

Flying With Dragons: Social Constructionism Beyond the Realm of Academia

M. C. Marchetti-Mercer and L. Strauss

Postmodernism has had far-reaching effects on the field of psychology and psychotherapy, allowing us to question truths which were once thought to be infallible. Students in psychotherapy in particular are often excited by the new and dynamic possibilities for practice that arise from postmodernism. However, these new therapists often experience 'resistance' when, from their position as students or interns, they try to engage with traditional services, such as psychiatric facilities. This article takes the form of a conversation between a supervisor and a Clinical Psychology Masters student who is attempting to write a thesis that will reflect the spirit of postmodern thinking while at the same time be acceptable to university requirements. The student's thesis is based on her attempt to do postmodern family therapy with the family of a patient diagnosed with schizophrenia. But their dialogue keeps being interrupted by other voices, as characters from the 'dramatic dialogue' the student has imagined break into 'reality', leaving the reader to ponder what is really going on.

The Scene: An office in a large psychiatric teaching hospital.

Disgruntled student enters the supervisor's office trying to balance her Kaplan & Saddock, process notes, and lunch.

Dragon: I take great exception to being referred to as a hallucination!

Student: Hey! This is a supervision session and I'm battling enough without arguing with a discontented hallucination. Go away!

Supervisor: Are you talking to the dragon again, my dear? I don't think it'll be relevant to your thesis to include a conversation with an entity whose reality status is, well, in dispute ...

Dragon: Real, not real ... it's all beside the point! However, if you're going to write a hundred pages of pompous waffle claiming 'mastery' of a narrative based in part on the life of somebody to whom I *am* relevant, then I do believe that you owe me at least the courtesy of acknowledging my presence! Surely denying another's reality is the 'disrespect' that you're so fond of referring to. As I understand it, you want to describe your understanding of Xavier's admission to the hospital, the diagnosis of schizophrenia, the treatment proposed by the various professionals, your attempts at family therapy and so forth – right?

Supervisor: (*Ignores dragon, turns to student*) As I said, let's be careful of talking to dragons in a psychiatric hospital! Otherwise you might find yourself admitted here together with your patient! The South African Psychological Association makes no mention of dragons being admissible evidence when one is attempting to gain entrance to the psychotherapy profession!

Dragon: (*Responds by sporting a bright yellow stripe down its back*) Madam, I distinctly remember you stating quite confidently that the metatheory from which you chose to understand your own understanding was that of social constructionism. Amongst other things, this perspective would allow for the existence of a multitude of realities. Perhaps this bold declaration was only intended to be valid within the safety of some academic ivory tower?



M. C. Marchetti-Mercer (left) and **L. Strauss** (right), Department of Psychology, University of Pretoria, Pretoria, 0001, South Africa.

Correspondence to be addressed to
M. C. Marchetti-Mercer: email: mmarchet@postino.up.ac.za

When your acolyte's manuscript is submitted to the council of elders, it might, I suppose, be easier to revert to the tried and tested spells of positivism!

Psychiatrist: *(Also ignoring the dragon, and addressing the student)* Schizophrenia is a *disease* and you're just prolonging the suffering of this man and his family! When I trained as a psychiatrist, I was strongly discouraged from engaging with my patients around their symptoms. These hallucinations are only part of the illness and nothing that a good dose of medication won't cure! And furthermore, if you want my professional opinion, and I have supervised a number of students in my time, you're off beam thinking you could write a thesis along these movie-script lines! An academic thesis should follow the prescribed format, starting with a proper introduction and ending with a proper conclusion. You can't wander all over the place the way you're doing, taking up one point of view after another, and getting nowhere!

Supervisor: *(Sighs, and looks at the psychiatrist)* The social constructionist metatheory doesn't attempt to replace a more traditional approach to psychology. If it did, it would fall into the trap of the *modernist* approach in which there is only one all-revealing Truth which we simply need to 'discover!' *(To the student)* Anyway, perhaps you should begin by telling me what you had in mind when you began your work with this family?

Student: Well – that is – you see, I'm not quite sure that *this* is what I had in mind when I started this therapy. I really like Sue Gagg's views on the reality of voices and how the meaning of hallucinations can be explored with a patient. From this perspective, the Dragon ceases to be a sign of madness and becomes representative in some way of a particular aspect of the client's social relationships. But I certainly never intended to enter into a conversation with my own work and most of all not with an hallucination! I was only intending to, you know, call in the different family members and allow the evolution of new narratives through a therapeutic conversation. That's what Pocock says we're trying to do! So I thought I'd get that conversation going, and then sort of note the process as it unfolded ...

Supervisor: Aha, the hero-scientist who comes and sees and conquers some perplexing social problem and then retreats into a cave awaiting humanity's next plaintive cry for help! That's Hoffman's view of the so-called 'neutral observer'!

Student: A bit cutting, but you do have a valid point. What you're saying is that it isn't possible to be separate from what you're observing. Even if I'd followed a more traditional approach to therapy, I

would still have been part of the observation. Isn't there something in Anderson and Goolishian about that? So my place in the system would depend on which epistemological lens I choose to see things through, right?

Supervisor: Well, as I understand your thesis, the idea of the 'play' is to have different *characters* to represent different *epistemologies*: am I correct? You've got the character of the psychiatrist to remind us of a dominant discourse around mental illness and the character of the intern – you – to represent issues to do with the requirements of an academic internship. The dragon would reflect a more marginalised discourse, one that questions the basic assumptions behind 'facts' that have become 'infallible'. I suppose both the psychiatrist and the dragon represent extremes and, in their continual quest to prove their superiority, succeed only in blocking out other voices that would allow for the continuation of the conversation in family therapy. Of course they may through the course of the play learn to represent other voices ...

Dragon: Wait a minute! Is there any point in doing family therapy – or research either, for that matter – if the psychiatrist and I are considered equally 'fallible' – or 'infallible'? He says I don't exist! Well, I'm here to dispute his claim. Does that mean *he* doesn't exist? So can this 'conversation' ever get anywhere? And wouldn't all this also mean that no solution could ever be found to the family's problem?

Supervisor: *(To the student)* That's precisely the type of argument that Held calls 'nihilistic'. What she actually says, if I recall, is that the social constructionists are anti-realist and as such claim to 'invent, create, constitute or narrate in language their own subjective reality'. This creates a world in which nothing's as it seems. Within this approach it'd certainly be impossible to write a thesis that could make any contribution to the scientific body of knowledge, since the approach makes no allowance for 'science' in the sense of 'objectively verifiable truth'. But that doesn't necessarily mean that postmodernism leaves us 'bereft of anchors', as Smith claims! Here's a perspective you might want to consider instead: you mentioned Anderson and Goolishian. Well, what about their idea of 'intersubjectivity' – they say that reality is created by *being in relationship with*. Reality isn't something separate from the observer. Gergen says something about 'detached observation' giving way to 'poetic activism'. What about a family therapist as a 'poetic activist'? Wonderful idea, don't you think?

Student: I get confused in trying to understand this stuff because of all the recursive loops — I could return time and time again to the same concept and relate to it differently. Held says that postmodernists are ‘antirealist’, and Neimeyer says he’s an ‘arealist’ — are we really getting anywhere with all this?

Psychiatrist: (*Looking positively agitated*) Exactly! There’s no logical order to what’s unfolded so far. Terminology’s being flung around without being defined, no objectives have been identified! Where within the structure of an academic thesis would this conversation fit? Using eloquent phrases and arbitrary quotes isn’t demonstrating sufficient familiarity with the literature. I put it to the student that she change her supervisor immediately, rethink this thesis and start again. I’d suggest a good study on the biological causes of schizophrenia. There’s a lot of recent and relevant research on this topic. I’d be very happy to help her.

Supervisor: (*Gleefully*) Just remember what Gergen says, that many people simply can’t cope with such a ‘wrenching conceptual dislocation’! I guess that you, sir, aren’t one of the ‘adventurous and resilient’ ones that he says will welcome the constructionist approach!

Student: (*Sighing and interrupting supervisor*) Anyway, I’m not prepared to change my thesis! It reflects my hard work with Xavier’s family and the whole idea of the therapy we’ve done relies on our ability to hold ambiguity and to encourage difference!

Supervisor: (*Sounding excited*) Well, why don’t we define one of the objectives of your thesis as maintaining a conversation that allows for the exploration of new meanings, rather than continually returning to our habitual mode of relating. (*Speaking pensively*) If this thesis were to be written strictly within the traditional academic guidelines, then I as a supervisor would only be paying lip service to my own understanding of the social constructivist perspective. (*Louder, to the student*) As you know, I think I understand why you’ve chosen to write your thesis in play form, but for the sake of the examiners, you need to be able to articulate them properly. How would you go about convincing them?

Student: Well, I guess the emphasis in a play is on a *conversation* between the characters. There’s a constant creation and recreation of reality as the characters relate to one another. Each character tells a story, which reflects the selection by that character of certain events that support a particular belief. No one story or conversation is more valid than another and this thesis serves merely to tell

the stories and not to stand in judgement on which story is the ‘most valid’.

And yet these stories don’t exist independently of one another. Each story is inextricably linked to the conversations and stories of others, reflecting the various discourses in society. Although no story needs to be sacrificed for another, it’s important that every author is aware of others’ stories and of their own role in each. A world in which everyone is locked within their own story negates the importance of the interaction between stories in the creation and recreation of reality. Surely if one is to tell the stories surrounding Xavier’s family, it’s important that they all feel equally represented?

Psychiatrist: Okay, so everybody’s point of view is valid — although not necessarily ‘full of truth’ — but do we continually have to stand still and make everybody feel ‘acknowledged’ and warm and fuzzy? Where’s the science in all of this? And are you telling me that in your family therapy, which you so highly recommended for this poor man, you had no goals except to give everyone the opportunity to tell their story and have it recognised as equally important? So a young man with demonstrated hallucinations has a story that’s just as valid as any other family member’s story? Absolutely incredible!

A big commotion ensues and four people walk in. One is wearing hospital pyjamas.

Mother: Excuse me, ladies and gentleman, for interrupting this highly distinguished gathering of mental health professionals, but since mothers are always blamed by you people for their children’s mental problems, and you seem to be debating such radically new perspectives, perhaps you could give me a hearing? After all, you are all discussing my son and my family’s suffering!

Xavier: Mother! Shush! Don’t be rude! These doctors are really nice to me here!

Mother: Yes, they might be nice but I want to hear what is going on for a change

Xavier’s sister: Mother, calm down — let’s hear what they have to say for themselves first!

Father: Yes dear, let’s just sit down and have a good talk.

Dragon: (*Reappears and also comes to sit down*) Ha! This should be fun. Now the experts actually have to speak to the patient and the family without hiding behind professional fallacies. I wonder what will happen!

Student: (*Appears looking visibly shaken*) This is very difficult. I mean, how can I explain to these people what is happening? How do I talk to the family about the therapy? They wouldn’t understand!

Supervisor: Well, remember Pocock: there isn't any absolute truth, so a therapist can only reflect back those changes to the family's story that she perceives as proving useful. And the best evidence for usefulness is what the family members themselves report.

Student: Yes, but ...

Psychiatrist: Ha! I thought social constructionist therapists believed in co-creation of reality. (*Turns to the mother*) You see, my dear lady, of course we are the experts! (*Turns to student and supervisor*) Don't worry! I'll explain to these people that it's not their fault. It's all genetic, and with proper medical treatment, all will be solved. And doesn't that Lerner person you're always quoting say something about how social constructionists privilege their own theory, and end up regulating what therapists say and do? How ethical is that?

Supervisor: Well, ethics is an important concern for postmodernists. Postmodernism is very concerned about the abuse of knowledge and power – that's one of the reasons that postmodernists take the position they do. If there's no absolute truth, then nobody can claim to possess it, and control people in its name!

Mother: You see, you're doing it again. You're talking about us as if we don't exist! We aren't a *case study* to be written up for a thesis. We're real people with real stories and we are suffering. Our son is suffering. (*Turning to the student*) You made us feel different and important when we came to see you, but now we're just reduced to characters in a play. Your readers will still not know who we are – they'll see us only as part of a story – it will never be *our* story. They'll think I did something wrong, they always say it's the mother's fault! What about *my* story, how it feels to see your son go crazy, talking to dragons for goodness sake! What do you think *that* does to a family? (*Starts crying and daughter comes to her*)

Sister: Come on mother, don't take it so hard, nobody thinks it's your fault.

Dragon: Well, learned colleagues, explain yourselves. *Do you think it is all her fault?*

Supervisor: Let's not be simplistic about all this

Psychiatrist: Of course it's not your fault, Madam. That's old mumbo jumbo! 'Schizophrenogenic mothers' and all that. Nowadays we know it is all in the genes!

Mother: (*Wails*) So it *is* my fault!!!

Xavier: Mother, I am quite happy. My friend the dragon has always been very good to me. I don't need other friends really!

Mother: (*Still crying*) You see! My son is still crazy, even after all the therapy!

Supervisor: (*Addressing student*) Hmm. Maybe Lerner's right, that clients expect change and that everything in the non-verbal context of therapy implies the therapist's power, agency and knowledge. We can't get away from it. This family expects their son to change. (*Looks towards the family*) Perhaps we can ease your confusion by telling you how postmodernism and social constructionism came about. This might help you better understand the style of psychotherapy that we've followed here. I'm sure my student will be able to explain this to you!

Student: (*Looks very pleased with herself now that discussion is back to an academic dimension*) Although postmodernism appears to be a new way of relating to the world, it can be traced back as far as Aristotle and Plato. I won't bore you with the detail about these two philosophers, but just say there's continuous conflict between two mutually exclusive views of reality, which we call the 'endogenic' or 'phenomenological' and the 'exogenic' or 'empirical'. For many years, the dominant discourses in society, particularly in academia, reflected the exogenic perspective. Over the last three decades there has, however, been a revival of the endogenic perspective. These days we simply don't expect that one truth ought to work for everybody.

Psychiatrist: (*Claps sarcastically*) Very eloquent. What does the theory mean to this poor family anyway? To my mind, postmodernism sounds more like recasting traditional psychotherapeutic dilemmas in fashionable language than any great 'advance' in the field. By the way did you (looking at the student) ever give any thought to methodology in your thesis?

Dragon: (*Suddenly appears, growling angrily*) I'm really getting tired of this pompous conversation, and especially this psychiatrist! Quite frankly I'm getting pretty hungry. (*Long fiery tongue comes out and dragon eats psychiatrist and disappears. Stunned silence.*)

Student: (*Trembling*) What happened – where did he go?

Mother: (*Rubbing her eyes*) Did I just see something that doesn't exist eat someone sitting right next to me? Did you see that? (*Looks at supervisor incredulously.*)

Supervisor: Well, I'm sure there must be a logical explanation. Perhaps he just stepped out?

Student: Stepped out?? He was *eaten by the dragon*, I'd say!

Xavier: I am sure he didn't mean anything by it. He really is a good dragon, wouldn't hurt a fly!

Father: Well, he might not hurt a fly but he just ate the doctor!

Supervisor: Everybody calm down! Let's not get overly excited.

Student: You mean to tell me you are asking us to totally ignore what has just happened and get on with our conversation?

Supervisor: No, not ignore it, but just see it as part of a certain reality. *One* reality, not *the* reality! Let's get back to our conversation. I'm sure they've just gone off somewhere.

Student: (*Mutters under her breath*) I suppose we can all 'decide' that the psychiatrist wasn't eaten by the dragon? The social construction of reality in practice, eh! Well, the dragon probably needed an alka seltzer after that heavy meal!

Supervisor: (*Totally unperturbed by the events*) OK, can we get back to our discussion about observing and research? You see, scientific study requires a conceptual distance between the observer and the object of study. The object of scientific study is regarded as a naturally occurring phenomenon. Social constructionism questions the concept of a 'naturally occurring phenomenon' since this would imply that reality exists separately from the observer, whereas in the constructionist view, it's co-created in the interaction between people. Reality is a performed activity, really!

Student: (*Excitedly, forgetting about the eaten psychiatrist*) So, family therapy – and subsequently the thesis based upon it – become a performed activity with the process and the product being intertwined. The activity of therapy itself is part of a transformation in meaning. Just telling the story of this family has already changed some meanings that I have attached to the various aspects of our conversation. Our actions have brought about a change in meaning for those who are part of the conversation *and* those who are going to read about the conversation, in the thesis!

Mother: Excuse me, but shouldn't you ask us whether the therapy has changed the meaning of my son's illness *for us*? For someone who seems to ascribe such importance to our views, you hardly ever ask our opinions!

Student: (*Looking somewhat ashamed*) True, this stuff's really easier to talk about in theory than to put to practice. Perhaps Hayward is right in saying that the problem may lie with the theories rather than the practice?

Psychiatrist: (*Suddenly reappearing holding hands with the Dragon and smiling broadly*) Well,

are you people still fighting about who's right and who's wrong?

Everybody looks absolutely astonished!

Student: Where were you? We thought you were dead!

Mother: Well, not really. He (pointing to the supervisor) said that you had just stepped out. Or that you only got eaten in *one* reality!

Xavier: Well, I told you the dragon wouldn't hurt a fly!

Sister: I thought you said it didn't happen!

Psychiatrist: Please don't worry! Everything's perfectly fine and we've had a very meaningful conversation. She decided she was a vegetarian after all and we have agreed to disagree – isn't that what life's about? By the way, please stop referring to the Dragon as a he – she's a lady (*winks bashfully*).

Student: Well, where have we got to?

Supervisor: Together, we've created other possible ways of conceptualising academic research and of showing we understand the social constructionist approach to working with families. That may be all and that may be nothing, depending on your point of view.

Mother: (*Shaking her head*) And we actually pay these people a lot of money for this! Come on, everyone. Let's go back home. The people here are crazy (*exits with husband and daughter*).

Xavier: Thanks for the visit! See you next week for our next session, although I think the Dragon may not be able to join us ...

Bibliography

- Addonizio, G. & Susman, V. L., 1995. Neuroleptic Malignant Syndrome. In C. L. Shriqui & H. A. Nasrallah (Eds), *Contemporary Issues in the Treatment of Schizophrenia*, Washington, DC, American Psychiatric Press.
- Allen, J. & Griffiths, J., 1979. *The Book of the Dragon*, London, Orbis.
- Akeret, R. U., 1995. *The Man who Loved a Polar Bear and Other Psychotherapist's Tales*, London, Constable.
- Anderson, H. & Goolishian, H.A., 1988. Human Systems as Linguistic Systems: Preliminary and Evolving Ideas about the Implications for Clinical Theory, *Family Process*, 27: 371–393.
- Anderson, H. & Goolishian, H. A., 1992. The Client is the Expert: A Not-knowing Approach to Therapy. In S. McNamee & K. J. Gergen (Eds), *Therapy as a Social Construction*, London, Sage.
- Anderson, T., 1992. Reflections on Reflecting with Families. In S. McNamee & K. J. Gergen (Eds), *Therapy as a Social Construction*, London, Sage.

- Anthony, P., 2000. *Man from Mundania*, NY, Puffin.
- Baker, R. E. H., 1998. Psychology, Crime and the Law: A Confluence of Narratives. Unpublished Masters dissertation in Clinical Psychology, Johannesburg, Rand Afrikaans University.
- Breggin, P., 1991. *Toxic Psychiatry. Drugs and Electroconvulsive Therapy: The Truth and the Better Alternatives*, London, HarperCollins.
- Caeser, P. L. & Roberts, M. F., 1991. A Conversational Journey with Clients and Helpers: Therapist as Tourist, not a Tour Guide, *Journal of Strategic and Systemic Therapies*, 10, 3: 8–49.
- Cancro, R., Fox, N. & Shapiro, L. E., 1974. *Strategic Intervention in Schizophrenia*, NY, Behavioural Publications.
- Casey, D. E., 1995. Acute Extrapyramidal Syndromes. In C. L. Shriqui & H. A. Nasrallah (Eds), *Contemporary Issues in the Treatment of Schizophrenia*, Washington, DC, American Psychiatric Press.
- Collins, E. J. & Munroe-Blum, H., 1995. Integrating Pharmacological and Psychosocial Treatments in Schizophrenia. In C. L. Shriqui & H.A. Nasrallah (Eds), *Contemporary Issues in the Treatment of Schizophrenia*, Washington, DC, American Psychiatric Press.
- Dallos, R., 1995. Constructing Choices: Drama, Beliefs and Madness, *Journal of Systemic Therapies*, 14, 3: 4–20.
- Davidson, L., 1993. Story Telling and Schizophrenia: Using Narrative Structure in Phenomenological Research, *The Humanist Psychologist*, 21: 201–219.
- Derrida, J., 1990. Some Statements and Truisms about Neologisms, Newisms, Postisms, Parasitisms and other Small Seismisms. In D. Caroll (Ed.), *The States of Theory*, Stanford, CA, Stanford University Press.
- Dickerson, V. C. & Zimmerman, J. L., 1995. A Constructionist Exercise in Anti-pathologising, *Journal of Systemic Therapies*, 14, 1: 33–45.
- Doan, R. E., 1998. The King Is Dead; Long Live the King: Narrative Therapy and Practicing what we Preach, *Family Process*, 37: 379–385.
- Efran, J. S. & Hefner, K. P., 1998. Is Constructivist Psychotherapy Epistemologically Flawed? *Journal of Constructivist Psychology*, 11: 89–103.
- Flaskas, C., 1997. Reclaiming the Idea of Truth: Some Thoughts on Theory in Response to Practice, *Journal of Family Therapy*, 19: 1–20.
- Flaum, M., 1995. The Diagnosis of Schizophrenia. In C. L. Shriqui & H. A. Nasrallah (Eds), *Contemporary Issues in the Treatment of Schizophrenia*, Washington, DC, American Psychiatric Press.
- Freedman, J. & Combs, G., 1996. *Narrative Therapy: The Social Construction of Preferred Realities*, London, Norton.
- Fruggeri, L., 1992. Therapeutic Process as the Social Construction of Change. In S. McNamee & K. J. Gergen (Eds), *Therapy as a Social Construction*, London, Sage.
- Gagg, S., 2002. The Reality of Voices: 'Auditory Hallucinations', *ANZJFT*, 23, 3: 159–165.
- Gergen, K. J., 1985. The Social Constructionist Movement in Psychology, *American Psychologist*, 40, 3: 266–275.
- Gergen, K. J., 1997. The Place of the Psyche in a Constructed World, *Theory & Psychology*, 7, 6: 723–746.
- Gergen, K. J., Hoffman, L. & Anderson, H., 1996. Is Diagnosis a Disaster? A Constructionist Trialogue. Chapter draft for F. Kaslow (Ed.) *Relational Diagnosis*, Wiley. <http://www.swarthmore.edu/sosci/kgergen1/text5.html> (accessed 21/06/2000).
- Green, H., 1964. *I Never Promised You a Rose Garden*, London, Pan.
- Haley, J., 1986. *Uncommon Therapy*, NY, Norton.
- Hare-Mustin, R. T., 1994. Discourses in the Mirrored Room: A Postmodern Analysis of Therapy, *Family Process*, 33: 19–35.
- Harding, C. M., 1995. The Interaction of Biopsychosocial Factors, Time and Course of Schizophrenia. In C. L. Shriqui & H. A. Nasrallah (Eds), *Contemporary Issues in the Treatment of Schizophrenia*, Washington, DC, American Psychiatric Press.
- Hayward, M., 1996. Is Second Order Practice Possible? *Journal of Family Therapy*, 19: 219–242.
- Held, B. S., 1995. *Back to Reality: A Critique of Postmodern Theory in Psychotherapy*, NY, Norton.
- Hepburn, A., 1999. Derrida and Psychology: Deconstruction and its Ab/uses in Critical and Discursive Psychologies, *Theory & Psychology*, 9, 5: 639–665.
- Hoffman, L., 1990. Constructing Realities: An art of Lenses, *Family Process*, 29, 1: 1–12.
- Hoffman, L., 1993. *Exchanging Voices. A Collaborative Approach to Family Therapy*, London, Karnac.
- Hoffman, L., 1992. A Reflexive Stance for Family Therapy. In S. McNamee & K. J. Gergen (Eds), *Therapy as a Social Construction*, London, Sage.
- Hoskins, M. L., 2000. Living Research: The Experience of Researching Self, Other, and Discourses, *Journal of Constructivist Psychology*, 13: 47–66.
- Lalonde, P., 1995. Individualizing Psychiatric Rehabilitation. In C. L. Shriqui & H. A. Nasrallah (Eds), *Contemporary Issues in the Treatment of Schizophrenia*, Washington, DC, American Psychiatric Press.
- Leff, J., 1995. Family Management of Schizophrenia. In C. L. Shriqui & H. A. Nasrallah (Eds), *Contemporary Issues in the Treatment of Schizophrenia*, Washington, DC, American Psychiatric Press.
- Larner, G., 1995. The Real as Illusion: Deconstructing Power in Family Therapy, *Journal of Family Therapy*, 17: 191–217.
- Keeney, B. P., 1983. *Aesthetics of Change*, NY, Guilford.
- Kundera, M., 1991. *Immortality*, London, Faber & Faber.
- Labov, W. & Fanshel, D., 1977. *Therapeutic Discourse. Psychotherapy as Conversation*, Orlando, OH, Academic Press.
- Lamberti, J. S. & Herz, M. I., 1995. Psychotherapy, Social Skills Training and Vocational Rehabilitation in Schizophrenia.

- In C. L. Shriqui & H. A. Nasrallah (Eds), *Contemporary Issues in the Treatment of Schizophrenia*, Washington, DC, American Psychiatric Press.
- Lax, W. D., 1992. Postmodern Thinking in Clinical Practice. In S. McNamee & K. J. Gergen (Eds), *Therapy as a Social Construction*, London, Sage.
- Newman, F. & Holzman, L., 1999. Beyond Narrative to Performed Conversation, *Journal of Constructivist Psychology*, 12, 1: 23–39.
- Masterpasqua, F. & Perna, P. A. (Eds), 1997. *The Psychological Meaning of Chaos. Translating Theory into Practice*, Washington, DC, American Psychological Association.
- Pirandello, L., 1954. *Six Characters in Search of an Author*, London, Heinemann Educational Library.
- Pocock, D., 1995. Searching for a Better Story: Harnessing Modern and Postmodern Positions in Family Therapy, *Journal of Family Therapy*, 17: 149–173.
- Rawling, J. K., 2000. *Harry Potter and the Goblet of Fire*, London, Bloomsbury.
- Real, T., 1990. The Therapeutic Use of Self in Constructionist Systemic Therapy, *Family Process*, 29: 255–272.
- Riikonen, E. & Madan-Smith, G., 1997. *Re-imagining Therapy: Living Conversations and Relational Knowing*, London, Sage.
- Ross, C. A., 1997. *Dissociative Identity Disorder: Diagnosis, Clinical Features and Treatment of Multiple Personalities*, NY, Wiley.
- Ryan, B. A., 1999. Does Postmodernism Mean the End of Science in the Behavioural Sciences, and Does it Matter Anyway? *Theory & Psychology*, 9, 4: 483–502.
- Shriqui, C. L. & Nasrallah, H. A. (Eds), 1995. *Contemporary Issues in the Treatment of Schizophrenia*, Washington, DC, American Psychiatric Press.
- Strong, T., 2000. Collaborative Influence, *ANZJFT*, 21, 3: 144–148.
- Thomas, P., 1997. *The Dialectics of Schizophrenia*, London, Free Association.
- Tjersland, O. A., 1990. From Universe to Multiverse — and Back Again, *Family Process*, 29: 385–397.
- Van Rooyen, H., 1995. Irreverence: A Psychotherapeutic Stance. Unpublished Masters dissertation in Clinical Psychology. Pretoria, University of South Africa.
- Vonnegut, K., 1968. *Cat's Cradle*, NY, Laurel.
- Watzlawick, P., 1990. *Munchhausen's Pigtail; Or Psychotherapy and 'Reality'*, NY, Norton.
- Watzlawick, P., Weakland, J. & Fisch, R., 1974. *Change: Principles of Problem Formation and Problem Resolution*, NY, Norton.
- West, S. A. & Risd, S. C., 1995. Nonextrapyramidal Side Effects of Typical Anti-psychotic Drugs. In C. L. Shriqui & H. A. Nasrallah (Eds), *Contemporary Issues in the Treatment of Schizophrenia*, Washington, DC, American Psychiatric Press.
- White, D. R. & Hellerich, G., 1993. Psychiatry in the Labyrinth: Deconstructing Deviancy, *The Humanist Psychologist*, 21: 65–79. ©

Editors and their Sheds: Certainties?

“The modern world likes the complete, the systematic, the self-sufficient, the clarified ... The landscape you see, with all its fluff and uncertainty, only hides the bones of a lurking reality which archaeology or psychotherapy will all too happily cut back to.”

So writes Adam Nicolson (*Sea Room: An Island Life*, London, HarperCollins, 2001: 102).

Empirical studies raise as many questions as they solve, but we remind you of:

Churven, Peter & Durrant, Michael, 1983. The Admission of the Whole Family in a Child Psychiatry Setting: A Follow-up Study, *AJFT*, 4, 3: 153–158.

Firestone, Andrew & O'Connell Bernadette, 1980. Does the Therapeutic Relationship Matter? A Follow-up Study of Adherence and Improvement in Family Therapy, *AJFT*, 2, 1: 17–24.

Hafner, R. Julian, Mackenzie, Liz A. & Costain, William, 1990. Family Therapy in a Psychiatric Hospital: A Case-Controlled Evaluation, *ANZJFT*, 11, 1: 21–25.

Nicholson, Susan and Vivekenanda, Kitty, 1985. Client Evaluation of Therapy in an Outpatient Adolescent Service, *ANZJFT*, 6, 3: 137–143.

Available from the editors @ \$10.90 per issue (\$10.00 + 0.90 GST) and \$16.30 (\$15.00 + \$1.30 GST) for issues that are available only as photocopies). Postage extra.

Australian and New Zealand Journal of Family Therapy

Editors: Hugh and Maureen Crago

4 Jellicoe Street, Blackheath NSW 2785, Australia.

email: mhcrago@mail.bigpond.com