Margaretha Järvinen
University of Copenhagen, Denmark

Gale Miller
Marquette University, U.S.A.

Social Constructionism Turned Into Human Service Work

Abstract Studies of applied constructionism are opportunities for scholars to explore how social constructionism is a resource used by claims-makers in describing and justifying their orientations to professional practice. The present paper expands sociological constructionism by analyzing applied constructionism in social problems work in Copenhagen, Denmark. Based on interviews with staff members in narrative drug treatment, we explore two themes: the relationship between dominant and liberating narratives and the position of expert knowledge in narrative therapy. Our guiding framework is Ian Hacking's inquiry into the *Social Construction of What?* and Kenneth Burke's dialogic approach of comparing statements to counterstatements. The purpose of the paper is to link academic studies of the social construction of realities to applied constructionists' principles in addressing social problems. We do this by describing narrative therapists' critical reflections on their own work, suggesting that these reflections are not only useful when it comes to developing narrative therapy but also for the advancement of academic constructionism.

Keywords Applied Constructionism; Constructionist Activism; Statements/Counterstatements; Narrative Therapy; Oppressive vs. Liberating Stories; Expert Knowledge

Margaretha Järvinen is a Professor at the Department of Sociology, University of Copenhagen, Denmark. Her research areas include: alcohol and drug research, symbolic interactionism, qualitative methods, meetings between clients and the social welfare system, youth studies. Among her latest publications are: *Turning Troubles Into Problems. Clientization in Human Services* (edited with J. F. Gubrium [2013]), "Cannabis Careers Revisited. Applying Howard S. Becker's Theory to Present-Day Cannabis Use" (with S. Ravn [2013]), and "Selections of Reality: Applying Burke's Dramatism to a Harm Reduction Program" (with G. Miller [2014]).

email address: mj@soc.ku.dk

Gale Miller is a Professor Emeritus of Sociology, Department of Social and Cultural Sciences, Marquette University. He has longstanding research interests in the sociology of troubles and social problems, social theory, and institutions. His research has focused on how troubles and problems are defined in human service institutions, such as work to welfare programs and solution-focused brief therapy. His current research deals with individuals and families coping with such enduring crises as having a family member imprisoned for sex offenses in the United States, as well as solution-focused brief therapy.

email address: gale.miller@marquette.edu

While it remains an important perspective within the humanities and social sciences, social constructionism is no longer limited to the halls of academia. A significant development is the spread of social constructionist ideas within contemporary applied professions. These professions include urban planning (Throgmorton 1996), policy analysis (Shanahan, Jones, and McBeth 2011), management theory and practice (Stacey, Griffin, and Shaw 2000), occupational therapy (Mattingly and Fleming 1994), social work (Hall 1997; Parton and O'Byrne 2000), and psycho- and family therapy (Lock and Strong 2012). The diversity within this list is magnified when we consider the multiple orientations to social constructionist ideas within each of these professions. These practical adaptations of social constructionism form a significant international domain within the contemporary social constructionist world.

While related to one another, applied and academic constructionists often ask different questions about how social realities are constructed, orient to different constituencies, and use different standards in assessing the usefulness of their own and others' contributions to social constructionism. These differences can make it difficult for applied and academic constructionists to collaborate with each other. They should not, however, discourage academic constructionists from making applied constructionism a focus of their research. Such a focus promises at least two benefits.

First, it expands the scope of constructionist scholarship to include practices that are inadequately addressed in the current academic literature. Perhaps the most important reason for studying applied constructionism involves how these approaches challenge many taken-for-granted assumptions about problem-solving and proper professional-client relations. For example, applied constructionists have questioned the usefulness of: diagnostic approaches to defining people's problems; established ideas about organizational leadership; the primary focus on the body in doing occupational therapy; and human service professionals' depictions of clients in case records. Many applied constructionists also reject the claim that professionals are experts to whom clients should acquiesce in defining and treating clients' problems.

Second, studies of applied constructionism represent a standpoint for looking at academic constructionism in new ways. Just as people note resemblances and differences in defining themselves as members of families, so academic constructionists might gain insight into their own assumptions and practices by attending to how they are similar to and different from those of applied constructionists. The similarities point to what is common to social constructionism as a general perspective, and the differences may suggest how social contexts shape particular constructionist orientations. Such studies are also helpful reminders that doing applied and academic constructionism involves socially constructing realities.

We explore these issues by analyzing interviews with staff members in two drug treatment centers in Copenhagen, Denmark. While they draw from a variety of applied constructionist approaches, the staff members emphasized their use of narrative therapy

in working with clients (White and Epston 1990). Narrative therapy is designed to "re-story" clients' life experiences by replacing the troublesome stories that dominate clients' lives with new stories. The new stories promise to help clients build more satisfying lives in which they realize their authentic selves and moral principles (Parry and Doan 1994; White 1995).

Our analysis of the interviews forms a starting point for comparing applied constructionists and academic constructionists' orientations to social problems. The comparisons illustrate one way that applied and academic constructionists might learn from each other. First, however, we discuss the guiding framework of the paper—a combination of Hacking's (1999) reasoning on claims-making activities and Burke's (1969a; 1969b) dramatism—as well as the context and methods of the study.

Guiding Framework

We begin with Hacking's (1999) inquiry into *The Social Construction of What?* His study focuses on basic assumptions and claims found in many social constructionist analyses of science, social identities, social problems, and social policies. Hacking's analysis turns on the claim that diverse constructionist orientations are united by the assumption that current definitions of reality are not inevitable. Present "realties" have been built up over time in ways that often obscure viable alternative possibilities. Hacking states that many social constructionists expand on this assumption by making one or both of the following claims: established "realities" are undesirable; and they need to be changed if not totally eliminated.

Hacking adds that social constructionists have developed these claims through three activist strategies. The first emphasizes how established truths might be modified to reduce the negative consequences of dominant realities. The second strategy involves attempts to undermine people's belief that dominant realities are facts that must be accepted or are clearly superior to alternative constructions. Finally, Hacking notes that some activist constructionists adopt a more rebellious strategy designed to replace dominant social realities with alternative constructions having more desirable consequences. While the rebellious strategy might appear to be the most radical form of constructionist activism, the other strategies are potential early steps in developing far-reaching changes.

Miller and Fox (1999) extend Hacking's analysis by discussing how studies of activism in applied constructionism might proceed. They treat social constructionism as an aspect of practical settings made up of shifting events that can be interpreted in multiple ways. So viewed, social constructionism is not so much a theoretical perspective as it is a resource that people use to make sense of their experiences and justify preferred actions. It is a rubric for assessing situations and making choices. One such choice involves deciding which claims about social reality will be treated as accurate, ethical, or useful. Applied constructionists also make choices in responding to situations that might be perceived as challenges to their commitment to constructionist principles and practices. Specifically, how do applied constructionists reconcile their assessments of some situations as perhaps calling for non-constructionist responses while maintaining their sense of themselves as constructionist practitioners?

This brings us to Burke's (1969a) dramatistic approach to social constructionism (Järvinen and Miller 2014). For Burke (1966), human beings are symbol-using animals who are both creators of language and constrained by their linguistic creations. People use words to render aspects of their worlds meaningful; as having abstract significance that extends beyond any particular instances that words label (Burke 1968). Words expressed in social interactions also operate as *terministic screens*, that is, they direct people's attention to some and away from other aspects of the world (Burke 1966). Words are perceptual signals telling people where to look and what to look for in engaging their worlds.

The concept of terministic screen serves as a background for Burke's (1968) focus on statements and counterstatements (Järvinen and Miller 2014). Statements include the wide variety of contexts and forms through which social realities are constructed. They include the everyday accounts voiced by people in the course of their daily lives, organized appeals by groups to persuade others to adopt preferred social values and actions, the social constructions of philosophers, theologians, and scientists, and artistic performances and literary works of various sorts. For Burke, all statements are incomplete because words operate as terministic screens that call attention to some and obscure other aspects of the world. They are also incomplete because statements advance some orientations to action over other viable possibilities.

Burke (1968) explains that the incompleteness of all statements make counterstatements possible and necessary. Counterstatements correct statements by advancing alternative orientations to reality and action. To return to Miller and Fox's (1999) analysis, counterstatements call attention to the multiple ways in which changing and ambiguous situations may be interpreted, as well as to the rubrics that organize diverse interpretive frameworks. Burke also stresses that counterstatements are incomplete; hence, they invite new counterstatements involving additional perspectives that facilitate continuing dialogue. This is how new social realities emerge within conversations about social issues. Thus, Burke's constructionist approach to social change fits easily with Hacking's (1999) second activist strategy. Burke seeks to undermine established realities with counterstatements that question the factual status and presumed superiority of dominant statements.

These approaches form a framework for examining applied social constructionism. We use Hacking to show how applied constructionists define their own approach (narrative therapy) as an alternative to approaches which they regard as undesirable, and to discuss the degree of radicalism in their constructionism (Hacking's three activist strategies). We use Burke's analytical approach of comparing statements to counterstatements to reveal how ideas and practices constituting narrative therapy are by no means stable but the objects of constant reflections among practitioners. Especially important are the therapists' questions about the limits of constructionism, the relationship between what practitioners see as constructed and what

they see as "real" (e.g., human suffering related to drug addiction), and questions about prioritizing some discourses at the expense of others. We regard these reflections as relevant for both applied and academic constructionism.

Context and Methods of the Study

Our data come from interviews with 16 staff members at two treatment centers for young people with addiction problems in Copenhagen.[1] Drug addiction treatment in Copenhagen is organized as a system with four district reception units where all citizens with drug problems can seek free treatment. Some clients are offered treatment at these units; others (for instance, young people) are enrolled in specific treatment projects located in these units or in separate centers. Our data is gathered at two separate centers, one center offering treatment to people under 25, the other also welcoming older clients (typically up to 30). Most of the young clients at the two centers have problems with cannabis, although some use other drugs as well (e.g., amphetamine, cocaine, and ecstasy). Both centers offer the clients ambulatory treatment in the form of individual sessions or group therapy, or both, typically once or twice a week. The staff consists of a combination of psychologists, social workers, "social education workers" (a Danish occupational category trained to work with specific vulnerable groups), and others. For the analysis in the present paper, 16 staff members (nine women, seven men) were interviewed: six psychologists, six social workers, and four social education workers.

[1] Most staff interviews were conducted by research assistants Ane Grubb and Maja Thorsteinsson, Department of Sociology, University of Copenhagen.

During the past ten years, there has been a change in treatment approaches to addiction in Denmark. Treatment centers focused exclusively on abstinence (such as centers using 12-step-treatments) have diminished in number. Instead, more and more centers, including the ones we have studied, work with "graduated goals," meaning that a reduction of the clients' drug intake (such as a change from smoking cannabis every day to smoking during weekends only) is defined as "as good an achievement as a complete stop" (quote from staff interview). According to the two centers, it is the clients' own decision whether they want treatment aimed at reduction or complete cessation of drug use.

The interviews with staff members were semi-structured and focused on four main themes: what treatment approaches did the participants use in their work with the clients; what concrete treatment methods did they use; how did they conceptualize the clients' problems and development in treatment; and what did they regard as the main challenges in approaching drug problems the way they did? All interviews were conducted at the treatment centers. They were audio-recorded and transcribed in full. For anonymity reasons, we mix the interviews from the two centers.

Constructionist approaches to treatment—particularly narrative therapy (White and Epston 1990)—were common at the centers, although some interviewees said they combined them with other approaches such as cognitive therapy. In the following sections, we focus on two themes in narrative therapy: oppressive versus liberating stories and the position of expert knowledge in narrative therapy. Both issues were major themes in the interviews. Staff members portrayed their orientations to these issues as central to the mission of the centers, and as distinguishing the centers from other drug treatment approaches in Denmark. We start each section by discussing how these themes are handled in the literature on narrative therapy, and then analyze staff members' statements and counterstatements about them. It is important to note that we often found statements *and* counterstatements within the same interviews. Thus, it is not possible to divide staff members into competing camps: those who support the centers' mission; and those who question it.

Oppressive Versus Liberating Narratives

Narrative therapy is one of several approaches that Strong and Lock (2005) classify as discursive therapies. Discursive therapists pay careful attention to their own and their clients' uses of language and to the practical implications of meanings emergent in their interactions. Narrative therapists treat people's lives as stories that link persons' senses of the future with social constructions of their past and present lives (White 1995; Freedman and Combs 1996). Narrative therapists state that people who are optimistic and confident about the future tell different life stories than people who are worried and pessimistic. Such stories organize clients' life experiences, highlighting some and glossing over others. Stories are also interpretive schemes that privilege some meanings over others.

Drawing from Foucault (1972; 1977), narrative therapists stress that while each of us contributes to the construction of our life stories, our stories are also shaped by general cultural and institutional forces that promote dominant stories within society (White and Epston 1990; Parry and Doan 1994). Dominant stories remain unproblematic so long as they generally fit with persons' life experiences and interests. There are, however, times when some people's lives significantly depart from dominant stories. This may leave them feeling excluded, "flummoxed or confused or puzzled" (White 1995:15). People's sense of confusion, exclusion, and perhaps fear is exacerbated as their troubles take root and grow within dysfunctional dominant stories, thereby turning otherwise short-term issues into long-term problems (White and Epston 1990).

Narrative therapy is said to be liberating because it frees clients from the constraints of dominant stories and assists them in constructing multiple life stories (O'Leary 1998; Rosen and Lang 2005; Afuape 2011). It also facilitates resistance to social forces that recruit clients to institutionally preferred orientations to life that are not always useful to them (White and Epston 1990; Parry and Doan 1994; Besley 2001). These goals of narrative therapy are connected to therapists' efforts to *subjunctivize* clients' lives. According to Bruner (1986), subjunctivizing narratives direct attention to implicit meanings and possibilities in situations rather than predefined certainties. White and Epston (1990) explain that subjunctivizing narratives aid narrative therapists in helping their clients become agents who are capable of developing new life stories that fit with their circumstances and desires.

We now turn to our interviews with narrative practitioners in Copenhagen. We analyze the

practitioners' accounts about their clients' cannabis use and the narrative approach to drug treatment in terms of statements and counterstatements.

Statements

The differentiation between dominant, oppressive stories and subjunctivizing, liberating stories was clear-cut in the interviews. Without exception, staff members associated oppressive stories with the traditional treatment system, where young drug users were seen as "abusers" or "addicts" and abstinence was the only treatment goal. They described this treatment approach as problem-focused, explaining that it may very well have increased people's drug problems because of its negative visions of personhood and processes of client stigmatization. Narrative practitioners countered these aspects of traditional treatment by focusing on drug users' resources and looking at future possibilities for clients' lives.

Staff members' portrayals of their attempts to replace oppressive narratives with liberating future-oriented narratives contained several different dimensions of work, that is, constructionist activism (Hacking 1999). One dimension involved avoiding such words as "abuse"/"misuse" and "abusers"/"misusers"—which are the terms used in the treatment system in general, as well as in official documents. One of the psychologists explained:

> We never talk about abuse or misuse here. This is because reality exists through the language we use, so we are very careful with words. The term abuse is defined beforehand, and so it fixes your relationship to drugs as being problematic. If I say "your abuse," I have already decided what kind of use you have, and that's not our approach. (interview with psychologist 1)

This strategy, which was very deliberate and visible at the two centers, is a way to avoid stigmatizing young people by using words that lock them into negative identity categories. Staff members preferred the terms "drug use" and "drug users" because they regarded them as neutral. As a social worker stated, "many young people experiment with illegal drugs these days, should we call the majority of young people in Denmark abusers?"

The second dimension of the practitioners' constructionist work expands the first by focusing on the general negativity of traditional treatment. The psychologist quoted above continued, explaining how his center is different from "traditional" treatment centers:

> Usually, when you come to treatment, it's like entering a negative room, things become grave. When you seek treatment, you realize you have a serious problem… Here we try to put brackets around the problem, and to focus, not necessarily on the things that are difficult for people, but the things that are important to them, things they want to achieve in their life. (interview with psychologist 1)

What is at stake here is not just the words used to describe the clients' relationship to drugs (drug misuse or drug use), but a more radical strategy of avoiding focusing on negative things. Negative stories are oppressive when they convey an overly serious and pessimistic tone about the severity of people's problems, their possibilities in life, and the social interactions at hand. For staff members, oppressive stories dominate the traditional Danish treatment system where derogatory words are used about the clients and the focus is on the clients' problems rather than their resources. Liberating stories, on the other hand, orient to the clients' future possibilities, and towards talking about how clients' drug use may hinder the achievement of these possibilities. While clients' drug use is implicated in staff member-client interactions, their interactional focus is not primarily on the frequency, amount, or type of drugs used by clients.

A third, and potentially more radical, dimension in staff members' constructionist work concerns whether cannabis use should be considered harmful at all. Consider the following statement made by a social worker:

> Cannabis smoking in itself is neither good nor bad. Many people smoke every day and are still perfectly able to look after their jobs, and they primarily smoke in order to relax and for social reasons… We are expected to work with the young people's drug use, of course, because we're an addiction treatment center. But, very often, it's rather unimportant that they smoke. It would be much better to focus on the real problems in their life … family issues, emotional problems, the fact that they do not have an education or a job. (interview with social worker 1)

This statement is radical in the sense that it seems to undermine the logic of having a specialized addiction treatment system (a system that the interviewee's own center is part of). If drug use is an innocent activity and the clients' "real" problem is not their addiction, then they should be helped by other means. Appropriate alternative means of help would consist of whatever social services best address the "real" problems in clients' lives. It is not clear whether staff members assumed that their clients' cannabis use would decline as a result of addressing their other problems. One can imagine a variety of future drug use trajectories for clients. Concerns about these possible trajectories are evident in the interviewees' counterstatements.

Counterstatements

Staff members' counterstatements questioned each of the activist themes described above. They raised issues that were ignored in the justifications of the narrative approach discussed so far. However, it is significant that staff members did not link their critical concerns to appeals to reject the narrative approach or to suggestions of alternative treatment approaches. The absence of such appeals indicates that the counterstatements were not designed to undermine the narrative approach to drug treatment. Rather, we interpret them as critical reflections on the fit between the narrative approach and the circumstances of some clients' lives. We see such reflection in the following staff member's questions about the harmfulness of cannabis use. The account also challenges claims that staff member-client interactions should focus on the "real"—non-drug—problems in clients' lives.

> You may say that our approach is "Cannabis is not their real problem; they smoke because they have other problems. We shouldn't label them as abusers

> because then they become abusers." But, what if we're wrong? What if cannabis abuse is their real problem? How can we know it isn't? (interview with psychologist 2)

This statement blurs narrative therapists' distinction between oppressive and liberating narratives. The idea behind the prioritization of certain narratives over others is that dominant, problem-saturated stories "do not sufficiently represent people's lived experience, and that there are significant aspects of their lived experience that contradict these narratives" (White and Epson 1990:14-15). What the psychologist quoted above, and some of her colleagues, reflected upon is how they should decide which stories best match their clients' circumstances—and, related to this, on what grounds they could answer this question. The statement can be extended to ask, "How might clients determine the real problems in their lives?"

A second type of counterstatement concerns the relationship between narrative drug treatment and dominant understandings of illegal drug use in Danish society. In a critical article on narrative therapy, Skovlund (2011:190) discusses the challenge of finding narratives that are robust enough to stand "resistance from the world." By this he means that therapists and clients in treatment may very well work out alternatives to dominant stories, but that these alternatives may not always be convincing to other people. It is one thing to put brackets around a young client's use of illegal drugs and to define other problems as more real. It is another thing for the young person to manage outside of the therapy setting when facing family members, teachers, and potential employers who think that daily cannabis use is harmful and difficult to combine with good family relations, school, or work. One of the psychologists stated:

> We try to take the heat out of the situation by telling parents not to worry so much, and we often succeed. Parents calm down "Whew, it's not that bad, many young people use drugs these days." And yet we also know, and we have to tell them this too, that drug use may have negative, as well as positive consequences. You need to be a real strong young person if you are to combine school or work with a daily drug intake. (interview with psychologist 3)

The psychologist acknowledged that competing orientations to youthful drug use can intrude into staff members' interactions with clients. These orientations complicate staff members' treatment practices by reminding them that the potential harmfulness of cannabis use involves more than its effects on clients' bodies and psyches. It may also harm clients' relationships with significant others and limit clients' opportunities to realize desired possibilities in their lives. This counterstatement might be developed as a direct challenge to statements that make sharp distinctions between oppressive and subjunctivizing stories. The psychologist stopped short of this possibility by redirecting attention to how negative words create self-fulfilling prophecies. She explained that one should not put too much stress on the negative consequences of drug use "because if the young people start thinking it's impossible to go about your work if you smoke cannabis in the evening, it becomes impossible."

Narrative Therapy and Expert Knowledge

Many discursive therapists challenge claims that therapists know better than their clients about how clients should live their lives (Strong 2012). Instead, they stress how they collaborate with their clients. This theme is related to discursive therapists' skepticism about diagnostic approaches that treat different circumstances as the same by classifying them within the same categories (Lock and Strong 2012; Strong 2012). For discursive therapists, diagnostic approaches are designed to "fix" people by correcting their personal flaws and social inadequacies. This focus may result in blaming the victims for circumstances that they cannot control, and ignores the personal strengths and life-managing resources that clients possess. Diagnostic approaches may also be invasive and insulting by forcing clients to think of themselves, their actions, and relationships in ways that do not correspond to their self-understandings.

Narrative therapy combines aspects of social constructionism with a political consciousness focused on the negative impact of selected cultural and institutional forces on clients' lives. It is a practical strategy for responding to clients' problems as both personal matters and conditions of exclusion and oppression. Given its ideological complexity, it should not be surprising that different narrative therapists emphasize some aspects of the narrative approach over others. Indeed, Wallis, Burns, and Capdevila (2011) report that seven respected experts on narrative therapy gave eight different responses to questions about what narrative therapy is about. Some of the responses emphasized political themes, others stressed practical issues, and a third group consisted of attempts to integrate political with practical concerns.

One important area of contestation concerned the question of therapist expertise. Some participants in Wallis and colleagues' study (2011) were strongly against positioning themselves as experts, stating that expert knowledge contained concealed power. Other participants accepted therapist expertise as part of the process, the latter being a position that may be compared to White and Epson's "purposefully interventive" approach (Flaskas 2002) which is quite directive when it comes to providing people with expert advice. This brings us back to Miller and Fox's (1999) interest in the choices that applied constructionists make about their professional responsibilities to clients. The choices are partly practical matters, but they may also include ethical considerations. In the following sections, we see how staff members' practical and ethical concerns intersect in their statements and counterstatements about their orientations to clients.

Statements

Most of the interviewed staff members stated that they try to avoid a "traditional" expert role in which "professionals know what is best for their clients, although the clients disagree," as one of the interviewed social workers put it. Staff members stressed that narrative drug treatment involves collaborative relationships in which therapists and clients work together to identify clients' real problems and resources that might be used to change clients' lives. Also in this regard, the interviewees'

statements echo narrative therapy's emphasis on resisting oppressive stories. Staff members associated oppression with typical power arrangements in diagnostic relationships. While they stopped short of characterizing their collaborative relationships with clients as liberating, they did cast them as humane and ethical. Consider the following two statements. The first was made by a social education worker and the second by a psychologist.

> The young people are the experts in all this, right, and I think this is where traditional social work fails, trying to dictate solutions, having this know-all attitude… It's not my job to give them advice, "Listen, you need to do this and that." My job is to help them find things inside themselves, find a way that is navigable for them, and I cannot know what that road is, can I? (interview with social education worker 1)

> I think many professionals like their role, telling people what to do, giving advice. It feels good to be professional… Here it's all about being a person, entering the meetings as a person more than a therapist. I don't treat them as clients. It's a different kind of relationship. It's not friendship but something resembling friendship… I'm a person for them the same way I'm a person for many other people in my life. (interview with psychologist 4)

An important theme in both of these statements is staff members' portrayals of their clients and themselves as people. The social education worker depicted herself as someone who assists clients to better understand themselves and what is possible in their lives. The psychologist went further by defining staff member-client relationships as indistinguishable from diverse non-treatment relationships in everyday life. Staff members' emphasis on collaboration and being a person in their interactions with clients was also central to their rejection of treatment manuals. Such manuals standardize interactions by instructing treatment professionals on the types of questions they should ask and responses they should give to clients. As one of the psychologists stated,

> Nobody wants to be subjected to methods. If you sit talking with another person, and you suddenly realize that what you thought was a spontaneous talk in fact are themes from a manual. "Oh, he's taking me through a manual, he uses methods on me." It doesn't feel good at all. And it really doesn't fit with our attempts of treating them as equals. (interview with psychologist 4)

This statement resonates with the emphases on collaboration, ethics, and personal relationships found in many of the interviews. The staff member depicted manuals as undercutting narrative treatment values by regarding all clients as needing the same treatment methods, thus mirroring aspects of diagnostic approaches. Manuals also hinder the development of subjunctivizing narratives by predefining what is possible in staff-client interactions. This orientation to social interaction might be contrasted with the open, creative, and collaborative conversations about the possibilities in clients' lives that are preferred in narrative treatment. Further, the psychologist's statement pointed to authenticity as a social value in narrative drug treatment. Manuals and methods make authentic spontaneous talk between equals impossible, and produce hurt feelings when clients discover that they are being taken "through a manual."

The interviewees were clear about their rejection of traditional treatment methods and professional-client relationships. They questioned the effectiveness and ethics of such traditions, while arguing that narrative treatment is an ethical and effective alternative. These statements aligned staff members with Hacking's (1999) rebellious activism. However, this alignment becomes less clear when we consider the interviewees' counterstatements about therapeutic expertise.

Counterstatements

Staff members' reflections on their professional responsibilities to clients oriented to Miller and Fox's (1999) concern for how applied constructionists deal with situations that appear to challenge their constructionist principles. Specifically, the interviewees' counterstatements focused on situations in which their sense of responsibilities to clients contradicted their understandings of the mission of narrative drug treatment. They discussed three major ways of responding to such situations. The first involved modifying typical professional practices by altering the context of staff member-client interactions. Consider the following adaptation of what the interviewee called the "relativist" position towards clients and their problems prevalent at his center:

> What's the alternative? The alternative is just *being* with them. I may, for instance, take a walk around the lake with "Nicolas" talking in an everyday way… And in that situation I am not necessarily as relativistic as I am here where it's all about communicating to him "You're the only one who knows what's best for you." When we walk around the lake, I talk like an ordinary adult, saying what I think is best for Nicolas. As opposed to here at this meeting table where I am always reluctant, or at least cautious, with giving advice or standing up for certain values. (interview with psychologist 1)

While not invoking the concept of expert, the psychologist's counterstatement casts doubt on the claim that typical staff member-client interactions were indistinguishable from conversations outside the centers. Indeed, he reported leaving the center in order to have such conversations with clients, conversations that include advice-giving. It is also significant that the staff member acknowledged that he cautiously gives advice during meetings with some clients in the center. In other parts of the interview, he described "the cautiousness in giving advice" as a challenge in narrative therapy because the young clients expect the professionals to "instruct them and lay down guidelines." Cautious advice-giving is the second way that staff members modified typical narrative treatment practices to fulfill their responsibilities to clients. A social education worker explained that this is necessary because, even with treatment, some clients do not know how to manage their problems.

> There are times when I have had meetings with them, and I have thought "Wow, this was good, this was narrative, and we have really worked with your identity." And then the young person sits there looking a bit awkward: "Yeah, right, but what shall I do

> about my problems?"—clearly needing something more concrete than what I have given him. (interview with social education worker 2)

These counterstatements point to the shifting and uncertain environments in which narrative therapists work. Constructionist practitioners are not free to define reality independent from clients and others who may bring different expectations and needs to their mutual encounters. Indeed, one might argue that in modifying preferred treatment practices, narrative therapists better achieve their shared goal of treating their clients as people with real problems.

The third way of responding to challenging situations reported by staff members points to a very different strategy. It involves remaining true to the principles and practices of narrative drug treatment while casting one's doubts as evidence of one's limited professional skills. Consider the following situation described by a social education worker:

> It may be extremely hard to sit here with a girl who takes far too many drugs and supports herself as a prostitute at age 18, and she thinks it's cool, I mean "cool" [shows quotation marks]. She is a mess, really miserable, but in her own opinion everything is fine. And then you have to sit on your hands and do all you can not to panic and think, "Please, let me fix this for you." Again, it's this thing about being present and being accepting and communicating to her "When you're ready, you know we are here for you." (interview with social education worker 3)

Despite her possible feelings of panic and desire to fix the client, this staff member remained true to the "not-forcing-solutions-down-their-throat approach" she said characterizes her center. She added, however, that her feelings during the interaction suggest that she is probably too "clutching and possessive" to be very successful in narrative methods and that she needs to work with this in supervision. She had to remind herself never to have ambitions on the young people's behalf and to let them do things in their own way and at their own pace "because when is their drug use unproblematic and when is it problematic, and who am I to tell?" The social education worker's words remind us that counterstatements do not always question dominant constructions of reality. They may also be used to question one's own understandings and commitment to constructionist principles. We next turn to the implications of our research for future studies of applied constructionism and academic constructionists' reflections on their own work.

Discussion

The purpose of this article has been to link two somewhat distinct approaches to social constructionism: academic studies of the social construction of realities and applied constructionists' use of constructionist principles in addressing social problems. We have combined aspects of Hacking's (1999) reasoning on constructionism, Miller and Fox's (1999) approach to the study of applied constructionism, and Burke's (1968) dialogic interest in statements and counterstatements in analyzing interviews with staff members practicing narrative drug treatment in Copenhagen. The staff members' statements and counterstatements describe a complex treatment scene. Staff members' statements emphasize how their narrative approach is designed as an alternative to traditional drug treatment programs. They are rebellious activists, to use Hacking's terminology. Staff members' counterstatements, however, describe concerns and modifications in preferred narrative therapy practices that moderate the radicalism of their constructionism. These responses signal staff members' cautious embrace of narrative drug treatment, a cautiousness that is related to the shifting and ambiguous conditions of their work as much as their commitment to narrative drug treatment.

Our analysis of staff members' statements and counterstatements points to several issues that warrant discussion among academic constructionists who study social problems. The issues turn on the activist impulses in constructionist texts that are often presented as straightforward and dispassionate analyses. Hacking (1999) notes that such constructionist studies are activist because they assume that current definitions of reality represent only some of the multiple ways in which social issues might be defined. Whether intended or not, constructionist studies are resources for undermining dominant realist depictions of social problems in media accounts and policy debates. The studies also suggest additional considerations for inclusion in conversations about social problems and reveal the contestable grounds on which dominant realist claims rest.

Staff members' statements and counterstatements form a point of departure in making inquiries about academic constructionists' choices and practices. They challenge academic constructionists to reflect on how their choices about which activist strategies to adopt are influenced by constraints and opportunities in their work environments. A related issue involves how academic constructionists cast some aspects of the social settings they study as real in order to analyze other aspects as sites of social construction. The applied constructionists in our study openly declared their rejection of the concept of drug abuse and the assumptions of traditional drug treatment. We might then ask about the spoken and unspoken commitments to selected social values and intervention programs in academic constructionist studies of social problems. Our interviews also pointed to questions about whether and how ethical considerations are implicated in choices about what and how to study the social construction of social problems.

A further challenge posed by the applied constructionists in our study centers in academic constructionists' nearly exclusive focus on past and present social constructions of social problems. The academic literature is filled with studies of claims-making efforts, including how successful claims-makers fend off competing definitions of social issues. But, this literature tells us very little about future possibilities, which is the organizing concern of narrative drug treatment and many other forms of applied constructionism. Academic constructionists would do well to ask, "What possibilities—not certainties—are immanent in our data?" Answering this question is less about predicting the future than it is about expanding academic constructionists' engagement with the social worlds that they study. It places their studies within larger unfolding processes of social construction and change in concrete social contexts.

Burke's focus on the interplay between statements and counterstatements is one approach to exploring possible futures immanent in academic studies of the social construction of realities. We have noted how staff members' statements and counterstatements described possible discontinuities between staff members' understandings of the promise of narrative drug treatment and the circumstances of its implementation in the treatment centers. Staff members' counterstatements questioned, but did not directly challenge, fundamental themes in narrative drug treatment. Thus, we might ask, "Under what conditions might staff members' questions become calls for changing established treatment practices in the centers?"

Staff members' statements and counterstatements point to clients and parents as possible catalysts for such change. Both groups represent potential alternative orientations to the purposes of drug treatment in the centers. This potential is suggested in staff members' reports about encouraging parents to calm down and not worry about their children's cannabis use, as well as some clients' requests for advice on how to deal with their problems. Clients and parents could also advance alternative orientations by challenging staff members' claim that they are not experts on how clients should live their lives. For example, clients and parents might ask, "Aren't staff members acting as experts when they downplay clients and parents' concerns about reducing clients' cannabis use?"

We conclude by suggesting two ways that academic constructionists might extend their engagement with applied constructionism and further explore how these approaches to constructionism are similar and different. These are just two examples out of several possible ways of developing constructionist analyzes of social problems work.

The first path focuses on the various narrative perspectives within applied constructionism. The narrative drug treatment approach in Copenhagen is only one way of implementing ideas and practices in narrative therapy. We have noted Wallis and colleagues' (2011) findings about narrative therapists' multiple orientations to the politics and pragmatics of narrative therapy. Other studies might investigate how narrative therapy is conceptualized and used across treatment settings, client populations, and cultural contexts. Comparative studies might also be conducted on uses of narrative perspectives in non-therapy contexts. These various studies form a standpoint for extending academic constructionists' understandings of the narrative organization of social problems.

The second line of development consists of comparative studies of diverse applied but non-narrative orientations to social problems and change. These orientations point towards the range of philosophical starting points used by applied constructionists in developing their perspectives and techniques. For example, unlike narrative therapy's stress on Foucauldian philosophy, solution-focused brief therapy emphasizes Wittgenstein's (1958; 1980a; 1980b) analyses of language and the philosophy of psychology. This difference has implications for how narrative and solution-focused therapists orient to the politics of therapy, therapist-client relations, and ethics in therapy, as well as for the techniques they use in interacting with clients. The difference might also have implications for the counterstatements told by these practitioners and perhaps how they deal with doubts and worries expressed in their counterstatements.

Comparative studies of narrative and non-narrative approaches in applied constructionism promise to expand academic constructionists' understanding of how future possibilities are constructed within different settings and forms of interaction. This is perhaps the most important reason for academic constructionists to study their applied counterparts. Such studies might form a basis for developing a synchronic academic constructionism that links past, present, and future possibilities in analyses of the social construction of social problems and other realities.

Funding

The first author's work on this paper was supported by a grant from the Danish Council for Independent Research (Social Sciences).

References

Afuape, Taiwo. 2011. *Power, Resistance, and Liberation in Therapy With Survivors of Trauma: To Have Our Hearts Broken*. New York: Routledge.

Besley, Tina. 2001. "Foucauldian Influences in Narrative Therapy: An Approach for Schools." *Journal of Educational Enquiry* 2:72-93.

Bruner, Jerome. 1986. *Actual Minds, Possible Worlds*. Cambridge, MA: Harvard University Press.

Burke, Kenneth. 1966. *Language as Symbolic Action*. Berkeley: University of California Press.

Burke, Kenneth. 1968. *Counter-Statement*. Berkeley: University of California Press.

Burke, Kenneth. 1969a. *A Grammar of Motives*. Berkeley: University of California Press.

Burke, Kenneth. 1969b. *A Rhetoric of Motives*. Berkeley: University of California Press.

Flaskas, Carmen. 2002. *Family Therapy Beyond Postmodernism: Practice Challenges Theory*. New York: Taylor & Francis.

Foucault, Michel. 1972. *Power/Knowledge: Selected Interviews and Other Writings 1972-1977*, edited by C. Gordon. New York: Pantheon Books.

Foucault, Michel. 1977. *Discipline and Punish: The Birth of the Prison*. New York: Random House.

Freedman, Jill and Gene Combs. 1996. *Narrative Therapy: The Social Construction of Preferred Realities*. New York: W.W. Norton & Company.

Hacking, Ian. 1999. *The Social Construction of What?* Cambridge: Harvard University Press.

Hall, Christopher. 1997. *Social Work as Narrative: Storytelling and Persuasion in Professional Texts*. Aldershot: Ashgate Publishing.

Järvinen, Margaretha and Gale Miller. 2014. "Selections of Reality: Applying Burke's Dramatism to a Harm Reduction Program." *International Journal of Drug Policy* 25(5):879-887.

Lock, Andy and Tom Strong, (eds.). 2012. *Discursive Perspectives in the Therapeutic Practice*. Oxford: Oxford University Press.

Mattingly, Cheryl and Maureen Hayes Fleming. 1994. *Clinical Reasoning: Forms of Inquiry in a Therapeutic Practice*. Philadelphia: F.A. Davis Company.

Miller, Gale and Katherine Fox. 1999. "Learning From Sociological Practice: The Case of Applied Constructionism." *The American Sociologist* 30:55-74.

O'Leary, Patrick. 1998. "Liberation From Self-Blame: Work With Men Who Have Experienced Childhood Sexual Abuse." *Dulwich Centre Journal* 4:24-40.

Parry, Alan and Robert E. Doan. 1994. *Story Re-Visions: Narrative Therapy in the Postmodern World*. New York: The Guilford Press.

Parton, Nigel and Patrick O'Byrne. 2000. *Constructive Social Work: Towards a New Practice*. London: Macmillan Press.

Rosen, Lynne V. and Charley Lang. 2005. "Narrative Therapy With Couples: Promoting Liberation From Constraining Influences." Pp. 157-178 in *Handbook of Couples Therapy*, edited by M. Harway. Hoboken, NJ: Wiley & Sons.

Shanahan, Elizabeth, Michael D. Jones, and Mark K. McBeth. 2011. "Policy Narratives and Policy Processes." *The Policy Studies Journal* 39:535-561.

Skovlund, Henrik. 2011. "Overcoming Problems of Relativism in Postmodern Psychotherapy." *Journal of Contemporary Psychotherapy* 41(3):187-198.

Stacey, Ralph, Douglas Griffin, and Patricia Shaw. 2000. *Complexity and Management: Fad or Radical Challenge to Systems Thinking?* London: Routledge.

Strong, Tom. 2012. "Conversation and Its Therapeutic Possibilities." Pp. 308-322 in *Discursive Perspectives in Therapeutic Practice*, edited by A. Lock and T. Strong. Oxford: Oxford University Press.

Strong, Tom and Andy Lock. 2005. "Discursive Therapy?" *Janus Head* 8:585-593.

Throgmorton, James A. 1996. *Planning as Persuasive Storytelling: The Rhetorical Construction of Chicago's Electric Future*. Chicago: University of Chicago Press.

Wallis, Jennifer, Jan Burns, and Rose Capdevila. 2011. "What Is Narrative Therapy and What Is It Not? The Usefulness of Q Methodology to Explore Accounts of White and Epston's (1990) Approach to Narrative Therapy." *Clinical Psychology and Psychotherapy* 18:486-497.

White, Michael. 1995. *Re-Authoring Lives: Interviews and Essays*. Adelaide: Dulwich Centre Publications.

White, Michael and David Epston. 1990. *Narrative Means to Therapeutic Ends*. New York: W.W. Norton & Company.

Wittgenstein, Ludwig. 1958. *Philosophical Investigations*. New York: Macmillan Publishing.

Wittgenstein, Ludwig. 1980a. *Remarks on the Philosophy of Psychology*, edited by G. E. M. Anscombe and G. H. von Wright. Oxford: Blackwell.

Wittgenstein, Ludwig. 1980b. *Remarks on the Philosophy of Psychology*, edited by G. H. von Wright and C. G. Luckhart. Oxford: Blackwell.

Järvinen, Margaretha and Gale Miller. 2015. "Social Constructionism Turned Into Human Service Work." *Qualitative Sociology Review* 11(2):198-214. Retrieved Month, Year (http://www.qualitativesociologyreview.org/ENG/archive_eng.php).