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*Every tool is a weapon, if you hold it right.*

*Ani DiFranc, "MY I.Q." from the album "Puddle Dive",  
1993 Righteous Babe Records.*

Discourses delimit the world. They point our attention in some directions, inviting us to engage in particular ways, and in doing so, neglect other possibilities. This holds for the bedtime parables we share with a child to ward off nighttime fears, and it also holds for the grand epistemological discourses that inform us as we engage in therapeutic conversations.

The discussion to follow may appear at times to reprise an increasingly familiar theme: that modernist discourses about knowledge have a tendency to put the knowledge of the therapist ahead of the knowledge of the client, and in so doing, obfuscate or even contradict the client's experience. My intention here is not to develop that worthy theme: the critique of modernist epistemologies as they relate to therapy has been conveyed effectively in countless contexts. Instead, I will briefly revisit that critique as a stopping point en route to a less widely discussed notion—the idea that epistemological discourses that have arisen out of the critique of those modernist epistemologies can *also* lead to the unilateral imposition of meanings. It is our relationship practices, rather than our philosophical standpoints, that are key in determining our clients' participation in therapy. A critical epistemological stance bent on emancipation may still oppress, depending on how it is wielded by the practitioner.

The topic of epistemology is a perennial subject of debate within psychotherapy (Auerswald, 1987; Bateson, 1972/1987); Foerster, H. von, 1985; Held & Pils, 1985) because it speaks to what, and whose, ideas and practices are likely to be helpful to those who are suffering. This essay is concerned with the challenge of positioning ourselves relative to our favored story about knowledge in a manner that, as Larner (1999a) puts it, does not do relational violence (Larner, 1999a) to the persons who consult us.

The ethical challenge in psychotherapy is to minimize the therapist's potential to violate the other through therapy, which is an issue for the 'post-modern' as much as the 'modern' therapist. This is the potential violence of theory, authority, expertise and technology to override the client's contribution to their life narrative. (p. 48)

To this latter list, I would add "epistemology". Paradoxically, even a story about knowledge that attempts to locate authority and expertise "in" the client can be an act of violence when it is not jointly constructed. This discussion therefore seeks to articulate some features of conversational practices that support the sharing of interpretive authority between therapists and clients.

### The Locus of Knowledge

*"Knowledge does not belong to one of the terms of the relation, or to both of them separately, but is produced within the relation"*

The nuance of therapeutic relationship is endlessly complex; I cannot hope here to touch on its enormous scope. Instead, that relationship will be considered in terms of knowledges—those brought to the relationship by clients and therapists, those jointly constructed in conversation. Strong (2001) provides a useful conceptual rubric for negotiating these ideas. He speaks of the discourses that therapists bring to their sessions as “my house”. These include theoretical concepts and therapeutic models, of course, but “my house” also encompasses the ideas, beliefs, and practices associated with the many “cultures” (Paré, 1995, 1996) of which the therapist is a member. And while one can expect the client has been exposed to and draws from a range of discourses alongside the therapist, each comes to these with unique personal histories that inevitably render unique the manner in which they make meaning in the world (Martin & Sugarman, 2000). The client’s discursive context is therefore distinct, says Strong, who uses the term “your house” for the systems of understanding that inform their meaning making and actions. Strong advocates for a collaborative process that constructs an “*our* house”, which he views as an “an optimal context of mutuality” for collaborative therapeutic work. This meeting place is akin to Gadamer’s notion of a “fusion of horizons” where what Gadamer calls the “traditions” associated with both interpreter and text come together, and the interpretation rendered is the product of the interchange between them (Hekman, 1984).

Another way to get at this is to speak about the “locus” of knowledge in a relationship. It is by now a familiar claim that natural science epistemologies, with their emphasis on objectivity and universality, have tended to privilege professional knowing—“my house” in therapeutic relationships (cf. Fox & Prilleltensky, 1994; Gergen, 1994; Monk, Winslade, Crocket, and Epston, 1996). A common critique of the practices associated with this view is that they overlook the co-constructive aspect of therapy, and individualize knowledge within the “expert” practitioner.

The concern I am raising here is that the notion of client as expert (and a range of related metaphors) conceived in response to what has been viewed as the hegemony of modernist practice also fails to capture the tenor of an intersubjective relationship. It does not dismantle the notion of individualistic expertise: it merely shifts it from the therapist to the client, from “my house” to “your house”. In addressing the univocality of modernism, it promotes a new (client-centred) univocality: it individualizes knowledge by locating it within the client, and fails to portray shared knowledge-making as a key therapeutic process. This is problematic at several levels, which I will discuss in more detail below.

### Therapeutic Epistemologies

*“The knowledge we have about human experience and behavior is jointly produced by self and other, knower and known.”*

Edward Sampson (1993, p. 186)

It might be helpful here to briefly characterize the recent evolution in epistemological discourses as they pertain to therapy. Traditionally, psychotherapy in its

many guises—both individual and systemic—has tended to hold clients up against some cross-contextual and predetermined standard of health or functionality. The standard changes significantly from orientation to orientation: it may pertain variously to the management of internal conflict and desire, degree of self-actualization or authenticity, accuracy of cognitive schema, or interactional sequences and structures. While the therapeutic orientations relying on these points of reference represent significant departures from a natural science view bound up in biological description, they do share some epistemological resemblances. They are discourses that rely on universalist points of reference--normative accounts of human functioning. Following Strong (2001), one might say these accounts are located in “my house” and precede the construction of “our house” through therapist/client interaction.

In response to this normalizing tendency, there has arisen a range of contemporary epistemologies that emphasize the contextuality of knowledge, and thus the futility of turning to universal norms. Therapies informed by these epistemologies do not follow a normative roadmap because they view normative metanarratives as sizing persons up in terms of their deviation from a fictional ideal, which runs the risk of constructing pathology (Gergen, 1994; Parker, Georgaca, Harper, McLaughlin, & Stowell-Smith, 1996). As Parker and Shotter (1989) write, “the discovery of a ‘truth’ about the nature of the normal individual and an apparatus to elicit that ‘truth’ necessitates conceptions of deviance” (p. 63).

The contextually-informed therapies are not explicitly<sup>1</sup> informed by accounts of health or wellness, seeing all accounts as culture-bound constructions of language that may or may not have utility in the situation at hand. These therapies include narrative, solution-focused, collaborative language systems, and feminist post-structural approaches (Anderson, 1997; Davies and Harre, 1990; deShazer, 1991, 1994; Freedman & Combs, 1996; Friedman, 1993, 1995; Hare-Mustin, 1994; Hoyt, 1994, 1996; Madigan & Law, 1998; McNamee & Gergen, 1992; Monk, Winslade, Crocket, & Epston, 1997; Parker, 1999; Weingarten, 1995; White & Epston, 1991; White, 1995, 1997; Zimmerman & Dickerson, 1996). Just as the therapies associated with universalist epistemologies vary widely, so do these approaches differ in their emphases. What they share is an eschewal of normative guideposts. Rather than turning to some conception of health, functioning, or wellness, they pay attention to the dialogic process and seek, if anything, to emancipate persons from universalist specifications.

In referring to these therapies as “contextual”, I do not intend to propose the title for a new “school” of therapy. However, I do suggest they share a distinct family resemblance. In Burr’s (1995) broad sense of the term, these various approaches are informed by some variety of social constructionism. They view knowledge and meaning as the product of social interchange, and regard universalist ideals for health and functioning as social constructions that may or may not suit the context at hand. The contextually-informed therapist aims not for “healthy human functioning”, but something more akin to the co-construction of preferred realities (Freedman & Combs, 1996). Therapeutic conversations *may* periodically center on questions of what is “healthy” for example, but the process is more akin to a shared querying of the term as it applies to the client, rather than a therapist’s effort to nudge the client towards a preconceived conception of health.

Normative traditions therefore put the locus of knowledge in “my house”, a space

piled high with professional and popular conceptions about, for example, “repression”, “conditioning”, “self-actualization”, developmental “stages”, “dysfunctional thinking”, and so on. Social constructionists argue that these and myriad other psychological constructs are arbitrary. They are outgrowths of discourses that entrap us within “linguistic worlds of our own making” (Shotter, 1993, p. 27) and their purported truth status evaporates as soon as one steps out of the discursive contexts that give rise to them (Gergen, 1994).

This critique of normative traditions is an important one, however my intent here is to highlight the inadequacy of a response that purportedly erases the contribution of the therapist to the therapeutic process. For when we “step out” of one discourse—in this case, a normative one—we step *in* to another. A story about knowledge that critiques the over-emphasis on decontextualized professional knowing is *still* a story. And therein lies a challenging, but crucial paradox. When this alternative epistemological story, acute in its articulation of the perils of lionizing universal truth claims and therapist expertise, is not the subject of joint consideration by client and therapist, it still frames both content and process of the work in the “my house” of the therapist. It suggests that therapists relinquish their expert knowing, only to replace it with an (epistemologically informed) expert not-knowing. This does not capture the collaborative orientation favored by the contextual approaches. Instead, we need to commit to knowledge-making as a process of what Shotter (1993) calls joint action. The derivation of an epistemological stance, the quest for an answer to the question “what counts as useful knowledge?” should be a communal effort.

### Expert Clients and Not-Knowing Therapists

*"He is a barbarian, and thinks that the customs of his tribe and island are the laws of nature."*

Caesar in Shaw, G.B. (1900) *Caesar and Cleopatra* in Three Plays for the Puritans (1947. )R. and R. Clark: Edinburgh, Scotland, p. 118.

Questions about the legitimation of knowledges have been central to the interrogation of mainstream psychology for some time now. In addition to the questioning of foundational knowledge claims on logical and conceptual grounds which much work in this area shares, there has also been heightened attention to the ethical ramifications of what Todd and Wade (1994) call “psycholonization”. In the area of psychotherapy specifically, many writers have highlighted the tendency for expert-driven theories and practices to dominate therapy conversations, to minimize clients’ choices, and to demarcate the field of psychological inquiry . They point to the dangers of misusing professional knowledges in ways that are disempowering or even oppressive for the persons who consult therapists (Amundson, Stewart, & Valentine, 1993; Amundson, Parry, & Stewart, 1994; Freedman & Combs, 1996; Kearney, Byrne, & McCarthy, 1989; Todd & Wade, 1994, 1995; Tamasese & Waldegrave, 1990, 1993; White, 1995).

A central feature of this response to expert-centered practices is the elevation of what Geertz (1983) calls “local knowledges”--the context-bound practices and meaning-making inadequately captured (or downright obscured) by theories derived from

universalist epistemologies. This turn to the local has been accompanied by an attempt to downplay therapist expertise, characterized by familiarity with ‘the literature’, which abounds with decontextualized knowledge claims. The contextual therapist is construed as “leading from behind” and adopting a “not knowing” stance (Anderson, 1997; Anderson & Goolishian, 1990; Freedman & Combs, 1996; Griffith & Griffith, 1992; Hoffman, 1991). Clients are regarded as experts in their own lives (White and Epston, 1991), and therapists approach the therapeutic relationship with an orientation of beginner's mind (Epston, 1993), curiosity (White, 1997), and misunderstanding (de Shazer, 1991).

Another way to capture this elevation of local knowledges and the devaluing of imported universalist truth claims is in the distinction between what Windelband (1904) called nomothetic and idiographic knowledges (Fraenkl, 1995). Mainstream psychology has tended to privilege the former: general, cross-contextual knowledges, founded on purportedly universal principles of which the specific case is seen to be an instance (Gergen, Gulerce, Lock, & Misra, 1996).

Nomothetic knowledge is law-based. It tells us what always was (*was immer ist*) -- what is recurrent across particular instances (Lamiell, 1995). It is the foundation that much of academic and professional psychology rests upon--the storehouse of facts, methodologies, theories and constructs that psychologists typically draw from in their practice. Nomothetic knowledge is hoarded in “my house”; it is the stuff of professional expertise.

Idiographic knowledge is more akin to local knowledge. The term idiographic means based on the particular individual (Lamiell, 1995). This is the domain of ‘your house’, the stuff of *client* expertise. It includes not merely the detail of a person’s local environment, but their interpretations, their meaning-making, their own peculiar wisdom in taking on the challenges of their life in all its contextual uniqueness<sup>2</sup>.

This elevation of the local is motivated by a deep respect for the persons who consult us. However, it leads to an individualizing of experience, and in so doing obscures the co-constructive emphasis typically sought by the contextual approaches. By locating knowledges “in” clients, it sets therapists up as liberators, rather than collaborators. In the next section, I will look more closely at the confusions inherent in an ostensible “privileging of the local”, and the limitations of this notion for achieving the ends it seeks.

### Interpenetrating Discursive Worlds

*“The particular eternally underlies the general; the general eternally has to comply with the particular.”*

Johann Wolfgang von Goethe

There is a certain therapeutic resonance to the distinction between general, dominant understandings and particular, context-specific understandings. It promotes a view of therapy as a dialogue that surfaces alternate knowledges and practices--often through the deconstruction of dominant, normative, cultural ones. To risk overextending

the metaphor, it depicts therapeutic change as the emergence of the idiographic from under the oppressive boot of the nomothetic. However, when reified, the distinction instantly falls prey to the “irony of domination and repression inherent in most of our efforts to free one another” (Lather, 1986, p.265).

The striving for an openness to surprise and discovery associated with terms such as “client as expert” and “not-knowing” is a subtle and complex thing: I do not mean here to suggest otherwise. My concern is that the language associated with this quest is prone to depicting a simplistic stance that pays insufficient attention to the nuance of discourse and power relations, and thus to the ethics of relationship.

In the next section, I will briefly examine four limitations of the local knowledge/expert knowledge dichotomy before concluding with some alternate ways of speaking and practicing in the worthy quest for “a non-violative relationship to the other” (Larner, 1999a, p. 45).

1. *The “privileging of the local” does not depict therapy as dialogic, and risks excluding potentially helpful material from therapeutic conversations*

After ingesting a rich diet of ideas and practices associated with the contextual therapies, my student colleagues often ask why they should bother pursuing “higher education” in counselling if the expression of any ‘knowing’ by the therapist is an ill-advised imposition, a remnant of oppressive modernist practices? My sometime (lame) response has been to say that the “expertise” they are learning lies in the ability to evoke the *client’s* expertise, rather than to impose their own. But this depicts the therapist’s role as the mere elevation of local knowledges, and I do not believe it is sufficient.

Clients seek therapeutic conversations not merely to tap into their own subjugated knowing, but also to expand their choices through the exposure to additional ideas and practices. To be most helpful, therapy should be dialogic, which is to say it should provide space for client and therapist to try on various ideas and practice, sizing them up together. This is about a fusion of the horizons, the ongoing construction of “our house”. To merely suppose that the client ultimately knows best is to close down possibilities for the persons who consult us.

Consider, for example, the rich array of descriptions of family relational patterns generated by systemic practitioners over the past four decades. Families do not usually describe their interactions in these terms; they are not typically included in a family’s interpretive repertoire (Wetherell & Potter, 1992). Following the “house” metaphor, they do not typically reside in “your house”. To exclude these systemic descriptions (when they appear relevant) because they are gauged to privilege the interpretive frame of the therapist over the clients’ views is to squander a rich opportunity for collaborative meaning making. Likewise, in a conversation with a client who has not considered medication as an option to assist them with a chronically depressed mood, a steadfast and single-minded focus on their coping ability may portray respect, but it restricts the conversation to a particular room, as it were, of “your house”. It does not extend the respect to their ability to weigh the pros and cons of relying on pharmaceutical aids. I could share innumerable other examples: what unites them is a therapist-imposed constriction of dialogic space motivated by a commitment to privileging local knowledge.

When the metaphors of “expert client” and “not-knowing therapist” reduce our

work to the mere unearthing of individualistic client “strengths”, the description of therapy becomes impoverished, to the detriment of those who consult us. An irony of the stubborn quest for local knowledge to the exclusion of other ideas and practices is that, while it is motivated by respect, it assumes incapacity on the others’ part to engage with those other ideas and practices. Respect should lead to a willingness to join with clients in a critical evaluation of much that lies outside of their current sphere:

...a not-knowing stance in therapy suggests not the erasure of expertise and knowledge but an ethical prescription for how it is used, namely as a basis for dialogue, collaboration and open enquiry in the mutual exploration of constructed meaning. (Larner, 2000, p. 69)

To the degree that a contextual focus shuns meanings not immediate to the context at hand (i.e. not suggested by an idiographic sensibility), it leaves the critical judgment with the therapist, rather than inviting a mutual, constructive critique of knowledges, a collaborative sifting of what is helpful from what is not. As Nichterlein and Morss (1999) put it, our depth becomes their shallowness.

2. *The critique of natural science epistemologies is often accompanied by the summary dismissal of all “modernist” therapeutic ideas and practices*

This is the “baby and the bathwater” clause. It makes sense that a growing sensitivity to issues associated with knowledge and power leads to a critique of psychology’s oppressive traditions (Sloan, 1997). But surely it is hubris to claim that virtually a century of theory and practice got it ‘wrong’, and should be tossed out, in favor of the new regime.

Meditations on therapy’s hegemonic potential are a welcome addition to the conversation about how to be helpful to persons. However, while these offer an expanded consideration of the ethical dimensions of the work, they are not accounts of the ‘right’ way to do therapy—final answers to our theoretical and practical questions. Those answers must be sought *within* therapeutic relationships, in concert with those who consult us. “Modernist” therapists can engage clients in a reflexive evaluation of their practices, just as a ‘postmodern’ therapists can relinquish dialogue in the zealous quest to liberate clients from a modernist world.

3. *Local knowledge is always informed by wider cultural discourses.*

The notion of privileging local knowledge individualizes experience in an unhelpful way. If we accept that meanings are borne by language, and language is borne by culture, then “local” knowledges are imbedded in a culture-wide matrix of meaning-making. In this sense, a client’s words are always more than the pure expression of individual experience. As Bakhtin (1981) puts it:

The living utterance, having taken meaning and shape at a particular historical moment in a socially specific environment, cannot fail to brush up against thousands of living dialogic threads, woven by socio-ideological consciousness around the given object of the utterance; it cannot fail to become an active



Language is never private (Wittgenstein, 1963), and neither are the meanings negotiated in therapeutic conversations. When we attempt to “privilege a local meaning”, we are *still* making space for a socially-derived meaning because meaning-making is a cultural process. Meanings or knowledges do not inhabit persons; nor do we come to “own” them in the way we may own a bicycle, or a book. The more important question may not be “*Whose* meaning is this?”, but “How does it impact on this person at this place and time?”. This question, too, should not be asked “of” someone, but “with” them: jointly interrogating meanings and their impact is what shared knowledge-making is about.

Consider, for example, the case of a therapist working with a young woman who the health professionals say is dying of malnutrition. Persistently, the client insists she is “fat”, and “fat is ugly”, and her preference is to continue her current eating patterns. A simplistic understanding of the “client as expert” metaphor would lead us to conclude she has spoken from “her voice” and it would be inappropriate to challenge her. But clearly this is problematic. To merely privilege what is gauged to be local, the “voice of the client”, may entail passively witnessing a young woman’s sacrifice to the dictates of corporate prescriptions for female beauty<sup>3</sup>. As Larner (1999a) says, “to not take a position is itself an act of violence, implicitly condoning the injustices suffered by the client” (p. 48).

On the other hand, to decide unilaterally that dominant, institutional meanings are suppressing the expression of her local meanings, is to dismiss her protestations and make judgments on her behalf. This is the same dilemma highlighted by the Marxist metaphor of “false consciousness” (Gramsci, 1971, Sloan, 1997). If we as therapists decide the person consulting us is under the spell of a disempowering discourse, we position ourselves as knowing and them as unknowing.

I do not mean to suggest there is a simple resolution to these very challenging issues. This example is offered to illustrate the poverty of metaphors that fail to highlight the shared discursive background to our conversations and promote a competition to determine who has got it “right”. A more useful tack would be to join with the person consulting us in an evaluation of how a knowledge/discourse “plays out”, how it serves them at this place and time.

Of course this is not a “stepping out” of discourse. Instead, it is an epistemological discourse that privileges considerations of relationship ethics over the elaborate social/psychological analysis which is often employed as a justification for emancipatory practices. Moved by Foucault’s incisiveness, we may slip into regarding his compelling social critique as a factual account that we give to, rather than evaluate with, the persons who consult us. If I “emancipate” another, who is the one acting freely?

4. *Epistemological stances (including not-knowing ones) are discursive positionings that are invariably informed by a “knowingness” of some kind.*

Although the notion of turning up the volume on the client’s voice is not primarily concerned with eradicating the therapist’s, the language of “not-knowing” sometimes has

a tendency to suggest as much. In its (refreshing) emphasis on making space for the client's perspective, some of the literature associated with postmodern therapy seems to advocate that therapists bury their learnings in order not to colonize clients with them. But to adopt a "not-knowing" stance is not to relinquish one's place in the universe. Rather, it is to advocate for a particular way of positioning oneself (Davies and Harre, 1990) vis a vis the client. In other words, the attempt to privilege client expertise is informed by culturally-situated postmodern critiques: in this sense, it is a "not-knowing *knowing*" (Larner, 1996, emphasis added).

The "curiosity" which reflects a not-knowing stance expresses itself as questions. But questions about what? Whichever way our curiosity directs us in conversation, it is informed by knowledges--even if it is knowledges *about* knowledges, such as a familiarity with Foucault's social critique. "Not-knowing" is inevitably the expression of a knowing informed by and situated in the discursive and material traditions into which we are born. We cannot escape this knowingness, but we *can* bring ethics to the forefront in our engagement with it. Epistemological discussions (like this one) should not be divorced from consideration of how any particular story about knowledge impacts on those to whom it pertains.

In short, as therapists, we cannot escape the hegemony of expertise by bracketing "our" knowledges in order to privilege "their" knowledges. Instead, we need to change the way we view and engage with knowledges, how we conduct ourselves in therapeutic relationships. Again, I defer this discussion to the next section.

3

### Discursive Wisdom

The epistemological commitment captured by phrases such as "local knowledge", "client-as-expert", and "not-knowing" suggests to me the worthy quest for non-violative therapeutic relationships. My hope is that this discussion contributes to that quest by differentiating some ideas and expanding on others. In presenting these reflections on knowledge and therapeutic relationships, I do not mean to replace one reified conception with another, but rather to further the conversation. A term I will introduce here to capture some of the distinctions I am interested in highlighting is "discursive wisdom". As this conversation is taken up further, I look forward to that phrase transforming, or hybridizing, or perhaps disappearing altogether as the landscape of concern continues to evolve.

Discursive wisdom is a positioning vis a vis epistemology founded on a commitment to mutual knowledge-making, which I consider to be a hallmark of ethical relationships. Cornell (1992) captures the spirit of this positioning with the term "institutional humility". "Discursive" speaks to the discourses informing this and all positionings we may take up in the world. It suggests that wherever we place ourselves in relation to the other, we are always already situated in discourse. The "wisdom" to which I refer is the wisdom of humility. It is the understanding that even a little knowledge can be a dangerous thing, or, to put it differently, it is a vigilance of discourse's potential to both help and hinder.

Discursive wisdom is a posture that makes room for *both* the therapist's knowing,

a knowingness that may extend to psychological practices and discourses, *and* not-knowing, the acknowledgment of the limits of knowing, the suspension of knowing which calls forth other voices. The alternating between knowing and not-knowing creates the space for the mutual construction of new meanings. In this sense, discursive wisdom promotes what might be called a “knowing-with”, because it is committed to *dialogue*, rather than the monological imposition of meaning. Shotter (1993) uses the term “knowing from” to depict what I take to be a similar emphasis on the ethical commitment to a knowledge borne of relationship:

“it is knowledge of a *moral* kind, for it depends on the judgements of *others* as to whether its expression or its use is ethically proper or not--one cannot just have it or express it on one’s own, or wholly within one’s self. It is the kind of knowledge one has *only from within a social situation*, a group, or an institution, and which thus takes into account (and is accountable to) the *others* in the social situation within which it is known.” 7

This discussion is focused on a particular form of social situation: the therapeutic relationship. Discursive wisdom refers to a multi-faceted orientation to knowledge-making in therapy. Four of these facets are: 1) reflexivity; 2) deconstruction; 3) ethical praxis, and 4) accountability.

### Reflexivity

The most distinguishing feature of discursive wisdom may be its reflexivity: it maintains a perennially critical disposition towards discourses<sup>4</sup>, *including the discourses that inform it*. “Critical”, as I use the word, does not presuppose negative judgment; instead it speaks of an ongoing evaluation--a skepticism, of which Shotter (1993) writes “we should be not only incredulous towards grand narratives, but also suspicious of all stories, even little ones” (p. 30), because of the impulse towards a systematic order that obscures other features of everyday life and the moment before us.

Discursive wisdom is characterized by an attention to the ways in which discourses operate in our lives: the ways they “systematically form the objects of which they speak” (Foucault, 1972, p. 49), the ways in which they undergird our taken-for-granted practices, the ways in which they open up new paths, but “only at a certain price, only, that is, by bolting shut other passages, by ligaturing, stitching up, or compressing, indeed repressing, at least provisionally, other veins” (Derrida, quoted in Lerner, 1999b, p. 9). A reflexive posture leads us to consider which veins our perspective currently mines, and which it excludes, and to make that consideration visible, or “transparent” (Freedman & Combs, 1996; Freeman & Lobovits, 1993; White, 1995) to those who consult us. If competent practice calls for “expertise”, reflexivity promotes an inquisitive expertise *shared* with clients that makes the unfolding dialogue a primary object of investigation. This mutual *querying* of knowledges positions therapist and client as subjects in a therapeutic conversation.

### Deconstruction

The word deconstruction is used in a baffling variety of ways. The sense I am trying to capture here is deconstruction as a shared inquiry into the genealogy of

meanings, the tracing of words (as Bakhtin (1986) might say) to the mouths of the many others who have spoken them in different contexts, and with purposes that may or may not reflect the purposes at hand. This form of deconstruction presupposes that the meaning of words is a function of the context in which they *are being* spoken, and *have been* spoken; language is forever subject to the “contingency and variability of human societies, cultures, and communities” (Dewey, quoted in West, 1989, p.70). Deconstruction attempts to make visible that contingency and variability as it impinges on a therapeutic conversation.

If reflexivity suggests evaluation, deconstruction at least begins to provide us with a *method*. In this sense, deconstruction can be a tool of reflexivity. Deconstruction furnishes us with rich descriptions of discourses--those we bring to therapy, those we encounter there, those we co-generate with our clients. Like a rich tapestry, a discourse can be understood as woven with threads of what White (1992) calls the "culturally available and appropriate stories about personhood and about relationship... historically constructed and negotiated in communities of persons, and within the context of social structures and institutions" (p 124).

Cultural discourses are always with us: they are reflected back in what Hare-Mustin (1994) calls the “mirrored” consulting room. They are present in the spoken words and the unspoken gestures we produce in our therapeutic conversations. By “discourse” I do not mean to exclude body language: tears or posture, which also speak to meanings that may be jointly traced or explored. A deconstructive orientation prompts us to keep these discourses in view, and to render visible the practices of power that sustain the foregrounding of some accounts relative to others. This includes not only dominant cultural stories we may deem to be “marginalizing”, but *also* our own--our reframes, theories, models and epistemologies--which our hubris tells us are sure to be liberating for the persons who consult us.

### Ethical Praxis

As I mentioned earlier, the “wisdom” in the phrase discursive wisdom is not a deftness with systems of professional knowledge, but rather the assumption that all discourses are as prone to marginalizing others as they are capable of emancipating them. Rather than evaluating our practices for their adherence to systematic intelligibilities beyond the situation at hand, we attend to what White (1995) calls their “real effects” in persons’ lives. This is a pragmatic orientation in the sense that West (1989) refers to pragmatism as an evasion of abstract philosophy: theory is as useful as the practice it promotes, here and now, in the context we inhabit.

It is worth emphasizing that a therapeutic direction informed by pragmatism as it is used here need not be contrasted with, say, “having an intense emotional experience”. A pragmatic response is one invited by the particularities of the moment, rather than suggested by an overarching theory. This is the distinction developed at length earlier between some form of disembodied, normative template according to which we gauge the situation-at-hand, versus evaluating *these* meanings at *this* time in the *present* context for their impact on those involved. It stands in contrast with the practice of identifying a client as a member of a class (“A”) of persons, and applying an intervention (“B”) which is assumed to apply to all “A’s”. If a B-like response seems called for, it is because of

the unique features of the client's situation at this time and in this relationship. As Amundson (1996) puts it "if pragmatic emphasis requires anything, it is to question the value of any idea a priori, and to suggest that the contextual circumstance of the individual tells us how to employ, shape, or deliver a given idea" (p. 483).

"Praxis" therefore implies theory in situated practice, something like Schon's (1990) "theory-in-action". *Ethical* praxis suggests we join with clients in gauging what is useful in reference to relational ethics, rather than appealing to "Olympian, disembodied, individualistic and personally uninvolved standpoints...*theoretical* accounts of (assumed already) systematic states of affairs" (Shotter, 1993, p. 46. Emphasis in original). This is a commitment to a being-in-ethical-relation which, as difficult as it is to articulate, is far harder to realize. Like McNamee, Gergen et. al. (1999), I believe

there is no means by which a fixed collection of words, sewn between inert covers, can encompass the issues in all their complexities and travel with vigor and value into practical contexts. Our modest hope is that we can move toward rupturing--even if slightly--the existing forms of discursive exchange and with these ruptures set in motion new modes of dialogue. (p. 3).

### Accountability

A commitment to nonviolative relationships is no guarantee against the inadvertent abuse of power. A therapist, by virtue of being the consultant, rather than the consultee, occupies a position of power relative to the client. When one accounts for the power hierarchies present in therapeutic relationships, the tasks of reflexivity and deconstruction are rendered more problematic than a first glance suggests. Who holds the mirror up to the discourses informing therapeutic dialogue; who invites forward alternative meanings; who gets to decide which stories oppress and which liberate? The glib response is that these processes must be made "collaborative", but power differentials in all their myriad forms are ubiquitous--they are not eliminated by a commitment to mutuality.

Accountability practices take various forms in attempting to address these issues by introducing alternative conversational patterns. Tamasese and Waldegrave (1993) employ "caucuses" to address power differentials associated with a therapist being representative of a dominant cultural group vis a vis the client. In effect, the client's voice is fortified by adding the voices of others who share their cultural backgrounds. This reduces the chances of the insidious hegemony to which a traditional one-on-one therapist/client relationship is prone--the process which, in another context, Gergen and Kaye (1992) describe as "the slow but inevitable replacement of the client's story with the therapist's" (p.169). There are many potential variations of caucusing to attend to differences between cultural groups, or in broader terms, interpretive communities (Paré, 1995,1996). These differences may be related to sexual preference (Callie, 1994), gender (White, 1995), or the distinction between trainers and trainees (Freedman & Combs, 1996; Hall, 1994). A challenge, of course, is to avoid reifying the caucus's view, but rather to integrate its input into conversations with clients, and to make it subject to the reflexive gaze described earlier.

Reflecting teams (Andersen, 1987; Friedman, 1995) provide an alternate means of promoting accountability by inviting a multiplicity of viewpoints, and locating them in

personal and professional experience. The reflecting team calls for a public declaration of one's subjectivity, thus countering the possibility that one's favored discourses might fossilize into "truths" that close down conversation.

Therapeutic "transparency" is another variation on conventional discursive exchanges that seeks to avoid the inadvertent imposition of meaning. By openly naming the discourses which inform their work--for instance, on issues such as sexual and physical abuse, and involuntary hospital commitment--therapists make visible their "knowingness", and reduce the chances of it surreptitiously pre-empting client meanings. Madigan (1993) formalizes this process by interviewing the therapist in the presence of clients.

These attempts at accountability are never perfectly realized. But they reflect what Yeatman (1995) calls an "ethos of participative service-delivery" (p. 78). They strive for therapeutic relations in which knowledges are jointly evaluated and jointly constructed. This aim is reflected in the formation of "leagues" of persons dealing with particular "presenting problems" (Madigan & Epston, 1995). Existing Anti-Anorexia and Bulimia leagues, for example, also include therapists, family members, friends, teachers, journalists, and community activists. These practices embody accountability because they position clients and others as "co-researchers" and replace the conventional dyadic discursive exchange with a concerted group inquiry.

#### Future Directions and Conclusions

There is a range of research possibilities suggested by these ideas. Certainly we need to gain considerable more understanding of how it is that practitioners and clients make their discursive "moves" in response to each other in the micro-moments of therapeutic conversations. There is now ample research to indicate the vast majority of practitioners blend a variety of therapeutic 'models' (Hollanders & McLeod, 1999). It is likely they respond according to many of the considerations outlined here; but so far little is understood how this is actually done. Learning more about how discursive wisdom is manifest in practice would contribute to counsellor education, which typically treats practice as the application of theory (Andrews, Norcorss, & Halgin, 1992), and ignores the responsiveness to contextual factors that is so central to effective counselling.

A second potentially fertile exploration involves revisiting a wide range of established counselling traditions with insights afforded by contemporary theorizing. Becoming sensitive to current insights about the social construction of meaning, for example, need not lead to a flat rejection of approaches which emerged when this theorizing was in its infancy. But it *is* worth asking how one might adapt theories and associated practices to accommodate recent understandings. The psychoanalytic literature, for example, is rife with such explorations (cf. McFayden, 1997; Rabin, 1995; Renik, 1998). The discussion here has focused primarily on epistemological concerns, and does not begin to examine how a posture of discursive wisdom might refashion our views of, for instance, emotion or transference in relationships.

Discursive wisdom describes not so much an "alternative epistemology" as some dispositions and actions that enable us to *do epistemology differently*. What I have spoken on behalf of here is an approach to shared knowledge-making: an "interplay that encourages an egalitarian and mutual search for understanding" (Anderson, 1997, p.137).

The point I have been most dogged in articulating is that to privilege one *or* the other's knowledges is to violate the quest for conjoint meaning making (Mcnamee, Gergen et. al. 1999), and to perpetuate a relational violence. A therapy devoted to the extension of meaning seeks to include both "your knowing" and "my knowing"; it strives for an "our knowing" that transcends both.

## References

- Amundson, J., Stewart, K., & Valentine, L. (1993) 'Temptations of power and certainty'. *Journal of Marital and Family Therapy* 19(2): 111-123.
- Amundson, J., Parry, A., & Stewart, K. (1994). 'Whither narrative? The danger of getting it right'. Letter to the editor, *Journal of Marital and Family Therapy* 20(1): 83-89.
- Amundson, J. (1996). 'Why pragmatics is probably enough for now'. *Family Process* 35: 473-486.
- Anderson, H. (1997). *Conversation, language, and possibilities: A postmodern approach to psychotherapy*. New York: BasicBooks.
- Anderson, H. & Goolishian, H. (1990). 'Beyond cybernetics: Comments on Atkinson and Heath's "further thoughts on second-order family therapy"'. *Family Process* 29: 157-163.
- Andersen, T. (1987). 'The reflecting team: Dialogue and meta-dialogue in clinical work'. *Family Process* 26; 415-428.
- Andrews, D., Norcross, J., and Halgin, R. (1992) Training in psychotherapy integration. In Norcross and M. R. Goldfield (Eds) *Handbook of psychotherapy integration*. 563-592. New York: Basic Books.
- Auerswald, E.H. (1987). 'Epistemological confusion in family therapy and research'. *Family Process* 26: 317-330.
- Bakhtin, M. M. (1981). *The dialogic imagination: Four essays*. Translated by Caryl Emerson and Michael Holquist. Austin: University of Texas Press.
- Bakhtin, M.M. (1986). *Speech genres and other late essays*. Trans. by Vern W. McGee. Austin: University of Austin Press.
- Bateson, G. (1972/1987). *Steps to an ecology of mind*. San Francisco: Chandler Publishing Co.
- Burr, V. (1995). *An introduction to social constructionism*. London and New York: Routledge.
- Callie, A. (1994). 'Pain, hope, and heterosexual dominance'. *Dulwich Centre Newsletter* No's 2 & 3: 30-39.
- Cornell, D. (1992). *The philosophy of the limit*. London and New York: Routledge.
- Davies, B., & Harré, R. (1990) 'Positioning: The discursive production of selves'. *Journal for the theory of Social behavior*. 20(1): 44-63.
- deShazer, S. (1991) *Putting difference to work*. New York: W.W. Norton.
- deShazer, S. (1994) *Words were originally magic*. New York: W.W. Norton.
- Epston, D. (1993b). Internalized other questioning with couples: The New Zealand version. In S. Gilligan & R. Price, *Therapeutic Conversations*. pp. 183-189, NY: Norton.
- Foerster, H. von (1985). 'Apropos epistemologies'. *Family Process* 24: 517-521.
- Foucault, M. (1972). *The archaeology of knowledges*. London: Tavistock.
- Fox, D. and I. Prilleltensky, I. (Eds.) (1994) *Introduction to critical psychology*. Thousand Oaks, CA: SAGE.
- Fraenkel, P. (1995). 'The nomothetic-idiographic debate in family therapy'. *Family*



- Process 34: 113-121.
- Freedman, J., & Combs, G. (1996). *Narrative therapy: The social construction of preferred realities*. New York: W.W. Norton.
- Freeman, J. C. & Lobovits, D. (1993). *The turtle with wings*. In S. Friedman (ed.) *The new language of change: Constructive collaboration in psychotherapy*: 188-225. New York: Guilford.
- Friedman, S. (1993) (Ed.) *The new language of change: Constructive collaboration in therapy*. New York: Guilford.
- Friedman, S. (1995) (Ed.) *The reflecting team in action: Collaborative practice in family therapy*. New York: Guilford.
- Geertz, C. (1983). *Local knowledge: Further essays in interpretive anthropology*. New York: Basic Books Inc.
- Gergen, K. (1994). *Realities and relationships: Soundings in social construction*. Cambridge: Harvard University Press.
- Gergen, K., Gulerce, A., Lock, A., & Misra, G. (1996). 'Psychological science in cultural context'. *American Psychologist* May, 1996: 496-503.
- Gergen, K.K. & Kaye, J. (1992). *Beyond narrative in the negotiation of therapeutic meaning*. (pp. 166-185). In S. McNamee & K.J. Gergen (eds.) (1992), *Therapy as social construction*. London: Sage Publications Inc.
- Gramsci, A. (1971). *Selections from the prison notebooks of Antonio Gramsci [1929 - 1935]*. (Q. Hoare and G. Smith, Eds. and Trans.) New York: International Publishers.
- Griffith, J., & Griffith, M. (1992) 'Owning one's epistemological stance in therapy'. *Dulwich Centre Newsletter* 1: 5-11.
- Hall, R. (1994). 'Partnership accountability'. *Dulwich centre Newsletter* No's. 2 & 3: 6-29.
- Hare-Mustin, R.T. (1994). 'Discourses in the mirrored room: A postmodern analysis of therapy'. *Family Process* 33: 19-35.
- Hekman, S. (1984). 'Action as text: Gadamer's hermeneutics and the social scientific analysis of action'. *Journal for the Theory of Social Behavior* 14(3): 333-353.
- Held, B.S, and Pols, E. (1985). 'The confusion between epistemology and "epistemology"—And what to do about it'. *Family Process* 24: 509-517.
- Hoffman, L. (1991). Foreward. In T. Andersen (Ed.), *The reflecting team: Dialogues and dialogues about the dialogues* (pp. ix-xiv). New York: W.W. Norton.
- Hollanders, H. & McLeod, J. (1999). 'Theoretical orientation and reported practice: A survey of eclecticism among counsellors in Britain'. *British Journal of Guidance and Counselling* 27(3): 405-414.
- Hoyt, M. (1994). *Constructive therapies*. New York: The Guilford Press.
- Hoyt, M. (1996). *Constructive therapies II*. New York: The Guilford Press.
- Kearney, P., Byrne, N.O., & McCarthy, I. (1989). 'Just metaphors: Marginal illuminations in a colonial retreat'. *Case Studies* 4: 14-32.
- Lamiell, J.T. (1995). *Rethinking the role of quantitative methods in psychology*. In J.A. Smith, , R. Harré, , & L. Van Langenhove, (Eds.) (1995) *Rethinking psychology*: 143-161. Thousand oaks, CA.: SAGE Publications.
- Larner, G. (1996). 'Narrative Child Family Therapy'. *Family Process* 35: 423-440.
- Larner, G. (1999a). *Derrida and the deconstruction of power as context and topic in*

- therapy. In I. Parker (Ed.) *Deconstructing Psychotherapy*: 39-53. London: Sage.
- Larner, G. (1999b) (May). Towards a critical psychology: Institutional humility. Paper presentation at Millenium World Conference on Critical Psychology, Sydney, Australia.
- Larner, G. (2000) 'Towards a common ground in psychoanalysis and family therapy: on knowing not to know'. *Journal of Family Therapy* 22: 61-82.
- Lather, P. (1986). 'Research as Praxis'. *Harvard Educational Review* 56(3): 257-277.
- Lincoln, Y.S. & Guba, E.G. (1985). *Naturalistic inquiry*. Beverly Hills: Sage.
- Madigan, S.P. (1993) Questions about questions: Situating the therapist's curiosity in front of the family. In S. Gilligan & R. Price (Eds.) *Therapeutic conversations*. New York: Norton.
- Madigan, S., & Epston, D. (1995). From "Spy-chiatric Gaze" to communities of concern. In S. Friedman (Ed.) *The reflecting team in action: Collaborative practice in family therapy*: 257-276.
- Madigan, S., and Law, I. (1998). *Praxis: Situating discourse, feminism & politics in narrative therapies*. Vancouver, B.C.: The Cardigan Press.
- Martin, J. and Sugarman, J. (2000). Between the modern and the postmodern: The possibility of self and progressive understanding in psychology. *American Psychologist* 55(4), 397-406
- McFayden, A. (1997). 'Rapprochement in sight? Postmodern family therapy and psychoanalysis'. *Journal of Family Therapy* 19: 241-262.
- McNamee, S. & Gergen, K. (1992). *Therapy as social construction*. Newbury Park, CA.: Sage Publications.
- McNamee, S., Gergen, K. and Associates (1999). *Relational responsibility: Resources for sustainable dialogue*. Thousand Oaks, CA.: Sage Publications.
- Monk, G., Winslade, J., Crocket, K., & Epston, D. (1997). *Narrative therapy in practice: The archeology of hope*. San Francisco: Jossey-Bass.
- Montero, M. (2001). 'From action and reflection to critical psychology'. *The International Journal of Critical Psychology* 1(1): 84-89.
- Newman, F. & Holzman, L. (1997) *The end of knowing*. New York: Routledge.
- Nichterlein, M.E. and Morss, J.R. (1999, May). Spaces IN the surface// EN la superficie: The reading and writing of the rhizome. Paper presented to Millennium Conference in Critical Psychology, Sydney, Australia, May 1999.
- Paré, D.A. (1995). 'Of families and other cultures: The shifting paradigm of family therapy'. *Family Process* 34: 1-19.
- Paré, D.A. (1996). 'Culture and meaning: Expanding the metaphorical repertoire of family therapy'. *Family Process* 35: 21-42.
- Parker, I. (Ed.)(1999). *Deconstructing Psychotherapy*. London: Sage.
- Parker, I., and Shotter, J. (1989). *Texts of Identity*. London: SAGE.
- Parker, I., Georgaca, E., Harper, D., McLaughlin, T., & Stowell-Smith, M. (1996) *Deconstructing psychopathology*. London: Sage Publications.
- Rabin, H.M. (1995). 'The liberating effect on the analyst of the paradigm shift in psychoanalysis'. *Psychoanalytic Psychology* 12(4): 467-481.
- Renik, O. (1998). 'The analyst's subjectivity and the analyst's objectivity'. *International Journal of Psychoanalysis* 79: 487-497.
- Schon, D. (1990). *Education the reflective practitioner*. New York: Jossey Bass.

- Shotter, J. (1993). *The Cultural Politics of Everyday Life*. Buckingham: Open University Press.
- Sloan, T. (1997). Theories of personality: Ideology and beyond, in D. Fox and Isaac Prilleltensky (Eds.), *Critical psychology: An introduction*. Thousand Oaks, CA.: Sage Publications: 87 - 103.
- Strong, T. (2001). "My house", "your house", and "our house": Toward optimizing dialogue in therapy'. *Journal of Clinical Activities, Assignments and Handouts in Psychotherapy Practice* 4: 41-55.
- Tamasese, K. & Waldegrave, C. (1990). 'Social justice'. *Dulwich Centre Newsletter*, 1.
- Tamasese, K., & Waldegrave, C. (1993). Culture and gender accountability in the "Just Therapy" approach. *Journal of feminist family therapy* 5(2): pp. 29-45.
- Todd, N. and Wade, A. (1994). Domination, deficiency, and psychotherapy. Part I. *The Calgary Participant*: Fall, 1994.
- Todd, N. and Wade, A. (1995). Domination, deficiency, and psychotherapy. Part II. *The Calgary Participant*: Spring, 1995.
- Weingarten, K. (Ed.) (1995). *Cultural resistance: Challenging beliefs about men, women, and therapy*. Binghamton, NY: The Haworth Press.
- West, C. (1989). *The American evasion of philosophy: A genealogy of pragmatism*. London: The Macmillan Press Limited.
- Wetherell, M., & Potter, J. (1992). Mapping the language of racism: Discourse and the legitimation of exploitation. Chichester, England UK: Columbia University Press.
- White, M. (1992) Deconstruction and therapy. in *Experience, contradiction, narrative, & imagination: Selected papers of David Epston and Michael White, 1989-1991*. Adelaide: Dulwich Centre Publications.
- White, M. (1995). *Re-authoring lives: Interviews and essays*. Adelaide: Dulwich Centre Publications.
- White, M. (1997). *Narratives of Therapists Lives*. Adelaide: Dulwich Centre Publications.
- White, M. & Epston, D. (1991) *Narrative means to therapeutic ends*. New York: W.W. Norton.
- Windelband, W. (1904). *Geshichte und Naturwissenschaft* (3rd. edn.). Strasburg: Heitz. (Originally published in 1894).
- Wittgenstein, L. (1963). *Philosophical investigations*. Oxford: Basil Blackwell.
- Yeatman, A. (1995) (November). Developing critical literacy in different kinds of research. Panel presentation at NSW HIV/AIDS Health Promotion Conference, Sydney, Australia, November 8 - 10, 1995.
- Zimmerman, J. & Dickerson, V. (1996). *If problems talked: Narrative therapy in action*. NY: Guilford Press.

## Endnotes

1. While the approaches described here as contextual do not explicitly delineate specifications for health or functionality, it is a worthy question to consider to what degree those specifications may be implicit in these contemporary practices.
2. Multicultural counselling (cf. Ivey, Ivey, and Simek-Morgan, 1993) attempts to foreground client knowledges at a cultural level; but to the extent that it generalizes from the person to the culture, it draws heavily on a nomothetic stance and risks promoting cross-cultural “expertise” that may paradoxically be colonizing in its orientation towards clients.
3. I do not mean to suggest this is the *only* way to make sense of what, in some contexts, is described as “anorexia”. My point is that we do not escape taking a stand by declining to question discourses or practices that our judgment suggests may contribute to a person’s suffering. To remain mute in the face of apparent injustice is to renege on therapeutic responsibility.
4. This reflexivity, of course, also applies to the *practices* embodied by the discourses in question.