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Psicoterapia come etica. La responsabilità postmoderna nella pratica clinica
Psychotherapy as Ethics. Postmodern Responsibility in Clinical Practice

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From Pathology to Potential: Relational Responsibility in Practice
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The field of psychotherapy (as most professional fields) has been fraught with a concern for ethical action where 'ethical action' generally infers "doing the right thing." Yet, when we operate within a postmodern sensibility – a world that embraces uncertainty as opposed to certainty, continual change as opposed to stability, and local/historical/cultural contingencies rather than universal laws – answering the question of what counts as ethical practice requires an entirely different focus of attention.

In a modernist world, the belief is that we can judge individuals and their actions and make assessments concerning their appropriateness or ethical quality because we are doing so *scientifically*. Yet, the shift in postmodernism from individuals and individual actions that can be codified into generalizable "bits of information" to *processes of relating* demands that we approach the question of ethical action from a radically different approach.

Perhaps the most useful way to enter into a conversation about therapeutic ethics in postmodern clinical practice is to recognize this shift from decontextualized individuals to relational processes. Once recognized, certain questions must be addressed: *What do we do, as therapists, once we propose that meaning emerges in the on-going flow of persons in situated activity? How do we know when clinical practice is responsible and ethical?* To answer these questions we shift our attention away from a focus on isolated individuals to a focus on *language practices* (or, what people do together). Others have referred to this shift as a shift from content to process or a shift from "knowing that" to "knowing how." Within a modernist worldview, emphasis is on the expert's knowledge – what he or she (therapist in this case) knows about therapeutic process, psychic and relational aspects of being, etc. A good, modernist clinician is one who knows *that* certain behaviors or descriptions indicate a particular diagnosis. Within a postmodern worldview, however, the expert professional does not position him or herself as a "knowing professional" but as one who *knows how to engage with others (clients)* such that a sense of understanding emerges – a *knowing how*. The distinction, again, is an attention to process as opposed to content or product.

I situate my own work within one particular version of postmodernism: social

construction. I do so because I believe that postmodernism has become many things to different people and I am not comfortable assuming that by using the term, we are embracing the same orienting assumptions. I prefer to talk about social construction as a *philosophical stance* and as such, it is a *way of being in relation to the other* rather than a model or method for psychotherapy. Social construction offers us a stance for engaging in the therapeutic relationship as well as a way of expanding our understanding of what we mean by terms such as ethics and responsibility. When we talk about *therapy as social construction*¹ we are not emphasizing a particular technique or method but rather a way of orienting ourselves toward therapeutic process (McNamee, 2005). If therapy is a conversational process, then how can we understand what is responsible and ethical practice between the therapist and the client?

Ethics, within a constructionist stance, embraces a very particular understanding of responsibility. It is a *relational responsibility* (McNamee and Gergen, 1999) or, put otherwise, it is attentiveness to the process of relating, itself. We no longer concern ourselves with individual responsibility because to do so would position both therapist and client as decontextualized ethical agents. In other words, there would be no regard for the very local, historical, and situational contingencies of the therapeutic moment. Instead, actions would be deemed responsible and ethical if they met some abstract professional standard. Can we honestly call such decontextualized activities responsible or ethical?

I will discuss specific issues that I believe we must address to insure responsible and ethical clinical practice. First, social construction, with its relational focus, presents a challenge to traditional notions of expert knowledge and professional neutrality. It is not the case that constructionists do not recognize expertise or authority. What constructionists call into question is the *unquestioned presumption* that the therapist *should* be the authority (and that it is only in the therapist's position as authority or expert that psychotherapeutic success can be accomplished). I suggest that the task at hand is one of coordination among therapist, client, and the broader community within which they operate. That coordination might include problem talk, diagnosis, and an authoritative stance taken by the therapist. It is also likely that it might require the therapist to adopt the stance of an equal conversational partner who does not know with certainty how to understand or make sense of the client's problem. Furthermore, it might involve conversation about possibilities, potentials, ideals, and so forth. The point is, from a constructionist stance, we can not know ahead of time what will be the most generative therapeutic relationship for any given client.

Second, constructionism raises the question of focus. Traditional therapy focuses on the past to understand the present. Therapy informed by a constructionist sensibility places focus on the process of relating or, put otherwise, the *interactive moment* – the past,

1 My 1992 volume, co-edited with Kenneth Gergen, is purposively entitled, *Therapy as Social Construction* rather than *Social Constructionist Therapy* to indicate our focus on a stance or orientation with which we approach therapeutic process as opposed to a focus on any specific type of therapy (e.g., a model). As constructionists, we are interested in exploring therapy (and any other context or phenomena) first and foremost as a conversation wherein realities are crafted.

present, and future as they are narrated in the present. To that end, rather than attempt to provide clients with new resources for action, therapy attempts to help clients utilize the conversational resources they *already have*, in new and unusual conversational arenas. Additionally, the therapeutic conversation might focus on the future, as well as on the discourse of the ideal.

Finally, there is a difference between ignoring the past (as it is narrated) and valuing participants' understandings of the past as coherent, rational, and legitimate. With attention to the interactive moment, a good deal of confusion has emerged about *how* a therapist can honor the client's desire or lack of desire to focus on the past. ***Talk about the past always takes place in the present.*** The "rationale" for talking about the past is not, for the constructionist, to dig into the causes of the client's problem. The past need only be discussed inasmuch as the client finds relevance in telling his or her history. And, when this does, in fact, have relevance for a client, the therapist who sees psychotherapy as a process of social construction can explore how to move on from a value of the past (respect for the past) to a generative future.

What does this imply for the psychotherapist?

The uncertainty that is associated with a constructionist philosophical stance is one that invites multiplicity and thereby invites therapists and clients alike to question their assumptions and explore alternative resources for personal, relational, and social transformation. We could call this *generative uncertainty*, a term that I believe echoes Wittgenstein's notion about a decontextualized ethic, "It is clear that ethics cannot be formulated." Generative uncertainty positions therapist and client in a therapeutic relationship that is responsive to the interactive moment. The therapist is now a conversational partner and as such is free to move within the relationship in ways that enhance both therapist's and client's abilities to draw on a wide range of conversational resources. The therapist is not burdened with being "right" but with being *present* and *responsive*. The therapist and client become accountable to each other. Yet, accountability, presence, and responsivity to each other is not enough. Our conversations in the psychotherapeutic context might be more usefully centered on community transformation. How might we, as psychotherapists, invite clients into the sorts of relationships that effectively transform our ways of living communally? To that end, social construction would suggest that clinical ethics expand well beyond the therapist-client relationship.