

Origins and Influences: Answering Held's Call to Realism

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ABSTRACT: *In 1995 Barbara Held, professor of Psychology, published what is, I think, the first book of its kind — Back to Reality: A Critique of Postmodern Theory in Psychotherapy — a book not about how to do psychotherapy, but about how we should think about doing it. The work engages in a vigorous examination of the recent antirealist trend in psychotherapy and it opens up an important and timely epistemological debate, but its conclusion — 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. It is Held's contention that the narrative therapy movement adopted antirealism as a means of "maximizing individuality" in therapy, a goal which can and should be achieved by way of realism. I suggest here that, to the contrary, the aim of this epistemological shift was the resolution of strictly epistemological problems, and that a return to realism would be antithetical to this aim.*

RÉSUMÉ: *En 1995, Barbara Held, professeure de psychologie, a publié ce qui, à mon avis, est un livre inouï: Back to Reality: A Critique of Postmodern Theory in Psychotherapy. L'ouvrage entreprend un examen critique des tendances antiréalistes que l'on retrouve dans la psychothérapie aujourd'hui et ouvre un débat épistémologique important et opportun. Cependant, sa conclusion, à l'effet que les thérapeutes postmodernes (narratifs) devraient rejeter l'antiréalisme au profit d'un réalisme modeste, se fonde sur une interprétation erronée du but premier de l'épistémologie antiréaliste. Held soutient que le mouvement de thérapie narrative a adopté l'antiréalisme afin de "maximiser l'individualité" en thérapie, un but qui peut et devrait être atteint plutôt par le réalisme. Ici, je prétends au contraire que le tournant épistémologique a été entrepris dans le but de résoudre des problèmes strictement épistémologiques, et qu'un retour au réalisme serait contraire à ce but.*

The turbulent shift in psychotherapy over the past twenty years from realist to antirealist theory has generated a great deal of theoretical confusion, and Held's *Back to Reality* is one of the first books in its field to confront this confusion head on. Though I disagree with the ultimate conclusion of Held's work — that postmodern (narrative) therapists ought to give up on antirealism

and adopt, instead, what she calls a 'modest realism' — I am no less impressed with Held's philosophical analysis of antirealist psychotherapies. The attempt to say something significant, something decisive, about a school of therapy that is as diverse as it is fractured is an imposing task. Held accomplishes it with impressive clarity by consolidating antirealist therapies around one unifying principle — the desire to maximize individuality — the principle which she believes prompted the adoption of antirealism in the first place. By focusing on the motivation behind this shift to antirealism, Held is able to construct a relatively clear picture from what has otherwise remained the largely impenetrable theory of postmodern therapy. My fear, however, is that Held has allowed this picture to be coloured by her theoretical commitment to realism. The originary aim to which she attributes the epistemological shift to antirealism is suspiciously *realist* in nature, and it lacks any clear evidential support. Yet it is around this alleged aim that Held orients her entire analysis, and it is as a consequence of this orientation that Held reaches the far from inevitable conclusion that all psychotherapies can be and should be realist.

As I see it, there is at least one reasonably good alternative to Held's teleological account of the shift to antirealism: the desire, not to maximize individuality in therapy, but to minimize the methodological and in particular, the epistemological, problems of realism — an account which clearly does not support Held's call for a return to realism. Before I say any more about this 'epistemological' alternative, however, let me offer the following, admittedly simplified, sketch of the central argument of Held's *Back to Reality*:

1. The postmodern antirealist narrative therapy movement emerged (antirealism was adopted) in response to a perceived need to individualize therapy.
2. The eclectic therapy movement¹ (a modern scientific realism) realized this same need at least fifteen years prior to the emergence of the narrative therapy movement, and satisfied it by way of a modest realism (essentially pluralism).
3. If we analyse the structure of any system of therapy we find that the individualization of therapy does not depend on the adoption of a particular epistemology (realist or anti-realist), but rather, depends on the (non)restrictiveness of the categories that constitute all systems of therapy: (A) theories of problem causation, (B) theories of problem resolution, and (C) categories or types of clients/problems.
4. The need for individualization that prompted the emergence of a postmodern antirealist therapy movement *can*, therefore, be satisfied without adopting antirealism.

5. We *should* satisfy this need through modest realism rather than antirealism because a) antirealism is impossible to maintain (narrative therapists inevitably lapse into realism), and b) antirealism has serious, negative ethical consequences.

Conclusion: narrative therapists should reject anti-realism in favour of a modest realism.

Notice that Held's conclusion hinges on premise four's claim that the goal of the narrative therapy movement *can* be achieved through a modest realism. The assertions of premise five — that antirealism *should* be rejected because it is impossible to maintain, and carries with it serious ethical consequences — may be independently valid, but they only support a return to realism once it has been established that the overarching goal of narrative therapy *can* be achieved by way of a realist epistemology. I don't believe that Held ever establishes this *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.

Held's claim is that in reaction to the tendency of realist therapies to ignore the uniqueness of each client, the narrative therapy movement adopted postmodern antirealism as a means of preserving something "enduring to [the client's] self/identity as it really exists," of preserving "the individual's true self" (Held, p.20). As Held describes it, their goal was to maximize individuality "in the traditional, ontological sense" (Held, p.20). But, as Held, herself, is quick to acknowledge, there is an implicit contradiction in this claim:

the adoption by narrative therapists of a pervasive postmodern antirealism constitutes nothing less than a serious, albeit self-contradictory, attempt to preserve in therapy the very individuality (in the traditional, ontological sense of the term) that the adopted postmodern theory denies (Held p.20).

In short, Held claims that the movement adopted postmodern antirealism for the express purpose of doing something that that theory does not do.

Held attempts to make this account more plausible by shifting the burden of contradiction off her claim and onto postmodernism itself. While there is an apparent contradiction in claiming that the use of postmodern theory in psychotherapy is an attempt to preserve the very individuality that that theory rejects, the contradiction, claims Held, is actually rooted in "two incompatible positions within postmodern theory" (Held, p.16-17). On the one hand, postmodernism denies "a coherent individual, or unique self," but on the other hand, it emphasizes the "'local,' 'specific,' particular,' and so forth [which]

often get translated to mean the individual's unique perspective, or experience, at a particular time and place (i.e. a contextualized, individuated perspective)" (Held, p.17).

If Held is correct about this postmodern *faux pas* then her teleological account could well be correct. Seeing the emphasis on individuality within postmodern theory itself, narrative therapists may have looked on postmodern antirealism as a means of preserving this individuality in therapy. But I can find no evidence to support Held's suggestion that postmodernists translate 'local,' 'specific,' 'particular' (or any other word) to mean anything that would be consistent with Held's notion of individuality in 'the traditional, ontological sense of the term'. Oddly, Held's own evidence seems to issue from Rosenau's *Postmodernism and the Social Sciences: Insights, Inroads, and Intrusions* (1992), a book, not of postmodern theory *per se*, but of its use in the social sciences. This gives us reason to suspect that the contradiction may arise in the *application* of postmodern theory rather than in the theory itself. Either way, the burden remains on Held to demonstrate that the narrative therapy movement did, in fact, adopt this contradictory stance.

Does Held's book ever rise to this challenge? Her introduction promises that evidence of the movement's teleological aim will come in chapters 3, 4, 5, and 7, but, by the time we reach these chapters Held has already moved on to questions of the desirability and viability of an antirealist epistemology in therapy (what I have identified as premises 3 through 5 of her central argument). Any evidence that is provided by these chapters comes by way of implication only. In what follows, I have tried to draw out these implications, and to reconstruct what I believe Held must take to be evidence for her teleological account.

Reconstructing the Evidence for the Principle of Maximizing Individuality

In the first of these four chapters Held constructs what she takes to be a generic model of therapy systems. According to this generic model all therapy systems are organized around (A) theories of problem causation, (B) theories of problem resolution, and (C) categories or types of clients/problems. For Held, the potential for individualization in therapy depends on how restrictive (i.e., how rigidly normalizing) these three categories are (Held, pp.76,89). In the case of eclectic therapy, for instance, categories (A), (B), and (C) are non-restrictive because their content — the theories of causation, problem resolution, and client/problem types — are pluralistic (Held, p.65-66). As a consequence the eclectic therapy approach places virtually no constraints on the uniqueness of every client, problem, and therapeutic situation (Held, p.65-66). Even though eclectic therapy maintains a realist epistemology, then, individuality can be maximized in the therapeutic setting. According to Held,

narrative therapy achieves this same goal by maintaining equally non-restrictive categories (A) and (C). In effect, they reduce (A) their theory of causation, and (C) their categories of client/problem types, to the client's individual narrative² by maintaining that both the cause of the problem, and the problem itself are simply the content of this narrative. They, thus, eliminate any extra-narrative etiology. As a consequence, both (A) and (C) are "so very general that they place (for all practical purposes) no constraints on the way client's unique, personal views are to be used in therapy" (Held, p.131). Thus, contrary to what postmodern therapists may believe, says Held, "the degree to which the practice of therapy is individualized (vs. Systematic) is [...] in no way a function of the realism or antirealism of the theoretical system (Held p.76); either approach accomplishes this same objective.

Although Held does not explicitly offer evidence for her teleological account here, her generic model does suggest some weak inductive evidence. I take Held to be supposing that because (according to her generic model) categories (A) and (C) of narrative therapy are so non-restrictive as to *allow* for maximum individuality, it is reasonable to assume that maximum individuality was the aim. That is, it is reasonable to infer that (A) and (C) were intentionally designed in this way. I suspect that the comparison between narrative and eclectic therapy is meant to strengthen this inference. Held might argue that since the eclectic movement explicitly minimizes the restrictiveness of (A) and (C) to maximize individuality in therapy, it is reasonable to think that the narrative therapy movement may have adopted antirealism in the belief that it too would minimize the restrictiveness of (A) and (C), and thus, accomplish the same goal.

But by showing us that a realist therapy can maximize individuality (and, in fact, did so prior to the emergence of the narrative therapy movement (Held, p.29)), Held calls into question the logic of adopting antirealism. If individualization was the motivation behind the movement, there would seem to be no justification for the epistemological shift to antirealism³. It is here that Held's realist bias truly interferes with her analysis. She wants to demonstrate that realism can better achieve the goal of narrative therapy before she has adequately substantiated her original thesis that maximizing individuality is, in fact, the goal. Nevertheless, by adopting antirealism the narrative therapy movement does minimize the restrictiveness of (A) and (C), and it may well be the case that they did so in order to maximize individuality. I must point out, however, that the 'individuality' that is made possible by this move is ambiguous at best. The rejection of general theories of problem causation (A), and general categories of client/problem types (C), does place emphasis on the local and specific, that is, on each client's individual narrative, but as we shall see as we analyse the evidence given in Held's fourth chapter, this in no way implies 'individuality in the traditional ontological sense'.

The evidence of chapter four is a little more difficult to reconstruct than that of chapter three. After giving a number of quotes that are meant to illustrate the antirealism of the narrative therapy movement, Held points out that "some quotations [pay particular] attention to the local, specific, unique, personal (i.e., non-general) construction of some antirealist story in therapy" (Held p.101). In this, says Held, we see "a clear linkage between antirealism, on the one hand, and that which is local, unique, or personal, on the other" (Held p.101). The suggestion seems to be that this linkage reflects an implicit belief in the connection between antirealism and the maximization of individuality in therapy. Of her seventeen quotes, however, only five make any specific reference to the local, specific, unique, or personal:

These knowledges [e.g., client's stories] are not about discoveries regarding the 'nature' of persons and of relationships, but are constructed knowledges that are specifying of a particular strain of personhood and of relationship [White, 1993, p.38] (Held p.98).

Each person's experience is explicitly responded to as her unique perspective on a given situation [Parry, 1991, p.37] (Held p.98).

There are no 'real' external entities, only communicating and languageing human individuals [Anderson & Goolishian, 1988, p. 378] (Held p. 99).

Realities are constructed locally by persons in conversation [Epstein & Loos, 1989, p. 407] (Held p. 99).

Constructivist psychotherapy is founded on the conceptual critique of objectivist epistemology. In particular, it offers an alternative conception of psychotherapy as the quest for a more viable personal knowledge, in a world that lacks the fixed referents provided by a directly knowable external reality [Neimeyer, 1993, p. 230] (Held p.100).

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. Admittedly there is an emphasis on 'subjectivity', an emphasis perfectly in keeping with a theory that denies epistemic access to any objective reality. This emphasis does not, however, necessarily translate into an emphasis on a 'real' ontological subject. When Anderson and Goolishian, for instance, tell us that "there are no 'real'

external entities, only communicating and languageing human individuals" it seems that their emphasis is on the *absence* of an objective reality, not on the *reality* of a subjective presence. That is to say, their emphasis is on the mutual construction of 'reality' including the 'reality' of 'individuals' themselves, rather than on the revelation of some true self or 'ontologically real individuality'.

It seems to me that Held may be mistaking the use of subject terms for talk of ontologically real subjects — an equivocation that seems sometimes justified by the language her narrative therapists use. But even the extreme postmodernism of Derrida acknowledges a need to maintain the language of subjects while rigorously denying that these (or any) terms have a fixed ontological referent. There is simply no other language to use. Even if we were to accept Held's interpretation of these quotes, however, I don't believe they provide sufficient evidence for the claim that the narrative therapy movement adopted antirealism in order to maximize the very individuality that such a theory denies.

There is, however, a second, more fruitful line of inference in Held's fourth chapter. Along with the emphasis on 'individuality', Held also finds in the list of quotations, an emphasis on social construction indicative of a tension between the local or specific, and the generalized (Held p.101):

there is an obvious conflict within this movement: on the one hand, there is the desired emphasis on the social/cultural/consensual domain — on that which works to produce general, predetermined discourses. On the other hand, there is the desired emphasis on the individual/personal/unique domain — on that which works to produce the uniquely particular, or non-predetermined, discourse. Thus, if, as social constructionism alleges, clients' and therapists' experiences of reality are always filtered through, altered by, their cultural/linguistic/ discursive contexts, then their narratives or stories about their experiences must always reflect whatever cultural discourses they share. In that case, those stories are not — indeed cannot — ever be completely unique to any one individual client — or therapist -.... (Held p.108).

What Held sees in this conflict is evidence of a struggle to maximize individuality while still maintaining some level of systematization (a requirement, according to Held, of any serious system of therapy) (Held p.114). This connection becomes more obvious when Held draws on Foucault, suggesting that, for some therapists at least, the conflict is one between dominant discourse and individuality:

According to their critics in the postmodern narrative therapy movement, modern therapists 'impose' on the client, in the name of truth, some general, predetermined, and allegedly objective, problem type (e.g., that the client has unresolved oedipal struggles...). By contrast, some postmodern narrative therapists work expressly to locate in the client's story any elements of just such a predetermined, or 'oppressive', dominant-discourse story, whatever its source. According to those therapists, all therapists must replace general, predetermined, dominant discourses with a story that is ever more personalized and unique to each client....Here we see the growing influence on narrative therapists of Foucault's postmodern ideas about the relation between dominant discourse, on the one hand, and power and oppression, on the other (Held p.109).

The adoption of such a Foucauldian approach, says Held, "focuses therapeutic attention on the nuances of the client's individuality by eliminating the oppressive, constraining, deindividualizing, anti-inventive effect of 'imposing' on client's (general) predetermined categories of, and causal explanations about, behaviour" (Held p.114).

This, far more than the quotations themselves, lends plausibility to Held's teleological account by emphasising a fairly clear conflict between the general or social, and the unique or personal. To the extent, at least, that narrative therapists do follow Foucault in thinking that the deconstruction of dominant discourse will reduce oppression, Held could make a case for believing that the goal of psychotherapy is to maximize individuality, though the burden would still be on Held to explain why the emphasis is on maximizing individuality (something which Foucault would reject), rather than on minimizing oppression.

The Epistemological Alternative

There is, I think, at least one strong alternative explanation for the emergence of an antirealist movement in psychotherapy. Held touches on this alternative when she offers, but then dismisses as unsubstantive, the possibility of "a pervasive realization that the 'grand narrative' of therapy has simply not succeeded," a realization based on the fact that "despite almost 50 years of the scientific study of psychotherapy, there is still surprisingly little consensus about what causes problems and what causes solutions" (Held, p.14). In fact, the problem is even more endemic than this. Realist psychotherapies have not only had difficulty coming to a consensus on causes; they have faced serious difficulties justifying causal inferences at all. Following the methodological

attacks on psychoanalysis by Popper (1959, 1963) and Grünbaum (1974, 1979, 1984) — that psychoanalytic propositions are unverifiable and that inferences from clinical observations to theoretical constructs are unjustified — the 'causal explanations' of realist psychotherapies have been brought under serious scrutiny, and there has been an increasing turn to antirealist epistemologies that place the emphasis on the 'meaning', rather than on the causes of behaviour⁴. Perhaps this coincidence itself proves less than conclusive, but it is compelling enough for me to think that the 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:

Since we cannot know objective reality, all knowing requires an act of interpretation [White & Epston, 1990, p. 2]" (Held p.97).

Postmodernism creates distance from the seemingly fixed language of established meanings and fosters skepticism about the fixed nature of reality [Hare-Marecek, 1990a, p. 27] (Held p.97).

The epistemology to which we subscribe departs from the traditional 'paradigm of objectivity' [Efran et al., 1990,p.xiv] (Held p.97).

The new epistemology acknowledges that our lives take place mainly in a world of meanings — in conversation [Efran et al., 1990,p.xv] (Held p.97).

Post-structuralists, in fact, question the opposition of the subject and the object upon which the possibility of objectivity depends [de Shazer, 1991, p. 50] (Held p.97).

Constructivists challenge the traditional separation between the knower and the known,... [McNamee & Gergen, 1992, p.3] (Held p.97).

Like the broader postmodern Zeitgeist from which it derives, constructivist psychotherapy is founded on a conceptual critique of objectivist epistemology [Neimeyer, 1993, p. 230] (Held p.100).

It was once accepted that psychotherapy worked by digging into the unconscious . . . and curing symptoms by exposing truth. Conflicting therapies disagreed about the meanings or factors behind symptoms, but all believed that only dealing with these 'real things' in their 'real places' could really cure. These metaphors are no longer valid. Meanings are not objectively *there* to be found, but are *constructions*.... [Spence, 1982] (Held p.100).

Everything is constructed. This requires a new epistemology.... The patient and therapist are then conceived as engaged in a duet for two voices, in which meaning is translated and constructed, and is no longer expected to be self evident.... Truth is constructed rather than revealed [Bouchard & Guerette, 1991, p. 386] (Held, p.100).

Oddly, it is Carlo Strenger, a figure whom Held relies on heavily in her account of the narrative therapy movement, who best articulates what I see as the epistemological origins of this movement. In a book which is not included in Held's citations: *Between Hermeneutics and Science: An Essay on the Epistemology of Psychoanalysis* (1991), 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 (Strenger, p.40). Admittedly, Strenger's focus in this work is on psychoanalysis, and so it may be the case that what Strenger and I would call the hermeneutic movement — a movement that can be traced back through psychoanalysis to the early work of Ricoeur (1970), Habermas (1971), Gadamer (1975), and Schafer (1976) — that adopts antirealism, and narrative theory in particular, in order to shift the focus of therapy away from causal explanations and toward the interpretation of meanings, may not match, precisely, what Held takes to be 'the antirealist, postmodern, narrative therapy movement'. However, Strenger's account shares enough in common with Held's, including many of the same figures, that it is reasonable to assume that Held may simply have overlooked an aspect of the movement which ties it, unquestionably, to epistemological origins.

Either way, there is, I think, sufficient evidence of this epistemological origin within Held's own work. As my excerpt from her list of quotations demonstrates, many of her narrative therapists appear to be focused on epistemological issues, and if we take a look at what Held cites as the two earliest works in the movement — Frank (1987) and Anderson & Goolishian, (1988) — we see clear connections to the epistemological goals of the

hermeneutic movement. The earliest, Frank (1987), published only three years after Grünbaum's influential critique (Grünbaum, 1984, 1986), makes no mention of individuality, but it does take up a position in the epistemological debate. Take for example Frank's opening sentence: "In that psychotherapists seek to interpret and transform the meanings of patient's communications, psychotherapy resembles rhetoric and hermeneutics," and his concluding remarks:

Both the debate on the scientific status of psychotherapy and the direction of current research in the field rest on the implicit assumption that the effectiveness of any form of psychotherapy depends on its scientific validity (Grünbaum, 1984). The considerations reviewed in this article suggest, rather, that the therapeutic power of any form of psychotherapy depends on its persuasiveness. In this a psychotherapeutic method resembles a literary production more than an applied science The inapplicability of traditional scientific methods, dependent on objective, quantifiable data, to subjective meanings imposes limits on what can be learned about psychotherapy through the traditional methods of psychotherapeutic research (Frank p.300).

In addition, both Frank's article, and the (1988) Anderson & Goolishian article make specific reference to hermeneutics and connect themselves through their citations — Bauman, Freud, Gadamer, Grünbaum, Kuhn, Rorty, Wittgenstein — to the hermeneutic movement.

Origins and Influences in Analysis

I suspect that neither Held's ontological account, nor my epistemological account of the origin of antirealism in psychotherapy can ever completely explain the narrative therapy movement. This is a movement that is heavily influenced by the philosophical theory at its roots, philosophical theory which has remained largely opaque to both therapists and philosophers alike. My suspicion is, that for this very reason, any attempt to organize the movement around one teleological principle will be futile — that, for instance, overlooking the theoretical fissures between Foucault and Derrida, Gadamer and Habermas, will only propagate further confusion. In light of this suspicion I have tried to keep my remarks tentative throughout, but I hope that I have expressed enough conviction to convince the reader that antirealism may offer a unique contribution to psychotherapy, one which cannot, and should not be made by realism. At the very least I hope to have convinced the

reader that the philosophical analysis of the origins and influences of the narrative therapy movement will play a vital part in cutting through the theoretical confusion of contemporary psychotherapy, both in terms of the way we think about psychotherapy, and the way we practice it.

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Notes

- 1 According to Held, the Eclectic Therapy movement arose because "no one school or system of psychotherapy could accommodate the great variety of clients, problems, and therapists... [they] therefore sought to make good use of an expanding, scientific knowledge base about human problems and their solutions, without imposing on clients the theory and methods of any one school or system of psychotherapy" (Held, 1995, 29).
- 2 There is something odd about the way that Held applies her generic classification. In the case of eclectic therapy, categories (A), (B), and (C) are non-restrictive because their *content* is pluralistic, while in narrative therapy, categories (A) and (C) are non-restrictive because they *have no content*. Both categories (A) and (C) (theories of problem causation and theories/types of clients/problems) are implicitly rejected by antirealism, though Held insists that the client's narrative constitutes both (A) and (C) (see Held, 1995, chapters 2 and 3).
- 3 Chapters 5 and 7 reiterate the inductive evidence of chapter 3. To avoid redundancy I will not address these chapters in the text of my paper.
- 4 For a discussion of the problems inherent in this shift, particularly with respect to the work of Roy Schafer see my "Agency, Ontology and Analysis: Roy Schafer's Hermeneutic Conflict" in *Psychoanalysis and Contemporary Thought*, Vol. 22, Issue 1 (1998).