

## **Social constructionism and the theory, practice and research of psychotherapy: A phenomenological psychology manifesto**

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Social constructionism may be defined as a perspective which believes that a great deal of human life exists as it does due to social and interpersonal influences (Gergen 1985). Although genetically inherited factors and social factors are at work at the same time, social constructionism does not deny the influence of genetic inheritance, but decides to concentrate on investigating the social influences on communal and individual life. The subjects that social constructionism is interested in are those to do with what anthropologists call culture, and sociologists call society: the shared social aspects of all that is psychological. There are several versions of social constructionism with different writers making different emphases. Two distinguishing marks of social constructionism include the rejection of assumptions about the nature of mind and theories of causality, and placing an emphasis on the complexity and interrelatedness of the many facets of individuals within their communities. Causality may exist within specific cultures but much work needs to be done before these connections can be described with any certainty.

Social constructionism regards individuals as integral with cultural, political and historical evolution, in specific times and places, and so resituates psychological processes cross-culturally, in social and temporal contexts. Apart from the inherited and developmental aspects of humanity, social constructionism hypothesizes that *all* other aspects of humanity are created, maintained and destroyed in our interactions with others through time. The social practices of all life begin, are recreated in the present and eventually end. For psychotherapy, this view emphasizes the importance of the acquisition, creation and change of emotional behaviour, therapeutic ability and ways of interpreting things and people. Because the genetic material of each race and region is different, as well as the cultural practice, then we say right from the start that there is no universal human nature. What social constructionism shows to be important are

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the ways in which socialisation and enculturation, amongst the people we have known, plus the current influence of those whom we now know, are the most active in shaping our mutual existence with others.

Conventional psychology often emphasizes the physiological and inherited aspects of human existence. This allegedly "scientific" psychology defines itself as the study of individual variations of mind and behaviour. Conventional psychology attributes human acts to persons with "individual" minds which it aims to objectify, measure and categorise in an "objective" manner. It also believes that it is possible to exclude the aims, values, presence and biases of researchers. Social constructionism argues that true objectivity is absent in the human sciences because all methods require one set of subjective humans to rate another set of subjective humans. So, "the tool for knowing" is inevitably subjective people themselves. As regards the community of human scientists, until a truth-claim is acceptably demonstrated to be a universal or local truth, then it must be held separate and used only with caution. However, many human scientists throw caution to the wind and put their belief and life force into provisional claims which are not shared by the whole community of workers.

Conventional psychology contains a division between two opposing schools of thought about the truth of human nature. One we could call "groupism" which is the view that human behaviour can only be understood within its overall social context. Any individual is regarded as being influenced by the people around them, much more than by their own traits. The other view we could call "individualism" which regards human behaviour as the result of the personal choices of an individual and their, values and unique personal characteristics. These two opposing views are shared by different camps in the human sciences. Psychoanalysts, counsellors and therapists mainly take the individualism view. Family therapists, sociologists, social psychologists and anthropologists mainly take the groupism view. This paper integrates both arguments to produce contextual thinking where individual qualities and social forces are seen in parallel as a co-construction of individuals in their communities, more of this below.

An example from the history of astronomy illustrates some key points in understanding social constructionist analysis because it clearly shows the changes in knowledge and social practices, the processes of acceptance and rejection of beliefs, that can be observed by studying the social behaviour of the followers of theories. At one time it was taken to be a fact that the Earth was the centre of the universe and that the other planets revolved around it in circular

orbits. In 1663 Galileo posited that the Sun was the centre of the universe and that the Earth and other planets revolved around that. His view appeared to the church and orthodox establishment as a heresy, and he was put in prison for his views. It took many years for the new theory to be accepted. The point of this example is that innovations do occur in knowledge and concomitant social practices (Kuhn 1970). It shows that people enact and embody ideas and compete with each other in trying to persuade others that their view and way of life is desirable and morally and epistemologically justified.

Before progressing any further, a few words should be said about the importance of culture, life-worlds, "pure psyche", face-to-face being-in-the-world, the intersubjective connection that we live with others around us. For instance, a specific family is part of a culture of real socialising interactions. "Families", in general, is an abstract concept to do with kinship and blood relations. Culture, the people we know, are the main influence in providing ready definitions and assumptions, along with tautological evidence that things are truly as they are. Cultural belief and action systems are all-embracing in providing reasons, understanding and explanations for the world as it is experienced and interpreted to be. Culture defines what is permitted appropriate, normal, conforming, desirable and expected. It also defines what is taboo, inappropriate, abnormal, deviant and not legitimate. In this definition, culture refers to actual occurrences and everyday social reality. Society, on the other hand, exists in national and regional variations within a country, and is only known through representations and stereotypical essences.

### **History and overview of the approach**

Social constructionism has many roots - some are in existential-phenomenological psychology, social history, hermeneutics and social psychology (Holstein & Miller 1993, Watzlawick 1984). Several of its major themes have occurred in the writings of authors at different times and places. Giambattista Vico, Immanuel Kant and Karl Marx have all made constructionist and constructivist remarks. The disciplines of the history of ideas and the sociology of knowledge also have much in common with social constructionism. In Britain, two leading social constructionists are Rom Harré at the University of Oxford and Michael Billig and his team at Loughborough University (Billig 1991). Michael Billig's *Arguing and Thinking* (1987)

concludes that attitudes are features of rhetoric. David Middleton and David Edwards at Loughborough have pointed out how history and memories are continually reedited by successive generations (Middleton & Edwards 1989). Everyday understanding is the focus of other work (Lutz 1988, Semin & Gergen 1990, Shotter 1993).

Rom Harre has written on the social construction of personality and emotional behaviour which has touched on some of the more important implications for the theory and practice of therapy (1984, 1988). Harre has also produced a series of works on the body, individuality, social life and motivation (1985, 1991, 1993). Harre takes the work of Bakhurst on the Russian cultural-historical school of Vygotsky, Leontiev, Luria, Voloshinov, Bakhtin and Ilyenkov, as being particularly social constructionist (Wertsch 1985). For instance, Bakhurst describes a view of mind that regards the capacity to think as the ability to live in a meaningful world (Bakhurst 1991). These views challenge the orthodoxy of current individualistic psychology and the assumptions which it holds dear. Social constructionism wonders to what degree people are individual and collective, the same as others or different from them. Just because we can each say "I" and have separate bodies does not mean that thoughts and emotions are located solely within individuals. Rather, these exist *between* individuals. Humans are part of shared collective aims, values and experiences.

A recent influence within social constructionism is to investigate the ways in which events, processes and qualities are presented and modelled in language, the discursive, which could be called linguistic analysis, as it concentrates on how descriptions of what is real are made, passed on and change through time (Edwards & Potter 1992, Grace 1987). The role language plays in memory has also been tackled (Harre 1990, Edwards, Potter and Middleton 1992, Harre & Gillett 1994). But the study of appropriate language games does not reflect the interrelation of the non-verbal relationships of humanity in connection with the possible ways of verbalizing them.

The currently acceptable ways of talking about the mind show the linguistic representation of ontological assumptions about the nature of the mind. For instance, the mind in itself does not exist and never has or ever will. The mind, like any other concept, is created by talk from professionals and lay people as to what the mind is. The mind, as it is usually assumed to be is the receptacle for "individuality" and "thoughts". "Individuality" is a Western assumption that people are separate and unique and fully self-responsible in all aspects of their life, from

catching a cold, to having children who become delinquents, or their career going into decline.

### **Intersubjective constructionism**

The particular definition put forward within these pages takes its influence from the existential-phenomenological school of thought: Nietzsche, Husserl, Heidegger, Scheler, Sartre and others. Phenomenological psychology promotes the act of laying aside all prior claims and assumptions in favour of describing how someone is experiencing, and so produces a description of who or what is experienced, which forms the basis, first of all, for an a priori analysis of the experience to be possible, which can then be followed by an empirical psychology (Bernet, Kern & Marbach 1989, 1993). Social constructionism also suspends claims and beliefs about the truthfulness and applicability of any theory, method or practice. In order to create a phenomenological science of therapy this must also be applied to therapy theories and the persons who enact them who use ideas as justifications for relating with clients. Therapists, their theories, claims, institutions, actions, beliefs and evidence are now to be viewed in a critical and sceptical manner.

Therefore, perhaps the best name for this particular approach is to call it *intersubjective constructionism*, because what is accepted or rejected as reality, is done so not merely by different persons, or individuals from different groups, but exists between subjects and individual subjectivities (Berger & Luckmann 1966). In the terminology of this school of thought, intersubjectivity is a "ground" of human existence, something absolute on which humanity is firmly based. Another important ground for human existence is time, and the way that practices either build up or become obsolete and fall into disrepair through time.

Therefore a major consequence of intersubjectivity is to consider what is psychological as "co-constructed". Humans are bounded by their skin and within a personal space of thought and emotion. But so much of this personal space is intimately influenced by the others around us who we have grown up with, and with whom we interact daily. This occurs to such a degree that any clear boundary of what is mine, "who I am", is intimately connected with others. In short, individuals are interdependent with others. The immediate assumptions of hard science, such as the idea of causality is refuted for the human sciences. Although causality is appropriate for modelling simple events in the physical sphere, causality and determinism are incorrect for

hypothesizing in empirical psychology because a prior analysis of essences has not been carried out. Also, the human sphere is multifactorial. Consequently mathematics and statistics are not appropriate because they cannot model human nature which is too complex and hence indeterminate for these simplistic methods of "map making", of modelling human reality: "... important characteristics of maps should be noted. A map is not the territory it represents, but, if correct, it has a similar structure to the territory, which accounts for its usefulness...", (Korzybski 1933: 58). In other words, do not confuse theory, belief or truth-claim for real experience itself.

Furthermore, humans can learn and change through time. They are conscious sentient beings who have choice. So if anything, choice is causation. Therefore, psychologists should study choice, value and prioritization. *No one stimulus can be assumed to create any specific response*. Simplistic linear causality is replaced by ideas of enabling conditions, co-construction and co-occurrence, where a large number of influences can be present. Some processes just happen to occur at the same time as others. The hard science approach for modelling simple inanimate things and systems is appropriate because it can carry out its project of predicting these events quite accurately: hence the success of hard science and technology in furnishing us with things. However, hard science cannot predict human behaviour, as we have minds of our own: hence the utter confusion within the human sciences. Human systems are too complex to be mathematically or statistically modelled. No more time and rhetoric should be wasted on this fruitless approach.

Secondly, social constructionism with this existential-phenomenological bias, is acausal and believes that there is a major tension between the individual and the social, the mass of others, the ordinary crowd, the conventional anonymous they, according to whose values the majority people choose to think and live. Existential-phenomenological writers such as Heidegger and Sartre have pointed this out (Heidegger 1953, 1962, Sartre 1939, 1962). An authentic individual both needs to be like others and to get on with them - and needs to be different and individuated from the crowd by having some knowledge of what it is like to strive for personal freedom and choice. The tension which Heidegger and Sartre refer to is about peer group pressure and the social nature of humanity versus a need for individuation. In the main, people introject the being of others and so become like others from infancy onwards. Authentic individuals try to stand out and differentiate themselves. Yet they cannot go too far away from norms. Alienation occurs in both the directions of becoming an authentic individual (in losing

human contact) or of becoming an inauthentic other (in losing oneself in the crowd).

Another relevant existential-phenomenological theme is to regard the human being as a whole, as bodies and minds, as individuals within groups of family, culture and socialising processes (Owen 1994). Any particular faculty of what is human, such as thought or emotion, cannot be seen properly without the sum total of what is human. Specific faculties should not be split off from the total number aspects of humanity which are continually present.

Edmund Husserl, the phenomenological philosopher of science, coined the term "pure psyche" to refer to the study of consciousness with a minimum of assumptions in existential-phenomenological psychology (Husserl 1952, 1966, 1968, 1977, 1981, 1989, 1991). Pure psyche is that which was rejected by the behaviourists. It is all that which is human, and of interest for social constructionism. The last phase of Husserl's writings was the study of the shared life-world or *lebenswelt*, the world of everyday intersubjective immediate experience that includes verbal and non-verbal aspects. The lifeworld is the final measure and ground for understanding all aspects of human civilization. It has to be retrieved from the scientific assumptions which corrupt it (Husserl 1954, 1970). Physiology, psychophysiology, neurology and the hard science empirical approach to making claims about human truths, have been started too soon, without a prior philosophical consideration of the pure subject to be studied and the methods to be used, which can capture its truths and their interrelations.

A final relevant theme in Husserl's phenomenology for social constructionism is to try and create a return to justifiable evidence as sources for knowledge. This would be achieved by rigorous methods and reasoning which capture the essential truths of various lifeworlds. In doing this it is necessary to turn to the relation between subjectivism and objectivism in making any claim to knowledge, and to delete all unexamined and unjustified assumptions. In Husserl's approach to psychology, unexamined assumptions are held separate from the subject of research and the data produced by the researcher. A full account of methods, evidence, justifications, claims and beliefs must take place.

### **Social constructionist theory**

The social constructionist view of therapy concentrates on socialisation, indoctrination and moral influence, the changes in meaning and ways of acting in the world that occur between therapists

and clients. Therapy is regarded as a series of face-to-face meetings where individuals from a therapy culture meet with individuals from a culture of lay persons. Therapy gives an opportunity for clients to have a new set of experiences through which they may or may not reorient themselves in the world. Any form of psychotherapy that takes in the views of social constructionism will have to modify many of the mechanical, medical and hard science emphases which are inappropriate to the nature of psychological development, change and the actualization of human potential. As this view distrusts theory and sees the members of schools as crowding together to invent a faith and enact it through defensive and market-oriented needs, then the following points need to be considered in rethinking the theory which guides actual practice. McNamee and Gergen have edited a brief introduction to social constructionism in therapy which unfortunately misses many of the main implications of the approach (McNamee & Gergen 1992).

Social constructionism sees therapy as having multiple functions. Some of which are: a method of finding personal truth, problem solving, the reduction of anxiety and guilt, symptom removal, gaining relationship skills, reduction of alienation from self, others and society, finding reasons/causes and understanding others. The role of therapist is to facilitate clients in finding these qualities and providing as little extraneous material as possible. Although they will always overtly and covertly influence clients. In general, therapy may be a means to providing ways of dealing with misfortune, bad luck and the way things are. Clients may also want somebody or something to blame, and therapists should be wary of allotting culpability. If therapy is to be effective, then the current negative system needs to be interrupted in some way by clients, who regain potency and new life by making changes themselves.

It may be possible to build a theory that has a minimum of reifying assumptions about clients and human nature in general. Or at least to create a theory that reduces an emphasis on the individual, in isolation from the home social context. Several of the family therapies have taken such a systems approach already. Reification could be reduced to a minimum by noting how words such as "depression" do not refer to a thing-like illness in a thing-like part of a thing-like mind. The word "depression" refers to all the social (intersubjective) processes that have occurred for that person in their interactions with others through the years. What is called "depression" is an intersubjective and historical process, including interpretation and active conscious choice, as well as more habitual and automatic, unconscious and out-of-awareness



choices and assumptions. These, together with the influence and actions of others, lead clients to call themselves depressed.

The relation of social constructionism to other approaches can be seen in the first major consequence of this view for the official theories that guide psychotherapy. The cultures to which we belong supply ready-made ethnocentric assumptions: such as cognitive, psychoanalytic, humanistic or behavioural assumptions, plus the assumptions which any person uses to get around in the world. The problem to be overcome in understanding others, whether in practice, theory or research, is one of accounting for one's own ethnocentricity and perspective, which inevitably skew the data into the categories for understanding of the researchers, away from the original categories of the others. Ethnocentricity may be defined as cultural bias where one's own culture is believed to have the only true understanding of the world, all other views are insufficient or incorrect. An uncritical prejudice exists in favour of one's own culture which produces biased views which predominate over all other possibilities. One universal fact is that we always do have a perspectival understanding of any subject. In order to attempt to see the reality of the phenomena at hand it is necessary not to impose one's own categories and assumptions. But how are we to know the other without making our own understanding according to our own categories? Often, culturally acceptable beliefs are assumed to be universal truths and can be seen as the only possibility. Two words from anthropology are particularly succinct in referring to the dilemma of making knowledge of the other. The word *etic* refers to the obscuring effect of ethnocentricity; *emic* describes the phenomenological aim of being able to capture the views of others without contamination, as they have them (Owen 1991a). Between self and other, our culture and theirs, lies all of human understanding and misunderstanding.

### **Social constructionist practice**

In rethinking the actual practice of psychotherapy, one starting point is to consider the subject of direction: whether it is ethically correct to lead or not in the interaction with clients, and if there are particular circumstances when it is necessary for therapists to lead and define the nature of the meetings into which clients have elected to take part. What makes visiting a professional psychotherapist distinct from talking to a friend, a priest or a stranger is that therapy should always be therapeutic: the best interests of clients are always at heart. The meetings should be to

the overall benefit of clients and should not add extra wounds to those they already have. Therapists must take responsibility for this primary directive by constantly bearing in mind the possible consequences of their actions and the multiplicity of ways in which they could be interpreted by clients. Of course, sessions are the co-creation of clients with therapists. Therefore, leading is appropriate in creating the conditions that each therapist thinks is appropriate in generating the minimum healing conditions for change to take place. Leading is not appropriate when clients may have extra wounds added because of your intervention. One aspect is that therapy should try to be a series of meetings in which clients may feel held and safe, that will contain their anxieties and guilt in becoming truthful about themselves. Eventually clients may come to accept parts of themselves which they may have previously rejected and this may have occurred by being accepted by therapists. So, clients learn to discover their personal truths by being honest to us first of all, in the therapeutic context, and this may influence the way in which clients are currently representing and experiencing their lives.

Also, therapy can rid itself of the inappropriate model of hard science: Miller Mair has written about having to unlearn being a scientist in order to be a therapist (Mair 1989, 16-17). The good intention to engage clients in a therapeutic process may be utterly misconstrued by clients who may have never purposefully reflected on their own innermost motivations, and who may be speaking the truth about themselves for the first time. Because honesty and truth are in short supply in everyday living, therapy offers to supply these. Perhaps there is a case for being very clear about the nature of the specific type of therapeutic alliance we wish to create. There may be a case for eliciting the expectations of clients at the first session about what they think therapy is going to be.

One central theme that requires attention is the mutuality inherent within intersubjectivity. For a great deal of life including conflict requires the co-operation of all the parties concerned in mutually supporting the other and their relationship with the other. Some attention has been given to a "pathological" form of co-dependency in which the weaknesses of one party coincide with the needs of another. This is only half of the story. As well as there being pathological co-dependency in which one party succeeds at the expense of the other, or both parties suffer together through mutual antagonism. There are also positive forms of interactive behaviour in which both parties succeed in achieving mutually enhancing goals. Stating this principle in another way: Human behaviour is seen as requiring the mutual supportive efforts of

others in combinations with one's own actions for intersubjective behaviour to be able to exist.

I argue that the role of a psychotherapy training is to provide positive experiences of having gained personal development through one's own training therapy in which various truths about the local culture and society are revealed and understood in close relation to understanding one's own personal nature, habitual choices and preferences. In order to be able to offer a steady professional presence, therapists may need to have gained a real self-confidence that does not rely on repeating empty theory like magical incantations. Such self-confidence can come from having suffered and having overcome the majority of suffering. This may be enough to give therapists the ability to offer professional caring throughout a career in public service. If a few of the necessary basic qualities for therapists are to be trustworthy, dependable, insightful, tolerant, empathic and confident in their abilities, then these qualities can be encouraged through an attempt to find the truth about human nature, in the specific forms which we encounter everyday around us. On the basis of a clear view of what it feels like to have therapy, and to have overcome the anxieties of working as a therapist, can it be possible to take up a position through which we can socialise and enculturate clients into recognising how they too can find some way of reinterpreting themselves, their experiences and their place in the world and the order of things.

It is possible that those therapists who have high standards and ideals, who are over-empathic and sensitive, may have many of the qualities for being good therapists, but they may also succumb to compassion fatigue, and become burnt out due to anxiety and guilt, and not being able to live up to their own unrealistic ideals. Idealistic therapists may also suffer with anxiety and guilt by dwelling on the mistakes they have made in their contact with clients. Another of the hazards of being a therapist is that something is required to overcome the feelings of impotence at not being able to help clients in a direct manner, as a social worker, health visitor or friend could. It might also be the case that therapists might feel some guilt if their level of suffering is much less than the clients they see, whose bad luck at being thrown into their life situation seems to be inescapable and not of their choosing. Also, the possible trouble that clients could get themselves into might be another source of anxiety for those clients who may persistently choose violent or self-harming behaviours.

Therapists have taken a socially useful role in society in becoming a member of one of the caring professions. This role had previously been taken on by priests who heard confessions

and granted absolution for sins. Perhaps elders within the village dispensed folk remedies, or senior members of the family gave advice and moral guidance, or demanded that certain actions be taken. The role of the modern psychotherapist has many aspects to it. As latent human scientists we are in a privileged position because we focus on the details of the lives of clients in connection with our own.

### **Therapist defences**

Physician heal thyself.

Physician know thyself.

Therapists are people too, and people need defence mechanisms to cope with the stresses of everyday life in positive life-enhancing ways. After criticizing causality and rampant hypothesis-making I would like to suggest a connection which has been revealed to Heidegger through his phenomenological reflections and which is shared by many therapists who are involved in intimate contact with the people of their region. The idea of defence is one of minimising pain and unpleasantness, of doing one thing x, which is preferable to y, in a preemptive manner, for minimising change and disruption. Defences help us cope with anxiety. But they can be deadening if they are too engrained.

Also, an approximate one dimensional continuum can be suggested between relaxation and anxiety, coping and defensiveness. This approximation suggests a fundamental opposition between being *overcome by authentic anxiety*; and *tranquillized by inauthentic complacent dogmatism*. Both too little anxiety and too much anxiety are seen as unhealthy. Mutual life-enhancing coping is health. This is where stressors are dealt with by the learning of appropriate skills which help us get about in the world in a positive manner, without the need to employ deadening defence mechanisms to keep anxiety at bay.

If a cross-cultural approach occurs in decentering and not choosing habitual ontological and epistemological beliefs, this opens up practitioners to authentic anxiety about the true nature of what exists. When all the millions of possible cultural choices and modes of being-in-the-world are considered, might it be the case that arbitrary chaos is the pattern in human actions? All knowledge, behaviour and beliefs could be purely arbitrary, according only to what has been

agreed by the local culture as normal. The positive benefits for therapists in having a sharply defined belief system is that they can reduce their own anxiety at knowing what to do, and so feel emotionally and intellectually justified that they are doing the right thing. One of the major problems of the job of psychotherapy is being sufficiently sensitive to be open to the pain and confusion of clients, which may include not knowing how to respond. A certain professional distance is required to reduce being open to one's own confusion in considering what might be the best way to proceed. The possibilities of how clients might construe our words and deeds can be anxiety-provoking. Therefore, dogmatism serves a defensive purpose in trying to remain free of anxiety in the face of real unknowns about the truth of a particular client, their life situation and the nature of humanity in general.

Another way of reducing anxiety in a primitive and obsessional manner is to employ magic, ritual and superstition. When no evidence or logical scientifically-proven connection can be found between cause and effect, irrational, non-scientific procedures may provide comfort because they are traditionally approved ways of resolving the situation and achieving legitimacy. These practices give a chance to be connected with others in a justifiable and sanctioned manner. For previous generations this century there was little social or geographical mobility, and the correct moral order was strictly defined by state, church and one's immediate social context, who frequently would not let family members step outside of the expectations placed on them. In the modern world where there is anomie and so many competing choices of lifestyle, we can see magic and superstition arising as defensive myths contrary to the unknown, complexity, and the many choices open to us.

### **Social constructionist research**

There have been a number of attempts in a similar vein to try and re-orientate psychological research methods along more qualitative lines (Salmon 1992). The main problem in the human sciences is ethnocentricity: that the etic values of researchers are preferred and used to describe another set of persons, whose way of life maybe totally different. This situation is compounded because both subjects and researchers act differently through time and according to how they interpret their situation. Social constructionism acknowledges this, but from the traditional view of "scientific objectivity", qualitative research methods appear as radical and non-scientific.

Research into the processes that occur within individual or group psychotherapy is hindered by the conventional reifying concepts and practices of the researchers (Orne 1962). A social constructionist approach to psychotherapy research would have to invent for itself a qualitative approach to study meaning change, and changes within the home social contexts of clients, that are descriptive, rigorous, and try to understand and capture the emic essences of the processes as they actually occur. For instance, this would then be able to indicate how close or distant therapists should be in their manner of relating to clients. As regards the conventional measures of therapeutic efficacy, then it must be said that symptom removal and problem solving are not necessarily measures of the effectiveness of therapy. Coping, coming to terms, feeling better despite no change in circumstances, increases in insight and empathy, and a better social life are also measures of positive therapeutic change.

One researcher counted 460 psychotherapy theories in 1986 (Goleman 1986). What is the significance of this proliferation and divergence of thought? Also, just how much cohesion is there within any one school? If an individual therapist is considered, does he or she strictly enact the theoretical principles of his or her preferred school with any accuracy? For instance, if we imagine "100 strict Freudian analysts", do they actually do the same thing with each client? Or, is it more likely that they each meet with particular clients in their own specific way, in their own reading and understanding of what it is to be a strict Freudian? Does it matter if therapists of the same school do not adhere to precisely the same principles? What are the core principles and boundaries of the role of the therapist? These 460 sets of theory to guide practice could be an object for research themselves. For instance, some practitioners see their concepts and beliefs as being more real than the clients before them. One of the problems with holding theory too dear is that the particular reality of clients becomes distorted, so that their meanings and nuances become lost or impaired, and sometimes become destroyed or corrupted in a destructive manner for them.

### **Choice, value and motivation**

Another part of the discussion to which social constructionism contributes is to ask to what degree people have free will. A major subject is trying to ascertain how people can want to do or not do things that are within easy reach of others, when they have no apparent handicaps or skills

deficits. In inquiring into the nature of what stops clients satisfying themselves, in the way they want to, it may appear to others that some illogical behaviour or excuse is being entered into which is inappropriate to how the situation could be negotiated. What this discussion of the experiences of being able to choose to change falls under the headings of wanting to change; being not ready to change; wanting to change but not wanting to take the necessary actions to change; and wanting to change but not having the prerequisites for that change to be enacted.

In brief, existentialism says "change what you can and accept what you cannot change". But what can we choose? And what can we not choose? What do we choose *not* to choose? Why do people live as they do and not make other life choices? Clients are different from those who decide not to have therapy, in so much that clients have decided that they want to change and they want things to be better. Those who do not come for therapy have decided that they are not ready for change. Those who start therapy but find that therapy is not right for them, decide that they would rather stay the same, rather than take a risk in changing the status quo in which they are currently participating.

### **The nature of health, illness and the cure**

A social constructionist view of the processes of psychological, physical and relational healing is to concentrate on the meanings that stereotypical roles, behaviours phrases and gestures may have. Neurotic reactions are seen as being inappropriate to the situations in which they occur. The nature of neurosis is such that the irrational can be used as a guide for action, thought and feeling. Neurosis can also be classified as inauthentic as it is not about being true to one's self or others. The alienated, disowned and misunderstood nature of one's own preferences and motivations, which can be a part of neurotic experience, needs to be reconsidered by clients in re-evaluating themselves in the sessions.

Neurosis and positive mental health stand in relation to each other, in relation to the local culture and its social, moral and semantic orders. Positive and negative also stand in relation to deciding not to change, or wishing to change through meeting with a therapist. As the immediate local culture, the people who we currently know face-to-face, and who we have known, are believed to be the main influences in this approach, then all matters, words and social practices

are grounded by these intersubjective experiences. Psychotherapy has several aims and performs various healing functions. Neurosis can also be viewed in many ways. Conventionally it is seen as a lack of flexibility in terms of action in the world, rigid habitual choices and the lack of new interpretations of the nature of self and others. Along these lines, therapy is therefore about helping clients see more than their current view, and so enables them to make freedoms for themselves which are harmonious with their home situations. The discovery of a new personal identity is the possible discovery of an identity with others in which clients can grasp their potential, for becoming more than who they are at the moment. People often come for healing due to their anxiety and guilt, or not being able to negotiate through a disagreement they have.

Medical anthropology is particularly relevant to the social constructionist approach because it takes into account ethnocentricity, attempts to be rigorous and uses descriptive methods. The social constructionist view of neurotic syndromes and their associated healing practices is to see them as an integral part of the local culture (Hughes & Simons 1985). The "culture-bound syndromes" are the result of cultural and inherited characteristics. The cultural component of culture-bound syndromes are contagious psychic epidemics where neuroses as learned and taught behaviours spread through families and generations. Medical anthropologists and sociologists have done much to show the meaning and relational aspects of all types of healing in their cross-cultural perspective (Helman 1990). James Dow, a social anthropologist, proposes a theory about how meaning-laden symbols, words and events are transacted between clients and therapists in all forms of healing (Dow 1986). He suggests that healing is created in either of two forms. Either therapists directly manipulate the symbols of clients and so create new meaning and combinations for them. Or, therapists attach their own symbols to the symbols of clients in order to create a healing experience.

The medical anthropologist Moerman discusses how symbols and placebo processes play a part in medicine and his views have direct parallels for therapy (Moerman 1979). He concludes that the construction of healing symbols is in itself a healing force. He views healing as a symbolic process which causes placebo reactions due to the power of socially-created faith-healing and meanings. Prince, on the other hand, comments that Freud and other writers have viewed physical and emotional imbalance as the attempts of nature at self healing (Prince 1976). Prince does not dismiss interpersonal healing effects and emphasizes the role that belief and placebo effects can play. In thinking about how healing occurs in the process of faith healing in



Christian Science, Wardwell points out that in creating a new interpretation of self and reality, the old reality has to be denied, and the new one affirmed (Wardwell 1973: 80). Littlewood and Lipsedge have put together a theory of healing which sees the events that takes place along the dimensions of identity, interpersonal power, meaning and relationships to core values and to those around us (Littlewood & Lipsedge 1987). They believe that neurosis is a felt lack of personal power which is attempted to be overcome through a refusal to conform. Therefore, neurotic behaviours are employed to show deviance and dissent. Psychotherapy is the means of successfully enabling clients to regain power, find new meaning and a new place in their culture.

### **Sources of meaning and identity creation**

After consideration of the work of these medical anthropologists, I am inclined to give a few thoughts on the consequences of trying to step outside one's own culture to come to such a place where the general processes at work within healing maybe seen. The relation of "acting out" to "working through" seems to be related to core values which motivate any individual in making their "choice of neurosis". Indeed, if that is a correct representation of this relation. Also, work needs to be done in finding the minimum necessary and sufficient conditions for positive change to occur. Once this is done the job description of therapists can be made clearer, including working out the most effective ways of engaging clients into therapeutic processes. This research works from the ground upwards, from the nature of neurosis and healing in themselves.

One practical consequence of being a therapist is to consider that all people are neurotic to some degree. Good mental health is being able to minimise one's degree of neurosis and to work within one's own personal limitations. Therapists and lay people are fallible and may make genuine unwitting mistakes. But therapists should not be too fallible, and should have achieved some degree of change and expertise in human existence in all its forms. Also, probably nobody has had a blemishless childhood and nobody can provide perfect parenting for their children. Indeed, if one were to be perfect, life would be bland as there would be no light and shade, no depth of understanding that working through personal suffering and extending one's capabilities that personal change provides.

Once the ground of therapeutic intersubjectivity has been investigated, then the

dimension of temporality, the lived experiences of the passage of time can also be investigated. Temporality gives rise to changing interpretations which accumulatively add up to a sense of confusion, due to the ever-changing appearance of objects and relations. This changeability within human experience has been called alienation. Due to the effects of multiple experiences at different times, and the relations between now, and any experience past or future, an impression is given that the objects of consciousness are constantly changing: There are different interpretations of self and other. Temporality gives rise to differing interpretations of human identities. Furthermore, this effect of change also occurs in relations to all objects. The consequent effect of temporality can be called "splitting". One consequence of these shifting patterns and interrelations needs to be discussed with reference to psychotherapy and everyday living. Temporality is important because sometimes, conflict can arise between short and long-term perspectives. A discussion of alienation and de-alienation in Western society is also required.

One of the major implications of the social and intersubjective way of looking at the processes of either becoming neurotic and less neurotic, is to study the links between the meanings and identities that accrue from shared ways of living and acting with others. In the beginning of this century, tradition, church and state laid down clear definitions and social practices by supplying ready-made meanings of suffering. The answer to the question "why am I suffering?" was readily given by a shared belief in original sin, the impurity of womanhood, or the privileges of the upper classes. However, this century has seen unprecedented social and technological change which has thrown the previous boundaries for personal choice and action into confusion. The rapid rise of anomie and social change have made previously taboo life-choices more acceptable. Prior traditions, certainties and securities have lessened. The increase in authentic freedom that is available to most people, however, may also require an increase in defences to prevent the realisation of freedom and its inherent anxieties. This may be a possible explanation for fascism and racism: that at times of financial, technological and social and personal chaos, clear boundaries are preferred to the riot of real choice. When money and jobs are scarce, then social boundaries become increasingly important as methods of exclusion are employed to keep out foreigners and blame outsiders for social ills.

## Future developments

By way of concluding this paper, we now have a perspective for looking at the history and evolution of the social practices and institutions that have filled a psychotherapeutic role, within different cultures and at different times. The shaman, priest and village elders have previously filled meaning-giving, socially restorative roles. Magical beliefs, ritual, and methods of moral indoctrination have been used to change dislocated neurotic dissenters into healed persons within the local culture. Psychoanalysis, behaviourism and the cognitive approach still have the assumptions of hard science. Social constructionism sees the hard science assumptions as being inappropriate for making a basis for interacting with clients and providing healing. The styles of providing therapy need to be radically overhauled according to a wider consideration of what is ethical and effective in sessions, so that individual practitioners from different approaches may become more effective. If therapy is to have a philosophical, sociological and hermeneutic basis - then theory, practice and research needs to take on-board some of the points indicated by social constructionists in trying to understand cross-cultural perspectives on meaning and identity, morality, faith healing and placebo response in therapy. Below, I list a few points by way of finishing this paper which point readers towards the work that lies ahead for this social constructionist/phenomenological psychology approach. This approach starts with (1) the creation of emic research methods which try to capture the true nature of the local culture/pure psyche. (2) The methods only investigate pure psyche, the intersubjective meeting place of the individual and the social, and by "factual interpretation", try to find the a priori essences of the therapeutic processes themselves. (3) Theory to guide practice can then be created to orient individual practitioners. (4) Research comes in again to check that research methods, theory and practice are on target in delivering what is required. This second attempt to compare the results with the intended aim also checks the relations between the original aims, nature of the pure psyche, methods used and the results obtained so far.

1) The phenomenological approach within philosophy is used to turn theory and practice towards fundamental aims and first principles. What usually passes for reality is not just socially constructed, but *intersubjectively constructed*, as it requires the efforts of individuals and the communal in an on-going process where self and other interact in a complex manner. Any

intersubjective relation is seen as interpersonal co-influencing where each party sends multiple messages to the others. Because self and other are in continual action and reaction, any study of humanity is also the study of self and human world, self and culture. The concept of culture invokes the core sense of intersubjectivity.

Phenomenological philosophy can be used as a guiding principle to reorient theory and practice. In particular, phenomenological analysis can be used because it seeks to be minimise ethnocentricity and aims to be all-embracing in its attempts to find truth and describe the ultimate nature of processes, ideas and people. Also, philosophy is taken as a relatively value-free model for mapping out therapy and human problems. Firstly, ideologies are based on and assume a metaphysics. Secondly, ideologies do not exist in isolation from the people who act them out. Therefore, ideas and people give permission for the creation of certain interpersonal practices to occur.

In a similar way, the subject of knowing anything or anyone becomes an entrée into both client and therapist views. As all aspects of living and knowing are interrelated, a beginning has to be made, and that can be done by putting the subjects of methodology and knowing first. The link to the subject of truthfully knowing being, ontology, is also important. Knowing and being are two facets of metaphysics that are brought together in the eternal quest of philosophy to be able to discern truth. Another subject for study is what can be regarded as adequate evidence and justification for acting in the world. Also, the subjects of accurate insight, knowing oneself, and accurate empathy, knowing others, are of central importance. The anthropological terms emic and etic understanding are useful in explaining this phenomenological aim.

2) Each culture provides its definitions of normal and abnormal, health and illness. The concepts of culture-bound syndromes from cross-cultural psychiatry is useful in relating individual experience to that of the local face-to-face culture. A counterpart of culture-bound healing can be posited to describe how clients maybe successfully reunited with the mores of local culture in a positive and meaningful way. These points are brought together into a new emphasis for understanding the meaning of life, and how people interpret their lives and themselves differently. The processes of hermeneutics need to be commented on in an effort to describe the nature of changes in the meaning of life. A very broad notion of illness, health and healing needs to be taken which emphasizes the aspects of meaning and social functioning. The

relation between health and illness differs within pluralistic societies, and cross-culturally between different societies. The many assumptions of what constitutes good and bad health need to be examined and discussed.

The life-worlds of Western societies become a focus in an effort to attend to the general ambience that creates the personal psychology and interpersonal relationships within a specific culture. Also, life outside of the West needs to be commented on to make an informed comparison to what we take as normal and acceptable. Because psychological methods usually focus on the events within one assumed culture, this makes traditional psychology inherently limited and ethnocentric: neither does it account for multiethnic situations where peoples from different cultures live in close proximity. Like so much in culture, psychotherapeutic practices are built on assumptions. Each aims to move clients from illness to health, so the nature of each assumption needs to be investigated.

3) One organising principle to be borne in mind is to discuss the relation between theory and practice, and the consequences of the multitude of psychotherapy approaches which now total at least 460. Theory guides practice, but many of these theories are quite contradictory and are founded on mutually exclusive principles. Is this profusion good or bad? Does it reflect the real choices of individual therapists? Should the number of therapies be converging in their views and practices or diverging? This large number of therapies produces a confused overview of the total sum of aims and methods of therapy, as there is little overall clarity or agreement. If psychotherapy were personified it would be a multiple personality in which each separate school disliked and distrusted the others, even though they may never have met.

4) Practice and research can be commented on in the light of learning from practical experience: both formal academic research and personal research into one's own practice and supervision. Learning from experience in ways which are positive change the ambience, the co-felt empathy in which we live. A guiding aim is to be "scientific" in such a way that it fits humanity. However, as psyche is neither constant between contexts of person, time and place, nor predictable in its changes, methods need to be created which can incorporate sameness and difference. Practice can be compared and contrasted via the perspectives of cross-cultural psychological research. This is research into the essences of psychotherapy in a social

constructionist manner. Descriptive data on the essences and interrelations of the therapeutic role, client personality, insight, empathy, belief, trust, faith, change, power, defensiveness and coping are all urgently required. Key themes that need to be dealt with include - how much freedom can individual therapists have to practice as they want? Versus, how much should therapists practice within a single style of working? Versus, what fundamental rules or boundaries should be in place that no practitioner should transgress?

Following the inspiration of Edmund Husserl, who argued against the epistemological and methodological mistake of applying hard science to psychology from as early as 1911, social constructionism in a phenomenological manner can restart the human sciences. Psychotherapy has a prime place in this venture because therapists have a mass of detailed experience that waits to be codified. Like Husserl, social constructionists can rally to the motto "to the things themselves", or more precisely, "to the carefully considered appearances of the things themselves". Social constructionism can investigate the theory, practice and research of psychotherapy with as open a mind as possible, in an attempt to capture the temporal and intersubjective phenomena of therapy as they occur. All epistemological, ontological and methodological mistakes and illusions need to be cleared away to leave only non-exploitative, ethical and minimally ethnocentric data about the social reality of psychotherapy. If psychotherapy continues ungrounded, without proper evidence that can be agreed by the community of workers, then it cannot progress. Don Quixote acted out his illusions and ideals in search of a perfect woman and a perfect world. Social constructionists do not need to attack windmills. They do attempt to solve real problems.

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