992). That primary defining feature of postmodernism, in all its many varieties, is antirealism, which is also called constructivism or social constructionism in some circles, including psychotherapy circles. Antirealism is of course the epistemological doctrine that knowers cannot, under any circumstances, attain knowledge of a reality that is objective or independent of the knower — knowledge of how the world really *is*.

But what does antirealism have to do with the campaign to free therapeutic practice from the constraints of a knowledge base that, not long ago, was taken for granted and so used to guide it? How can antirealism make irrelevant to practice the theoretical systems of therapy that once gave practitioners some guidance about the nature of human problems, their causes, and their remedies? To ask the question yet another way, How did antirealism get selected by postmodern therapists to constitute the straight and secure path to the most individualized — and therefore best — practice imaginable?

To answer that question, let us follow a certain line of logic. Begin by noting the primary intervention or procedure used within the postmodern

therapies, namely, helping clients “reframe” the meaning of their life experiences — to use old strategic/systemic therapy language — or helping clients “restory” or “renarrate” their life experiences — to use newer solution-focused and narrative therapy language (see Eron & Lund, 1993, 1996, pp. 34-38). (For purposes of the present readership, the word “interpret” will do just as well, although for the remainder of this article I will use the usual jargon of postmodern therapists.) Now consider this proposition: if there were no truth to be had by anyone (i.e., if antirealism were true, a claim which is — needless to say — self-contradictory), then the new therapeutic “frame,” “story,” “narrative” (or interpretation) could take any form — literally. Therapists would then have more options for their reframing, restorying, or renarrating process, and they could use those options with a clear conscience — that is, without the threat of therapist manipulateness that plagued the earlier brief strategic/systemic therapy movement, a movement which gave rise to the current solution-focused therapy movement and portions of the narrative therapy movement (see Watzlawick, Weakland, & Fisch, 1974). In 1983, Michaelin Reamy-Stephenson, a member of the original brief strategic/systemic therapy movement, attempted to avoid the appearance of impropriety on the part of strategic/systemic therapists by appealing directly to antirealism — an appeal, incidentally, made in the pages of the *Journal of Strategic and Systemic Therapies*, a journal which is now called, more cautiously, the *Journal of Systemic Therapies*. In 1983 Reamy-Stephenson said, “The complex process of reframing so central to the work of strategic therapists depends on the assumption of non-objective reality. Without this assumption,³ reframing is indeed a clever technique with which the therapist manipulates the client” (p. 55).

Why should this be so? Why should the assumption of non-objective reality protect systemic therapists against impending charges of manipulateness? Because, if there were a *knowable* objective reality, one could argue easily enough that the new therapeutic frames (or stories or narratives) should not violate that reality — at least not the new frames, stories, or narratives of therapists who sought an ethical, nonmanipulative practice. Thus, reality itself would constrain the reframing, restorying, or renarrating process. But, if there *were* no objective reality (a condition which I call a more radical form of antirealism), or if there were an objective reality but we could not *know* it as it exists, independent of us (a condition which I call a less radical form of antirealism), then reality could not constrain the reframing, restorying, or renarrating process. To illustrate this last point, consider a well known example of reframing attributed (by Eron & Lund, 1993) to Paul Watzlawick, a founder of that precursor to postmodern therapy known as brief strategic/systemic therapy: the example of the nagging wife and the underinvolved husband. My point is, it would be hard, if not unethical, to reframe a wife’s nagging behavior as protectiveness toward her

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underinvolved husband (as did Watzlawick, putting a positive spin on her nagging) if there existed clear, empirical evidence to suggest less benign, more self-serving motives. But if all so-called “evidence” were subjective or biased — a condition that would legitimate the common use (within postmodernist circles) of scare quotes around words such as “evidence” and “facts” to undermine even the possibility of objectivity — then therapists could easily ignore “observations” (with scare quotes) that were inconvenient for their reframing agendas, since all “observations” (with scare quotes) would then have no objective truth status. And those therapists who chose to ignore inconvenient “evidence” (with scare quotes) could do so not only with impunity, but also with a perfectly clear conscience.

Moreover, if there were no truth to be had about anything, there would be no truth in any theory of human development, psychopathology, or psychotherapy. In that case, there would be no need (e.g., no moral obligation) to impose any general, predetermined theoretical assumptions about human nature on clients to solve their problems. Thus, all prior concepts from psychology and psychotherapy could be dismissed, leaving the therapist with nothing but the client’s own unique life experiences as the source of content for the new therapeutic frame, story, or narrative. So therapy could perhaps be briefer, but certainly more tailored to the unique particularities of each case, that is, therapy could be more individualized. No more Oedipal struggles, weak ego defences, cross-generational family coalitions, multigenerational family themes, or faulty cognitions, to get in the way and bog things down. The client’s unique life experience is all the therapist would need to attend to; the therapeutic theory, frame, story, or narrative of the client’s problem could be based on a bare minimum of predetermined concepts, namely, the client’s unique life, and nothing more — or so it was thought.⁴

Put differently, in the type of therapy system I have just described, nothing about the nature of the client’s problem or its cause would need to be *predetermined* — determined, that is, *prior* to knowledge about any particular client. Hence, this type of therapy system, which was developed first by, among others, the original brief strategic/systemic therapists and then adopted by the newer solution-focused and narrative therapists, could rightly be called a *minimalist* system of therapy. And a minimalist system would automatically put fewer constraints on the practice of therapy, because it would provide fewer guidelines — make fewer demands — about what must get attended to and discussed in therapy sessions. In principle, anything could go; the sky would be the limit.

To be sure, the logic I have just set forth (equating the individualization of practice with adherence to the doctrine of antirealism) is, as the reader has no doubt detected, flawed. I shall return to that problem near the end of this article. Just now, I turn to the question of how postmodern literary theory has

been used to justify and advance the antitheoretical campaign of postmodern therapists.

How Postmodern Therapists Use Literary Theory to Justify Their Antitheoretical Campaign

A similar logic may be used to answer that question. Again, there are many variations of postmodern literary theory, including (1) deconstruction (the favorite of certain solution-focused and narrative therapists, although it is now passé in literature departments); (2) reader-response criticism; and more recently (3) cultural studies, which is of course linked to race-gender-class critical theory and multiculturalism (Ellis, 1997). But whatever the variety, these theories have in common some form of antirealism. And although this antirealism is focused upon texts and their authors, it is as far-reaching and pervasive as the antirealism we find in the whole of postmodern theory itself: indeed, postmodern literary theorists denounce all objectivity and truth, a denunciation that sometimes goes well beyond literary criticism to produce antirealist proclamations about all disciplines, including, especially, the disciplines of science (Ellis, 1997; Gross & Levitt, 1994; Gross, Levitt, & Lewis, 1996).

For postmodern literary theorists, then, there is no objective reading or interpretation of a text, no sure route to its correct meaning. But since all experience is thought by postmodernists to be textual or linguistic in nature, there is no true or objective reading, no true or objective knowledge, of any aspect of life. Hence the pervasive antirealism. Moreover, for postmodern literary theorists, there is no true authorial intention, a state of affairs known in literary circles as the “intentional fallacy.” According to the intentional fallacy, the text always subverts its own author’s intended meaning, as this statement by John Ellis, a literary theorist who criticizes deconstruction, makes clear: “Authors do not create the meaning of their texts by composing them, but instead readers, by reading them” (Ellis, 1989, p. 139). Indeed, the text allegedly subverts even itself: to quote Ellis again, “[A]ll texts undermine their surface meaning and embrace the reverse of what they appear to say” (Ellis, 1997, p. 249).

The impact of deconstructionist theory on therapy can be seen, for example, in the writings of Steve de Shazer, a founder of the brief solution-focused therapy movement, which movement has itself been incorporated into the broader postmodern/narrative therapy movement. De Shazer (1991, 1993, 1994) presumes that there can only be endless “misreadings” of “texts” (1991, pp. 68-69) as a function of each unique “reader” or “reading context.” This de Shazer (1991, pp. 63-67) illustrates in a discussion of how a complaint originally construed in a therapy session as “nymphomania” (a sexual disturbance) could, by the magic of deconstruction, be “renegotiated” as

“insomnia” (a sleep disturbance), or even as an “exercise problem”: “*At this point in the session, the meaning(s) of what was going on was set adrift in a sea of potential meanings* [italics in original]” (de Shazer, 1991, p.66).

And — here comes the necessary leap — if we view therapy clients as “texts,” an analogy to which many postmodern therapists are drawn, then we can “read” or “deconstruct” them too, with infinite (or at least much) latitude for meaning/content, and so with infinite (or at least many) ways to ensure their uniqueness or individuality. What could be a better cause for celebration in a profession premised on the optimistic belief in something new and better for each and every unique recipient of its services? Turning to de Shazer’s own words again,

The therapy system can be seen as a set of “language games,” a self-contained linguistic system that creates meanings through negotiation between therapist and client. ... What a therapist and a client do during the interview is akin to writing or coauthoring and reading a text. (de Shazer, 1991, p. 68)

Leaving aside the problem of reducing human beings to the status of texts, we find a profound contradiction in the use of this literary theory as a means to individualize practice. The literary theorist John Ellis, in his compelling books *Against Deconstruction* and *Literature Lost*, reveals the overlooked consequence (for literary criticism) of postmodern literary theory: in their zeal to eliminate true or objective readings of texts, in their zeal to subvert established readings or meanings, these theorists impose more — not less — predetermined theoretical interpretation on the texts they subject to their scrutiny (Ellis, 1997, p. 47). For in the case of deconstructionist readings, the text will always be found to say “the opposite . . . of what it seems to say or is traditionally thought to say” (Ellis, 1989, p. 71). And in the case of race-gender-class theory, the text will always give evidence of elitism, discrimination, and oppression in those categories (Ellis, 1997, p. 216). Such readings are at least as predetermined and constrained as the readings done by, for instance, Freudians, who found Oedipal conflicts in every patient/“text,” or by structural family therapists, who found “boundary problems” in every family/“text.” So these literary theorists, who supposedly celebrate diversity and possibility, appear, on closer inspection, to be squelching just that.

Are postmodern therapists adrift in the same boat with postmodern literary theorists? Do they impose more on the patient “texts” they interpret than they would like to presume? To the extent that postmodern therapists actually employ deconstructive methods — and this assumption is open to question — they should always find in the client’s narrative something contrary to what

it appears to say (to me this sounds positively Freudian!). And to the extent that they attend to race-gender-class distinctions as specific, predetermined aspects of the “dominant discourses” that are alleged to oppress by diminishing individuality and personhood, they will always see their clients’ problems in those terms, whether or not those factors are part of the problem at hand. So too, when premier solution-focused therapist Steve de Shazer and premier narrative therapist Michael White look expressly for occasions when the client’s problem does *not* manifest itself — what de Shazer calls “exceptions” and White calls “unique outcomes” — they too are imposing *something* on the client’s “narrative” or “story.” For instance, what if a client wants to explore in detail the cause of her problem, no matter how much the brief solution-focused therapist tries to convince her that that would be a big mistake, since solution-focused therapists think it is most productive to attend exclusively to solutions?

Parenthetically, John Ellis claims that the literary “canon” endures precisely because it illuminates something real or true about the human condition. But each work does this in its own unique way, so much so that it heightens what gets lost for most of us in the vicissitudes of daily experience. It is this heightening power that helps us recognize the universal predicaments we all struggle to cope with. Consider Ellis’s assessment of Charles Dickens:

No other writer has quite the ability of Charles Dickens to create a world full of unique characters, but the remarkable thing is that although we had never met Uriah Heep or Mr. Micawber before reading *David Copperfield*, or Scrooge before reading *A Christmas Carol*, we seem to recognize them instantly. For all their unforgettable individuality, they are distilled from more fragmentary versions found in the real world. We never see anyone quite like them, though we see many who are similar, and we understand these individuals better because Dickens was able to discern the fundamental shape of certain human traits so clearly that he could show them in heightened form. Once we have seen that heightened profile, we are able to recognize and understand more easily the paler versions around us. (Ellis, 1997, p. 37)

Ellis also tells us that, contrary to the complaints of postmodern literary theorists, literature that endures — that much maligned canon — hardly gives us dogmatic answers to life’s dilemmas. Rather, the classics endure precisely because they open up vistas as they ask important questions and generate new frameworks of meaning. In short, great literature can be said to “keep the conversation going,” to quote Richard Rorty, one of the few philosophers to

whom postmodern therapists turn regularly for wisdom. An overlooked question is, Can theories or systems of therapy do the same? Can *they* keep the “conversation” going? By this I mean, Are there great theories or systems of therapy that grasp and heighten the important realities of human existence, such that *their* use helps to generate new and better possibilities? Is postmodern therapy just such a therapeutic system?

The Alleged Virtues of Postmodern Therapy

Postmodern therapists have gotten it half right: to make therapy less constrained, that is, to enhance the individualization of therapeutic practice in the laudable pursuit of maximum possibility, it helps if therapists minimize their use of predetermined generalities. This means that such therapists will work with a certain kind of theoretical system of therapy to guide their practice. As it turns out, they work with what they sometimes call a “minimalist” system of therapy, and what I have called an “incomplete” system of therapy (Held, 1995).

I have argued that it is the composition of the theoretical system that guides therapeutic practice that *is* relevant to the elusive pursuit of an individualized practice. In particular, if we consider a generic model of therapy systems that contains three fundamental components (Held, 1995, pp. 55-71), my point becomes clearer.

Let us begin by assuming that therapy systems, when complete, can be characterized by the following three (predetermined) component parts:

1. One or more *descriptions* of what constitutes problems, pain, or, put less neutrally, pathology — e.g., depression, anxiety, or relational problems.
2. One or more theories about what causes problems, pain, or pathology — e.g., a neurotransmitter defect, an early emotional trauma, irrational thoughts, a failure to notice “exceptions” to the problem state, or a life narrative constricted by the “dominant discourse.” These I call *theories of problem causation*, and they, along with the problem descriptions themselves, constitute the content of therapy — *what* must be considered, discussed, and ultimately changed in the course of therapy.
3. One or more theories (with attendant methods) about how to alleviate problems, pain, or pathology — e.g., challenging irrational beliefs, teaching new skills for coping, finding “exceptions” to the problem state, or, if one is a postmodern therapist, helping clients to “re-story” or “renarrate” their lives. These I call *theories-cum-methods of problem resolution*, and they constitute the process of therapy — *how* therapy or change occurs, whatever its content.

We are now in a position to see just how those postmodern therapists who propound antirealism, constructivism, or social constructionism are attempting to individualize practice. They think they do so by promoting an antirealist epistemology, the claim that all knowledge is biased, relative, or subjective.

But in actuality they do so only by trying to eliminate predetermined content — that is, problem descriptions (Component 1) and their theorized causes (Component 2) — from the theoretical systems they construct and use. They seek to replace that generalized content with unique, *client*-determined views, understandings, meanings, and goals, all of which can never, of course, be predetermined. Indeed, the regular appearance in the postmodern therapy literature of adjectives such as “personal,” “unique,” “localized,” and “idiosyncratic,” adjectives used to describe the “knowledge” that postmodern therapists want their clients to attain, makes their wish to enhance individuality apparent. But all they have done — the real consequence of their activity — is to make the theoretical system of therapy they use less complete: it retains only one of the three component parts of therapy systems — Component 3 — their predetermined method of problem resolution, namely, helping clients reframe, restory, or renarrate their lives. And so the practice “guided” by their incomplete or minimalized system must itself be less systematic, rule governed, and replicable; hence I have called their aspirations *antisystematic* (Held, 1995, 1996a, 1996b, 1998), but we may also think of them as *antitheoretical*.

To illustrate this *antisystematic* or *antitheoretical* aspiration (and to reveal its conflation with *antirealism*), I now offer a statement made by two seminal promoters of the postmodern/narrative turn in systemic therapy, Harlene Anderson and Harry Goolishian:

There are no “facts” to be known, no systems to be “understood,” and no patterns and regularities to be “discovered.”... Problems ... are not fixed entities existing over time until they are resolved or repaired. ... Problems are in the intersubjective minds of all who are in active communication exchange and, as such, are themselves always changing. (Anderson & Goolishian, 1988, pp. 378-380)

Note the scare quotes around the words “facts,” “understood,” and “discovered”; they convey the *antirealist* elimination of the attainment of objective knowledge, as does the use of the word “intersubjective.” But there is also an *antisystematic* elimination of any (theoretical) generalities — any enduring “systems,” “patterns,” or “regularities” — that we should at least strive to detect in our observations, and then incorporate into our theoretical systems of therapy to guide our practice. So in this one broad stroke we find both *antirealist* and *antisystematic* (or *antitheoretical/antigeneral*) aspirations inextricably intertwined.

Here also is a small sample of other quotations of postmodern (including constructivist/constructionist) therapists that document their preference for

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knowledge that is personal, unique, local, or idiosyncratic over knowledge that is universal or general. (Note that their concern with uniqueness, particularity, or non-generality — i.e., their antisystematic aspiration — is always tied to an antirealist epistemology; this linkage is a matter of great importance, one to which I shall return in due course.)

According to “client-directed” therapists Andrew Solovey and Barry Duncan, who here reveal their attraction to constructionism (although they are not — in my view — members of the postmodern therapy movement),

[C]onstructivism elevates the client’s view of reality... to paramount importance in the therapeutic process. The application of constructivism to therapy makes the client’s meaning system hierarchically superior to the therapist’s theoretical orientation and/or personal beliefs. Constructivism, therefore, provides a strong rationale for respecting the preeminence of the client’s world view. In practical terms, it emphasizes the client’s idiosyncratic meaning system as the impetus for therapy. (Solovey & Duncan, 1992, p. 55)

In a 1998 advertisement for a workshop entitled “Constructivist Psychotherapy” — and workshop ads of course tell you what a therapist is really selling (Coyné, 1998) — constructivist psychologist Michael Mahoney says,

This workshop will focus on the principles of constructive psychology as they bear on the practice of psychotherapy. ... Spanning the major theoretical systems, constructivism emphasizes (1) the central importance of human activity in the (2) ongoing creation of “personal realities” [note the scare quotes] — organized patterns of perceived order and meaningful relationships. One of the most important of these dynamic ordering processes is that related to (3) the unique and complexly-organized individuality (identity or self) of the person, which is elaborated within (4) social and symbolic contexts.

Constructivist psychologist (and editor of the *Journal of Constructivist Psychology*) Robert Neimeyer says,

Like the broader postmodern Zeitgeist from which it derives, constructivist psychotherapy is founded on a conceptual critique of objectivist epistemology. In

particular, it offers an alternative conception of psychotherapy as the quest for a more viable personal knowledge, in a world that lacks the fixed referents provided by a directly knowable external reality. (Neimeyer, 1993, p. 230)

Michael White and David Epston, who are considered to be founders of the narrative therapy movement itself, say,

Following the externalization of the unitary knowledges [dominant discourses], unique outcomes can be located by investigation of those aspects of the person's life, and those qualities that he or she experiences in relationships with others, that he/she can appreciate, but that do not fit with that which is specified by these unitary knowledges, that is, do not conform to the norms and expectations proposed by these knowledges. Persons can then be encouraged to discover what important messages these unique outcomes have for them about themselves and their relationships and to identify those "unique knowledges" [note the scare quotes] that could accommodate these new realizations. (White & Epston, 1990, p. 32)

Postmodern narrative therapists Jill Freedman and Gene Combs, who advocate social constructionism, say,

the "objectivity" [note the scare quotes] of the modernist worldview, with its emphasis on facts, replicable procedures, and generally applicable rules, easily ignores the specific, localized meanings of individual people. . . . Postmodernists believe that there are limits on the ability of human beings to measure and describe the universe in any precise, absolute, and universally applicable way. They differ from modernists in that exceptions interest them more than rules. Postmodernists ... choose to look at specific, contextualized details more often than grand generalizations, difference rather than similarity. (Freedman & Combs, 1996, pp. 21-22).

Postmodern narrative therapists Alan Parry and Robert Doan say,

In the demise of all grand narratives, we now live in a world in which personal narratives essentially stand alone

as the means by which we pull together the text of our own lives. ... Although this may all be frightening without the legitimating guidance of the grand narratives, it is also a liberating possibility. It frees us from the totalizing tyranny of the grand narratives.... A story told by a person in his/her own words of his/her own experience does not have to plead its legitimacy in any higher court of narrative appeal, because no narrative has any greater legitimacy than the person's own. ... The first major task for a postmodern family therapy, therefore, becomes that of encouraging people in the legitimizing of their own stories. ... The second task is that of encouraging people to appreciate that when they use their *own* words to describe their *own* experience, no one has any right to take the legitimacy of that story away from them under any circumstances. A story is a person's own story, and he/she is its poet [italics in original]. (Parry & Doan, 1994, pp. 25-27)

Rachel Hare-Mustin, a feminist postmodern psychologist and psychotherapist, makes a similar case when she says,

Postmodernists see numerous competing viewpoints of the world rather than one true view. Instead of the master narratives and universalizing claims that have characterized knowledge since the Enlightenment, knowledge is conceived of [by postmodernists] as multiple, fragmentary, context-dependent, and local. ... Knowledge has been described as an edifying conversation of varied voices rather than an accurate representation of what is "out there" [note the scare quotes]. (Hare-Mustin, 1994, p. 20)

And last but not least, leading social constructionist psychologist Kenneth Gergen, in his foreword to a psychotherapy book whose editor describes the book as "keeping with the postmodern tradition" (Friedman, 1993, p. xiv), endorses both the antirealism and the antisystematic (or antitheoretical) aspirations of postmodern therapists. Regarding antirealism, he states,

In the present volume, the suspicion of "words as truth telling" [note the scare quotes] is everywhere in evidence. ... In general these writings represent a general skepticism toward the longstanding view that scientific language (or any other kind) furnishes objective or accurate reflections of the world. (Gergen, 1993, p. x)

Regarding the antisystematic or antitheoretical aspiration, Gergen says:

These chapters [also] demonstrate a remarkable disinterest in most of the central features of what we now see as the modernist orientation to human problems. They are little concerned, for example, with the cognitive dispositions, emotional incapacities, personality traits, and family structures that have long served as the chief focus of many therapies. ... And there is a distinct absence of an overarching theory ... from which therapeutic procedures and insights are supposed to emanate. ... In effect, there are important respects in which these contributions represent a significant disjunction with the past century of therapeutic writing. (Gergen, 1993, p. ix)

Of course, attending in therapy to each client's uniqueness — including his or her own unique story — to the exclusion of all else exacts a price: the lawfulness, replicability, or systematicity of therapeutic practice. This in itself is a problem; for if there is nothing systematic about therapeutic practice, if there are no generalities (about human nature) to apply to the unique particularities we find in our clients, then in what sense can therapists (including postmodern therapists) claim, as they now do, to be experts about human pain, suffering, and growth? Indeed, if there are no generalities (about human nature) to be known and/or used — to be “imposed,” to use postmodernist terminology — in the therapeutic process, then in what sense can therapists — including postmodern therapists — lay claim (as they now do) to a therapeutic method (with all the systematicity the term “method” brings with it) that is conducive to human healing? To be sure, various postmodern therapists pride themselves on their lack of expertise, as this exemplary title by Anderson and Goolishian (1992) illustrates: “The Client is the Expert: A Not-Knowing Approach to Therapy.” Or, as solution-focused and postmodern therapists Walter and Peller (1996, p. 22) put it, “[A]s consultants we cannot assume that we know or have any expertise about anything that happened or will happen outside the session.” In the same chapter, Walter and Peller also said, “[C]onsultants do not ask questions to[:] Gather information[,] Make an assessment[,] Validate a hypothesis[,] Get the client to do something, or to do something different[,] Solve a problem[,] To be helpful” (Walter & Peller, 1996, p. 19).

I return to the question of therapeutic expertise just below. Here let us return to my point about individualizing therapeutic practice. It is this: the more we strive, as we must, to individualize or particularize practice, the less systematic our practice becomes. Individualization and systematization exist in an inverse relation; there is simply no way around this tradeoff. But we can at least recognize the tradeoff for what it is, so we don't confuse the

antisystematic or antitheoretical (i.e., individualization) aspiration with the promotion of antirealism, as many postmodern therapists have done. Let us further explore why — contrary to the logic of postmodern therapists — antirealism cannot help therapists of any sort realize their desire to individualize practice, and how, if it has any effect at all, antirealism may even impede that objective.

The Inevitable Dilemma for Postmodern Therapists

To be sure, postmodern therapists have not made the minimalist or incomplete system that remains for them — namely, their general, predetermined method of problem resolution, their therapeutic process of reframing, restorying, or renarrating — more open to an antirealist interpretation. If anything, they do exactly the opposite: postmodern therapists, in violation of their own professed antirealism, constructivism, or social constructionism, and even in violation of their own professed anti-“expertiseism” (my neologism), still make the universal claim that *their* therapeutic method really helps all clients lead better lives — in reality! That is to say, they make the practical claim that their narrative method is not only useful, it is *truly* useful. (And they often go on to provide causal explanations of a conventionally scientific/realist sort to account for the effectiveness of their method.) To be sure, then, the practical claim is itself a truth claim — a perfectly traditional ontological or causal claim — that requires at least *some* degree of realism, and so it opposes the antirealism these therapists profess. Consider this statement made by narrative therapist Michael White:

The constitutionalist perspective that I am arguing for refutes foundationalist assumptions of objectivity, essentialism, and representationalism. It proposes that an objective knowledge of the world is not possible, that knowledges are actually generated in particular discursive fields. ... And the constitutionalist perspective proposes that the descriptions that we have of life are not representations or reflections of life as lived, but are directly constitutive of life; that these descriptions do not correspond with the world, but have *real* [note *no* scare quotes] effects in the shaping of life [italics added]. (White, 1993, p. 125)

Notice in the above quotation that the word “real,” which modifies the word “effects,” escapes the scare quotes that typically undermine it in postmodern circles. This is no accident; indeed, in the next quotation, narrative therapists Freedman and Combs drive the point home:

Social realities may not be ‘essentially true’ [note the scare quotes], but that doesn’t stop them from having *real* [note *no* scare quotes] effects. The story that ‘welfare mothers’ are engaged in a mini-industry where they get richer and richer as they make more and more babies has had *real* [note *no* scare quotes] effects on already underserved women and children. It has provided a rationalization that has allowed those in power to cut funds even further. The story about how women can never be too thin that gets retold every time you turn on the TV or stand in a supermarket checkout line surrounded by magazines has brought forth a *real* [note *no* scare quotes] epidemic of social self-starvation. The story that inner-city males are only interested in drugs, sex, and killing each other has led to the perverse glorification of certain kinds of misogyny and violence in the media. At the same time, it has served as a rationale for giving up on the establishment of social policies that might offer inner-city males a *real* [note *no* scare quotes] chance at a different way of making it in the world [all italics added]. (Freedman & Combs, 1996, pp. 36-37)

We should therefore not be surprised by the fact that, in their books about postmodern narrative therapy — *Narrative Means to Therapeutic Ends* (White & Epston, 1990) and *Narrative Therapy: The Social Construction of Preferred Realities* (Freedman & Combs, 1996), these authors, like all the others I have examined who have taken the antirealist/postmodern turn (see Held, 1995, pp. 143-146, 1996a, 1996b, 1998, in press), cannot avoid at least some reference to real life itself when they want to persuade us of the truth (without scare quotes), the effectiveness (without scare quotes), of *their* therapeutic method — to persuade us, that is, of *their* expertise. To claim anything less to avoid the impending contradiction — to claim, for instance, that their narrative methods help to change nothing more than clients’ (antirealist) narratives of their own unique lives, that these methods therefore do not help to change the real (or extralinguistic) realities of any client’s life itself — is to adopt a highly problematic, indeed questionable, position about the therapeutic enterprise. And even *that* more limited claim has some realism lurking within it.

Earlier I argued that postmodern therapists have propounded antirealism to justify their preference for a minimalist or incomplete system of therapy to “guide” their practice. But antirealism is at best irrelevant to what motivates that preference, namely, the quest for a more individualized practice, a quest that is itself based on the desire to optimize each unique client’s unique

potential for change. Antirealism is at best irrelevant because, to the extent that the attainment of an individualized practice is within our reach, it is more a function of the completeness (or incompleteness) of the therapists's theoretical system than a function of anyone's epistemological leanings. Put differently, one can interpret an incomplete system in either realist or antirealist terms, and still have a more individualized practice, because that system in either case places fewer constraints on practice. Conversely, one can interpret a complete system in either realist or antirealist terms, and still have a less individualized practice, because that system in either case places more constraints on practice (see Held, 1995, Chapter 3). But if it has any effect at all, antirealism may actually constitute a hindrance to what motivates the preference for an incomplete system of therapy — the quest for an individualized, a more localized, practice. Thus, there is a more practical reason (though it is not the only practical reason!) for abandoning antirealism than the serious logical contradiction that looms over the heads of postmodern therapists. And that particular practical reason takes the form of their own call to take (the unique particularities of the life of) each and every client seriously.

Back to Reality

I have already argued that the attempt to individualize practice is more likely to be achieved by employing a minimalist or incomplete theoretical system of therapy, the kind postmodern therapists prefer. What I have not yet said is that the postmodernists' preference for a minimalist theory is sometimes complemented, quite correctly in my view, by an insistence on observing each and every client keenly in order to capture, to the fullest extent possible, what is truly unique or individualistic about him or her. To illustrate, consider these statements made by one of the leading postmodern therapists we have already encountered, Steve de Shazer:

I think the way I see it now is that every session is somehow a unique event, and that the main thing the therapist has to do is listen and keep it simple. And if you do it, I think the clients will tell you what to do. (de Shazer, in an interview with M. Hoyt entitled "On the Importance of Keeping it Simple and Taking the Patient Seriously," 1994, p. 14)

While doing therapy, my colleagues and I attempt to pay close attention to exactly what the clients say and how they say it. ... "Taking it seriously" also means that what the clients say should be treated with due respect and construed responsibly by paying attention to details. (de Shazer, in a

chapter entitled “Listening, or Taking What the Client Says Seriously,” 1994, p. 111)

My point here — the flaw in the argument that tries to justify the preference for a minimalist theory (to individualize practice) by appealing to antirealism — should now be apparent: what therapist, postmodern or otherwise, would want to argue that we should not, in our observations of our clients, *strive* to get the unique realities of our clients lives as right as possible? What therapist would want to take the antirealist stance that we cannot get at least some of the unique realities of our clients lives right? That keen observation gets us no closer to knowing what the client’s experience really *is* than “non-keen” observation? If that were so, why bother to observe keenly? Or why bother to observe anything at all? Yet that is exactly what their antirealism implies, for it applies not only to the theoretical generalities these therapists wish to eliminate (except, of course, their own) but also to all of life, including the lives of clients. No aspect of life is exempt from the sweeping antirealist epistemology that many postmodern therapists now propound, some with increasing vehemence (see, e.g., Walter & Peller, 1996).

I agree with postmodern therapists on this point: if we want to increase our chances of individualizing therapeutic practice so as to maximize each client’s unique potential for change, it makes better sense to observe/listen to our clients keenly than not to do so. (Although here I must reiterate that keen observation does not automatically translate into — does not guarantee — a sufficiently individualized practice, for reasons I have already discussed.) And the idea of keen observation, even as it has been expressed in the postmodern therapy literature, seems to invoke a realist attitude on at least two counts:

First, there is no reason to think clients have no objective, “rational awareness” (Pols, 1992, 1998) of at least some aspects of their lives. Thus, the client’s personal meanings, views, or understandings need not be given an antirealist interpretation simply because they are unique to him or her. (Consider the battered wife, whose *particular* battered experience is completely unique to her.) Again, a person’s report of his unique experience does not necessitate an antirealist interpretation, certainly not any more than general, predetermined theoretical claims require a realist interpretation: after all, such claims might not be extratheoretically true; they could turn out to be bad theories. Thus, what we have is a failure to distinguish between the idea of uniqueness or particularity on the one hand, and antirealism or subjectivity on the other.

Second, even if our clients don’t always get it right, we have to know what they really think and feel and do about their lives. Even if a client’s views are thoroughly wrong, we have to know what those incorrect views really are, so that they can at least be understood by us as completely and accurately as

possible. This requires objectivity on the part of therapists, which itself requires a commitment to the most careful/keen attention we can manage to give our clients. In other words, to know what is unique about clients in order to help them reformulate and solve their problems, therapists must attend to and know what is *truly* unique (including what really bothers their clients, even if that is nothing more — or less — than real hallucinations or delusions). And, I should add, the reformulation must be constrained by the reality we keenly observe, and not in violation, or even ignorance, of it. How else can therapists take their clients seriously, an attitude which many postmodern therapists claim themselves to be uniquely advantaged to have by virtue of being postmodern therapists (e.g., de Shazer, 1994, Hoyt, 1994)?

To Be or Not to Be Theoretical

In conclusion, I hope to have persuaded the reader that to attain a more individualized practice, therapists should concern themselves with the structure or composition (the completeness) of the theoretical systems that guide practice, and not with the antirealist or postmodernist epistemology that now dominates in some discursive settings. I also hope to have demonstrated that the answer to the question “To Be or Not to Be Theoretical” will not be found either within postmodern theory in general or postmodern literary theory in particular. Neither of those theoretical terrains can justify any therapeutic preference in the matter. Thus, theory itself cannot answer the question I have posed. Nor can it justify the theoretical decision to be atheoretical. There is only one court to which we can turn for the best possible judgement, and that, of course, is the court of empirical observation. Only rigorous systematic observation — only keen observation! — can help us to know the real consequences for clients of having therapy practiced by therapists who eschew or embrace theory.

But what if the court concludes that the theories therapists hold make little difference in the matter of therapeutic outcomes (e.g., Stiles, Shapiro, & Elliott, 1986; Wampold et al., 1997)? That is exactly the verdict that has been reached — at least so far and according to most accounts. And if that verdict is not overturned, we may indeed have in the postmodern therapy movement much ado about nothing.

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Notes

- 1 This article is a revised version of an invited address to the Canadian Society for Hermeneutics and Postmodern Thought, May, 1998, Ottawa. The address was itself based on a prior article, "To Be or Not to Be Theoretical: *That Is the Question*," *Journal of Systemic Therapies*, in press. Address correspondence to Barbara S. Held, Professor of Psychology, Bowdoin College, Brunswick, Maine 04011 U.S.A. E-mail address is bheld@bowdoin.edu.
- 2 Of course, this itself is contradictory. But contradiction poses no problem to many postmodernists, who exalt contradiction as they decry rationality — see Gross, Levitt, and Lewis (1996).
- 3 It is not clear whether this author means reality itself is not knower independent (a metaphysical antirealism), or our knowledge of reality is not knower independent (an epistemological antirealism), or both. See Held (1995, 1996a and 1998, in press) and Held and Pols (1985) for elaboration of the distinction between what I call more radical and less radical forms of antirealism.
- 4 Of course, how postmodern therapists could claim to know the client's experience, as it really exists, all the while employing an antirealist epistemology, is a question never answered in the postmodern therapy literature. I return to that question later on.