Embracing a Postmodern Philosophy
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"There is fiction in the space between you and reality." Tracy Chapman

In the past twenty years postmodernism has gained popularity and merit within the field of clinical social work. This has left today's clinical social worker grappling with the questions: what is this new approach to therapy, how should it be embraced, and why should clinical social workers embrace it?

What is This New Approach to Therapy?

Perhaps the best way to explain postmodernism is to first understand what is modern. Modernism is a philosophical viewpoint that has its roots in the Age of Enlightenment. In modernism "reason was the path to knowledge, and truth was something objective 'out there' that could be discovered by carefully following the steps of the scientific method" (Howe cited in Applegate, 2000, p. 141). "Modernists were interested in large-scale theories that could explain human behavior...facts that didn't fit theories were ignored, and, all too often, therapists put more faith in their technologies than in their clients' experiences" (Nichols & Schwartz, 1998, p. 317). Not much regard was given to the role of culture, gender, ethnicity, religion, socioeconomic status or sexual orientation. In modernism, truth existed and it was the therapist's job as expert to successfully figure out the truth, make interpretations, and implement the correct interventions necessary in helping clients.

Sigmund Freud's drive theory was at the heart of the modernist model, as were his ideas on mental health. Freud believed that the human mind should be looked at as an "archeological site," where the psychotherapist used techniques of free association and interpretation as a way of "exposing the underlying structure of the human mind" (Mitchell & Black, 1995, p. 1). Influenced by his neurological background, Freud took a scientific approach to exploring his patients, and felt that there was an objective truth to be found. Following in his footsteps, Anna Freud and Heinz Hartmann's ego psychologies are also examples of the modern approach to psychotherapy.

Horowitz (1998) states "contemporary psychoanalysis also starts with Freud, but it involves a paradigm shift toward postmodernism" (p. 370). While Freud's work has undoubtedly shaped all models and theories that followed, today's paradigm shift towards postmodernism has been influenced by many transitions along the way. As Applegate (2000) explains, "following World War II, scholars from a variety of disciplines began to question the hegemony of the modern emphasis on reason and science and to suggest that no single rational system can define a universal truth" (p. 141). In the discipline of psychotherapy, "Winnicott and Kohut were both important figures in the shift from rationalism and objectivism to subjectivism and personal meaning" (Mitchell & Black, 1995, p. 168).

D. W. Winnicott and other object relationists shifted the focus from the inner drives, defenses, and ego functions, towards how outside relationships with others (mainly the mother) are internalized. Rather than applying Freud's psychological structure of the id, ego, and superego to his clients, Winnicott talked about individuals in terms of the self. This self was a subjective entity whose goal was to attain a "true," creative and spontaneous self with the help of a "good-enough" mothering environment.

Winnicott also strayed from Freud's view that there were definite techniques that could be applied to therapy in order to get at truth. He, along with other object relationists, proposed "working in the immediacy and unpredictability of the evolving therapeutic relationship and only retrospectively trying to make sense of it" (Applegate, 2000, p. 146). "Winnicott's ideas about the treatment process...include an understanding of treatment in which the relationship, rather than interpretation, is the critical curative element" (Saari, 1996, p. 152). The therapist steps down from his "expert" role of interpreter of absolute truth and, instead, asks the client "what is true for you?"

In the same vein, Heinz Kohut also broke away from the psychic determinism and therapist as expert mentality of the modern theories. While Kohut began his career practicing under a classical, modern paradigm, he found it to be unsuccessful in his work with narcissistic clients. He therefore

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reformulated Freud’s theories on narcissism, self-love, and the need for interpretation, and developed a new theory that centered on the concepts of self-objects and empathy. Kohut’s theory focused more on caring than curing.

Kohut also looked at psychological structure in terms of the self. He posed transmuting internalization as a process through which a function performed by another is taken into the self in a way that is unique to that individual (Elson, 1986). The idea of internalizing in a way that is unique to the self was an integral shift from modern to postmodern thinking. Kohut would eventually conclude that “an overly rigid adherence to the content of Freud’s particular theories, such as his theory of narcissism, encouraged the analyst to impose a preformed belief system on the process that fit the patient’s communications into predetermined categories of meanings, rather than formulating tentative hypotheses that would allow continual, open receptivity to the patient’s unique experience of his plight” (Mitchell & Black, 1995, p. 156).

Winnicott and Kohut transformed the modern approach to psychotherapy. With this transformation came the ideas that perhaps truth was not an objective entity and perhaps there was not one correct theory to be used as a tool to dictate technique in direct practice. However, Winnicott and Kohut were not alone in this transformation. Harry Stack Sullivan believed that “human beings are inseparable, always and inevitably, from their interpersonal field. [And that] the personality or self is not something that resides ‘inside’ the individual, but rather something that appears in interactions with others” (Mitchell & Black, 1995, p. 62). There is a shift from the Freudian view of the individual as an autonomous individual who is motivated by her internal drives, to a view of the individual as a self that is influenced and created through interactions with an environment. Also, there is a broadening of Winnicott’s idea of a “good-enough mother” to encompass a “good-enough environment.” He emphasized that clients must be looked at in terms of their context and “to try to understand them outside of those contexts is a serious mistake” (Mitchell & Black, 1995, p. 63).

Another way in which Sullivan’s work presented a shift away from modernism towards a more postmodern perspective is in regards to his beliefs about language.

In Sullivan’s view, each of us uses language in a largely idiosyncratic fashion ... For the analyst to assume she knows what the patient means by the words he is using and to make interpretations based on that assumed understanding is, for Sullivan, to greatly compound confusion and to lose any hope of meaningful insight. The only way for the analyst to know what the patient is really talking about is to ask detailed questions” (Mitchell & Black, 1995, p. 72).

For Sullivan, language is a vehicle for which people can come to a shared, consensual sense of meaning. The idea that individuals take their own idiosyncratic meanings from the world and that language can be used to bridge those subjective meanings represents, again, a shift towards postmodernism.

Similar to Sullivan, Daniel Stern viewed the self as being social from birth. For Stern, the self was not a result of something innate or predetermined, but rather a result of representations of interactions that get generalized, or RIGs. “The intent in creating RIGs is to have schemas to evaluate experiences and guide reactions ... They are memories of lived episodes that thus become represented preverbally and that serve to create a sense of continuity” (Sanville, 1991, p. 207-208). RIGs are unique to individual persons and are constantly updated as individuals encounter new experiences with the world. Also, similar to Sullivan, Stern viewed language as a vehicle for people to create shared meaning. Saari (1996) quotes Stern in saying “meaning results from interpersonal negotiations involving what can be agreed upon as shared. And such mutually negotiated meanings (the relation of thought to word) grow, change, develop, and are struggled over by two people and thus ultimately owned by us” (p. 146). This view of language is right in line with the postmodern view that “identity does not fundamentally exist inside the isolated individual, waiting to be uncovered through an archeological exploration of the layers of an unconscious, but is a meaning system created through dialogue with others” (Saari, 1996, p. 148). Stern’s theory becomes even more related to the postmodern discipline in his revisions, when he talks about the individual as a narrative self.

Winnicott, Kohut, Sullivan and Stern are singled out here. However, they are not the only ones who influenced the transition from modern to postmodern thought. Many other psychoanalytic and psychodynamic theorists impacted that shift. Erik Erikson’s stages of psychosocial development refocused normal development from an emphasis on mastering inner psychosexual drives, to mastering...
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outer, social functions in relation to others and tasks in the outside world. Feminist and relational models drew attention to the role of society and culture. They asked the questions: How does the larger societal environment affect who people are? And how does it shape a person's view of what is healthy and normal versus pathological and abnormal? Feminist writer Judith Jordan (1997) talks about empathy as "the attempt to be with the truth of another person's experience" (p. 27). This thought is complementary to postmodernism where empathy becomes a process of attempting to co-construct a shared meaning and understanding of clients' experiences. Others have also added to a climate where subjectivity, meaning systems, social construction, and a co-created dialogue have paved the way for postmodernism in the psychotherapeutic field.

Now that a historical perspective has been gained for how psychological theory has been transformed since Freud, the question is asked again, what is postmodernism? One can see pieces of Winnicott, Kohut, Sullivan, and Stern in the postmodern philosophy. However, postmodernism has taken from a variety of disciplines in formulating a new psychological paradigm. Influenced by the writing of Bateson, Foucault, Gergen, von Glaserfeld, Heisenberg, Hoffman, Kelly, Maturana, and others, postmodernism offers a new philosophy for viewing and making sense of the world (Horowitz, 1998; Mills & Sprenkle, 1995; Northcut, 2000b; White and Epston, 1990). Today, many concepts and theories fall under the postmodern umbrella. These include second-order cybernetics, constructivism, social constructionism, personal construct theory, narrative therapy, solution-focused therapy, collaborative language theory, and others (Mills & Sprenkle, 1995; Northcut, 2000b).

From a postmodern viewpoint "reality as we know it is a construct of our own private and idiosyncratic way of organizing information rather than an accurate and universally true representation of what is out there" (Mills & Sprenkle, 1995, p. 368). Reality is subjective, as each person creates his or her own truth and meaning from experiences. Postmodernism "recognizes that many realities, selves, and truths co-exist and that reality is not discovered but socially constructed as people interact with other people and with societal beliefs" (Niehmeyer cited in McQuaide, 1999b, p. 343).

The postmodern approach to looking at reality has had major implications for clinical practice. Where the modern psychotherapist was once seen as an expert, the postmodern therapist looks to the client as the expert. As stated in Applegate (2000), while "the dramatizations co-created by the client and social worker are in part orchestrated by the worker's skills, derived in part from theory, reflection, intuition, common sense, and rich experience with complex human dilemma" (what Applegate refers to as practice wisdom), the client is the expert on her story of life and the meaning she has taken from it (p. 150). Therefore, the therapist is continuously attempting to gain an understanding of how the client constructs her world. "To understand the individual is, at least partly, to understand his or her personal way of making meaning out of experience" (Soldz, 1996, p. 286). This involves empathic listening, gaining a detailed inquiry of events and experiences, and creating a dialogue so that the therapist and the client can begin to co-construct a mutual understanding of the meaning of those events.

It is important to recognize, however, that the client is not alone in bringing subjective meanings to the therapeutic relationship. The therapist also brings her constructs and personal understandings of the world into therapy. These constructs include biases and prejudices that may interfere with her understanding of the client. These beliefs also impact her reactions to clients and her "personal experience of the [client]" (Mitchell & Black, 1995, p. 79), or countertransference. The concept of transference, or the client's personal experience and reaction to the therapist, has been talked about since Freud, while the concept of countertransference became a critical part of Sullivan's interpersonal therapy. The concept of countertransference emphasizes the importance of awareness and reflection in regards to the therapist's reactions to a client. It is important for the therapist to recognize how her countertransference may be preventing a meaningful and liberating therapy.

The postmodern client-therapist relationship is more of a partnership. While the dynamics of power within that relationship are not completely equal, a postmodern therapist is aware and cognizant of those dynamics. In looking to the client as the obvious expert on her life, the playing field is somewhat leveled so that the client experiences empowerment and self-efficacy within the treatment process. This process "emphasizes multiple truths and clients' rights to develop their own story or truth, rather than having one imposed on them by the therapist" (Northcut, 2000b, p. 6). As was true for Winnicott, the therapist is working together with the client to interpret meaning and truth. "Utilizing constructivism compels the clinician to articulate his or her understanding of the concepts, to ask for the client's...
definitions and also suggests that the act of discussing these concepts with clients produces a third definition - one that is constructed between the client and the clinician" (Northcut, 2000, p. 58). The therapist brings to the relationship her practice wisdom, the client brings her current way of constructing reality, and together these constructs are addressed and re-evaluated. The partnership that is created allows for a healthier, more empowering treatment.

For the postmodern therapist, what “really” happened in the client’s experiences does not matter. There is not an objective reality to be found. Since truth is subjective and idiosyncratic, what becomes important is the meaning that the client attaches to her experiences. “The goal becomes not to arrive at truth, but to hone abilities to engage in a process of ever fresh ‘retranscribing’” (Sanville, 1991, p. 207). Take, for example, couples or family work in which each individual has his or her own version of an event. In attempting to find an objective truth from two or more differing stories, the therapist will most likely run into a great deal of frustration and grief trying to decipher what “really” happened. However, in adopting the philosophy that the meaning constructed from events is more important than the events themselves, a therapist can redirect the focus. The emphasis becomes helping the individuals in the couple or family to gain a better understanding and appreciation for how each of them is constructing and making sense out of the conflictual events. The possible end result is to arrive at a new transcription of the event. This new transcription allows for a shared meaning of the event which is healthier and more viable to the couple or family system.

In talking about the meaning one takes from events, narrative therapy enters the picture. White and Epston (1990) state that “in order to make sense out of our lives and to express ourselves, experience must be ‘storied’ and it is this storying that determines the meaning ascribed to experience” (pp. 9-10). They go on to say that “the success of this storying of experience provides persons with a sense of continuity and meaning in their lives, and this is relied upon for the ordering of daily lives and for the interpretation of further experiences” (p. 10). In the same vein as Stern’s concept of RIGs, White and Epston propose a subjective means by which people make sense of and order their lives. This way of attributing meaning to events changes and gets revised over time. The fact that constructs change and develop is central to narrative therapy and to postmodernism in general.

“Constructivists ... tend toward the position that life can (or should) consist of continuous growth and change” (Soldz, 1996, p. 290). The self is not seen as a unitary entity, but rather a complex being where multiple truths and realities exist. Past theories have looked at self in terms of the “good self” and “bad self,” the “true self” and “false self,” the “libidinal ego” and the “anti-libidinal ego.” Postmodernism allows those models to hold true, but also goes beyond the two contrasting poles of self. It redefines the self as complex and capable of multiple layers within its one self. McQuaid (1999b) states “the different ways a person constructs the story of his or her life can be a source of strength and resilience or a source of weakness and vulnerability” (p. 343). A goal, then, becomes “helping the client to accept and integrate both vulnerable and resilient selves” in a way that is “optimally empowering for the client” (p. 413).

Social constructionism also plays a key role in postmodernism. “Social constructionism suggests that when a sufficient number of people reach a consensual definition on something, that thing is then viewed as an objective reality. The construction process and the accompanying social agreement recede into the background, and a sense emerges that what has been constructed by a consensual definition exists out there, in the foreground of the real world” (Rosen cited in Northcut, 2000b, p. 5). Social constructionism “questions the existence of an essential self apart from others” (Mills & Sprenkle, 1995, p. 369). To this end, social constructionism takes into account the “truths” of a society or a culture and the impact that those truths have on an individual’s way of experiencing and making sense out of the world.

Constructivism asserts that the ‘knower’ constructs all knowledge and that we cannot know ‘truth’ with any certainty because our personal and social context is always influencing what we see ... Families, groups, communities, and societies have a history that influences the truths they purport to be as facts ... Members of these groups may not be aware of the idiosyncratic nature of the truth they have been immersed in because they have not known another reality” (Northcut, 2000b, p. 3).

Taking the role of social construction into account, the postmodern therapist allows for the client’s social and cultural surround to become an integral part of the understanding and co-construc-
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How Should Postmodernism be Embraced?

Now that a basic history and understanding of postmodernism has been gained, the focus shifts to the question, how should postmodernism be embraced? I propose that postmodernism should be embraced as a philosophical framework from which therapists can base their interactions with and understanding of clients. Northcut (2000a) states that "constructivism is not a practice theory per se, but a conceptual framework that can inform practice approaches" (p. 156). In embracing postmodernism as a philosophical framework, therapists are given a guideline or perspective for how to proceed in direct practice; yet they are also given a great deal of freedom, flexibility, and creativity in working with clients. One theory or technique is not necessarily placed above others. "The formulaic rules of technique ... no longer make sense, and the analyst's decisions have to be thought out individually" (Horowitz, 1998, p. 378).

It was stated earlier that Winnicott believed a therapist should not go into a session with a pre-conceived theory or technique on how to interpret the client. Rather, a therapist should retrospectively make sense out of what goes on in therapy. McQuaide (1999b) states,

If postmodern theories teach us anything, it is that our theories about therapy and the stories we tell about them, like history, do not proceed according to some grand narrative or master plan. Like our conversations with clients, they are messy processes, each one with its own unique rhythms and patterns ... Like the character in the old folk tale, first we shoot holes in the fence and then we paint the bull's eye around them (p. 340).

However, while a therapist may not enter therapy with a defined technique for working with the client, it is unavoidable that the therapist comes in with a frame of mind for how therapy will proceed. In embracing postmodernism as a philosophy, the therapist walks into the therapeutic relationship with beliefs of the client as an expert, the client as being a subjective constructor of reality, and the client as having multiple-selves. This philosophy allows for a very different kind of therapy than what Freud and modern psychotherapists proposed. This is a philosophy that has empathy, caring, self-determination, and empowerment at its core.

Why Should Clinical Social Workers Embrace Postmodernism?

"From its inception in the modern period, social work has turned to a variety of theories to try to divine the truth of the human dilemma in order to better understand and help people" (Applegate, 2000, p. 142). Postmodernism believes that there is no one, absolute truth. Since there is no one truth, it follows that one theory is not sufficient in explaining truth. Under a postmodern philosophy, multiple theories are encouraged as the only way to account for the multitude of concerns, problems, and truths clients may present with. Soldz (1996) states "the effort to draw upon approaches is part of a larger tendency in the therapy world. That tendency is the increasing recognition that no therapeutic school has a monopoly on wisdom" (p. 283). Soldz promotes an integrated model, stating that "a stream running throughout most of [my] theoretical and empirical work is the relationship between reality and the multiplicity of perspectives we can have on it" (p. 278).

John Barthes (1980) describes his ideal postmodernist author as one who "neither merely repudiates nor merely imitates either his 20th Century modernist parents or his 19th Century premodernist grandparents" (Northcut, 2000b, p. 1). Postmodernism does not call for abandoning of past, modernist, premodernist, or transitional theories. Rather it poses that those theories should be looked at and utilized in a way that adheres to the subjectivity of truth and the diversity of meanings. Clinical social workers of today should embrace postmodernism as a philosophy for direct practice because it does allow for an integration of many theories and techniques, both old and new. This appreciation for multiple theories reflects postmodernism's appreciation for client uniqueness and the multiple realities that can and do exist within all individuals.

A second reason why clinical social workers should embrace a postmodern philosophy is that it complements social work values and standards. Horowitz (1998) states that what theorists like Heisenberg and Hoffman posited from their studies...
of physics and philosophy, social workers knew all along. Horowitz quotes Mary Richmond, a founding mother of the social work discipline, in saying, “fortunately for the social case worker, the human mind is not a fixed and unalterable thing” (p. 381).

Postmodernism disputes the idea of the human mind as fixed and unchangeable, just as it disputes the idea of objective, definitive reality. In doing so, it promotes the need to start where the client is, as the client is the expert of her own truth and her own story. Applegate (2000) states “it is [the] respect for the client’s perspective on things that leads us to start where the client is and to honor the client as a collaborator in re-storying that reality in ways that foster her well-being” (p. 150). Also, in seeing the client as the expert on her experiences, postmodernism fosters the social work ethical standard of self-determination. Along with that come the client’s feelings of self-efficacy and confidence in taking the necessary steps in re-authoring her life.

Postmodernism looks at the larger social and cultural implications surrounding a client’s environment. In doing so, it broadens the scope of therapy to include a person-in-environment perspective.

Broadening the scope may mean discovering that the reason one feels inadequate is because one is African American, gay, female, poor, working class, or old, and that one has been given a certain script to follow which contains the culture’s dominant narrative of what these ‘facts’ mean in this society. Or broadening the scope may mean realizing that what one wishes for is what one also fears, that one has hidden feelings, that unfulfilled dreams from childhood are influencing present choices, that negative thinking affects one’s mood or that guilt is blocking the progressive use of the imagination. New explanations open space for more complex and less limiting narratives (McQuaide, 1999b, p. 345).

The person-in-environment perspective is integral and unique to the social work discipline, as it gives a person’s context the same emphasis and value as it does a person’s inner psychology. Postmodernism also holds a person’s contextual and social surround as essential to the understanding of the individual and the meanings that the individual attaches to experiences with the world.

A third reason for embracing postmodernism in clinical social work is its construct of the Diagnostic and Statistical Manual of Mental Disorders (DSM). The DSM is a diagnostic tool that has received both applause and criticism within the clinical social work field. While the criticism is based in part on its failure to look at the client’s larger social surround and on its emphasis on pathology versus health, McQuaide (1999a) talks about taking a postmodern approach to the DSM in order to empower, rather than disempower, clients.

Viewed through a postmodern lens, the ‘realities’ of the DSM are seen as social constructions. These social constructions may be useful in helping clients, but remain social constructions, not pieces of a fixed reality. As social constructions, they reflect the achievements and blind spots (e.g., racism, sexism, ageism, classism, homophobia) of the society that created them... Consequently, our beliefs about mental, emotional, and behavioral dysfunction reflect the beliefs of our times” (p. 412).

McQuaide goes on to explain that by using a narrative approach to DSM labels, labels can be seen as one part of the client’s many selves. A label can then be named and talked about as a problem within itself, rather than a dominant part of the client’s person. “The DSM’s insistence on giving names to constellations of feelings and behaviors can be utilized to help give clients a sense of control over their troubles... The goal of treatment is for that unique individual to be empowered over the problem” (p. 414).

A postmodern philosophy offers clinical social workers a new lens from which to view clients, the client-therapist relationship, and therapy in general. This lens allows each client to be seen as a unique, important, and active agent in the world. In subscribing to the belief that truth is subjective and in making the client’s meaning the central element, clinical social workers can enter into partnerships with their clients. In these partnerships, therapists will offer their practice wisdom and clients will offer their understandings of the world into a transitional space from which healthier and more viable meanings can be constructed. In broadening the scope of understanding, therapists and clients can together create a more flexible and more liberating therapy.
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References


