

Reasons and Reason: A Reply to Morrison

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ABSTRACT: *Katherine Morrison charges that in my book, Back to Reality, I failed to make my case for the adoption of a modest realism in postmodern (narrative) therapy, because I failed to establish the motive behind that movement's adoption of antirealism. In fact, in Back to Reality, I put forth several reasons for therapists of all stripes to favor a modest realism over antirealism, reasons which do not depend upon the motives of narrative therapists, whatever they may be.*

RÉSUMÉ: *Katherine Morrison prétend que dans mon livre Back to Reality, je ne parviens pas à établir le bien-fondé d'une position qui adopte un réalisme modeste en thérapie (narrative) postmoderne, parce que je n'établis pas les motifs qui se cachent derrière l'adoption de l'antiréalisme par ce mouvement. En fait, dans Back to Reality, j'énonce plusieurs raisons pour lesquelles les thérapeutes de toutes écoles devraient préférer un réalisme modeste à l'antiréalisme. Ces raisons ne dépendent pas des motifs des thérapeutes narratifs, quels qu'ils soient.*

The authors of scholarly books surely hope that their work will be noticed and taken seriously, and so I am pleased that Katherine Morrison indeed gave serious attention to my book *Back to Reality*. In this response, I first explain why Morrison's main objection fails. This objection is crucial to her critique. If it does not succeed, then she is left without any basis for saying that I have failed to show that postmodern (narrative) therapists ought to reject antirealism in favor of a modest realism. After refuting her main argument, I assess her four other arguments about subsidiary matters.

Morrison's Main Objection

In her abstract, Morrison claims that the conclusion of my book — “that postmodern (narrative) therapists ought to reject antirealism in favour of a modest realism — is based on a fundamental misinterpretation of the originary aim behind the adoption of an antirealist epistemology” (p. 27). She further claims that my conclusion “in favour of a modest realism” (p. 29) “hinges on premise four's claim [p. 28] that the goal of the narrative therapy

movement *can* be achieved through a modest realism" (p. 29), a claim which she believes I fail to establish because I fail to establish my thesis about the goal of the narrative therapy movement (Premise 1): "I don't believe that Held ever establishes the *can* premise, because I don't believe that she ever establishes that maximizing individuality in therapy is, in fact, the goal of the narrative therapy movement" (p. 29).

In what follows I indeed defend Premise 1. But contrary to what Morrison seems to be saying, establishing *that* premise will not necessarily support the so-called "hinge" premise, Premise 4. Even if Premise 1 is true, it might still be the case that, in the final analysis, nothing — not the realism I advocate for several reasons, not even the use of a more incomplete system of therapy (which is what I believe is more closely connected than anyone's epistemology to an individualized practice) — can adequately solve the thorny problem of individualizing therapeutic practice while still adhering to a theoretical system of therapy. And contrary to what Morrison says in Premise 2 (p. 28), I am not claiming that the eclectic therapy movement actually succeeded in satisfying the need for an individualized practice — certainly not by virtue of its realism. What I said in my book is that that movement represents a compromise between (the tension of) an individualized and a systematic practice, a compromise achieved by virtue of the degree of completeness of its theoretical systems (Held, 1995, pp. 70-71). In fact, I believe that the eclectic movement is fraught with problems of its own.

In short, Morrison appears to be confusing a thesis about motivation with one about the truth of antirealism, especially its validity and viability as a foundation for therapeutic theory and practice. Even if I were entirely wrong about what motivated narrative therapists to adopt antirealism, my conclusion about therapy, namely, my rejection of antirealism "in favour of a modest realism" (p. 29), would still obtain. That is because in *Back to Reality* my criticisms of the use of antirealism within postmodern therapy have much to do with its inadequate support by the arguments that the postmodernists rely upon, with the fact that the adoption of antirealism leads to explicit contradictions, and with the fact that its use creates ethical and other practical problems. These are sufficient reasons for therapists to stick with realism in the face of postmodern antirealist trends in other disciplines, and I discussed these reasons throughout my book.

Morrison's Four Subsidiary Arguments

Morrison devotes the bulk of her critique to the following four arguments, which I characterize as subsidiary to the one I discussed just above:

1. I supply no evidence for my thesis that antirealism was adopted to individualize the practice of postmodern narrative therapists (I will call this the individualization thesis): "The originary aim to which she [Held]

attributes the epistemological shift to antirealism is suspiciously *realist* in nature, and it lacks any clear evidential support" (p. 28). "Of her seventeen quotes, however, only five make any specific reference to the local, specific, unique, or personal. . . . The reader will have to decide for him/herself whether any or all of these quotations sufficiently indicate an emphasis on 'individuality' in therapy. It is my feeling that most do not" (p. 32).

2. I misinterpret some of the theorists I quote because of my alleged confusion about the ontological status of individuals, in particular, that I mistake an "emphasis on 'subjectivity'" for an "emphasis on a 'real' ontological subject" (p. 32): "It seems to me that Held may be mistaking the use of subject terms for talk of ontologically real subjects . . ." (p. 33).

3. The quotations I supply to demonstrate the adoption of an antirealist epistemology within postmodern psychotherapy prove that the reasons motivating that adoption were more epistemological/philosophical, and not an attempt to individualize practice: "[T]he emergence of the narrative therapy movement may be seen as an attempt to solve, not the problem of maximizing individuality, but the epistemological problems of realist therapies. It certainly seems to be epistemological matters that are on the minds of the narrative therapists that Held quotes in her book" (p. 35).

4. The debates about epistemology within psychoanalysis in particular were clearly about epistemology and not about the individualization of practice; therefore, this must be true of all postmodern narrative therapy: "Strenger claims that the hermeneutic turn (the turn to antirealist narrative therapy) was intended to undercut the assumptions that grounded the methodological charges against psychoanalysis by shifting the focus of analysis from causal explanation to the interpretation of meaning. . . . [I]t is reasonable to assume that Held may simply have overlooked an aspect of the movement which ties it, unquestionably, to epistemological origins" (p. 36).

Regarding the first point, that I supply no evidence or at least no "clear" (and presumably, no convincing) evidence for the individualization thesis, I agree with Morrison that readers of my book will have to decide for themselves. But I am puzzled by her numerical analysis, in which she finds five of seventeen quotations (from Chapter 4) to constitute insufficient evidence. How many quotations would be sufficient? If I were indeed claiming that for every single narrative therapist the desire to solve the individualization problem were the sole motivating factor, five quotations would probably not be enough. But that is not my claim. Moreover, Morrison leads the reader to believe that these seventeen quotations — however the reader judges their evidentiary status — constituted the sole evidence I gave in my book for the individualization thesis. They did not. (See especially Chapters 1, 7, and 8.) For example, in Chapter 1 I say,

[I]n a chapter titled "Postmodern Epistemology of Practice" [Polkinghorne (1992)] states, "In making clinical judgments in their work with clients, they [practitioners] evince a postmodern belief in individual differences and the need for particularized understanding" (p. 155). . . . [H]e goes on to say: "Psychological practice [in contrast to academic psychology] emphasizes the uniqueness of each client . . ." (p. 159). (Held, 1995, p. 18)

And in the invited address that precedes her response, I gave additional quotations which Morrison does not mention — this, despite the fact that, as a member of the audience at that address, she surely had the handout I disseminated that contained these quotes. What about them? Do they too give no evidence of the ongoing concern with the client's uniqueness or particularity that I find in them? Or if they do, are there still not enough of them?

As for Morrison's second point, that I erroneously take subjectivity to imply ontologically real subjects — "It seems to me that Held may be mistaking the use of subject terms for talk of ontologically real subjects" (p. 33) — here I plead guilty as charged! That (some) ontologically real, knowing subjects actually constructed the real notion of subjectivity, and then stuck — or keep sticking — consistently (and persistently) to that notion, is a fact that undermines, or at least erodes, any postmodern now-you-see-it-now-you-don't notion of the "self" (e.g., Gergen, 1991). Morrison claims that my allegedly mistaken link is a byproduct of the fact that — with regard to the "language of subjects" that "even the extreme postmodernism of Derrida acknowledges" — "[t]here is simply no other language to use" (p. 33). Perhaps there is a reason for that fact, if it is indeed true. But that reason, for me, would entail allowing a relation between language and reality that postmodernists, and Morrison, I presume, would find objectionable. More to the point at hand, Should *therapists* (functioning as therapists) seriously work to deprive their clients of a real ontological existence — deprive them, that is, of the reality of individuals, and not Morrison's scare-quote adorned "'reality' of 'individuals'" (p. 33) — an existence which indeed constrains the identity and life that they work to co-construct in therapy (see Glass, 1993)?

Now on to Morrison's third point, that my quotations of postmodern therapists show a concern with epistemological/philosophical problems, and not with the practical problem of individualizing therapy. Of course they show a concern with epistemology: I provided these quotations expressly to support my claim of the reality of the turn to antirealism within the narrative therapy movement. But nowhere in *Back to Reality* do I say there is only one reason for that antirealist turn: indeed, I say exactly the opposite, and I go on to give other reasons (Held, 1995, pp. 13-15), although the reader might not

glean that fact from Morrison's critique. Consider this statement, for example: "[W]e must now ask why members of so many disparate therapy movements are turning, as if in an orchestrated effort, to postmodern philosophy and literary theory. There may well be as many answers to that question as there are therapists" (Held, 1995, p. 13). It is true that she mentions (p. 34) one of my alternative reasons (Held, 1995, p. 14), a reason she finds persuasive, but which she accuses me of dismissing as "unsubstantive" (p. 34). I do not find it unsubstantive: what I actually say in my book is that I find another reason to be "more substantive" (Held, 1995, p. 15) than its alternatives, and that of course is the individualization thesis.

Why do I find the individualization thesis to be more substantive? To be sure, I find evidence in the writings of postmodern therapists, which are public. But as a clinician who has practiced therapy for many years, I also find practical evidence in the actual *doing* of therapy itself, an activity which — as *lived* experience — is of course less open to public scrutiny. This lived experience is indeed a context for my interpretation of the postmodernist texts, and again the reader must decide if this context has helped or hindered my interpretation of those texts — decide, that is, if there is in fact a concern with the individualization of practice that I find in them, and Morrison does not. Both my own personal lived experience as a therapist, and the writings of (the lived experience of) a great many therapists, together and apart, reiterate over and over, in a multitude of ways, a core dilemma in the actual doing of therapy, namely, getting from the general propositions that guide practice (including the dearly held views of human nature that even postmodernists cannot avoid) to the unique particularities of each and every therapy client. This is nothing less than the eternal "nomothetic/idiographic" tension that has pervaded theorizing within psychology in general, and psychotherapy in particular, for a great many years.

And I certainly devoted a good portion of my book to that tension. After all, these are practicing *therapists* who are turning in considerable numbers to antirealism in the form of postmodernism, not philosophers, or at least not philosophers acting only *as* philosophers. (Apropos the *number* of therapists concerned with the individualization problem: if the actual numbers were important for my thesis, would we be asking about theorists or practicing therapists? And if we were asking about the latter group, it would seem less plausible to conjecture that the philosophical reasons were more dominant than the practical ones.) And Morrison begs the question why, *as practicing therapists*, they are so compelled by postmodernism, including the postmodern aversion to grand (general) narratives/theorizing. She gives as her answer the work of scholars who write about the epistemological woes of psychoanalysis, including the therapist Carlo Strenger and the philosopher Adolph Grünbaum. But are the majority of therapists who spend their time in the trenches worried first and foremost (if at all) about such heady intellectual

problems as shoring up an embattled psychoanalytic *theory* by a hermeneutic appeal to the theoretical distinction between meanings and causes, so as to “undercut the assumptions that grounded the methodological charges against psychoanalysis” (p. 36)? (More about that later.) Or are those in the trenches, those who practice therapy (as well as write about it), ultimately trying to find ways to make therapy better, more effective, even more cost effective, especially in these embattled days of managed care?

This is not to say that therapists are not interested in such epistemological matters — I certainly am! But these matters are less central to the problems practitioners face in their everyday lived experience as practitioners than the matter of getting from generality to particularity, from the general causal/theoretical claims that guide practice to the particularities of the consultation room that were hardly anticipated, let alone contained, within those generalities but that are essential nonetheless for the successful doing of therapy. In fact, the individualization problem is so deep and compelling (*this* is what I mean by “more substantive”) that it cuts across all schools of therapy: it is a problem no matter what sort of therapy is practiced, and it matters directly to the actual practice of therapy in a way that many of the philosophical issues that occupy theorists do not. So, even if it were true that only a few theorists were motivated by a desire to deal with this problem, it would still be more substantive for practicing therapists than the epistemological issues that occupy theorists. And after all, postmodern therapists, like all therapists, ultimately market their wares to other therapists with promises of more effective practice: any *marketing* attention given to epistemology itself must clearly serve the interests of better therapy, not just better philosophy (Coyne, 1998). So we are left with the question of *just how* solving such epistemological problems as saving psychoanalytic theory from a lack of evidence to support its causal claims by claiming it makes no causal claims at all, makes for better practice. I am not saying that such an endeavor has no practical effect, only that Morrison does not make that case.

And there is no reason to suppose that the quest to make the practice of therapy itself more attuned to the unique individuality of clients — to squelch the oppressive “dominant discourse” that allegedly robs clients of their “own unique or personal narratives/knowledges/realities” (to quote postmodern therapists) — precludes *other* reasons for the postmodern turn (as I say in my book), including the reasons Morrison suggests. Yet Morrison structures her argument around the idea that individuality is (for me) the only reason, and so matters of epistemology cannot be a reason, despite my assertions to the contrary.

Morrison’s fourth point is that a motivation for the antirealist turn in psychoanalysis was an epistemological matter, and therefore that must be the case with *all* narrative therapies — this, despite the fact that many members of the narrative therapy movement originated in the family therapy movement,

which often stood in direct opposition to psychoanalysis. In any case, let us first consider the psychoanalytic literature itself. There, much of the debate has indeed centered around questions about the validity of Freud’s theoretical claims, especially the question of what should constitute the proper epistemic standards for their evaluation. These are, as Morrison rightly says, epistemological matters — matters which went right to the question of whether Freudian claims should be evaluated by standards appropriate to the natural sciences, or whether some special epistemic standards more appropriate to the so-called human (or interpretive) sciences in general, and psychoanalysis in particular, were warranted (see Erwin, 1996, 1997 and Grünbaum, 1984, 1988, 1993, for compelling challenges to these arguments).

Incidentally, the debate about a natural science vs. human science approach to psychoanalysis is not unrelated to the age-old debate about whether psychotherapy should be seen as an art form (including rhetorical, literary art forms, as Jerome Frank suggests) or as a science. And central to that debate is the problem of getting from generality to particularity within the therapeutic context, as I explain in some detail in my book (see Chapters 7 and 8). Nowhere is the link between antirealism and individuality expressed more clearly and eloquently than in a book that serves as a seminal work for many narrative therapists, *Narrative Truth and Historical Truth: Meaning and Interpretation in Psychoanalysis*, by the psychoanalyst Donald Spence (1982), who is one of those cited by Morrison as having epistemological matters on their minds (p. 36), and whom I quoted extensively in my book because of his intense engagement with the problem of generality and particularity in analytic interpretations. Yet Morrison evidently chose not to include these quotations in her critique (see Held, 1995, pp. 209-212, 248-250).

Moreover, although some of the narrative therapists I critique are no doubt interested in the bona fide epistemological matters Morrison raises, many of these narrative therapists do not typically focus their concerns on the proper epistemic standards for the evaluation of their own — or other therapists’ — theoretical claims. Rather, they — unlike the psychoanalytic theorists/therapists and philosophers who were indeed concerned with epistemic standards per se — are unprecedented in their attempt to build an actual system of psychotherapy around the concept of antirealism (or constructivism or social constructionism) itself. This leaves us, again, with the question Morrison fails to answer, namely, why these therapists think, and explicitly claim, that postmodernism/antirealism/constructivism/social constructionism will make for better therapeutic practice, as opposed to leading us to a better standard for the evaluation of the theoretical claims of narrative therapists. Put most simply, How does the adoption of antirealism make for better therapeutic practice? Kenneth Gergen, a leading social constructionist who is influential in certain narrative therapy circles, for

example, tells us that teaching clients to *be* antirealists/relativists is a way to attain mental health (Gergen & Kaye, 1992, p. 183; Held, 1995, p. 237). But that is a matter of therapeutic efficacy (with a general causal claim to boot!), and not a matter of the proper evaluation of theoretical claims. And although I disagree with his conclusion, Gergen has at least tried to answer the practical question I have posed by appealing to the mental health implications of being an antirealist. Of course, I have tried to answer that same question in *Back to Reality* by examining the ongoing struggle to individualize practice more adequately. But Morrison does not answer that question. And that, for me, in the context of this exchange about therapy, is the question.

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