Gerda Mehta: June 2005

Deconstruction in psychotherapy

OUVERTURE
I want to share my enthusiasm as to how helpful deconstruction is in psychotherapeutic practice and – to my opinion, it is convenient in general when things go wrong or do not follow one´s liking.

Systemic family therapy is one modality of psychotherapy. Systemic family therapists have a tradition to use some of Derrida's ideas and perhaps have distorted the meanings like they do with many other ideas, too – they use them to their liking and advantage - respectlessly. In practising psychotherapy they are occupied with looking at the texts people present, how people frame situations and what are their comfortable, familiar and less familiar, less acceptable, disturbing discourse practices. They consider how a particular conversation is organised and performed and what they could organise differently that other conversations come into being. They consider how the dialogues fit or misfit in the biography of their clients, in the broader social frame of the clients and their next ones, in the challenges the life cycle brings with it. They also reflect upon the institutions of psychotherapy, society in general and Zeitgeist at large and what might be other possibilities, perceptions, interpretations, and other discourses to come up with options or make options available. They are interested in how norms and power structures came into being and form/influence/limit the moment, the actual, the optional: all these can become issues for systemic family therapists in therapy practice in principle. Answers inform our practising and bring forth theories for intervention and methods to practise.

In this paper I want to show why deconstruction has become such a powerful and useful tool for psychotherapy, and how one can use deconstruction in dealing with what people bothers and what they hope for – the reason to go to psychotherapy.

How does deconstruction fit into the psychotherapy tradition?

Psychotherapy followed the tradition of medicine as it understood itself as a healing profession. That implies psychotherapists followed a psychic/biological model of man as a machine who needs curing. After being thoroughly diagnosed, the client needs intervention and re-education to heal, to perform again, to be fit again, to become normal, to become sane. Freud counts as an inventor of the talking cure that was slowly generally accepted: besides medication, clients need professional assistance for the psychic healing process. Talking in the right way also can influence the state of being, even physical problems.

The idea of the unconscious was grandiose, as the unconscious needs another sort of treatment. It withdraws from objectification and manipulation in the hard scientific sense. Nonetheless the medical prestige and institutionalisations (insurance company, jobs in hospitals, etc) were used for the psychotherapy discipline. Freud always wanted to be recognised by the medical faculty and suffered from not being accepted enough. In fact l believe that the medical model put too many restraints and distortions in the art of practising.

The pathology orientation of the medically-based psychotherapists for example often did not fit the needs of the people and the therapeutic experience. More than that, the pathological diagnoses of therapists working with families were especially upsetting, as they diagnosed/ labelled people in a way that was unacceptable and often did not meet the experience of the people themselves.[1] Some of the consequences of family therapy modelling were rather harmful, like blaming family members who already had to carry the burden of a psychic ill family member, or diagnosing the co-dependent family member, or stating the triangulation of index patients, diagnosing the schizophrenogenic or psychosomatic family structure, etc. Besides, many people did not follow the wonderful theories and ideas of what it needs to be or become a normal and functional family. Some questioned an important connection between symptom healing and family functioning, some even protested loudly. A movement was organized by families with psychically ill members against family therapy diagnostics and interventions that made the theories being questioned worldwide. (Simon 2004)

Family therapists learnt from their mistakes. Additionally, family members could watch how the therapists worked with each one of them. Psychotherapists had to search for suitable models for all. A former authoritarian style took much energy; many preferred a more collaborative approach. Models that give possibility to incorporate the ideas of all were more and more preferred. Deconstructing the assumptions of views of all family members as a guiding principle became a useful tool. Theories like social constructionism, constructivism, radical constructivism and linguistic theories became informative to therapists. Slowly family therapists started to call themselves systemic therapists, and later narrative therapists, collaborative therapists etc., to indicate a major shift in their theoretical understanding.

The guiding ideas of viable models

A scientist, a linguist, born in Prague 88 years ago made a major contribution to our thinking: Ernst von Glasersfeld. He belonged to the group of Gregory Bateson, Warren Mc Culloch, Walter Pitts, Heinz von Foerster. He developed a **radical constructivistic position,** similar to Maturanas Autopoiese, but less biologically grounded. His radical constructivistic position assumes that people select from the signals that come through their senses constantly. Some signals are familiar, some stick out and catch new attention, most of them are discarded, and many reconfirm the models, ideas about what the signal indicates and where it comes from. With these signals people construct images and models of the world. They bring forth experiences, descriptions, stories - their world.

Small children find images and words for things and actions in the world. One can observe how they slowly start using more conventional terms and give up their own inventions. They sometimes form other categories. For example, all that moves is a `brumm brumm`/cars and worms included. Or all flying objects form a category. It is a wonderful period in parenting to be able to watch how the world is put into verbal transformation and watch another world evolve- with thoughts and words and stories and meanings. Children are usually flexible in discarding models in favour of the models of adults and peers but sometimes they are also stubborn in using their own models, when they seem to be convinced and often due to the lack

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[1] The recent general orientation to wellness corresponds better

of discovery the models are not questioned. Also grown up people get stuck (as they are in love or perhaps lazy) with their ways of viewing the world. Many are passionate about ideas and values, about certain reality constructions and ways of being. Some like to defend their habits, traditions and (pre)judices and consider/sell them as truths. Some become teachers, scientists and lecturers- they get a structural, official permission to preach truths and give guidance.

When people look at their terms and opinions and understandings closer they realize there might be many competing options. One can doubt, become fuzzy in one´s point of view or try to convince oneself and others of one possibility only- the truth, the fact. One can engage in building fan clubs for selling truths within and outside the communities of believers. One can negotiate with or bother nonbelievers and perhaps reach another understanding.

Models that are recognised by the community also inform our therapeutic agency. They should help us to reach therapeutic success. Especially for therapeutic use it is helpful to create models that are viable. What is ment by **viable**? Viable means more or less useable, more or less leading towards where one wants to be. One needs to be open for detours and going around, for special events and exceptions and still have a vague idea or feeling how one might arrive there (Glasersfeld 1990, p.125). **Viable means flexible and useful.** Viable implies adaptable to circumstances, needs, special occasions, different timings, various people. Eric Berne once wrote about the games people play. He found games that could be applicable to many situations and people. They were viable and still are, 50 years later. Viable models need not be revised too often. They give orientation for agency and become guiding principles, like **lighthouses.**

Systemic therapists are interested in models people have. Every model is a legitimate model, one of many possible models, but perhaps another model might be more viable and useful in the time being. In therapy language that implies, a problem, a concern, a complaint about others or oneself is based on a view, one interpretation that has become not enough viable; and perhaps there might exist quite different interpretations also (Glasersfeld, p 129). Psychotherapists can go back to the moment, when people make up their minds about something or somebody when one is usually aware of vagueness, uncertainty, many possibilities. After having reached at and decided for an opinion, a model, we tend to forget other possible alternatives. The model itself has a tendency to freeze towards a truth, towards "knowing[2]".

Perhaps the notion of viability and personal constructions of the world make life difficult in general, as nothing is fixed, nothing is for sure, nothing one can rely upon in certainty. One even is asked to respect other constructions and needs negotiation to reach agreements, sociocultural embeddedness and orientation. For therapeutic purposes this notion is wonderful, as the main job of therapists is to help to dissolve- dissolve discomfort, inadequate emotions, upsetting behaviour, pondering ideas, concerns, problems, bitterness, despair, hopelessness, fight, aggression, bad behaviour, suffering. Utilizing alternative modelling helps

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[2] We can understand the self, the person as a literary achievement, a textual construction in an autobiographical genre. The self can be a cultural idea realized through socioculturally sanctioned forms of narrative expressions, Martin and Sugarman (1995, p. 2).

to come closer to what one hopes for, understands better, handle better, be different, see options, etc.

Decisions about differences that can make a difference that leads to further differences

Something that puzzles, bothers or creates resistance indicates a misfit of some sort. It calls for some kind of correction. The disturbance does not indicate what in particular is wrong or what needs to be changed (in order to fit the expected, the guiding model). When one wants to do something about it- one better make a difference. Therapists could diagnose, or evaluate professionally what the client says, s/he could intervene in the social system, write a report, complaint, make people change. People could come to a friend or a therapist who assists in making the outer world fit. The professionals could mediate or help to come up with a plan of change or interfere directly, especially when one has institutional power to sanction and give orders (as legal systems, police, hospitals). Or one could come for help as the inner model could need more/better/different fitting. People can revisit their modelling process to come to a new model, to a - for the moment in life - better fitting model on the whole (when a major life crisis is bothering them).

Example: When you have an image of your partner you are living with for 30 years and that partner seems to have changed, you can complain and try to make him/her (re)change. Or you can ask yourself if you have worked with a wrong model of the partner all along. Or you need a new model as your needs for preferences of a special reaction or model have changed. Or you have an idea that the way how you yourself behave or you behave with each other all of a sudden leads to troubles. There are many options. Getting upset with the partner is only one of them. Many strategies that the misfitting model becomes irrelevant again are available. One can experiment till there are no more pondering questions and concerns. Perhaps it is so simple as that: by dealing with each other differently you might interact and be different for and with each other and the partner does not have to "change".

Heinz von Foerster has spoken about trivial machines, systems like: the thermostat, the car, the coffee machine. They work and one gets responses that are somehow expected. And there are nontrivial machines, like humans. Nontrivial means no direct prognosis can be made.[3] They see choices and make decisions. They have their own ways of functioning and preferences to act and be and hope and see. One of the consequences of this way of functioning is the responsibility one has for one´s models. Ethical aspects come into consideration. People make decisions about people, situations, nature,.. If one sees the obligation to take responsibility for these decisions - the constructions about the world and the constructions of the next, the beloved ones, the enemies and oneself - it leads to the necessity of reflecting on the own decision making and that of others and being aware, that tolerance for other decisions is necessary. Deconstruction becomes a habit in that endeavour. [4]

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[3] Predictions help when large numbers are applied. Psychologists use statistics to justify these individual aberrations or exceptions to their models.

[4] A similar position is realized by Hindu philosophy and yoga practices: to try to integrate the personality at all levels of existence (Shankar, in Pritz 2002, p.498) and try to unify by restoring balance, inducing homeostasis or harmony.

Systemic family therapists can look for the family structure and communication patterns, roles people play in the family, ideas family members have about problems and solutions or they also can ask themselves: what do they exclude by seeing the family as a unit, what do they put in the light and what in the shade, what other possible views are excluded and whose voice is preferred and whose voice is not heard at all that way? How do they accept the personal living arrangements of others and their modelling? Power games, competition, fight, enforcement, suppression are natural tendencies between people, when one assumes structural power. One can create and pamper enemies when one wants, also in therapy by labelling the bad person. In a way it is the one´s own decision how the world is constructed and the people, the next and oneself in it and from that decision there follow consequences.

Reference points for psychotherapists can be
- the norm, the facts, the reality, the truth. Here therapists have to learn about the truth, the reality, the norm and learn how to help enforce the norm, the right behaviour. The socially accredited experts can provide an accredited/scientifically proven version of a problem and act accordingly to a set of prescribed activities to correct it. The client (only) needs to follow/obey and delegate. That needs trust in therapists who know better. That creates dependency on experts, as the client is the not knowing. How can therapist know better about life and viable options of the client?
- individual rights, children's and human rights in general: Nowadays mandatory therapy is delivered to teach people to respect human rights and behave accordingly-abusing parents have to go to therapy to learn how to deal with children accordingly. Instead of going to jail people can go through corrective training. Therapy is used as a correctional device so that people learn to respect others in their rights.
- harmony, connectedness: the job of therapists here is to evolve the ways of cooperating and agreements everybody (the involved ones, the beloved ones, the next ones, the community) can live with (more a role of facilitator or mediator). Here one would preferably invite the people together who have problems.
- adaptation, the reformulation of illusions. Therapists work on the misfitting of the models, or investigating in re-exploring the creation of the model at first place; that could be done with the concerned person coming alone or the involved partners coming together or one after the other. Therapists engage in exploring the dialogues people have or could have with others and each other, till they reach their goals and contentment. All can engage in a play to find possible options till a more viable way is found. Therapists animate to play with possible alternatives and to check their viability. [5]
- deconstructing the values and convictions of the involved and the society at large. Here the underlying organizing principles themselves are under question. Right for whom? In what society? With what resources? For what future? How does one get convinced and why and why not differently?

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[5] The characteristic of a postmodern therapist is her/his endurance, his/her not giving up, his/her believing in improvement, even when not knowing how, and believing in miracles.

All these considerations still imply a search for the **right models** of understanding, right models of treatment, right models of managing life, right models of living and of doing psychotherapy. A re-modelling engagement lets the therapists **play**, have possibilities in their mind. They use little energy to convince and change the others according to their (and professionally justified) likings and their theories, perhaps even free themselves to have to change the world and people, including the clients who come to them. It also implies that **therapists need not stigmatize, pathologise, blame anybody for resistance**, including themselves, when no success is appearing. They need not fight about right or wrong models and use all their strength to implement the model to be proven right. Instead of administering power and authority they can be friendly and open, sometimes helpless, sometimes playful, serious, knowing, guessing. They might be criticised, criticise, rethink, make suggestions and build on alternatives, but need not fight for right or wrong. A radical constructivistic belief lets one **use theories and models and ideas as toys and tools** that might be useful and all might even learn something new by playing, including the therapist. Radical constructivists could even give up the notion of truth or generally valid laws and principles being useful for psychotherapeutic purposes. The habit of deconstruction is useful so as not to fall in love with own ideas/ideology too much. What one can expect from therapists is openness and willingness to join in search for generally acceptable coexistence.

Constructivism made a difference that made a difference in therapeutic orientation.

When the natural science and the medical model of diagnosing, intervening according to tested models and rechecking the results and effects did not fit the practical approach so well any more, many traditional preferred activities and therapeutic habits had to be thrown over board or at least modified and many were slowly replaced. Systemic therapists fell more in love with the position of not knowing (Goolishian 1988).

- Systemic therapists began to question the informing power of a **diagnosis**. Diagnoses became just one way of seeing among many others. **Pathology** models lost their defining power, while curiosity for the special form of being and managing and managing slightly differently under the given circumstances and looking for possible options became guiding principles.
- The orientation along the demarcation line of what is **normal** became ridiculous in a changing, fractionate, global world. Therapists had a hard time with finding out what is normal and normality. The experience with otherness of people from other cultures, other family traditions, other individuals taught limits normative ideas can have.
- **Postmodern life styles** – the multiplicity, the potential possibilities and specific local context people find themselves in and the contemporary and the potential otherness became prevalent. The what ought to be and what one needs for healthy living and normal growth lost its informing and guiding power for professionals and clients and often for the society as a whole, as so many aspects of life and options transformed rapidly.
- The preformed structure and the **hierarchical models** of dealing with each other became increasingly empty - even in families, and some think that even the judicial systems are losing their reference power. Family structures are transforming, the rate of divorce is climbing up in many societies. Regulations lose their informing impact. Believing in truth and authority becomes more and more fragile and awkward. The

multiple selves, the many roles people play, the flexible identity and the saturated self (Gergen 1995) become models that guide the human image in therapeutic discipline with more success. But one also sees recent tendencies in re-establishing laws and order and enforcement of belief in truth and obeying authority – a sign that postmodern living styles have spread and become serious threats to many. Dealing with these **extreme positions and avoiding either-or-solution is a challenge of our times**.

Habits of deconstructioning influence therapy practice in many aspects:
Deconstruction orientation has consequences on the delivery of psychotherapeutic services. Some of the aspects will be listed:
- *the construction of psychotherapy practice*: how it is created, how it comes into being and how it is performed in the room with a therapist and client(s). We believe, this posture of reflecting can increase listening, understanding and actions in a useful way. Somehow therapy is invented and adapted with every new client.
- *the definitions, what is a problem / what is a concern that brings people to therapy*. We believe the problem is situated in and defined by the local concrete context that is preformed by history, by larger frameworks how the society, the professions and institutions understand and handle problems. Problems are also defined by how the beloved ones, the next ones expect one to perform and what possibilities are provided and accepted. For example, the health profession accepts certain definitions and rejects others. Homosexuality disappeared from the diagnostic manuals around 1990 as being something pathological that needs cure. Since the invention of diapers the bed wetting of a child became less of a problem and the concern about bedwetting as being problematic starts much later in childhood. Some people in psychiatric units are not diagnosed schizophrenic at some stages of digesting harm any more but recognized as being traumatized, while trauma is recognized as a normal reaction to traumatic events and is independently accredited by DSM and ICD- diagnostic manuals. A new diagnosis seems to be `stalking´ that still needs public recognition and convincing actions before being generally accepted.
- *we participate in a mutual process of deconstructing by exploring* problems: joining the conversations of the clients about their concerns, upheavals, wondering thoughts, fears about the future that it might not be as expected or how they could take the expected and their *distress in general*. We explore what they mean, think, what could have made a difference, what else did they expect and could be possible, etc.
- *how the therapeutic dialogue is constructed* by the psychotherapist and how s/he uses the deconstructing tools for becoming effective (therapeutic theorizing, methods and practice). Documenting and reflecting on the therapeutic conversation after the session have become useful routine, a recognized part of the therapy process.
- *reflecting on how the stories are constructed and how people function according to their own stories and those of the people around them*, can help to create (co) constructions that become more viable in people´s lives.
- It is helpful to be aware of the *issues of power and relationship between the client and the therapist*. Therapists *(re)consider their own impact*.
- When the therapeutic process gets stuck it may be also helpful to ask oneself: how the tradition of psychotherapy is constructed at large and how it limits itself in general and in particular (with) this client and therapist and that point in time and place. It might

be useful situating the conversation with the client in the broader social and historical context and looking at its *underlying values and prejudices and preformations and looking at its impact on this therapy*.

The virtue of deconstruction - the method of not having a (fixed) method

"Deconstruction is an intensely critical mode of reading systems of meaning and unravelling the way these systems work as `texts´. Texts lure the reader into taking certain notions for granted and privileging certain ways of being over others." (Parker 1999, p. 1-2). [6] As people come in therapy with their experiences, their stress and doubts about the world or the models around and in them, we more and more looked at constructing and possibly hindering common de-constructing process, including our own and that of psychotherapy in general. We started to see ourseves more as conversation partners who joined in their concerns and stories, in the world how the clients and their beloved ones, or their next ones saw and practised life and relationships.

We considered the many discourses that clients have about their concerns with themselves and others, who is and should be important and how exactly these people (in)form the meanings and options and reactions. We talk about memberships around a theme, around a concern and other membership "clubs" (other important themes) we also could participate in. The precise questioning and open interest often make people re-question and come back to significant others to re-ask them about their positions and observe again what they previously already had fixed in the models. That curiosity creates other dialogues and ways of being with each other than the problem-saturated interactions do. Therapy is a practice to help abolish concern-oriented memberships and transform them into solution-oriented connections. The hope is that that brings openness and even newness in relationships and conversations.

We learnt to open and engage in conversations in many different ways, to build stages so that the stories were told in a (slightly) other way that could make people feel differently in and after the session. We assumed that could make a significant difference in the interactions they wanted to change when coming to the therapist. Their observations and experiences between the sessions became topic in the following sessions and the material for further investigations and reformulations.

We added ideas and played with our own ways of being and ways of thinking to nourish ideas and possibilities, to help the client to rethink and reconsider and start to see possible options and alternatives, get hope and become experimental and playful with themselves and their others. A reflecting team or just a reflecting posture or a co-therapist talking about the past therapy process and possible alternatives to it increases chances for being useful. Not one story, one truth, one intervention, but a bouquet of observations, visions and ideas helps to make flexible, playful, more open and come up with other viable models.

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[6] A new name should indicate the difference that should make another difference: narrative therapy, postmodern approach, collaborative therapy, performatory approach, social therapy. But no dominant name is generally accepted as yet.

We tried to observe and <u>listen carefully to words that were (over)loaded with complexity and ambivalence and possibility / or missing any doubt but full of emotional upheaval</u> that could need more digestion and understanding and more integration in self image and biography and in the lives with significant others. One idea was that the disturbances and misfits create confusion which indicate that more understanding and more integration or change are needed - a task for the therapy.

We learnt to <u>create situations and atmospheres, where people could be and behave/perform and rethink</u> and start to see additional aspects and options by talking and engaging in the conversation with us and others. Sometimes it happened that people behaved as if they already were who they wanted to be. Then it may need only more confidence and exercise to increase trust in oneself to be what one wants to be. That can be provided in therapy. The exceptions, but also expectations in the past can be used for (re)modelling and formulating details of what clients want. The goal they wanted to reach seemed to move closer. Sometimes only few more steps are necessary: natural next steps emerge when we look at the path and explore its details and possible consequences and byproducts. Resources can be highlighted and realized to reach the goal or one can work on it to make more use of them.

Sometimes we talk about <u>miracles,</u> indicating a <u>nonlinear jump from a problem to hope</u> and solution. By talking about a possible future the clients wish to happen, the future becomes more distinct and closer, concrete and touchable. By homeworks, using a dice to decide to do as if the future is here or doing as if the future already happened, miracles sometimes really happen till the next therapy session. [7]

<u>Being understood or an important person trying to understand and</u> bear testimony to the story and the views of oneself and the past, the history, the facts, sometimes helps to move on, as one feels, "it is as I believe it is, I am not crazy, my senses are ok." Sue Levin talks about the hearing of the unheard voices (2000). The process of finding someone who shares and believes the story and makes one´s own perception and senses viable can let one come to an end of being concerned about some events in the head and one can continue with life.

When more members are present in the therapy, <u>the listening and observing mode</u> can help to <u>come up with new models and new ways of interacting and behaving with each other</u>. The way <u>how we engage the people in conversations and listening postures</u> is a powerful tool.

The activity and decisions are on the client´s side, <u>S/he is the expert of his/her life and the therapist is a tool clients may use or not use</u>. At the end of a session we sometimes suggest how we think we could continue, or we ask about the usefulness of the past conversation, or the future change one can see from what we have done, or we ask what we should do differently next time. Or we just ask if we should continue talking and arrange a next appointment. The client generally knows when s/he wants and needs to come again and whom s/he could invite to make the meeting more useful.

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[7] Vygotzky refers to developmental stages - children play games as if they were already in stages ahead of them. We use that in therapy.

We follow the principle: what works, do not fix. Sometimes therapists think something might lead to bad consequences or create other problems. They can talk about their concern, but it is just a hint, no more, as the client might have better experience and can see better what is good for him/her.

It is not always smooth and easy. Sometimes we have a hard job to be helpful to people who have to or want to change. We keep on hoping, trying, playing, believing, inventing and experimenting. We engage in a participatory re-search, and even change ourselves to make a change happen. Sometimes we explore/enlarge our perceptions and strategies with colleagues, deconstruct our practices and invite colleagues to the sessions to (re)create more viable models for therapy with that client, as also the setting can be a powerful tool. Sometimes we need much supervision and endurance so as not to give up hope and the lightness of the play.

In systemic therapy we talk about keywords that indicate shifts. The key has the power to lock or open doors and paths for new directions. They are also indicators that new revenues are taken. How these shifts can happen within a conversation may be seen with the following example.

Example: A man comes to therapy. His marriage is threatened to break up. But he does not want to give it up! His wife got to know another man whom she fell in love with and their own relationship transformed more and more only into a functioning team. Both revisited the past, independently, differently, with different people. Not much talk was between them- too scary? When they talked, there was tension and no dialogue. He wanted to reach her and her heart. He tried many things, but the hope ceased every time he approached her.
He sometimes said, he saw no chance in continuing the relationship, but he did not want to and could not let go. He came to the therapy to help him increase his hope for continuing the marriage, nonetheless. He wanted to see it as a crisis, a hard time in marriage that can be overcome. We talked about many issues, he experimented, but nothing seemed to move. Slowly he dealt with possible details of separation. Their expensive house they built together was a stress factor- nobody wants to move out. He eventually went to a lawyer and they started talking about details of separation. Then therapy was finished.
However, after a few months he called again- now he wanted to come with his wife. (Before he thought as long as she did not come to therapy there was more hope. Talking with her in front of others would only make him weaker.) They came. Her idea was that her love was blown out like a candle long time ago, but she wanted to remain a good mother and wife. She tried hard, but it did not work for her. And it will not work any more. She cannot really explain, but she knows for sure and wants to get out of that marriage.
They talk about past and when it (the discomfort) began. He wants to understand, what he did wrong and tries to understand what he does not understand. He never heard from her what he did wrong. He himself felt close although sex was a problem since long. He always wanted to respect her and her wishes. He understood, she had a hard time in her family before and they had problems with her parents, an abortion, a miscarriage, a normal child then a handicapped child was born. They managed all and only when she fell in love with someone else - that brought them apart. Sometimes that happens in marriages, but he thinks one can work on the marriage.

She felt like in a golden cage since the delivery of the last child. He did not understand, and the less he understood in the session the more she used hard, hurting words. He talked about many hardships and stress factors, that they overcame and their beautiful big house, success in profession, she being an art person and having success. For him feeling <u>close</u> and cosy was important and <u>being a family</u> was the most important for him. Her idea of closeness was different. He liked her still, loved her and wanted her. And she wanted to be free, but needed <u>his letting go</u>. She had <u>no juristic reasons for divorce</u>, it was more him who could bring reasons to the court for divorce, so <u>she asked for her freedom</u>, which he would give. <u>He is not holding her, but he usually is used to deal with problems</u> and he sees that they have a hard time with each other the first time and why not work on them. She being a communication trainer cannot talk? He does not and cannot understand. One need not come to the only conclusion of breaking up! They did not give up so many times in the past!

She feels so much <u>misunderstood and lonely.</u> He does not listen and appreciate her interests. He does not accept her, but allows her to do things generously. He is puzzled. As far as he could understand - <u>she needed time to find herself</u>, as she said many times in the past. When she wants to do something on weekends or travel for months, he lets her go - one only has to work it out for the children! But that does not mean that he <u>controls</u> her. They do have different interests, yes. She is in another stage- she wants to be <u>free, completely, independent</u>. In the end of the session he says, one information was new for him<u>- he thought</u> <u>they had a good relationship till last year</u>, with many troubles to be solved and digested, but it was a time of togetherness and closeness. He came back to a previous point she has elaborated extensively before: <u>she tried to appear like a good wife, and that hurt him.</u> She was not earnest and now she belittles their good, hard times – and with it his feelings and efforts in that time. That reformulates his perception and leads to new paths - possibly. (He was far from seeing her effort. (She was far from sensing his <u>hurt feelings</u> about hiding her true feelings, that was my perception.)

Another obstacle has become visible: she <u>needs his consent to be able to go</u>. (The lawyers told her.) But slowly it also becomes visible that she cannot go, as she does not want to move out of their house, she does not want to let the children stay with him in the house what could be an option for him. He should go. She does not need alimony- she has heritage! (The general practise nowadays is that there is no alimony for the adults when both are capable of working.) Now <u>unfairness</u> comes in the picture. Why should giving up be only on his side? He should <u>just leave</u>, as if nothing had happened! He does not want to give all up! She is the one who wants to leave the family! She has stayed within this marriage already so long for `him´, too long, as he wanted the family much and she tried - and that should be equalled out also. In the next session, the conversation was around <u>who has the right for what</u>, who brought what in the family and who would be betrayed by what solution. Past stories of their lives became prevalent. She feels her richness was used by him and he feels thrown out and treated unworthy.

In the following session, <u>fears for future</u>, justice and future life style became issues. She fought for her <u>possessions</u> she had inherited, and he fought for <u>dignity</u>. He can go like he came- without richness! After 10 years of marriage that cannot be accepted by him. Her idea is that everything of the belongings, realties is hers. She needs no alimony from him. They obviously have different information from their lawyers. They agree to go to a lawyer together. And then perhaps come back to therapy.

In the beginning the main concern was the new man, the new love, the holding on the marriage, the love for the woman, jealousy. Then love, honesty, closeness, and family values were in the foreground. Not giving up so easily or enduring for so long have become the main issues that stuck out in the flow of dialogue and created stormy images and feelings and interactions. New arenas were entered. Slowly justice and injustice and who has the right for what dominated. Who is generous, who will lose what and can hold on to what - are prevalent issues they got stuck with for a while. Separation has become an option and its consequences are to be negotiated for both.

Reflections on modelling and misfit of models:

Not search for the truth - who/what is right or wrong and who has to change - but the way how people want and are capable of interacting and accepting and coexisting, that are the values organizing postmodern therapy.
We need to model our beloved, our next ones, our environment, our past and our future and we want to be included in the models of others also somehow – at least in our phantasy. Sometimes we are happy with our models. Then life is easy. Sometimes the modelling itself is undergoing flux, as the process of modelling needs more or less continuing changing (growing up, life crises, life events, different challenges waiting in life cycles, etc). Sometimes others change the consent models at times when one is not ready to, like leaving a relationship, environmental changes, big losses, catastrophies, disasters. When problems and conflict arise revisiting and checking the selection of sensations which are the ingredients of our models is sometimes necessary- perhaps we collected a wrong image to begin with.

Example: Glasersfeld talks about the frog that identifies the fly from certain properties, but sometimes it is only a shadow that comes by. So sometimes the frog jumps for nothing, and as long as the mistakes are under a threshold, there is no need to revisit the criteria for the model of flies. When the frog gets hurt too often and gets no food for reward, the frog might have motivation to learn to distinguish differently.

The moment of puzzlement, of reconsidering and questioning our own models creates uneasiness, confusion. At the same time it also opens up new possibilities and provides steps for learning. One way of conceptualizing the need for therapy is to assume such puzzling, sometimes even frightening moments have occurred before deciding to go to therapy. The contexts may be described as problems, concerns and hopes, emotional stress, questions, hurt, despair. They also may be a key, a possible turning point to something else. Crisis has destructive, bothering aspects, but can lead to prosperous reshuffling and change.
It may be assumed that people who come to therapy have some idea or sometimes only hope that something could be different, or has to be different and that could make a difference that will make a wanted difference. They come with a goal- explicit or vague. There is some hope that talking with someone who has no personal interest in the solution – by his or her rules of profession – could help change to happen.

Therapists can assume: people come to psychotherapists because their modelling is somehow misfitting. Often they say that their next are misbehaving which can be translated into 'the modelling is not effective any more'. Or they say 'I need to change', or 'I need to

understand', 'I need to make a difference for others that they begin to behave differently'. The sentence: "My mother is creating troubles - always interfering in our new family", could be translated into: my or our model of mothers could be altered. Or our actions create invitations to that kind of modelling in our mother that leads to her behaviour and subsequent interference of: our mother is problematic. Or the way how they interact creates different consequences and they have a notion and hope that it could be different.

Example: A mother had called me 2 years ago after the sudden death of the first wife of her husband. It was an accident. We had talked and she was relaxed after that meeting that she did the right thing (she told me 2 years later, she did not take the children to the funeral- l never would say that, but this is what she remembered). Now she wants to come with the stepdaughter, as around mother´s day they had extensive troubles. She assumes that the 9 year old girl cannot digest the loss of her mother, while the older brother is fine. He has and makes no problem.
The woman appears with her husband to the session. We start talking about the girl. But more we find ourselves talking about the loss of the mother who happened to be the stepmother´s closest and only girlfriend who so often helped the couple when times were rough. When the daughter is missing her mother, her loss on top of her own loss becomes unbearable and cannot be digested. How can she explain the little girl, why her mother is dead, why HER mother? The husband has an answer- injustice of god. He abolishes church since then, as the priest could not give an answer to that question! (He hesitates a moment. Does he question his own reasoning in that moment?) Such a god he wants to discard. But the wife has no such model. And she cannot give any helpful explanation to the child. Therefore she wants to come with the child for a subsequent session.
The woman started to get tears and talked about the help her friend had always brought in the relationship with the man. She smoothed out many problems, she made her understand how to deal with him.
In the end of the session the woman had a clear idea what l should talk with the girl- in front of her or without her, depending on what the daughter wants. She hopes that the girl finds her own model and own peace with the loss, and that perhaps could also help her. Not so much seems to have changed for the man in the session. I just observe that his mouth is dry and his eye pupils are very small. L do not mention anything, but I observe it and that may lead to something later. My thoughts about the stress she might have in the relationship I keep to myself, as the couple did not indicate they want to raise these issues also. And my fantasy might be very wrong also. After the session I thought about mothering: with the death of the mother she became the only mother, not only a stepmother. She was no mother to begin with. That is perhaps more responsibility on her side that she might never have taken at her own will to begin with. That could have made a difference that has sunk into her, discomforting her identity. Bearing responsibility for children might have changed their married life significantly. Unfortunately we did not talk more about the injustice that came in their lives with the death of the mother, becoming the only mother for 2 half grown up children with all consequences, and on top of that having lost the best friend. The family did not come to another appointment.
This woman experienced once that talking with me helps. That deconstruction and retelling of the story and her feelings and her problems and the behaviour description of the girl and her hopes and wishes and sorrows and my commenting and questioning and putting other

thoughts and interpretations and questions about other observations on top of it – all that helped her 2 years ago. Perhaps therefore she came again. But did it help this time?

Systemic therapists talk in different constellations, in different ways and about different topics and aspects till the concern disappears, till the problematic does not bother any more. They start a search, an expedition clients invites them to, in which the family and family members are the ones who tell how long they want to have therapists as their sherpa.

Psychotherapeutic deconstructioning revisited

1. Deconstructioning psychotherapy **is more a movement of reflexive critique rather than a stable set of techniques**. It connects, divides and puts into perspective the political, the normal, the social and the personal, the past, the anger and hope, the future. **Therapy provides a containment** to be used during that transition till a new balance is found. Therapy processes should make possible to hold but not freeze the many tendencies that inform each other and are bothering the client(s). Through the therapeutic engagement, an integrative force is provided that may lead to a transformation. Therapists do not believe in (are in love with) a set of methods, but use many methods and see what works. They consider the effect the method itself has, and s/he possibly redirects or changes the tools or stage or performance till dissolving happens.

2. Deconstructioning psychotherapy is a **participatory re-searching without exploring for a true story,** "without wanting to explore truth, knowledge and the good" (Newman, Holzman 1997, p.64). Therapists engage in social activities, create language and reality by being interested in how lives of clients and their next ones are constructed, formed and constrained. By engaging in dialogue we participate in new stories and fine language shifts that may open up possibilities and new more viable modelling, interactions and models.

3. Deconstructioning psychotherapy is **profoundly respectful**. Therapists are interested in the way and what the clients tell about their distress, their experiences of problems, of living, the struggles they are confronted with. Many clients come with a problem- / concern-saturated conversation. But with it they also bring a solution-/dissolving-saturated hope. The tension span between them gives orientation in the therapeutic expedition.

4. **Therapists are open to the complexity of the narrative and life situation with all its contradictions**. **Different competing perspectives** seem to bring forth dilemma. The either/or decisioning limits and creates upheaval. Therapists need no logic, they listen psycho- logically. They try to start talking about what competes with each other in a way that the **perspectives can coexist and find their dignity and worth in one´s thinking, biography, agency and vision.**

5. **Deconstructioning psychotherapy can be intensely critical**. Being critical means wanting to understand how we come to stand where we are by precise questioning. The therapist and clients can try to comprehend the role of patterns of power and rules and norms and their impact on themselves. They can locate the problem formation and the problem development in certain cultural practices and biographies. Often it becomes helpful to ask about the organizing and orienting principles of wish, visions,

values, traditions, and norms. They can ask for the meaning of status quo in the surrounding atmosphere of the clients.

6. **Obstacles, resistance, puzzlement, discomfort, upheaval may indicate motivation and keys for dissolving.** They give hints where one could search more and they refer to points of energy and passion and convincing.

7. **Change is generally seen as a natural phenomenon**. There is no technique, no model, no intervention that works a priori. We always can reflect and reposition ourselves and try to come up with alternatives if something does not seem to work. **By giving up the openness and the search processes freeze into facts.** Locations and perspectives seem to be transitory. One need not assume a preset foundation or logic. Misfitting models of `what is` can be transformed into more realistic, more helpful, and more viable models of `what it is that is`. Connections between model and "reality" and language also can be questioned.

8. An individual can be positioned in the context of own history/biography or of his/her family and contemporaries – in a **network of meaning**. A "text" and network of a family can be read and rewritten in the context of a wider culture. In the deconstruction process, one reads critically and unravels especially loaded terms and tensions between terms and observations that make one question the constructions, but at the same time question how the place in culture and in one´s family and in other relationships is working. One tends to forget the doubting of the former dubious, optional, guess. Revisiting ambiguity allows us shifts in finding out who we are and what might be possible for us to be.

Summary

When a client asks for and engages in therapy, the client or the person sending him/her is aware that something can be or has to be changed. A postmodern systemic therapist works with the individual and/or with people who have common interests and/or concerns.

The therapist needs to understand and accept and respect the client and be at the same time aware of alternative views and perceptions and their possible consequences. S/he is a temporary **builder of conversations and stages** for clients and their next ones so that they are better able to live, to breathe, to work, to talk and to enjoy each one and together, by overcoming the stressing modes that led them to suffering and considering therapy. S/he is flexible in creating and observes the effect of how s/he invites to create other perspectives.

A postmodern systemic therapist provides assistance for **bringing forth social "chorus"** in a participatory mode (Michael Bachtin, 1993) – for the art of being a voice, perhaps an important voice in the music people can create and enjoy together, out of their heart and breath and soul. The goal of therapy leads the therapy process like a lighthouse. Periodic deconstructioning the means and results on the way there and even the there there has been found useful. The therapist is kind of sherpa in that process.

Systemic psychotherapists reflect the **limits and strengths of their own psychotherapeutic activity** and their impact on people and practice. They also invite to criticism within the

therapy, reflect upon the therapy process and its outcomes in the session with the clients and take reflecting modes him/herself and with colleagues.

Methods have been developed to use deconstructioning within the therapy session – by keeping awareness of the observing process, using circular questions, future and hypothetical questions, questions that tend to open up new directions, making use of a reflecting team, taking a reflecting pose, questioning the therapy process and its influence all together. Therapists invite to take different perspectives including talks/reflections about what difference could it make when an older/younger, male/female, less experienced, Rostovian/ Austrian, catholic, Moslem, Freudian/Jungian therapist would be present. Live supervision and inviting colleagues to therapy sessions from time to time have proven to be helpful tools. Locating the individual, the family and the therapy practice in general in historical, contemporary and visionary cultures and utilizing it can make a move/contribution towards an emancipatory, humanistic approach in therapy and in general.

Encore:
Perhaps the paper tells just about my preferred narrative, my not wanting to grow up and give up playing including in professional life. I engaged in the search for theorizing that allows me to continue to be curious without taking possession of what I am curious in, some say not taking responsibility, I say not colonizing. My version of vision does not overrule and overpower, but only invites, I hope. And that l can feel comfortable with.

Literature
Harlene Anderson (1997) Conversation, Language, and possibilities. A postmodern approach. Basic Books New York.
 Michael Bachtin (1993) Towards a philosophy of the act. Univ of Texas Press, Austin
Alexander A Bogdanow (1909) Abhandlungen zur Philosophie des Kollektivismus. St Petersburg 9-33. Übersetzung Isolde Maschke-Luschberger. In: Glasersfeld (1996)
Vivian Burr (1995) An introduction to social constructionism. Routledge London New York
Kenneth Gergen (1995) Das übersättigte Selbst. Identitätsprobleme im heutigen Leben. Carl Auerverlag
 Harald Goolishian, Harlene Anderson (1988) Menschliche Systeme. Vor welche Probleme sie uns stellen und wie wir mit ihnen arbeiten. In Reiter Ludwig, u.a. Von der Familientherapie zur systemischen Perspektive. Springer Verlag 1988, s. 189-216
Ernst von Glasersfeld (1990) Zuerst muß man zu zweit sein. Systeme, 4,2/90, 119-135
Ernst von Glasersfeld (1996) Über die Grenzen des Begreifens. Und Alexander Bogdanov: Wissenschaft und Philosophie. Benteli Verlag Bern
Sue Levin (2000) Kollaboratives Interviewen von Frauen, die geprügelt wurden. Wenn Sie mir zugehört hätten, wäre ich gegangen. Ich glaube, ich wäre nicht geblieben. In: Deissler Klaus und Shiela McNamee (2000) Phil und Sophie auf der Couch. Die soziale Poesie therapeutischer Gespräche. Carl Auer Systeme Verlag
Jack Martin, Jeff Sugarman (1999) The psychology of human possibility and constraint. State University of New York Press
Fred Newman, Lois Holzman (1997) The end of knowing. A new developmental way to learning. Routledge London New York.
Ian Parker (1999) Deconstructing psychotherapy. Routledge London New York

Ganesh Shankar (2002) India. In Pritz Alfred (Ed) Globalized psychotherapy. Facultas Verlag Vienna.

Dorothea Simon (2004) Was ist Angehörigenarbeit? Neue Wege der psychosozialen Begleitung von Angehörigen Psychosekranken. In: Gerda Mehta: Die Praxis der Psychologie. Wien Springer Verlag, 451-457