A.N.Z.J. Fam. Ther., 1998, Vol. 19, No. 3, pp 135–146

Psychotherapy, Architecture and the Postmodern Attitude. An Essay

Andrew Relph*

For all its faddishness, postmodernism as a set of ideas and as an attitude has much to offer contemporary psychotherapy. These ideas and attitudes are briefly outlined and their application to psychotherapy practice elaborated and illustrated with reference to postmodern design.

INTRODUCTION

As a clinical psychologist I have often wondered about the so called 'Scientist/Practitioner' model which is largely undisputed as the basis of our profession. For the practice of psychotherapy in particular it seemed remote as a model, and more remote the less of a behaviourist one turned out to be. The connection between therapy and research, while it seemed important, was problematic and uncomfortable.

As a therapist I found that after a certain length of experience I became less certain of my practice rather than more certain. I wasn't sure whether this was something to be worried about or not. The family therapists whom I was mixing with at the time had a constructivist model which could cope quite well with uncertainty and I eagerly bought a copy of Watzlawick (1984) *The Invented Reality* to help me cope. On the other hand my psychologist colleagues seemed to be continuing to work towards a psychotherapy of increasing certainty both in terms of the technology to be used and in terms of its application and expected outcome. I secretly agreed with Jane Wagner, who wrote:

> Reality was once a primitive method of crowd control that got out of hand. In my view, it's absurdity dressed up in a three-piece business suit … I can take it in small doses, but as a lifestyle I find it too confining (in Gergen 1991a: 245).

I am happy to say that for me this split between the certainty of science and the uncertainty of practice seems to have stopped growing recently. (Perhaps object relations therapists would say that it was due to a certain advancement in my psyche!) One of the things which has helped most with this has been my awareness of how practice and science operate on two distinct levels, the one no less valid than the other. The contemporary trend of postmodernism may well be able to encompass both traditions and, more than that, allow me to practise with all of my training in many different forms of psychotherapy that remain useful to me. So, here I want to write about what a postmodern attitude to psychotherapy might be, how it affects my work and how it might help with the problem of being certain and uncertain at the same time. I want to put out some ideas that I don't necessarily think are ultimate or even right, relate them to my work, and stir up a reaction in you, the reader. You will see from my style that I want to be practical without being technical, and personal without being self-indulgent.

Before proceeding, a word of apology about this term *postmodernism*. For some it's annoying because it represents intellectual arrogance; for others, because it is never properly explained and remains a snobbish mystery; and for a third group because, like sun-dried tomatoes, *Belle* magazine and The Three Tenors, it is as yuppy and as faddish as things get. But I want to demonstrate the usefulness of the concepts which the term incorporates; there isn't a better term. (For an introductory discussion of postmodernism and other -isms relevant to current family therapy see Paterson, 1994).

The major reasoned criticism of the postmodern perspective from within psychology (e.g. Brewster Smith, 1994) focuses on its potential relegation of science to the status of dogmas and ideologies. While postmodernism does attack logical positivism as a 'constraining and proscriptive philosophy of science' (Smith, 1994) I believe it can be respectful of science and in fact help to mend the split between the interpretive (meaning) dimension of practice and the causal (explanatory) dimension of science I was referring to above.

Also by way of introduction, I am more interested in postmodernism as a metaphor, useful in how we might think about psychotherapy, rather than as an intellectual framework for our discipline. This is *my* view of a postmodern attitude and how it affects *my* therapy rather than a treatise on what is really meant by postmodern philosophy and how it affects psychotherapy in general. Like all local views this will involve some stories, and some pictures too.

*Clinical Psychologist/Psychotherapist, Private Practice, 69 Hampden Road, Nedlands 6009 Western Australia.

Figure 1

Figure 3

Figure 2

Figure 4

Modernism

First the big picture. Modernism is a set of views and an interpretive concept which can be applied to a wide range of cultural and scientific expressions. In its basic form modernism rests on the idea that knowledge and truth are universal and will be located by the orderly practice of investigation (e.g. Science). This is often referred to as foundationalism, which implies a singular truth or reality and therefore a singular belief system. Modernism is, as a result of this idea, associated with structuralism and functionalism,[1] with progress, and its allied idea that the latest is the best; and with science and technology, at least in their traditional forms.

A psychology or psychotherapy situated in modernism would ally itself strongly with science and/or medicine; would seek continually to add to a growing store of truth about how people work; would frame these theories in structural and functional terms; and would value better and better technical expertise with which to intervene strategically. A clear risk of such a psychotherapy model would be that it would see problems as pathology, and therapeutic technologies as cures for the needy in the hands of the experts. The seductiveness of this modernism is quite apparent: it makes the new therapist feel certain and clear in very uncertain and muddy waters; it makes one feel elitist and expert and causes those whom one helps to be grateful, even obsequious. But with the flowers or the bottle of wine (positive transference) comes the possibility of the view that clients have been saved from themselves, that the therapist has transferred something—perhaps even an understanding of life itself—and that this will be necessary all over again when the next difficulty arises. With the flowers and the bottle of wine comes sometimes the sneaking feeling on the part of therapists that they don't know what they're talking about; that the whole enterprise of psychotherapy is a ruse; and that, if it isn't a ruse, we probably need our own therapy a lot more than many of our clients do. (If you stick to science and the technology which it produces then you can feel okay with this modernist frame, but if you move into the relationship then you must ask yourself questions about it because you're having your cake and eating it.)

Postmodernism

Postmodernism is a movement away from these principles. Away, that is from a singular truth or foundational knowledge which can be 'discovered', and therefore away from singular belief. Rather, postmodernism proposes multiple truths and invented realities (constructivism); it embraces the proliferation of increasingly accessible beliefs, cultures and realities; it samples from historical references whatever is useful or whatever fits; it eschews functionalism and structuralism for the more meaning-related and local ideas of deconstruction and narrative. In other words it asks 'What's the story here?'

A psychology or psychotherapy situated in postmodernism does not reject science or medicine but, while finding them useful in some situations, feels more allied to an aesthetic framework. While still valuing rigour, it sees assessment as subjective and 'our best shot for the moment' and it sees therapy in multiple terms rather than singular or prescriptive ('manualisable') ones . That is, there will be many ways to proceed with therapy—no single right way either for clients, the client-therapist, or the therapist-supervisor. This sort of psychotherapy values the establishment of a collaborative relationship above strategy and technique and progress. In the invention of this collaborative relationship, a psychotherapy with a postmodern attitude seeks to bring together the local knowledge of the client with the foundational knowledge of the therapist, which knowledge includes all of the psychotherapy tradition that might usefully find a fit in the therapy. This is not eclecticism—which is the therapist deciding on the basis of the expert assessment of the client what will be best for them. It is something more like hybridising, in which the skills and knowledge of the therapist are collaboratively fitted with the requirements of the client.

In this system problems remain problems and the inequality of the therapist–client relationship is attended to rather than exploited; the therapist can be human and that means unclear at times (and having problems themselves at times though not necessarily as part of the therapy). And therapists can use whatever psychotherapy approaches they are trained in and find useful. But without trying to be all things to all people, therapists will acknowledge that they might not be right for some people at some times.

POSTMODERN DESIGN AS A USEFUL VISUAL METAPHOR

Postmodern ideas and attitudes have been around in other fields somewhat longer than in psychotherapy so it may be instructive to look at one of these in order to gain perspective on their possible usefulness for us. Authors have sometimes referred to an aesthetic framework for our discipline (e.g. Cecchin, 1987) and as we tend to be heavily biased towards verbal ways of seeing, I have explored the nonverbal aesthetic domain. Visual design and in particular architecture, because of its functional interaction with people, I found to be one of the fields most illustrative of the divide between a modern and postmodern perspective.

Starting again with modernism to set the scene for the development of what is postmodern, **Figure one**

[1]By structuralism and functionalism I mean the enquiry into and the documenting of how things work normatively. Which enquiry would then suggest how things could be put right if they failed to work. In Family Therapy Minuchin's (1974) early work could be seen as an example of structuralism while the early work of strategic therapists like Haley (1963) who asked the question: 'What is the function of the symptom?' would be an example of functionalism.

shows Mies van der Rohe's Seagram Building (New York, 1957). This is a classic piece of modernism, where the *function* of the building determines the way it *looks*, one floor is the module repeated over and over again, and a refined and rational clarity of purpose has given rise to a clarity of design. There are examples of this formula style of building in every capital city in Australia. 'We know the design formula necessary for an office block and it doesn't matter where it is, New York or Perth.' Designers also refer to this style as the 'classic black box'.[2]

In **Figure two**, The Avenue of the Americas, New York, the Black Box style appears to have lost touch with people and their needs altogether. Like those in *Metropolis*, Fritz Lang's 1925 film about technological oppression, one can imagine the paranoid worker up against a faceless and very tall hierarchy, which has become indistinguishable from the technology it originally designed to meet human needs but which now subjugates them. Robert Hughes, in his well known television series *The Shock of the New,* expounded how modernism went bad especially when it was applied out of context and in the spirit of latter day colonialism (a policy of 'we know better than you what's good for you'). Skyscrapers and highways in Brasilia, carved out of the jungle, are particularly memorable and poignant examples from that series. I am asking if there are not some equally damaging examples of modernism gone bad in psychotherapy. The architects of Brasilia called their style the International Style. They thought that reason would produce an ideal style, a kind of blueprint design which would then be applicable everywhere. In psychology in general and psychotherapy in particular I do not think that similar utopian ideas stopped with B. F. Skinner's *Walden Two* (1948), in which a whole society was controlled by the operant techniques of behaviourism. I think a sort of International Style might be alive and well in psychotherapists' consulting rooms all round Australia (and I don't mean the architecture).

So what can the so called postmodern ideas and attitudes offer against this background? **Figure three** shows Philip Johnson's AT&T Building (New York, 1978–1984) and its famous Chippendale tallboy top with keyhole gable. Here a transition is being made between modern and postmodern styles and the change is reflected in the building itself. Here is the top of a building finished, unexpectedly, like a piece of eighteenth century furniture! The base of the building, which cannot be seen in this photograph, takes the design of a grand Roman round arch. Function is not the first or only principle in this building, the anti-rational takes its place alongside the rational, and historical recycling seeks to find a unique combination of styles that fit together. **Figure four** provides another example in Michael Graves' The Public Services Building (Portland Oregon, 1980–1982). Sometimes referred to as the Jukebox, this playful design reaches back to the Art Deco picture palace in gelati-coloured tiles. This all adds up to a visual narrative, a storytelling building which revels in its individuality. Of course there are many examples of the postmodern style of architecture now in every major centre around the world. The Stuttgart State Gallery designed by James Stirling offers a further example which pictures fail to do justice to. This is because there is a collaborative interaction between the building and the people who use it. Accommodated to its site, it is also responsive to the needs of its users, in sharp contrast to the Avenue of the Americas.

Similar aspects are contained within the postmodern attitude to psychotherapy. In the architectural examples above, the postmodern style can be summarised as lighthearted and entertaining; while functional, its design is not dominated by function; it brings back the enjoyment of decoration for its own sake; and it tells stories. These stories are one-offs, rather than pushing towards a uniform style which will be endlessly repeated everywhere. Because it's more individualised, it's more subjective and more responsive to context, particularly the human context.

A POSTMODERN ATTITUDE TO PSYCHOTHERAPY

So to some of the specific ideas about a postmodern attitude in psychotherapy. (I am using the phrase 'postmodern attitude' throughout this essay to emphasise that new technologies are not being referred to.) Though postmodern thinking clearly gives rise to certain methods it is the *style* of therapy rather than specific methods which most clearly defines the postmodern movement. As above, rather than being foundational in my description of this attitude I will point to specific aspects of my work which fit with it and illustrate them with particular stories. Mercifully, accounts of particular instances of therapy are more ephemeral than the buildings left on the landscape by architects—though some are eyesores nonetheless and some are things of beauty.

Even those steeped in the modernist view would acknowledge that therapy is more than the techniques that are used but this came home to me very forcefully one year.

Caroline, a student clinical psychologist, and I worked with a family in which the presenting problem was the school refusal of the ten year old girl. The primary problem appeared to be a very close relationship between the girl and her mother. Just the sort of common pattern one would be justified in telling one's students about. From behind the one-way mirror and without meeting the family I instructed Caroline in the finer points of family intervention. At that stage, as I recall, this amounted to facing the mother and daughter with a dilemma to stay the same or gently move in the direction of separating from each other

[2]A worrying echo of early behaviourism which suggested that the person was like a black box to which one had no access and that psychology should therefore confine itself to the study of observable behaviours and their observable precursors and consequences.

just enough so that the daughter could go to school. There was also some work which involved the woman's relationship with her extended family and the increasing involvement of the husband and father. The presenting problem very quickly cleared up and the girl returned to school. A success for family therapy and a useful learning experience for Caroline I thought.

A little over two years later Jessica's mother once again contacted the clinic. She asked to speak to Caroline but since the latter had long since finished her placement at the clinic I took the call instead. She said that things had gone well for her and her daughter over the last two years but that in the last month some of the old difficulties had begun to reappear. I explained that I had been Caroline's supervisor, the man behind the one-way mirror, and that since Caroline had left I would be happy to make an appointment to see the two of them. As I read the notes written on the file I thought; 'These are the people I helped Caroline make better, I understood the system, told her what needed to be done and that was that.' So it was with a certain security that I officially introduced myself to Jessica, now thirteen, and her mother and conducted what I thought was a successful interview. I was surprised and confused three days later when Jessica's mother phoned to cancel their next appointment. With some reluctance she said that neither she nor her daughter had found their session with me particularly helpful and that they had both agreed that if Caroline could be located they felt sure that they could deal with the present crisis successfully.

While finding a contact number for the 'amazing Caroline', I continued my internal dialogue: 'But it was me that got those people better last time, Caroline did only what I had thought up, even how she did it was my suggestion.' I secretly bet that without my close supervision she would now struggle to effect change in what I was fast beginning to describe as 'this difficult family'.

I did not achieve it in that instance, but in general I am experimenting in my therapy with keeping the uses of modernist *methods* (in which I would include many of the methods of psychoanalysis and psychodynamic psychotherapy, behaviour and cognitive therapy, as well as structural, strategic and systemic family therapy) within a postmodern framework or *attitude* to the work. This is for three reasons:

- postmodernism as an attitude is inclusive and not exclusive.
- The methods of the modernist approaches to psychotherapy I've just listed are undoubtedly useful (particularly when they are removed from some of their originating attitude).
- Methods specifically generated by postmodernism (including those referred to as deconstruction, narrative, and therapy as conversation) as yet still have their limitations and should in any case not be used prescriptively, thereby ruining the most important and liberating effect of postmodernism.

Local Knowledge

I left the architecture metaphor with a backward glance at the so called international style; this idea has equivalence to foundational knowledge. And just as the international style rejected regionalism, so foundational knowledge rejects multiple views and what anthropologists have called 'local knowledge'.

> To an ethnographer, sorting through the machinery of distant ideas, the shapes of knowledge are always ineluctably local, indivisible from their instruments and their encasements (Geertz, 1983: 4).

I think this concept of local knowledge might form the cornerstone of a postmodern attitude to psychotherapy. Bateson, one of our field's cornerstone thinkers, was interested in

> ... the deep gulf between statements about an identified individual and statements about a class. Such statements are of *different logical type*, and prediction from one to the other is always unsure. The statement 'The liquid is boiling' is of different logical type from the statement 'That molecule will be the first to go' (Bateson, 1980: 51).

Those who produce scientific psychological data and who are invested in psychology only as a science have very often not appreciated the difference which Bateson articulated. Local knowledge is consequently often belittled in the face of the foundational knowledge of science or 'truth'. As professionals we can often say something knowledgeable about the duration of postnatal depression, the contributing factors to a learning disorder, or the style of parenting most associated with children who behave themselves. This knowledge is based on aggregates. We know it because we have seen three hundred families or because we read a report of a research study. But in psychotherapy, this particular person, child or family is unique and will require me as therapist to be curious in a fresh way. We all know the importance of finding out this 'local knowledge' which a person has of themselves when doing an assessment, though some people present as if such knowledge were unimportant. (They favour a diagnosis from the expert knowledge which simplifies and abstracts their individual status.)

But when it comes to what to do, to the therapy (which can so easily get confused with treatment), clients and psychotherapists can sometimes collude to privilege the psychotherapists' knowledge over that of the client. In the face of a medical model with a doctor's referral and a diagnosed condition, being a good patient is accepting the 'expert opinion' (even when that opinion concerns knowledge about oneself) and complying with the prescribed treatment. This is tantamount to clients forgetting their own agency in relation to the problem and complying with the agency of someone else. To my mind this frame often perpetuates rather than resolves the problem. I should say again at this stage that I am not advocating psychological ignorance

or an approach that is not based on a precise and comprehensive formulation. I am just looking for a frame which can encompass the knowledge systems of the client, as well as of the therapist.

The part which language plays in perpetuating the privileging of science and foundational knowledge over local knowledge is very large and has been documented elsewhere (e.g. White and Epston, 1989; Anderson and Goolishian, 1988). With the technical advances of modernism and what Gergen (1991a: 14) calls the 'scientizing of human behaviour', has come a proliferation of new terms. These terms are grounded in foundational knowledge, they specifically work against local knowledge and they are often deficit oriented. A nurse says 'We have 3 CFs on the ward at the moment'. A parent says 'My son is ADD' and a psychologist says of the client with whom therapy has run into trouble, 'She's Borderline'. It is part of the modernist tradition to project deviance onto an outsider and then label that as being their identity. But I am not against the clear use of technical words per se between professionals; what I am arguing is that the language used can subtly inform an attitude in clinicians and in clients which works against an empowering therapy.

But getting back to local knowledge and therapy, I find a useful question at the end of assessment or when planning therapy to be: 'How can I help with this?' or sometimes more specifically: 'How do you think talking to me might help with this?' At this initial stage some people already hand over all authority to the therapist: 'I don't know how you can help, that's what I want you to tell me'. Others put the same point more delicately and more seductively: 'I can tell you all about myself and you can tell me what's wrong and how to change?' I think of these people as having expectations of therapy at the modernist end of the scale. Others may respond to the same question: 'Help us to find alternative strategies to deal with the conflict between us', or 'Help me beat these compulsions', or 'Provide a context where I can reflect on things and come up with new ideas'. These people are at the postmodern end of the scale. Perhaps—though this is not always true—they have a respect for their local knowledge which will be useful in therapy. Sometimes to respond to a modernist request with modernist technology may indeed be the best fit, especially for people who are not disempowered or disempowering. On the contrary, for me, in general, the more they are asking for my initiative and the less they're using their own knowledge, the less free I feel to use mine—a generalisation to which I can immediately think of several exceptions. But therapy, especially where we are talking at the level of attitude, is essentially about finding a good fit between clients' expectations and whatever the therapist has to offer that may be of lasting use.

Two stories about local knowledge and then I'll talk about some of my ideas about the making of that fit.

The family I still think of as 'The One-Hankie Family' consisted of a father, a mother and two teenage daughters, one of whom had a severe eating disorder. At one point in our discussion the daughter with the eating problem became tearful. The mother, in a cavalier gesture of sympathy, pulled out a handkerchief and tossed it across to her daughter. She mopped her eyes but noticed that her older sister had started to cry in sympathy so she threw the hankie to her sister who was sitting next to her mother on the couch. As the older sister now sobbed into her mother's handkerchief, tears ran down her mother's face and soon the handkerchief was passed back to the mother. Later in the session, or perhaps it was the session after, I commented on the family's closeness and referred to the fact that they were the only family I knew who cried into the same hankie. It became our reference point and I could ask questions such as: 'How does a person leave and still stay connected to a one-hankie family?'

I might know about enmeshment but they would know about being in a one-hankie family. This is the 'logical type' issue: in family therapy you don't notice 'enmeshment' and you don't 'attenuate relationships'. You notice they use one hankie and you get them to try out using their own.

Kelly was a parent who believed she'd made some terrible mistakes in raising her children. She said she herself had had a very difficult upbringing: 'Parenting doesn't come naturally,' she said, 'You don't necessarily know what to do in any given situation. Now a person like you would know how to raise children, but I didn't.' I said that as far as I knew people with psychological knowledge didn't necessarily, didn't even usually, make good parents. To which she replied: 'I know, my father was a psychiatrist!'

Fit

The sort of relationship which is going to exist between therapist and client/s is often set in the initial stages of the encounter. So I usually have some form of discussion with people about what I might be able to offer and what might be helpful and together we can then choose and craft a psychotherapy which we can to some extent change along the way. The smorgasbord is a suitably nurturing metaphor which I sometimes use to highlight their choices regarding what happens. Clients with a modernist outlook on the therapy may need time and discussion to adjust to the fact that, unlike in conservative medicine, there is a range of possibilities and that they will need to be active in the selecting process. The choices to be made are in terms of the levels of experience with which we will be dealing (for example internal meaning, external behaviour, interaction with others); and in terms of the methods to be used or the type of therapeutic relationship. This is different from just being up-front with clients about what one is doing or what one can and can't do, it is informing the client comprehensively and in an ongoing way about the nature of the therapy in which they are participating. It is involving them in an ongoing collaborative relationship.

So, besides listening to his story, I may offer a man who presents with anxiety: some elements of cognitive behaviour therapy, some work on the exceptions and the restraints of the story he's told himself, some understanding of the origins of his anxiety; some relaxation; some understanding of and experimenting with the way the anxiety is held by his interpersonal context, even some counselling on the difficulties of self medication with alcohol. While I would not expect to use all of these offerings I would expect him to actively participate in working out how to do the therapy with me.

In preserving the identity of a flexible sampler of therapeutic styles it is sometimes useful to refer to third parties in the form of other therapists and other clients. In this way, other people's experience at a narrative (rather than a scientific or aggregate) level comes to be at the disposal of the therapy. This invites a collaboration and the generation of a unique method between therapist and client. For example, I might say: 'My friend Eve Lipchick has an experiment which she uses with couples who have lost trust in each other as you two seem to have. She suggests that the two people spend the whole week between sessions acting as if the other person cared for them. I've seen some pretty dramatic changes take place between people in a week doing this. I wonder if you two would like to try it or at least some variation which would suit you.'

Or I might say to a wayward adolescent: 'Other people of your age have told me that in their experience what's necessary in beating a bad reputation like yours is a period of reversed behaviour to first confuse and then re-educate the teachers. I should tell you about one person who saw me, he had such a bad reputation that he got thrown out of his English class without even being there. When he was beating his reputation he would wait until the deputy principal came by and start picking up litter, he'd go to his year coordinator and ask for extra homework and then he'd have me phone them two days later to find out how he was going. Maybe you and I could make up some ideas to beat your reputation.'

Also because I do quite a lot of work with children and adolescents, I ask everybody concerned what they think will be the best forum in which to address the problems—alone, with the parents, with the whole family or combinations of these. I tell them also what in my experience would be the most useful way to start. However the fit is not created just by giving people exactly what they want, I have my say as well and being different from them is often crucial and doesn't necessarily prevent a good fit.

One woman came to see me about her son. She said for two years she had taken another lad to school and he was the worst child she'd ever met. Three months ago he had changed from a monster into a real person and now she found him almost likeable. The change had been so obvious she had asked his mother what had happened. She said he'd been coming to individual psychotherapy with me. The woman said that as a result of this story she had come to ask me to treat her son. When I interviewed him I didn't think there was much wrong with him and neither did he, but when I looked a bit more closely at the relationships in the family there seemed to be some important issues which were problematic. So I suggested family therapy rather than individual psychotherapy and the mother and the rest of the family agreed to do this with me. We dealt with a number of important issues in the family and during that time the mother's concerns about her son were dealt with too. At the conclusion of therapy the mother generously acknowledged that the work on the relationships had been successful and that her original concerns about the boy had cleared up.

Fit, like the therapeutic relationship itself is always in the process of being achieved. Sometimes even experienced therapists get it wrong and we probably hear less about this and more about successful fit.

A family who had been recommended to see me by some friends of theirs, whose family I had successfully seen sometime before, came to see me because their teenage son was not fitting in with the family or with his peers. When I interviewed him I thought the boy was arrogant and obnoxious and I could understand why he didn't have any friends. He said he wasn't really interested in seeing me and that his problems were the other boys at school who needed to change their ways. The father refused to come to appointments, he was too busy, and the mother spent her time complaining about her son and her husband. If I had been more careful and less reactive to their obvious lack of initiative I'm sure I could have established a workable fit with these people. As it happened I didn't and I saw the boy and his mother only twice. Some months later I heard from the original family who had referred them to me. The two mothers had talked in the school canteen and the disgruntled woman reported on the unsuccessful contact with me: 'He didn't tell us anything so we're not going back'. In retrospect I could have given them more.

The Collaborative Relationship

As therapy progresses the basis of the smorgasbord may be used to develop a continuing agreement that therapy is not imposed by the therapist but made up between the therapist and the client, with both continuously checking whether this is working satisfactorily, what alternatives could be pursued and when enough has been achieved to leave things and experiment with less therapy or no therapy at all.

Gina came to her third session of psychotherapy and said that she had thought a lot about the therapy so far and that she believed she had had enough time to reflect on her situation. She said she wanted me to stop listening so much and start challenging some of her ideas and telling her what I thought about what she was doing and saying. I did not respond with one of

a number of psychoanalytic interpretations which I may have used in the past. Instead I agreed to say what I thought of what she was saying at any specific point along the way, provided this was seen as a contribution to an important evolving conversation rather than a statement about how things really were, which I imagined would not facilitate any such conversation. Therapy proceeded and three or four times a session she would say 'So what do you think of all that?', and mostly I'd tell her.

Gina came to therapy with postmodern expectations. The next story is about Brenda who did not.

In answer to my question during the first interview, 'How do you think talking to me could help?' Brenda had quite unselfconsciously said: 'You could tell me what to do to get it right.' This fitted very well with what she had told me so far about her upbringing which had been dominated by a father who was a Methodist minister and by the family's belief that out of all of them, she was somehow bad or flawed in character. I told her I had ideas about collaborating with people rather than instructing them in how to live life and her request might anyway repeat a pattern she seemed keen to change. Perhaps there was another way I could help her? She came up with; 'Perhaps you could coach me then in what I'm doing'. This seemed a subtle but important change and I saw it as the possible basis of a new and different type of relationship from the ones she had been describing. I agreed to the coach frame for our therapy adding: 'Providing you don't expect the therapy we do together to be perfect'.

With this frame of collaboration what emerges in therapy is a mutual discovery between therapist and client and not something that the therapist had in mind all along and set up for the client to find for themselves. Therapy, like postmodern architecture, remains personal and local and even though it makes references to the foundational, these are secondary to the particular experience. An example of this is how the best metaphors emerge from within the therapy rather than from another context (see for example The One Hankie Family). This particularised therapy has the wisdom within it rather than having access only to wisdom from outside. This is true for techniques and methods too; collaborative therapy is inventive of its own methods which emerge from the contact between the therapist with his/her experience and foundational knowledge and clients with their experience and local knowledge.

This is what, in postmodern psychotherapy circles, has made the term 'conversation' such an important one. I have not found myself a subscriber to the very heavy emphasis postmodern therapists have placed on language, at times to the exclusion of all else, but I do think that productive therapy emerges from the collaborative or conversational space between therapist and client. To open up this space requires more questions than answers, more uncertainty than certainty. It requires a considerable degree of humility on the part of the therapist when faced with people who are needy and in awe of knowledge. It also requires a significant amount of self possession and trust in oneself and in the process of psychotherapy when faced with people demanding solutions and technology.

This mutual discovery and movement and change *then* requires valuing in the way that local knowledge required valuing in the initial assessment and design of therapy. The most dramatic and playful versions of this are often with children, as with one boy recently who wanted me to include in the letter to the referring paediatrician the 'Laws of Fears' (following White, 1986) we had discovered in the therapy.[3] This promotion of the client's local knowledge to others who may have been seen as previous holders of THE knowledge is often an important step in concluding therapy. This is particularly so where medicine or ill health has been involved, since those things customarily move the agency and the expertise away from the individual. The paediatrician who knew about the asthma; the other parent who knew how the woman should parent her child with behaviour problems; the doctor who knew that depression was biological—all these knowledges need to be repositioned in their new, not necessarily demoted, contexts.

Sally had been a conscientious participant in psychotherapy for over a year. She had struggled on many fronts to change the direction of her life. She had altered the way she parented her two children, made constructive changes to her marriage, and finally shaken off some of the restraints of her unhappy past so that she was consistently less depressed. We had developed a close relationship and one or other of us would sometimes comment on the metaphors and the understanding which had uniquely emerged from our work together. In her somewhat untested new state Sally went to her general practitioner to ask about some worrying swelling of the glands in one side of her neck. The doctor too was concerned and suggested some further tests. At this Sally felt shaken and was briefly tearful in front of the doctor who in writing the referral letter also wrote her a prescription for Prozac.[4] With that, Sally rediscovered some of her new self possession. She told the doctor that she had been working for more than a year on her tendency to become depressed. This work had been time consuming and at times very difficult she said and if the doctor thought that she was going to make a significant difference just by writing out a prescription she should think again because she did not plan to fill it. To her credit the doctor commended Sally on her efforts and rightly pointed out that while anti-

[3]'*Discovering*' laws of fears sounds about as modernist a concept as it is possible to get but such an '*invention*' could only take place in postmodern psychotherapy!

[4]Even conversations with a computer can produce something new. Mine consistently spell-checks Prozac to Prosaic. I usually leave it like that.

depressants could make a difference, the work she had done was vastly more significant. Sally was proud when she reported this to me the following week. She had promoted her own understanding of things in the face of very powerful and often privileged, but not unimportant, knowledge. I was pleased that Sally had stood up for herself in the way she had and also heartened by the prospect that she had not sacked or been sacked by her doctor.

An Experiment in Evoking a Postmodern Attitude to Psychotherapy

This is not a paper about technique and yet it is often the technical applications in therapy that are most sought after, particularly and appropriately by those who are acquiring the skill. Is it possible to get closer to the real activity of therapy and to the type of mind-set that I have referred to as a postmodern attitude without going to particular techniques? I have attempted to do this with access to the stories of my own therapy. But what would you do? What aspects of your therapy could be said to be informed by a postmodern spirit? In workshops I have practised conjuring this spirit up using the following method.

I'd like to try one more way of evoking this postmodern attitude towards psychotherapy. I want you to imagine for a moment a colleague of yours, a psychotherapist or counsellor who is a contemporary of yours in age and experience and whom you esteem most highly as a practitioner … Now imagine that this person comes to you requesting personal psychotherapy … Setting aside practical restraints imagine that for one reason or another you agree to see them … What initial reaction do you have? And what do you imagine might characterise your therapy with this person?

Discussion following this exercise usually focuses on matters of humility, equality, openness, care, collaboration, and especially making use of what the client knows. Things to avoid sometimes come up too: being patronising; giving lecturettes about how they should better run their lives; going on about the way the world, the psyche, or relationships really work.[5] Yet as with everything in postmodern psychotherapy there may also be a time and a place for such modernist words. Especially if we label them bits of helpful advice that had some use at some time in some context.

The invitation of postmodern therapy is to make this mind-set which you have about doing therapy with your esteemed colleague the attitude for all your psychotherapy. This is because postmodern psychotherapy suggests that all prospective clients have a local knowledge and expertise that, once it is valued sufficiently, will together with the therapist's expertise form the basis of useful therapy.

Lastly this imaginary therapy could embody the sort of attitude that you may be looking for if and when you need psychotherapy for yourself.

CONCLUSION

There are things of lasting value about modernism upon which the enterprise of psychotherapy was founded. These tenets of psychoanalysis, behaviourism, structural family therapy and so on should not be rejected simply because postmodernism is the flavour of the month. The problem with modernist theory and technology was not that it did not work. Older family therapists still remember with some embarrassment the crassness of their methods at the height of their 'strategic phase' yet that technology and that theory was often effective. The problem with it was that as a model it was a one-size-fits-all operation delivered with 'objective' expertise and sometimes without respect and collaboration. Architecture visually presents some of the differences between modernism and postmodernism and warns us about the consequences of an international style which does not take account of people, their knowledge and their context.

Milan Kundera wrote of this division:

> The novelist teaches the reader to comprehend the world as a question … The totalitarian world … is a world of answers rather than questions … people nowadays prefer to judge rather than to understand, to answer rather than ask, so that the voice of the novel can hardly be heard over the noisy foolishness of human certainties (1983: 237).

POSTSCRIPT

At one of the presentations of this architectural metaphor in Perth I was somewhat alarmed but also delighted by the presence of art historian Richard Read. The following is an extract from the correspondence which followed.

> 18 June 1996
>
> Dear Andrew,
> It was very disconcerting to have spooked you by attending your fascinating lecture, for it alerted me to just how Stalinist and modernist a reputation for aesthetic expertise might be. I actually have feelings of inferiority towards my colleagues in architecture concerning recent architectural theory, which the references given below are only one sign of, while your evident enthusiasm for the slides, some of them unknown to me, reminded me how jaded my critical academic 'knowledge' of the arts can become.
>
> As for the occasion of the lecture itself, I confess to feelings of disdain, endemic in my profession, towards the audience's resistance to theoretical perspectives on (and as a prerequisite for) therapeutic practice. This, again, is very modernist of me. If I'm right I can't see how the lecture

[5]Lecturettes was the topic of a paper given at the 1996 Family Therapy Conference in Hobart entitled; 'Lecturettes in Therapy. Or What to do about the Burning, Expensive, and Fabulously Good Ideas one has about the World and how Others should Live their Lives.'

could have overcome this, though I think it will have succeeded in seeding something very valuable for most people. But how could the man in front of me have been listening to what you were saying when he was massaging the shoulders of the woman in front of him? (How could she, in allowing him? How could I, in attending to them?) I thought he was massaging himself into literally physical resistance to the concepts whistling above his head, however accessibly they were being put. To me it was ironic that he could no longer mount this postmodernist decentring of the focal point of attention when, postmodernistically, you moved from monologue to dialogue. He was then empowered and afterwards spoke, albeit monologically, with few signs of having been informed by what you had been saying (but I might be wrong about that, for I think he did make a good point, I'm not sure, *I wasn't listening well enough*).

Here from the academic perspective is my own lecturette on architectural postmodernism, which since it will inevitably sound authoritarian I won't bother to be modest about, remembering what Dr Johnson said about that. (Incidentally, could the indeterminacy of his *Prince Rasselas* be regarded as an anticipation of postmodernist psychotherapeutic wisdoms? I recall his dialogues with an elderly female friend being cited as one possible originary moment for psychoanalysis.)

Had your reflections on architecture been academically intended (which would have been disastrous for your purpose), they would perhaps have corresponded to that wing of the profession (not just the subject) which needs to celebrate postmodernism as something architecture has to offer first the industry and then the wider public. Charles Jencks' big glossy book is an example of this positive approach of recommendation and advertisement (Jencks, 1991). The opposition comes not only from the likes of Prince Charles (who represents a bourgeois reaction to modernism in favour of older tradition and values, newly framed), but from the chic critiques Neo-Marxists mount from within the academic bastion.

To them Postmodernism has a decided downside in that it exemplifies the worst aspects of global capitalism, as a development from the dogmatic national and imperialist modernism of the New York Trade Centre variety. The canonical example is LA's Bonaventura Hotel in Frederic Jameson's (1991) *Postmodernism or the Cultural Logic of Late Capitalism*. According to Jameson, the function of such postmodernist buildings is to disorientate and neutralise awareness of political histories and territorial zones of power, both globally and locally (the mirrored exterior and confusing interior displace awareness of exploitation of the distant 'Third' World as well as the Hispanic ghettos buried on the other side of its bounding freeway).

Jameson's argument has been critiqued pragmatically as a misunderstanding of the economic theory it employs. Thus instead of serving as the symbol of success of global capitalism, the Bonaventura is more accurately regarded as a safe haven for nervous international capital at a time of world recession. It represents a defensive implosion of capital rather than a bold, plutocratic encircling of the globe.

But in addition to this pragmatic objection there is a more theoretical one. Jameson assumes that Postmodernism *chronologically* replaces modernism in the succession both of its architectural styles and the economic regimes that drive them. Lyotard's *The Postmodern Condition* reframes PM as a timeless randomising condition (like 'working through' or dream-work in psychoanalysis) that paradoxically precedes modernism in so far as modernism represents closure, system, resolution, and the ordering of whatever anti-theoretical randomising that has just taken place. Though Lyotard's examples are Freudian, one could say that the structure of his argument is Jungian. Lyotard's take on postmodernism helps to remove the historical anomaly in Jameson's approach—so many of the leading principles of postmodernism require embodiment *avant la lettre* in works that were produced in or before the Modernist movement itself—by Gaudi, Woolf, Beckett, Picasso and that founder of deconstructive architecture Michelangelo Buonarroti of Laurenziana staircase fame.

These points would represent the downside of postmodernist architecture from the academic point of view.[6] What would be interesting would be to turn these objections back into a 'transitional object' for your talk and let their implications play upon your advocacy of postmodernist psychotherapy. The aim would be to do so positively, but lacking enough knowledge of the latter, I can only speculate in negative ways.

To use one half of a marine metaphor, say the retreating tide of time reveals modernist psychotherapy as dangerous detritus on the beach. 'How could we have done that to people?' the bric-a-brac seems to say. But instead of the tide returning to wipe clean the sand for postmodernist psychotherapy, what if the tide is only halfway out, so that as the now submerged rationales of PM psychotherapy themselves emerge (i.e. when culture has changed again) won't they seem equally inadequate, though in a different way? What will the detritus of postmodernism look like?

In the absence of a crystal ball one might hazard the vaguest guess that objections to PM will take two opposite forms. Firstly that postmodernist psychotherapy will perpetuate and intensify modernism under a different guise and with a different kind of closure whose greater subtlety is only an illusion generated by the blind spots of the slightly different culture it was conceived in. That would be the radical take. The more conservative one would be that postmodernist therapy represents a dangerous decentring of the ethical authority and responsibility that existed at the time when bourgeois consciousness was more confident, optimistic and idealistic (viz. the speaker worried about 'spiritual' values) or that PM psychotherapy represents at the very least a wasteful distraction from the more important task of carrying forward the mapping for example, of the neuroses and psychoses, (however much that still continues) in which the integration of personality and the resolution of its problems is still the goal. PM psychotherapy represents the danger, then, of one of those modern vicars in the TV sketches who benignly abolishes hell then exculpates the Devil. Were not somewhat similar objections made to traditional psychoanalysis' refusal to direct the course of the analysand's development more forcefully and moralistically?

These comments, I know, sound far too vague and negative in ways I don't want. On a quite different issue which by no means needs replying to any more than any of the

[6]Terry Eagleton presents a raft of objections to other aspects of pomo in his often very funny *The Illusions of Postmodernism*. The gist is that the pomo push against Enlightenment certainties has often been of more use to the Right than to the Left wing of politics that it avowedly supports.

above, your concept of 'fit' sheds intriguing light for me on enduring problems with the application of any of the 'psycho-' theories and techniques to art historical interpretation, particularly but not exclusively, to the interpretation of past works (schools, periods) of art. There's much more I'd like to say on this issue, but it would become tangential to the line taken by your lecture.

Thanks for the talk, sorry to have run on at such length and please get in touch if some of the above obscurantisms are worthy of clarifying.

Richard Read

Dear Richard
Thank you very much for your letter. I so appreciate some rigour in the treatment of ideas about therapy and yet as your commentary points out, there is often little rigour to be found in such situations. I have sometimes despaired at the trend amongst some therapists to deliberately disengage from rigorous debate of ideas in favour of a more lofty, pseudo-spiritual, woolly approach to the subject. Such people may well be attracted to a talk which suggests comparison between art and psychotherapy or which has in its title the term 'postmodern'.

As well as appreciating the rigour with which you approach your analysis of my lecture, which I fear was several times more rigorous than the lecture itself, I also appreciated that you spent the time and effort furthering a discussion with me. Again, in such audiences I find myself feeling slightly sneering towards people who gulp down something which I have attempted to make digestible (sometimes at considerable risk of oversimplifying everything) as if no further contribution needed to be made by them. I'm not talking only about contribution to the lecture and the conversation it invites but to the nurturance of the ideas themselves. Maybe I do a mischief by making something accessible.

I have not yet had a look at the Bonaventura Hotel or at Jameson's critique of postmodernism. I have always had, naively I'm sure, a positive view of postmodernism. My positive view (founded in psychotherapy) only had major criticism launched at it from scientists within psychology who were fearful of it being anti-science, which I don't think it is. So I came to the buildings without much of a critical eye and consequently ignored some of the dark side. Thus it sounded to me rather paranoid of Jameson to talk of function and that function to be 'to disorientate and neutralise awareness of political histories and … zones of power globally and locally'. This goes against what I've encountered in what I refer to as postmodernism in psychotherapy which seems to have been critical of the modern technically skilled and strategising therapist who saw in the patient a natural enemy rather than an ally.

Perhaps the Bonaventura Hotel has its counterpart in Ericksonian hypnosis where there is much to 'disorientate and neutralise awareness … ' but I have never regarded this stream of psychotherapy as particularly postmodern—though one could in turn get paranoid about how practitioners of this model talk about gaining the 'cooperation' of the client when they don't mean anything about collaboration at all. Having said that, I have always thought there is a risk in psychotherapy (and I've seen some examples in the work I've supervised) of modernist intentions being clothed in postmodern garb. And I have found myself returning often to the conclusion that it is the attitude behind the particular practitioner that counts and not the particular model he/she is aligned with, or the technology they are using. I wonder if this is true of art or architecture; and whether the intentions of the artist are as available to you as art historian as the intentions of psychotherapists are to me?

This idea that postmodernism is an attitude seems to be what Lyotard and others are on about, if I have understood your commentary adequately. There is in psychotherapy an apparent historical anomaly too. Not everyone immediately in the wake of Freud or Skinner was modernist in their practice or model. Humanistic psychology, while chronologically located in the modernist era, embodies much of the postmodern attitude of collaboration, conversation and local knowledge. I even sometimes wonder whether we are dealing with two different logical types here (following Russell, Bateson etc.). A *model* of psychotherapy particularly if it got written down in the forties, fifties or sixties looks decidedly modernist. That is, it tends to align itself with medicine, science, foundational knowledge and the associated 'discovery of truth' by the expert. This expertise is then delivered to other practitioners via the technique that the originator used. But while this modernist stuff is what got written down I very much think (or is it just a hope?) that what those pioneer practitioners did embodied some of the principles of postmodernism. Anyway as a systemic therapist I find it a whole lot more satisfying to think that these titles of M and PM are part of the ebb and flow of development rather than ends in themselves. Development as a circular rather than linear process seems a less arrogant formulation to me.

Your comments on the possible downside of PM psychotherapy are very useful, particularly in preparing myself for a more critical audience. If I've understood it right, the first objection is not dissimilar to the worry I have with Hypnosis being seen as a form of collaboration when in fact it's a particular form of cooperation, and cooperation which in some people's hands becomes a particular form of manipulation. The second I think involves the ethical basis for psychotherapy. Modernist psychotherapy must surely be based on what ethics people refer to as an authoritarian, psychotherapist-centred ethic, while Postmodern psychotherapy would be based on an egalitarian ethic. I'm not sure though that the continued study of neuroses and psychoses depends on the former ethical base and many would argue that the advances most expected in psychotherapy research will be those which include the so called patients in the analysing, understanding, experimenting and documenting process, as equal collaborators with psychologists. As to the possible detritus left by PM psychotherapy I am more fearful of what will be left in the wake of the whole enterprise of psychotherapy, particularly as it is left further and further behind in the research stakes. No money is being spent on understanding how psychotherapy, or any relationships for that matter, works. Next to the money spent and advances made in, say, genetic engineering and other biologically based researches (even neuropsychology), psychotherapy looks like it may become progressively outdated and then we will have to look at all the well intentioned mistakes it made with hindsight rather than with any contemporary capacity to alter and adapt in the light of research feedback.

I think I should stop there. I haven't commented on the triangular fit between the artist, the work and audience, it will need some further digesting. I am sure no easy links can be established between that triangle and the one between the therapist the client and the symptom though

I would be intrigued to discuss this some more. Thanks again for your letter. I've enjoyed the correspondence.

Andrew Relph

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I have observed a setting hen
arise from that same attitude
and cackle forth to chicks and men
some quite superfluous platitude
don marquis, 1931

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