

REMEMBERING THE FUTURE: SITUATING ONESELF IN A CONSTANTLY EVOLVING FIELD

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Fields of knowledge are constantly evolving. The postmodern turn in the social sciences and the influence of social constructionism have greatly affected the field of family therapy over the past 30 years. In this retrospective view of the evolution of family therapy, I examine some of the critical changes, including not only major theoretical considerations but also sociopolitical issues. I question the current state of family therapy education, and I further raise the question of how a postmodern, social constructionist, narrative approach can serve our students and our clients. I propose that not only situating ourselves in the epistemology that is shaping us but also maintaining a questioning stance that allows us to continually ask ourselves in what discourse we are standing will serve us well, not only now in times of uncertainty but perhaps far into the future.

Why do we remember the past but not the future?
—Stephen Hawking (1996, 182)

Recently, a friend told me that a long-time friend and colleague of hers had commented: “Social constructionism is over.” The person who made this statement is teaching in the psychology department in an institution of higher learning. When I asked my friend what her colleague meant, she said that a social constructionist perspective was no longer being taught as a metaperspective. I wondered with her why this was so. She told me that she thought it was because social constructionism is “too hard,” meaning that it’s too difficult for people to deal with ambiguity and uncertainty. Both persons, by the way, have been and are powerful writers in the evolving field of family therapy as feminists, social constructionists, and postmodernists—by their own definition and by others’ definition of them.

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Also recently, I spoke with a well-known family therapy researcher who had just completed an edited book on family therapy. When he described what it was about, I said, “Oh, it must be multi-theoretical.” His response was, “No, it’s more a-theoretical.” I questioned how that could be so, and he said that it was a book directed at multiple populations and more about what therapeutic practices were utilized in which contexts.

I am currently teaching a university graduate course in family therapy, having not taught such a course in 10 years. I consider myself someone who has evolved with the field, so it has been an interesting and enlightening proposition to try to position myself within the field as well as respectfully teach what has come before. In this struggle I find myself looking back and noticing more clearly the evolution of ideas, the continuous critiquing of new metaphors, the inclination to backlash, and the dialectical tension between a search for certainty and a proliferation of possibilities.

In the following pages I suggest that all of us who are family therapy practitioners and educators might do well to consider the evolution in the field and to situate ourselves in an understanding of what particular epistemology informs our work and our teaching. I recently made a distinction for my students between *theory* and *epistemology*. Family therapy theories, or different ways of thinking about how to work with people in relationship, abound in the current climate. An epistemology is an overarching view; it has to do with thinking about how we think. In my view many theories can fit within the same epistemology, with the defining factor being how they conceptualize *person*, *problem*, and *change*. The notion that “social constructionism is over” notwithstanding, this article focuses on an epistemology that is postmodern and social constructionist.

When I started my career as a therapeutic practitioner at a university training center in 1973, family therapy was just beginning to gain momentum. Because I lived in California, ideas that came out of Mental Research Institute, based on cybernetics and general systems theory, informed my thinking. The book *Change: Principles of Problem Formation and Problem Resolution* (Watzlawick, Weakland, & Fisch, 1974) was and is a seminal work. I also became acquainted with the work of the Milan Institute and their article *Hypothesizing, Circularity, and Neutrality* (Selvini-Palazzoli, Boscolo, Cecchin, & Prata, 1980). The ideas expressed in those works advanced family therapy theory beyond the more directive strategic model of MRI. I used Lynn Hoffman’s (1981) *Foundations of Family Therapy* in my family therapy classes, as well as critiques on family therapy models from Paul Dell (1982) and Hoffman (1985, 1990, 1992). The First International Conference on Epistemology (it may have been the only one) was held in Houston in 1984, with Humberto Maturana, Karl Tomm, Dell, and Hoffman, as well as Cecchin and Boscolo from the Milan group. This conference was turning the field toward a constructivist approach, punctuated by Ken Gergen’s (1985) innovative article on social constructionism. I read feminist critiques, particularly Rachel Hare-Mustin’s—1987, 1990 (Hare-Mustin & Marecek), and more recently 2004—continually provocative writ-

ing. In 1988, I was introduced to Michael White and David Epston's work (White, 1986; White & Epston, 1989, 1990) and became enamored of what was not yet even known as the narrative approach as I read *Literate Means to Therapeutic Ends* (the precursor to *Narrative Means to Therapeutic Ends*). I also read and studied everything I could that was background to the development of this metaphor, including some of Foucault (1980), Derrida (1981), J. Bruner (1986, 1990), E. Bruner (1986), and Geertz (1986). By the early 1990s I was so immersed in these new social constructionist, postmodern, and narrative ideas that I could begin to teach and write what I had learned and was continuing to learn.

When I recently read in Mike Nichols's book *Family Therapy: Concepts and Methods* that "it will probably take time for these postmodernists to bring back what we've learned about family dynamics into their work" (2006, p. 354), I wondered how those of us who situate ourselves in a postmodern practice have not well communicated that we thought we were doing that all along. I think, for example, about an early article I coauthored: "Understanding a Narrative Metaphor" (Zimmerman & Dickerson, 1994), where Jeff Zimmerman and I situate our personal and professional historical evolution in an understanding of Bateson and the theory of restraints. I also remember my experience on first reading Freedman and Combs's *Narrative Therapy: The Social Construction of Preferred Realities* (1996). This book gives wonderful credence and acknowledgment to all that comes before and incorporates what is helpful into current thinking. This kind of recognition is less about a "bringing back" and more about "remembering" what has previously occurred as a way of thickening an account that will propel us into the future.

I find myself wondering where we are as a field, theoretically, sociopolitically, and practically. Not so long ago, Peter Fraenkel (2005) asked similar questions in his article "Whatever Happened to Family Therapy?" His conclusions, however, are different from mine, as he conceptualized a "more broadly conceived systems approach" (p. 70) rather than the early, more specific, family therapy focus. My search continues with another question (without eschewing Peter's "take"): How have ideas that are situated in a postmodern, social constructionist perspective not only changed the field but also changed us?

As I review my own evolution, I think of the 1970s as the decade that brought us the new and exciting *models* of family therapy and systems theory, specifically, the early demarcation of strategic (MRI), structural (Philadelphia Child Guidance), and systemic (Milan Institute).

I see the 1980s as the time of critique, the embracing of a postmodern perspective and the influence of social constructionist ideas, letting go of expert knowledge and essentialist beliefs in favor of local knowledge and multiple possibilities. Not only was this the decade of critique (feminist and otherwise), but it also introduced the concept of *epistemology* as a way to consider our theories. (See Dell, 1982; Hare-Mustin, 1987; Hoffman, 1985.)

The 1990s then became a time of innovative approaches that were collaborative and attentive to the effect of dominant discourses. These included the work

of the Galveston Institute (Anderson & Goolishian, 1988) with their collaborative language systems approach, solution-focused (de Shazer & Berg, 1992) and solution-oriented (O'Hanlon & Weiner-Davis, 1989) theories, what became known as the narrative metaphor (White & Epston, 1990), and also the "just therapy" approach (Waldegrave, 1990).

I believe that postmodernism is the atmospheric condition in which we live. How could social constructionism be over? Or has the new millennium opened the doors to fear and uncertainty, to backlash and a search for that which is unambiguous, certain, and settled?

RECENT AND RECURRING CHANGES

In the past ten years, there have been subtle but notable changes. When I began teaching family therapy again after a 10-year hiatus, I realized that one approach would be to take my students through my evolution and to expose them to what I had read in the process. However, I also wanted them to be current with contemporary issues. My compromise was to have them read some of the critiques of the 1980s and then to jump ahead to trends—foreshadowed in these critiques—that appeared in the mid-1990s and beyond.

The work that Virginia Goldner (1998, 1999) did in the area of violence perpetrated by men against women, using a multi-theoretical approach, captures one of these trends. She talks about how we can position the therapy in a way that we can address the relationship between violence, therapy, and social control. She suggests that we can see through multiple lenses: feminist, systemic, psychoanalytic, behavioral, neurobiological, and cultural, as well as narrative and social constructionism. She makes the point that "each perspective acts as a check on the other" (1998, p. 268) and focuses on the "clinician's ability to contain contradictory truths" (p. 268). Her writings imply that we are beyond single-model therapeutic approaches and that in our postmodern world, these single-model approaches no longer will do justice to our clients (or to ourselves).

Another perspective that captures a larger epistemology about one's work and offers a template for understanding the therapeutic process is evident in Kaethe Weingarten's powerful writings about witnessing (2000, 2003, 2004). Weingarten suggests that we need to be able to turn unwitting witnessing of violence and violation (which she says, by the way, is what happens every day in large and small ways) into something deliberately chosen, into "compassionate witnessing." This requires that we expand our capacity for self-awareness, vision, and empathy. Her work transcends any particular model, while at the same time eschewing essentialism and individualism. She situates herself as a postmodern social constructionist theoretically and in a sociopolitical context that requires that we politicize ourselves and respond with integrity and from our deeply held values.

Positioning theory, as recounted by the savvy New Zealander John Winslade (2005), proposes another possibility. Winslade credits constructionist writers for articulating “a vision of self that is multiply located in competing stories” (p. 1) and warns us as therapists of failing to notice the “effects of power relations,” which leads to a failure to “understand the production of psychological problems in social contexts” (p. 2). Much like Goldner’s holding of contradictory truths, Winslade comments on how positioning theory allows us to focus on the subtle nuances of contradiction. This is a contradiction in which the therapist and the client can notice the active resistance of the client to dominant, oppressive discourse and can thus allow the client to reposition himself or herself within alternative narratives.

Yet another perspective is the work by Bill Madsen (2006, 2007) in which he focuses on collaborative practices. Madsen invites us to notice the discourses of therapy that are based on deficits, professional expertise, and protection and how they can be challenged (or deconstructed) by discourses of possibilities, collaboration, and accountability.

I am also intrigued by the “state” of training in the field in this new millennium. In a special issue of *Family Process* (2005), Evan Imber-Black invites the reader to a “beginning of a renewed focus on training” (p. 246), decrying the paucity of articles that focus on this topic received in her recent tenure as editor. It is also worthy of note that the eight articles in this special issue of *Family Process* concentrate less on the *content* of training and more on other aspects, such as organization, infrastructures, interface with larger systems, outcomes, and social justice. What then might the following comment mean? “The articles represent where the field is currently moving” (p. 246).

I involve myself actively in an organization (The American Family Therapy Academy) that is continually attentive to larger systemic changes that are occurring sociopolitically: U.S. immigration policies, the USA Patriot Act, hate crimes across the world, and best practices in response to disasters such as Hurricane Katrina. Because of this involvement, I feel that I am personally held accountable to noticing, witnessing, and responding to larger cultural issues all the time.

LIVING WITH POSTMODERN ANXIETY

Maybe social constructionism *is* too hard. In the recent past I have had many conversations with young women who are struggling some with anxiety as they try to negotiate their 20s, trying to determine what their career should be, where they should live, how to make enough money to support themselves, what kind of relationship they might create. They seem to be looking for a safety and security that are not very accessible in our current sociopolitical environment. I wonder how these young women (and I extend this question for young men as well)

can continue to operate from what I call a “questioning” stance given the high state of anxiety that seems prevalent in society at large (Dickerson, 2004).

I also began to situate the evolution of family therapy in a sociopolitical context since the turn of the millennium. I thought about major occurrences: the dot-com bust, a suspect presidential election, the destruction of the Twin Towers, the war in Afghanistan, SARS, the invasion of Iraq, the Enron scandal, continued unrest in the Middle East, Hurricane Katrina, the closing of the doors of General Motors and more widespread attention to global warming are some that come to mind. I wondered how these events have affected the field. What I hear from my friends in politics is that people are overwhelmed, even insiders, with what is going on, and they find themselves wanting to be distracted. I am reminded of T. S. Eliot’s “human kind cannot bear too much reality” (1952, p. 118). And I remember the voice of Azar Nafisi (2003) in her memoir *Reading Lolita in Tehran* as she recounts what it is like to live through war, social upheaval, and loss: “I had not realized how far the routines of one’s life create the illusion of stability” (p. 67).

I thought about the “models” that are being offered to family therapy graduate students, taking a newly minted Video Workshop (Nichols, 2006) from Allyn & Bacon, for example, and noticed the proliferation of approaches: from Bowenian and Feminist Therapy to Narrative, Integrative, and Emotionally Focused Couples Therapy. There are 19 videos in all! I asked my students to interview persons in the field who purported to be family therapists and to ask them what they paid attention to when they worked with families. I expected students to return with responses like: they follow pattern, or they notice triangulation, or they think about stories, or they search for solutions, or they pay attention to the larger cultural context. Instead, students reported: they do a combination of structural and narrative, or they decide what to do based on the diagnosis, or they do “whatever works.” My response was, “That’s scary.” Then I realized my students had no idea of what I meant. They had not heard my concerns: What are these clinicians thinking about as they work with their clients? Around what epistemological understanding do they organize their thinking and their practice? How do they know if what they are doing is helpful and effective and whether or not it fits for their clients?

How could I make sense of what I was noticing? When nothing seems safe or certain, when we are faced daily with the knowledge that there is very little over which we have control, I presume that we scurry to find some sense of certainty and security in our lives. Thirty-five years ago when Alvin Toffler wrote *Future Shock* (1970), he commented on the need for people to have some one thing that they could count on, something that didn’t change. In our postmodern world, are we struggling to find one thing that is constant? In the field of therapy, what might that be? What is it for our students, for our clients? If it means finding a clear and succinct therapy approach, how does that circumvent and undermine the premise of a constructionist, postmodern worldview? How might it throw us into discourses of deficit, expertise, and protection, rather than those of possibility, collaboration, and accountability (Madsen, 2006)?

In a recent class with my graduate students in a family therapy seminar, I showed a videotape of Stephen Madigan (2000) working with an African-American mother and son. In the work what comes up is that racial prejudice was a mitigating factor in problematizing the experience of the young boy. When I first saw this video in a workshop I was giving with Stephen, the African-American and Latina therapists in the audience critiqued his work, indicating that it was up to the therapist, a White male, to introduce the probability that race was a factor, rather than trying to get the mother or son to say so. Given what I have learned from my clients and colleagues and my immersion in the politics of the narrative metaphor, this comment now makes complete sense to me. The power differentials *require* that the direction of inquiry and accountability must be from the therapist to the client.

I have found this video to be an excellent teaching tool. I discuss the ideas with the class before, during, and after the viewing. Afterward, with this particular group, several students argued with the key point, saying that if the therapist had initiated race as a factor in the conversation it would have been an inappropriate use of his power. Some even said they didn't think that race was necessarily important in this particular incident. They focused instead on individual responsibility and said that everyone, including the boy in the tape they were viewing, needed to take responsibility for their actions.

I was confused and concerned. Somehow they were failing to grasp how insidious racism is and how important it is for us to name it in our work. In teaching situations like the one I was in, I believe it is generally more helpful to provide an experience rather than to launch into a didactic set that could lead to the conclusion that "my ideas are better than yours." I interrupted the discussion and asked each student (there were 14) to situate themselves in whatever ethnicity or race they would claim. Nine indicated they were White, Caucasian, one identified as Jewish American, and the other four identified as Iranian, Latina, Filipina, and Indian. These latter four said they couldn't believe what they were hearing from some (not all) of their White classmates, that, of course, race is always an issue, that certainly the therapist needed to bring it up, because if he didn't, then how could the client be sure he would understand or be sensitive enough to get it? They were further concerned that some of their own classmates didn't seem to be listening to them as they supported the initial critique. (There were a few White students who backed up the minority students' point of view but who had been hesitant to say anything until challenged to do so.)

I, in turn, was flummoxed. Had my thinking and learning and training in social constructionist and narrative ideas so politicized me that I was somehow insulated from mainstream thinking? Were graduate schools really not teaching the oppressive effects of racism, classism, sexism, gender bias, and so on?

I knew my students had taken a class in "gender and ethnicity" and had been exposed to a variety of readings (Kaschak, 1992; McGoldrick, Giordano, & Pearce, 1996; Sue & Sue, 2003). I also knew that most family therapy education programs were committed to trainings in cultural diversity. (See Laszloffy & Hardy, 2000;

McDowell et al., 2003; and McGoldrick, 1998, for example.) However, I am aware that “racial awareness” does not necessarily include “racial sensitivity.” (See Laszloffy & Hardy, 2000.) And, as the aforementioned Latina student knowingly said to me in a later communication: “I am disappointed with the training we received around cultural competence. It was superficial and immature. I felt most of the training was focused on learning more stereotypes and overgeneralizations rather than learning how to become aware of our own stereotypes and learn how to work through them. I do not think it is possible to truly teach cultural competence without any process work that includes self-exploration, confrontation, and guidance on what to do when our personal views/beliefs/values get in the way of our clinical work” (L. Corno, personal communication, April 29, 2006). She added: “Considering the diversity of California, I also think it is very sad not to have even one minority professor on board for the masters program.” I was reminded of an article in the *Family Process* special issue on training where the authors (Kaplan & Small, 2006) discuss the importance of recruiting professionals of color. They write: “Without a proactive recruitment strategy, were we not, in effect, perpetuating racism in our society by treating families of color and White families almost solely by White professionals?” (p. 250).

The third point this knowledgeable student makes is: “Mature, serious, and in some cases painful conversations around social issues are needed.” She makes the distinction between knowing about cultural competence and finally “getting it.” I reflected on my own experience of “getting it.” Understanding of power differentials is not a didactic experience. For me, I remember the place and time and the setting, and it was indeed a painful conversation. It occurred during one of the five Narrative Conferences that Stephen Madigan created in Vancouver, B.C., from 1992 to 1996, likely one of the early ones. I had been one of the workshop presenters, and we were having a wrap-up roundtable discussion late in the day. When the conversation turned to issues of race and class and some commented that no persons of color (First Nations, African Americans, or Latinos, for example) were included as presenters, a rumble went around the room. A young Latino respectfully suggested that I could not know what it is like for him. In my naïveté, I said that as a woman I knew what it was like to be in a position of less power. That comment may be accurate—as Rachel Hare-Mustin wrote 18 years ago: “There are four primary axes along which inequalities of power are organized: class, race, gender, and age” (1987, p. 252). However, the young man persisted, and what I finally realized is that I will *never* be in the position of a person of color. I can never understand what his or her experience is. I can only hope to appreciate what each person tells me about his or her experience and try to remain sensitized to the effects of continuing, insidious racism.

In the end, it was really not a surprise that most of my students had not yet had an awareness of the inequalities of power. I am now convinced that our conversation opened the door a bit. Later two of the students who identified as “minority”—

in their words—told me that the discussion was really important to them and they were grateful to me that they had the opportunity to have it. One, in particular—the woman I have quoted here—continually comments how especially critical these processes are because so many of them work with minority clients.

In a conversation I had with David Epston, not long after the occurrence related above, we talked about how we can politicize or, to use David's term, "radicalize" our students. He mentioned to me a process he and some colleagues use in a program in Auckland, New Zealand, called "Just Practices," in which they bring in persons from the community who are doing important work with those who may have been oppressed by larger cultural issues: classist, racist, or sexist. Students are given the opportunity to interview the community workers and afterward are asked to develop a plan about how they will integrate some of these "just practices" in their own work (Epston, Rennie, & Napan, 2004). What I was reminded of is how important it is to engage those with whom we work in their own experience as a way to open possibilities for new understandings.

What else I notice from my students is a desire to have something they can hold onto, a theory, a way of thinking, and a practice that is "research-based" and formulaic. They talk about cognitive behavior therapy (CBT) and action commitment therapy (ACT) and wonder with me if these are "social constructionist" approaches. I get the idea that they are saying: "We find the ideas of postmodernism and social constructionism compelling, but how do you explain the concept of *self* and that people need to *fit* in society?" I realize they are affected by institutionalized dominant discourses. I further realize discourse theory and discourse analysis are not taught in many graduate schools of psychology or in family therapy programs, which also somewhat explains why my students had little experiential exposure to the negative and oppressive effects of dominant discourses around race, class, sex, gender, and age.

How is my recent experience with these students different from the timeless quest of most graduate students for "answers" or for "how-to's"? What I notice today in many students is that they are restless and are intrigued by the possibility that there are multiple answers, not just the "right" ones, and that the question isn't "how to" but what questions to ask. In spite of the need for certainty, they are drawn toward uncertainty, they are curious, and some even are able to hold a position of "not knowing."

HOLDING A QUESTIONING STANCE: WHAT POSTMODERN THERAPIES BRING TO THE CURRENT SOCIOPOLITICAL CLIMATE

Rachel Hare-Mustin (1994), in *Discourses in the Mirrored Room*, makes the supposition that the only discourses allowed are those that are spoken within the room.

How do other discourses enter in?—only with the questioning of the therapist, and thus a possible deconstruction of what might be dominant and oppressive. Winslade (2005), in *Utilising Positioning Theory*, describes how therapy questions can allow clients to position themselves within a discourse and then question whether or not this is the discourse within which they want to be positioned and by which they want to be influenced. One can conclude that the therapist's positioning within a social constructionist, postmodern epistemology can open the door to multiple discourses.

In the following example, the use of an outsider witness group and the utilization of questions within that context demonstrate the importance of *positioning*. Specifically, the example shows how the therapist, by situating herself in a particular epistemology, affects her relationship to her client and her relationship to herself.

In a recent consultation group in my office, one of the participants talked about her work with a man who “didn’t want what she was offering; he wanted a cognitive behavioral approach.” He was a young adult who was struggling with a great deal of anxiety, and what he wanted from therapy was to be able to find a good job and pursue a career. She had been questioning how anxiety was affecting his sense of himself and was making it difficult for him to recognize any areas in which he felt competent. She said that she was able to stay close to his experience so that he eventually could say what his fears were—mostly in the area of what people would say or think about him. She said that anxiety was always in the room. He wanted homework assignments, and he was constantly pressing her to help him make some specific behavioral changes. She began to question what she was doing and asked herself: “Why would I expect someone to like the way I’m thinking?” She told us that she knew she herself was affected by the anxiety that “was always in the room.”

We used a witness group in a format that I have adopted from Michael White (2005) for this setting. It is a process specifically designed to support the therapist's own knowledge. After interviewing the therapist, I then interview the members of the witness group in a way that the therapist can begin to understand and appreciate his or her own thinking and practice and at the same time notice other possibilities.

One member of the group commented that the therapist's client seemed to not be afraid to say things to her and conjured up an image of a mirror. She thought perhaps the man could look in the mirror and see himself the way he would like to see himself, and further added, “Why do clients tell me something they don’t tell anyone else?” We conjectured that it may have something to do with the way she views her clients—the way those of us, from a postmodern, social constructionist perspective, may view them—through their preferred identities.

Two others noticed that the therapist often talked with her client about what he had accomplished, which he would often discount. They said that they sometimes had difficulty containing their optimism and not being cheerleaders. Hearing this therapist's experience reminded them to acknowledge more clearly the client's

struggle, while still holding the client's preferred identity in the space of the therapeutic relationship.

A final comment came from someone who offered an image of a room with a window, perhaps up high, that lets in light but sometimes obscures from us, as therapists, exactly what it might be that we are offering the client.

When the therapist responded, she said that she now could appreciate how the overwhelming anxiety had gotten her to lose sight of what she was doing—that she was intentionally deconstructing the discourse that was oppressing her client. She remembered that he would often give her a big smile when she touched upon something that resonated with his preferred experience. She had forgotten this. Doubt had seeped in and made her second-guess herself.

She began to see that by questioning him, she was not disallowing his request but simply helping him situate it in his own experience and opening possibilities for thinking in larger and more accepting ways. Although her client eventually opted to go to a different therapist who could work with him from a CBT approach, I suggested that this decision did not necessarily mean a rejection of her work or her thinking, that what she had brought to his worldview was an opportunity to position himself within discourse.

Earlier on in the process, before receiving the responses from the witness group, I had wanted to raise the question, How does a therapy situated in discourse theory and analysis (such as a narrative metaphor) allow people to notice and to question their positioning within discourse, to “resist” those dominant discourses that don't fit for them, and at the same time honor what clients are telling therapists that they want?

I don't believe there is necessarily a dilemma in this question. My experience is that by helping our students hold a questioning stance, noticing taken-for-granted realities, being curious about possibilities, and being open to alternative ways of thinking, they will not fall prey to the pull toward the illusion of certainty. They also will be able to bring this position of questioning to the persons who consult with them.

Further, I subscribe to Kaethe Weingarten's position of the power of our witnessing what the client's experience may be. It is a witnessing that touches us, because we cannot hear or see another's distress without it affecting us in some way. It is, however, also a compassionate witnessing, in which we choose to enter into a relationship of caring and authenticating the experience of the other. In this process we create a connection, a belonging, and the possibility of a larger community, a gathering of allies bonded together toward similar values, philosophies, and intentions. (See also Dickerson, 2004, for more on creating allies.)

This example of a consultation and the use of an outsider witness group thus demonstrates several key components of a postmodern, social constructionist practice: positioning theory, discourse, analysis, compassionate witnessing, and the importance of an ongoing community of support.

A NOTE ON EPISTEMOLOGY

Over a decade ago, when I was immersed in writing about my experience with the narrative metaphor and finding multiple ways of interacting with those who consulted with me both in the therapy room and as a teacher-learner, I remember having a conversation in which I wondered if a narrative way of thinking was located in a different epistemology from other therapy approaches. This question led me and my teaching colleagues at the time¹ to make distinctions between the narrative metaphor and other therapies based on how we think about the person, the problem, and change (Dickerson & Zimmerman, 1996).

These distinctions have continued to help me when I introduce postmodern, social constructionist, narrative ideas to new audiences. I find a conversation about epistemology to be particularly useful, for example, when asked how narrative ideas are “like” CBT, or how narrative practices can be useful within a structural approach. My response is that approaches cannot be alike if they flow from different epistemologies, nor can one “use” practices from one approach in another and call it the same thing. In other words, “narrative practices” in a structural approach is not a doing of “narrative therapy,” because they don’t flow from the epistemology that supports narrative thinking. They flow from an epistemology that supports structural thinking. (See a recent article on the structural-narrative debate by Levy, 2006.)

By making the distinction for my students between theory and epistemology, I want them to be able to recognize that we can situate several therapies within different epistemologies. Some fit a modern epistemology—ways of thinking that are more fixed in their approach, with essentialist notions of self, for example. There are other, somewhat more contemporary, therapies that fit within a postmodern epistemology and with social constructionism as the basis for understanding.

We are back to the future. My appreciation of the epistemology in which I situate myself is that it holds a larger view than most ways of working with people. I believe that this is the legacy of a postmodern world: recognition of multiple discourses, multiple possibilities, multi-theories, multiple identities, and so on. Does this multiplicity show a lack of coherence? Is coherence necessary or important? And . . . how does either multiplicity or coherence help the therapist in the room with the person who is consulting her or him?

I believe it is this ability to hold the multiplicity and to bear witness to the uncertainties that bombard us that creates an experience of coherence. It allows for a therapeutic approach that is curious about and respectful of local knowledge. It is an approach that is open to multiple and contradictory truths, while *at the same time* inviting clients to question their own positioning.

¹These colleagues included at various times: Janet Adams-Westcott, Gene Combs, Melissa Elliott, Jill Freedman, James Griffith, Bill Lax, Stephen Madigan, Bill Madsen, John Neal, Sallyann Roth, Kaethe Weingarten, and Jeff Zimmerman.

In my mind, the effect of social constructionism on the current state of family therapy practice and family therapy education is one that has changed it immeasurably and irrevocably. Perhaps we will only know to what extent in an unremembered future. What I notice my students thinking about differently from what they thought about 10 or 20 or 30 years ago is a lot more about why they are thinking what they are thinking, and that is a monumental change.

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