FQS FORUM: QUALITATIVE SOCIAL RESEARCH SOZIALFORSCHUNG

Volume 20, No. 1, Art. 2
January 2019

Deconstructing Therapy: Performing the Common Sense User

Morten Nissen, Katrine Barington & Morten Halberg

Key words: performativity; deconstruction; transformative users; common sense; qualitative research

Abstract: In this article, we analyze non-mainstream social work in Denmark. We focus on how what we call a *performative approach* in both social work and research can expand the understanding of deconstruction. We argue that critical performance exceeds the negative moment of deconstruction, where we only know that we are non-clients, non-psychologists, non-directive. In performance, the potential *Other* with its complexity is formulated positively. This, we argue, provides a basis for what we call *transformative users*—users that participate in the production of the standards from which they let their lives be directed. We show that transformation is not only a matter of giving space for the subject, but equally a matter of giving space and attention to the collectives from where standards arise. In the final part of the article we turn the gaze toward ourselves, examining our collaboration in the research and the writing of this text, as a performative process.

Table of Contents

1. Introduction

While most current therapy[1] is articulated with various versions of scientific realism or positivism, there are still some kinds of therapy that are informed by off-mainstream social theory and philosophy. In this article, the traditions taken up for discussion are broadly in the landscape of postmodern therapies, with an emphasis on aspects from narrative therapy (NT) (e.g., WHITE, 2007), solution-focused brief therapy (SFBT) (e.g., DE SHAZER, 1991) and feedback informed treatment (FIT) (e.g., BARGMANN, BERTOLINO & MILLER, 2012). These traditions are interesting for two reasons: first, they offer therapy that contains or implies a self-reflective deconstruction of the very idea of therapy; second, they

1 Here, "therapy" refers to situations where professionals engage in conversation with clients for therapeutic purposes, i.e., to help cure or alleviate disease, disturbance, "problems" or other negatively valued conditions.

entail new ways of *performing the user*[2], that is, new positions, understandings, practices and identities open to the persons who seek therapy. [1]

It should be noted that therapy has always been preoccupied with finding new ways of being "user-oriented" or "client-centered." When FREUD (1977 [1917]) declared recognition of psychic reality and argued for a talking cure that would take seriously what the patient said—even if in order to interpret unconscious motives and themes—he set off a dynamic process where each generation of therapists invented new and more radical ways of recognizing their users. [2]

There is a way in which postmodern therapies push this development to its limits. Thus, in SFBT, a radical deconstruction of *any* theoretical, psychological framework is declared and practiced. In FIT, therapy as a standard method potentially dissolves in its adaptation to the individual user in a common sense framework. And, in NT, there are substantial tendencies to recreate therapy in ways that perform the user as no longer a person who seeks therapy for his/her problems, but as resourceful and empowered through participation in numerous practices such as outsider-witness groups or leagues with knowledge about specific problems. [3]

This movement toward radical performances of users can be found in the Danish facilities U-turn and HelsingUng, both agencies for young drug users. The movement arises out of a critique of essentialism within mainstream social work. Key concepts like "drug abuse" and "treatment" are seen as problematic by the professionals in U-turn and HelsingUng because of their unnoticed stigmatizing implications and their neglect, both of the complexities in young people's lives, and of their creativity and capabilities. Very often, the young users of U-turn and HelsingUng reject the position of "user" based on such concepts: They do not want to see themselves as *abusers* subjecting to *treatment*. [4]

The professionals working in U-turn and HelsingUng are operating at the intersections of social work, youth work and therapy. In this intersection they are developing approaches of their own, inspired by postmodern therapeutic traditions such as NT, SFBT and FIT. These postmodern therapeutic traditions are translated into the local context of the institutions and performed in a variety of ways. Some ways appear to be quite traditional therapy sessions, but others challenge our understanding of what social work can be. Of special interest to us is U-turn's and HelsingUng's use of numerical scales and their work with what they call *aesthetic documentation*. [5]

In the present text we will present three cases. In the first two cases, anti-essentialist practices of *deconstruction* perform users in two different ways. The first case is a discussion of widely adopted and formalized techniques for attuning

2 We have chosen the concept *user* as our central concept for the young people who are participating in therapeutic situations in the institution we co-work with in our research. The term is often problematic, but we retain it, not simply because what these young people have in common is a use of drugs that either they themselves or others find problematic—but also because it is better to reflect and externalize than to avoid the concept, not least given that it is widely used.

therapy to the user's preferences, applied through scaling questions and artifacts. In these practices, the ultimate common sense user is performed, radicalized to the point of challenging any professional expertise in defining the objects and objectives of therapy. The second case displays some of the experimental work with *aesthetic documentation*, where *the user* is transformed into a participant in the co-construction of him-/herself and of the collectives and cultures s/he engages in. In agreement with CHERRY's (2008) reflections on the performative turn, which call for a reconfiguration of its own modes and forms of practice, in the final section, we reflect on our own collaboration, as a third case where we, the authors of this text, stand out as performative, subjecting ourselves to the same kind of deconstruction that we undertake in the rest of the text. [6]

2. Approach

Our approach is tailored specifically to the project of the present analyses, as is *our research group*. We *represent positions* that seem wide apart—Hegelian Marxism or Derridian post-structuralism; narrativity or critical psychology; etc. But *none* of these positions—as we read them—would imply that *any* of them be viewed as timeless and encompassing conceptual structures that dictate analyses; rather, these positions should be thought of as evolving traditions that provide references and resources with which to engage in analysis. This is not to say that anything goes. These positions' structures of meaning do make differences. But those differences are considered and employed as relevant to the project at hand, and judged by it. Of course, the project at hand is considered ethically, rather than simply instrumentally. Our commitments reach far beyond any local therapy or any one article, just as do the implications modeled in our theories. But those far-reaching commitments and implications, too, are subject to ongoing reflection, revision, and construction, in the light of the projects we engage in. We could talk of our approach as a *performative* approach, taking theories themselves as performative. [7]

A performative approach takes "user" and "therapist" to be enacted and constituted in practices. The concept of performance, as we take it from such sources as BUTLER (1993), MARTIN (2007), MOL (2002), and TURNER (1995 [1969]), is complex, dynamic, and creative. In common sense, the notion of *performance* is often understood in one of two ways: 1. the execution of standard, predefined operations (as in athletics or "*performance management"*) or 2. the gesturing or mimicking of acts (as in theater or in "*putting on a performance"*). These meanings separate *enactment* from *display* and thereby *the production of meaning* from *human activity*. The concept of performance in a performative approach stresses the need to see activities as simultaneously and dynamically creating, enacting and displaying what is going on. This is key, not least, to understanding and rearticulating activities such as therapy. [8]

Our method is to investigate performances of "the user" by reconstructing singular therapy situations in close collaboration with those involved in them. *Therapy situations* are local instances of a practice that is *defined as* therapy at the outset. While the singular local circumstance, the phenomenological here-

and-now, remains a fundamental characteristic of therapy situations, we approach them basically as instantiations of a practice that at the same time constructs collectives, relations and participants in certain cultural forms, or standards. We do this because we aim to understand the relationally constituted position of *the user*, and because our dialogues between professionals, social researchers, and users are mediated by, as well as co-construct, the standards with which collectives in therapy are established and regulated, or with which users and professionals struggle. [9]

In other words, practices are *framed* (GOFFMAN, 1986 [1974]): situational collectives are constituted as instantiations of practice by taking themselves to be defined in certain standard forms—such as therapy. This is, however, an ongoing process, incessantly reflected, displayed and disputed because framings are always multiple—e.g., if we are doing "solutions-focused therapy," we may at the same time be said to be engaged in "drug treatment," "youth work," or "experimental social work." Such framings are partly overlapping, partly at odds, not only as theoretical references, but also as constitutions of collectives and participants and their relations and positions. [10]

In fact, even as we approach what seems to be instances of therapy with therapists and users, we aim to get rid of the user—just as FOUCAULT (1980) claimed that to investigate the subject we must get rid of the (category of the) subject itself, as a way of going beyond the taken-for-granted *subject*. In the social work field in Denmark, the "user" has come to occupy a dominant position in the discourse, even more so than the user's ancestor, the "client." Deconstructing this user is first to unravel how he/she is constituted, negotiated and brought into play, against the alternative of a blank "something else," and *then* to watch and help him/her transform into the co-author of other stories that imply other kinds of engagement. [11]

In a sense it might be appropriate to talk about *user-bility,* thus pointing our attention to the fact that "users" are continuously, and historically have been, constituted and performed in a variety of different ways and positions. When people are *positioned* as "users" (HARRÉ & VAN LANGENHOVE, 1999), the implications are historically variable. [12]

This method also reflects a specific use of the concept of *deconstruction,* taken from DERRIDA's (2001 [1967]) formulation. As we read DERRIDA, deconstruction is a process where the negative moment, the dissolution or unsettling of a given order, is at the same time an opening towards the becoming of a new order. DERRIDA's conceptualization of deconstruction is rather ambiguous, and it has been read in very different ways by later theorists. One reading, perhaps the most common, comes in the form of structural critique. This reading is attributable, among others, to Steve DE SHAZER, who was a key figure in developing SFBT; here deconstruction is taken as a pure negativity, in the sense of a rejection of any and all theory, instead giving priority to common sense language contained in the fixed conversation frame of "therapy" (DE

SHAZER, 1991)[3]. Our use of the concept of deconstruction can be seen as a reaction to this understanding of the concept. As we see it, any deconstruction has, indeed, such a negative moment of opening, of pure Otherness—of being hardly anything more specific than the negation of something else. In the situations and practices we have studied, this is an important and valuable moment. However, deconstruction also means to engage with how that which is negated could be otherwise at every point. This implies in practice that the otherness is positively embraced through renderings (verbal or otherwise) of what is *becoming other*, of the production that is happening in the transformation of what was. This positive moment in the deconstruction is present even in the situations when it only becomes visible as possibilities, hopes or utopias (BLOCH, 1995 [1954]; MATTINGLY, 2010). [13]

3. Case 1: Radicalizing Therapy as User Influence

As mentioned, SFBT is the name of a therapeutic school or tradition[4] that has acquired some following internationally, including in the Scandinavian context. SFBT is interesting here, partly because it is explicitly a method adopted by the institutions we investigate, partly because it radicalizes the recognition of the user, thereby giving way for at different user perspective. [14]

Steve DE SHAZER, one of the most famous proponents, writes in one of the widest read—and academically most rewarding—texts on SFBT: "How the client depicts his situation or constructs reality and what actually happens in the session are accepted by the therapist at face value and adapted to and utilized by the therapist as the foundation of therapy" (1991, p.59). Taking what clients say "*at face value"* might appear naive, but it is argued with an astute critique of (lay and expert) psychological essentialism, here with reference to both the concept of deconstruction as a pure negative moment of dissolution and to the term "language games" from WITTGENSTEIN (2010 [1953], #7). Both references are used to point out that utterances about psychological matters should not be misunderstood as propositions or explanations. Rather, DE SHAZER argues, the point is to intervene directly in conversations that perform such psychological matters. This matches the growing tendency to take client retention and expressed satisfaction as key values. It also continues and radicalizes a long-standing tendency toward attributing any effects of therapy to placebo or non-specific factors (e.g., WAMPOLD, 2010 [1999]), that is, *relational qualities*, conceived as manipulable (NORCROSS, 2011 [2002]). It is further formalized in the feedback-informed treatment (FIT) that has branched off from SFBT—with

3 It is rare that founders of therapeutic models take such care to articulate philosophical implications. We should be thankful of DE SHAZER's productive radicalism for opening to the present critique.

4 A "tradition" implies a historically developing cultural form, carried by an evolving set of artifacts (books, web-pages, and other tools), maintained by and defining loosely coupled communities that provide (more or less formalized) professional training and identity through courses, internships, etc., with a number of famous and less famous proponents, and with genealogical relations of legacy, difference, and dialogue with other such traditions. We need to keep this complexity—often ignored in favor of the notion of an identifiable and practicable unitary "method" (with measurable effects)—in mind, since our aim is to deconstruct performances of user-bility that may be seen as attributable to such a "method."

Scott MILLER as the key overlapping figure. FIT set off from a meta-position in regards to method, focusing on a thorough and critical reading of the scientific evidence for therapy, with an interest in improving clinical excellence more broadly (DUNCAN, MILLER, WAMPOLD & HUBBLE, 2010 [1999]; WAMPOLD, 2001). FIT is now generalized as a standard for customizing client services through systematically soliciting client feedback on sessions and outcomes representing simple dimensions on analogue scales. HelsingUng has acquired the license to develop a Danish version of the *Outcome Rating Scale* (ORS) and the *Session Rating Scale* (SRS) as tablet apps. [15]

In one conversation at HelsingUng, which is describable as therapy, Morten MALBERG (MH), a clinical psychologist at HelsingUng and co-author of this text, speaks with Emily[5]. Emily is 15 years old and at the moment one of only two users participating in the group called the "*day team."* In the conversation, MH asks Emily to fill in the ORS. This takes less than half a minute. He receives the sheet, looks at it frowning, and asks:

> MH: "OK, so, both 'interpersonally' and 'socially', you think it is ... somewhat better—what, what, what has happened, or what?"
>
> Emily: "I haven't argued so much with anyone."
>
> MH: "OK!"
>
> Emily: "That's nice, I suppose."
>
> MH: "Do you know what happened, or, how come?"
>
> Emily: "No."
>
> MH: "OK." [16]

Then MH produces another sheet with a graph representing how she has rated her "outcome" in the past weeks. The graph is declining, indicating that Emily is doing worse. This calls for attention, notably since statistics have shown that clients who experience no or negative change can be correlated with poor outcome and premature dropout (BARGMANN et al., 2012; DUNCAN et al., 2010 [1999]). MH asks her to help him understand it: Is that in fact how she thinks about herself? Emily confirms in one-syllable answers. He continues:

> MH: "Of course, it is my task to work with you to find out, hey, how can we stop this, or make sure you don't go on getting worse."
>
> Emily: (Drops the paper sheets) "Oops!" (Picks them up and hands them back to MH) "Here you are."
>
> MH: "When that curve is broken" (Showing curve with hand) "and starts to go up, or at least stops going down, what would, like, for you—*I* could have all sort of ideas, and your parents, and the rest—but for *you*, what would be the sign that, hey, now it kind of stopped, or, now it's either going up or more like ...?" (Hand horizontal)

5 Emily is not her real name, but she may be recognizable to a person who knows her since at the time of the study she was the only girl at HelsingUng. We have had this in mind when we chose our empirical material and have been in dialogue with Emily about the issue. All transcriptions in the article are translated from Danish to English by us.

Emily: (Looking down) "I don't know."

(Silence)

MH: "How much do you believe in it? What are the chances the curve will break at some point?"

Emily: "I really don't know!"

MH: "Do you know how much—you'd be willing to try to make it—if 10 is you'll do anything to make it change, and 0 is you won't lift a finger?"

Emily: "Of course I want to help, I just don't know what would help me."

MH: "No. If you did, you'd have done it."

Emily: "Yes."

MH: "Of course. Of course you would. But how much would you be willing to do?"

Emily: "But I don't know!"

MH: "Make a guess!"

Emily: (Apologetic laugh) "But I do not know!" (In English:) "*I really don't know."*

MH: "I could ask other people, but if I ask you, how worried should I be that it suddenly turns this way?" (Points down)

Emily: "Well, there's a chance it suddenly goes WAY[6] down, like, if I forget to take my medication, or something like that, right? And of course, that's not SMART, is it, because, eh, then I could get HOSPITALIZED."

MH: "You wouldn't want that."

Emily: "I wouldn't, but this could, AS SUCH, be necessary IF things really go badly." (Nods) "For the sake of your own health" (Said in a sarcastic tone mocking an adult's reprimand). [17]

The post-graduate academic and clinical specialist asks the troubled teenager how she is doing. Not as a superficial or polite greeting, but neither as a sincere request for an immediate report on how she feels. What he wants is a self-rated "outcome" inscribed into a formal quantifying device, her explanation of it, and her estimate in numbers of her prognosis and motivation. Is this because the client is, in fact, the "expert" (as in ANDERSON & GOOLISHIAN, 1992) whose self-image is more valid than MH's, or other adult caretakers', judgment of her? Not in such simple terms—at least, other simple terms can be offered as more relevant. The point is, rather, that positioning Emily as knowledgeable, and having her ritually pledge her willingness, is considered fruitful in the process. The numbers are used deliberately as *floating signifiers* (LACLAU, 1996; PORTER, 1995) to facilitate a conversation despite the absence of shared meaning (DE SHAZER, 1991). The modernist project of creating shared meaning out of symptomatic idiosyncrasies through analytic interpretation, empathic dialogue, psycho-education, etc., has finally been abandoned. The client rules in the sense that the conversation is *customized* to his/her preferences, even if the reasoning and/or pathology behind those remain opaque to the therapist. [18]

6 Word capitalized in the transcriptions indicate that the speaker is emphasizing this word by saying it louder, with a higher pitch and longer.

The sequence we have chosen here shows how far this customization goes. Generally, MH and his colleagues make a point of showing curiosity in regard to the clients' ways of "constructing reality." This positions clients as experts, and the kind of professionalism they do cultivate is in a large part about understanding the reasoning, language, and culture of their clients. But often, these young clients are not willing or able to meet that curiosity with any such "constructions of reality;" as we saw, not even variations of the "miracle question"[7] prompt Emily to unfold her wishes and dreams. This is where the numbers are employed to help customize therapy. Both therapist and clients have explained in interviews at HelsingUng that it is much easier to offer a number or set a mark on a 10 cm line; these might then be substantiated with words and narratives. But, as Emily demonstrates, that substantiation sometimes amounts to little or nothing, and even a number can be too much to ask. In such moments, the absence of shared meaning empties the conversation of any contents apart from that customization itself. [19]

But Emily does more than reduce her "constructions of reality" to marks and one-syllable answers. Hard pressed by MH, she finally improvises the sarcastic performance of quite another construction. As she takes on the voice of a scolding adult, she seems to suggest what was implied in MH's questions. What was meant to be a non-judgmental opening to her own preferences and ideas is suddenly revealed as the grim expression of a rationality that threatens to exclude her, even if she knows all about it. One way to understand this is as the performance of a counter-deconstruction. [20]

Through his radical focus on the user's utterances as the starting point for the process, MH can be said to deconstruct therapy as a performance of treatment based on the ahistorical and decontextualized natural parameters of disease or disturbance. With this deconstruction, he also empties the therapeutic space of any fixed standards. However, in line with GEORGE and SELIMOS' (2018) critique of an actor-centered approach, we argue that a radical focus on the user's utterances leaves the standards that frame the conversation as therapy untouched and difficult to articulate. Emily's responsibility for living up to rational standards of self-care, despite her being classified by her doctor as dependent and depressive, is still to be found in MH's monitoring of her. We didn't lose the authoritative professional in the deconstruction; it is just that his authority is now performed with the scale, the miracle question and the efforts to stay non-judgmental despite the intentions behind these artifacts and attitudes. This is perhaps what Emily sees, and spontaneously recreates in her performance. [21]

Emily's sarcastic deconstruction can thus be said to *continue* the movement in MH's use of SFBT and FIT toward a radicalization of user-bility. Questioning the frame of therapy which remains constitutive of SFBT and FIT, Emily's performance is a counter-move which throws it into doubt. Yet, at the same time, she performs the kind of creative remodeling which helps MH, and the rest of us,

7 A standard SFBT question that prompts clients to describe the solution they hope for: In this case, MH asks Emily how she would know if the ORS curve stopped declining.

understand her predicament. In this way, she is, already performing *aesthetic documentation,* which we will now discuss. [22]

4. Case 2: Radicalizing User Influence Through Aesthetic Documentation

As mentioned, the professionals at U-turn and HelsingUng develop a method they call aesthetic documentation (AD). AD is an expansion of NT's use of artifacts that document and certify users' preferred narratives (such as letters and diplomas, WHITE, 2007) into aesthetic practices and artifacts like music, videos, and art exhibitions (NIELSEN & KOFOD, 2013; NISSEN, 2014, 2018). These artifacts are described as alternatives to the infrastructures of *clinical artifacts* (like case-files) that lock users into the frameworks of treatment, addiction, failure etc. With this move into aesthetic expression, the professionals in U-turn and HelsingUng argue, the user is offered greater freedom in developing his/her identity narrative. In the Danish journal *STOF*, NIELSEN and KOFOD, two professionals from *U-turn*, elaborate this in the following way:

> "In therapy you usually act fairly strictly in describing your experiences. Failure to do so brings on the risk of experiencing meaninglessness or guilt because of one's whitewashing of one's story about what is difficult. A self-document, by contrast, can be both fictional and abstract and at the same time meaningfully describe important aspects of the young person's life" (2013, p.37; our translation). [23]

Of course, the use of art as a form of expression in therapy is not new; nor is the artistic self-exposure of clients who attend therapy, and perhaps even of the therapy itself (e.g., LESSING's "Golden Notebook" [1962], or HUSTVEDT's "The Shaking Woman or A History of My Nerves" [2010]). Yet generally, therapeutic and artistic purposes are kept separate; art is then seen as a (more or less efficient) therapeutic technique; or therapy is a (more or less astute) material for literary or artistic works. What makes AD interesting is that it presents itself as a transformation of therapy through art; not just the invention or modification of a therapeutic method, but a challenge to the very definition of therapy as *treatment* of "abuse" or "addiction."[8] [24]

In an earlier part of the conversation reviewed above, MH opens up the possibility of integrating music as part of a therapeutic initiative.

> MH: "Look, we have a few things" (Points to a PC) "we should look into this music project."
>
> Emily: "Yes!"
>
> MH: "U-turn, do you know U-turn in Copenhagen?"
>
> Emily: "No."

8 This might well be also a productive way to rearticulate much other "art therapy," but that is beyond the scope of this argument; so is the implication that art may be productively redefined here as a relational aesthetics (BOURRIAUD, 2002) or a mass activity (GROYS, 2016).

MH: (Points to the PC screen) "I just had to make this website appear. U-turn in Copenhagen is a ... an agency similar to ours, only ... in Copenhagen, obviously, so: bigger, and ... they collaborate with us. Part of what I wanted to do, like I told you right? is that they have these music ... groups, groups that make music. I thought you could just, I mean, we can read it together."

(Emily takes over the PC. MH leans back).

MH: "No, why don't you look at it yourself?" [25]

A little later MH suggests they contact his colleague Sonny, whom he already has been in touch with just before Christmas.

MH: (Reading from the PC) "I write here—I wrote to Sonny: 'I write to you because we have a young person here in *HelsingUng* who is very engaged in music and song-writing (...) if we could perhaps make an appointment about music projects and making a demo. Let us take it up in the New Year. Merry Christmas to you. Morten.' And then Sonny writes: 'Hi Morten, that sounds like a good idea. Let's talk about it in January. Merry Christmas!'"

Emily: "'Merry Christmas!'"

MH: "Mm." (writes on PC) "OK, now I write: 'Hello Sonny ...'"

Emily: "'Happy New Year!'" (Laughs)

MH: "'We agreed to get back to this in the new year about a music project for one of the kids at *HelsingUng*. I am sitting here with her now.' Eh ... 'and we thought we should ask you how we should' ... eh, 'get started'?"

Emily: "Yes."

MH: "Or?"

Emily: "Yes, 'get started,'"

(...)

MH: "Eh, if I were to write something—what should we write about what you would like, and so on? He's going to ask that for certain, and I'm sure we are going to talk with him, but but what do you imagine with this?"

Emily: "Actually, I considered something, right?"

MH: "Mm?"

Emily: "If we made this work, right?"

MH: "Mm."

Emily: "Then, instead of starting with recording my own songs, right?"

MH: "Mm-hm?"

Emily: "Which maybe is rather too personal, right? Then I had thought of if we could do cover songs instead?" (Emily smiles and looks at MH)

MH: "Mm" (MH looks like he is considering)

Emily: "Do you think we could do that? Or do you think that I should do my own?"

MH: "Eh ... I think that is is a ... Eh ... question."

Emily: "Yes."

(...)

> MH: "It is because I think that maybe—some of the stuff I read, I don't know what you got out of it, but it was ... ."
>
> Emily: "Yes."
>
> MH: "... the lyric is created in the process ..."
>
> Emily: "... created."
>
> MH: "... in the actual ..."
>
> Emily: "We could do that!" [26]

The user influence we meet in this case does more than structure the conversation around Emily's preferences. Through artifacts like text, music and videos, standards from U-turn and further general standards for the production of aesthetic artifacts are highlighted. Together they constitute and evoke, through a collective endeavor, a network to which Emily and MH have to align (we are here using the concept of alignment as it is used in the "Actor-Network Theory" tradition, e.g., LATOUR, 1987). What becomes clear in MH's framing of the music project along with previous aesthetic documents from U-turn, is the generality of the practices MH and Emily are about to take on. The music project is a public matter with an urgency formed in the tension between standards, projects, and the participants' will to align to them. The urgency draws the practices out of the empty relativism that the scales formalized. Anything does not go in this situation —that is clear to even Emily and MH. [27]

Still, Emily is invited to participate. This becomes even clearer when MH introduces Emily to his e-mail correspondence with Sonny. Here MH invites Emily to co-write the e-mail and through the inclusion of her imagination for the project, he opens for a negotiation process between himself, Sonny and Emily. [28]

Generally speaking, we could say that this kind of negotiation calls the existence of standards to the surface of the conversation too. Without standards there would be nothing to negotiate. Further, the negotiation is itself an activity that lets us know that the standard is not nature-given; if it were, again there would be nothing to negotiate. The rigidity and the fluidity of the standard thereby meet each other in the negotiation. This dialectic can unfold, because the negotiation takes place on common ground as an open, social and shared dialogue, open to new definitions of the social/common itself rather than monological utterances from individual perspectives, bound within the frame or standard. In this sense, the standards exist not only in our minds, but in collectives and over time. Historicity is in one and the same breath the rigidity and the fluidity of standards; it is what makes us aware of standard's performative character and at the same time their power to bend realities in different directions. [29]

Part of why the production becomes negotiable is because this is what aesthetics do; for instance, the line cannot be drawn easily between "cover songs" and "original material," and working with aesthetics is always anyway a creative use of clichés and citations. In general, the aesthetic value of what is made cannot be

schematically predefined—even as it still keeps providing the urgency, the social and cultural criteria, the objectivity and the standards. [30]

The production also becomes negotiable because it begins from a therapy frame and puts it into question. This transformation of therapeutic standards is perhaps most obvious in MH's visibly deliberate framing of Emily as a "young person who is engaged in music and songwriting." Instead of framing Emily as being into drugs, she is framed as being into music, as having resources, as having other qualities than her lack of control over her use of cannabis. [31]

However, this framing does not deny that she is having problems in relation to drugs. In the art products of Emily and other young people at *HelsingUng* and *U-turn*, it is very varied to what extent and how "the problem" one expects to see is actually present. But in any case, the problem is present through the *curating* that places the artworks in the context of work with young people who take drugs. Following BOURRIAUD (2002) or GROYS (2016), we could regard the aesthetic documents as *installations* that question the boundary between the artwork and the exhibition into which it is curated. Like DUCHAMP's famous "Fountain"—a common urinal placed as artwork in an exhibition—the framing makes us see the artifact in a new light, but the artifact also prompts us to turn around to question the frame itself. [32]

What we have argued here is that Emily is performed as a *participant* in this second case. This happens both because she is included in the production and negotiation of standards within the collective, and because these new standards cast her as already a subject within the collective. This last part is important, as we see this in our comparison of the two cases presented in this text. In the first case, Emily was invited to set standards for how to understand her own life, but the invitation failed to include her as participant in the production of the standards that framed that invitation itself. Leaving the SFBT frame untouched narrowed the scope for user-bility to unfold. Not because MH would not be open to it, but because SFBT presupposes the standard of therapy as the frame *within* which any deconstruction takes place. AD, on the other hand, focuses on the positive production of narratives and images, and this visible positivity entails the negotiability of the frame itself. The use of AD as a "trans-therapeutic" tool can thereby entail greater opportunities for the performance of a more transformative user-bility. [33]

5. Reflexivity: Reconfiguring the User of the Text

If deconstruction should not be set within a fixed frame, as an emptying of its contents, but rather be a work of creative reconfiguration of its constitutive aspects, then this text itself should be no exception[9]. With her sarcastic performance, Emily directed attention to the standards implied in the frame of the therapy session; with the co-authoring of the e-mail to his colleague Sonny, MH directed attention to the standards of collaborative AD and their objective yet negotiable character; and in this final section, we will direct attention to how our analyses construct users of therapy as well as of academic texts. As a way of performing this turn toward ourselves, we can look into some of the situations from our collaboration. [34]

The following sequence is a field note made by MH prior to one of our meetings, a note he also shared with Katrine BARINGTON (KB) and Morten NISSEN (MN):

> "I have no project of defending an SFBT approach!
>
> Vulnerability and my nakedness are standing out in our current analysis. Maybe this is also why the idea about defending something that is 'mine' is developing. I am in every way at stake and exposed here, through the objectifications of me and my work: Video, transcriptions, sound-files, frozen utterances etc. This calls me into certain ways of positioning myself" (Field note by MH, March 22, 2014). [35]

MH seems to object to something here. He doesn't want the role of defending an SFBT model, and he is aware that this might be what is going on. Obviously at first this points to an emerging self-reflexivity, namely the awareness about *me* as a certain, uncomfortable position. The opportunity to look at one's own practice is certainly one of the gains for the practitioner, opening to new understandings and development of practice. Looking at MH is also an important part of the research methodology, seeing what the practitioner is doing and reporting the findings back for further analyses, as part of the collaboration. But there is another kind of reflexivity here, one that is introduced when MH states: "*This calls me into certain ways of positioning myself.*" [36]

Here it becomes visible that MH is both the object-subject and agent-subject of the current investigation, and that this affects the process. In that process, the gaze on MH is NOT only giving an insight into the practice at work, or providing MH useful professional reflections; it also does something to MH and the practice being investigated, by performing it in certain ways. As object of investigation, MH finds himself performed here, through various objectifications, as "the SFBT practitioner." His refusal to adopt a position of defending suggests how accountability (GARFINKEL, 1967) is part of that performance. The position of the practitioner, and specifically of "SFBT therapist," implies being accountable to certain standards, ideas and knowledges. In the context of investigation, being

9 This is a characteristic and inspiring feature of DERRIDA's texts, perhaps most visibly in "Limited, Inc." (1977).

the "object" also implies performing a version of what is being investigated, with a certain accountability at stake. [37]

Another quite subtle point here is what this reflection might suggest about the material of the analyses. As we have seen in the case material, there are quite visible elements of SFBT being performed. These make a good case for taking up SFBT as the standard that defines MH's professional accountability. But if part of the context is that MH is displaying and defending SFBT, then it would be reasonable to suggest, also, that MN and KB play a part in eliciting this. After all, they are, together with MH, choosing where to place their attention in the material, and where to find inspiration to conceptualize what they are focusing on. They take upon them the performance of the critical researchers in their relations to MH and the other professionals at HelsingUng. It was the common project of investigating therapy as a standard form that configured the dialogue so as to produce materials of the two kinds we have discussed. Does this mean that, in the infrastructure of alternative, "critical psychology" texts, MH is held into a position, much like Emily would be in the infrastructure of case files and other stigmatizing documents that HelsingUng are trying to avoid? [38]

On the other hand, MH seizes the position, which is also present, as collaborating in a reflection of his work that moves beyond SFBT, yet includes it, too. In doing so, he reconstitutes this reflection: it is no longer an inconsequential meta-reflection, but one that challenges the form of accountability implied. Not only by deconstructing the implicit notion of one person doing one kind of therapy, and the underlying assumption of rationality; but also by opening the question of the status of his own contribution. This is in some ways similar to Emily' sarcastic transformation of the therapy that we saw above. [39]

This brings into question the performativity of research designs—and also of this text. By eliciting certain accounts, they are productive and powerful, potentially capable of putting into play and altering user-bility. In this sense, they can be seen to perform something like the "scolding adult" that Emily mocked so vividly in the first case. In this "act" we see a version of the tragedy/comedy of the SFBT practitioner struggling to apply his method on the resisting client—even though SFBT defines itself through the statement that "resistance is dead." It is in our text that this glaring contradiction is displayed, to the immediate detriment of MH's SFBT accountability. [40]

Yet with the power of this text, and with reference to DERRIDA's deconstruction, the client (Emily) is re-articulated also as the "creative helper" who offers his/her assistance to the professional's (MH's) deconstruction. Paradoxically, it is precisely this repositioning of resistance into assistance that SFBT claims to attempt, yet we suggest here that it is better realized by transforming the standard of SFBT—a transformation which is then unfolded in the second case we describe. Our analysis thus models the altering of the user-bility at stake here in the way of an immanent or affirmative critique of the SFBT version of deconstruction (NISSEN & STAUNÆS, Submitted): It points to tendencies attributable to a therapy tradition which could be described as SFBT, but which is,

in practice, already more than that; and this turns it into a different prototype and a different model for professional accountability. [41]

Of course, just as Emily and MH were quite aware of the recording going on, and thereby already were busy co-authoring user-bility as text, so, similarly, we have been aware of this textual reflexivity that was already present in our work of analysis. The next example illustrates this. [42]

At one point in 2014, MH and KB discuss some videos and transcriptions of MH's work. At the start of the meeting, MH shows KB a video as part of the framing for the meeting. The video is an interview with DERRIDA on deconstruction, which he begins by directing attention to the artificial set-up in the situation; with cameras, tape recorders, interviews etc.[10] [43]

This can be seen as a reflexive move, as a way of deconstructing the terms and premises that are implicit in the ongoing practice, by explicitly articulating how this is a performative work. It is to refuse the naturalistic or even romantic promise that interviewing the therapist about practice—based on "objective" recordings—will escape the realms of performance and textuality. [44]

As an act of deconstruction, it allows us to take positions on our involvement in the performance going on. In particular, the involvement of MN and KB is being put forward here, as they are objectified as the objectifiers. This is a radical shift in perspective, as the researchers become the ones potentially investigated, revealed and visible as architects. What is also brought to attention is that a larger network of human and non-human actors (as it would be called in the ANT tradition, e.g., LATOUR, 2005) is involved in the production of what is being displayed here. All the technicalities and artifacts such as cameras, transcriptions, microphones etc. are part of the production. For one thing, the tablet video recording of the conversation with Emily co-constructs the time-space format of therapy. For another, MH's speaking into a recorder words that will be later transcribed puts an emphasis on accountability; or again, it suggests in a certain way that transforming the therapist's kind of accountability must take place through readings and writings. [45]

By bringing this awareness into play, with explicit reference to DERRIDA, MH is performing a kind of reflexive practice that we know from research: discussing through references. This is also seen in therapy, and as clients' way of self-presenting; and it is of course ubiquitous in AD, whether or not this includes cover songs[11]. [46]

The act is, no doubt, intentional on a level, but even more, it can be seen as performative: the practitioner teaches the research assistant how to understand what is going on, what to be aware of, and does so with a "copycat" reference to a proponent of one theory being used. But staging a situation where MH and KB

10 See http://youtu.be/vgwOjjoYtco [Accessed: June 7, 2018].

11 See https://vimeo.com/98728123 for a very good illustration of this—and an aesthetic reconfiguration of what cover song means, too [Accessed: March 7, 2018].

watch a YouTube video of DERRIDA is also a creative reconfiguration of the relationships that perform our research. This way, it enacts the reading of DERRIDA's concept of deconstruction, which distinguishes our collaboration—as inevitably productive, transformative. In brief, tracing the multiple histories and possible meanings in any text is bound to be itself a text that performs that same *différance*, the same deference of meaning. Offering writing, not empty pages. [47]

References

Anderson, Harlene & Goolishian, Harry (1992). The client is the expert: A not-knowing approach to therapy. In Sheila McNamee & Kenneth J. Gergen (Eds.), *Therapy as social construction* (pp.25-39). London: Sage.

Bargmann, Susanne; Bertolino, Bob & Miller, Scott D. (2012). Manual 1: What works in therapy: A primer. *ICCE Manuals on Feedback Informed Treatment (FIT)*. International Center for Clinical Exellence, http://fit-elearning.myoutcomes.com/Content/docs/Manual_1.pdf [Accessed: March 23, 2018].

Bloch, Ernst (1995 [1954]). *The principle of hope* (Vol. 1). Cambridge, MA: MIT Press.

Bourriaud, Nicolas (2002). *Relational aesthetics*. Dijon: Les presses du reel.

Butler, Judith (1993). *Bodies that matter. On the discursive limits of "sex".* London: Routledge.

Cherry, Scott (2008). Parody as a performative analytic: Beyond performativity as metadiscourse. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research*, *9*(2), Art. 25, http://dx.doi.org/10.17169/fqs-9.2.383 [Accessed: July, 11, 2018].

De Shazer, Steve (1991). *Putting difference to work.* New York, NY: W.W. Norton & Co.

Derrida, Jacques (1977). *Limited Inc.* (Vol 10.). Evanston, IL: Northwestern University Press.

Derrida, Jacques (2001 [1967]). *Writing and difference* (2nd ed.). New York, NY: Taylor & Francis Ltd.

Duncan, Barry L.; Miller Scott D.; Wampold, Bruce E. & Hubble, Mark A. (Eds.) (2010 [1999]). *The heart and soul of change: Delivering what works in therapy* (2nd ed.). Washington, DC: American Psychological Association.

Foucault, Michel (1980). *Power/knowledge—Selected interviews and other writings, 1972-1977*. New York, NY: Pantheon.

Freud, Sigmund (1977 [1917]). *Introductory lectures on psychoanalysis*. London: WW Norton & Company.

Garfinkel, Harold (1967). *Studies in ehnomethodology*. Englewood Cliffs, NJ: Prentice-Hall.

George, Glynis & Selimos, Erwin D. (2018). Using narrative research to explore the welcoming of newcomer immigrants: A methodological reflection on a community-based research project. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research*, *19*(2), Art. 9, http://dx.doi.org/10.17169/fqs-19.2.2907 [Accessed: August, 04, 2018].

Goffman, Erving (1986 [1974]). *Frame analysis. An essay on the organization of experience*. Boston, MA: Northeastern University Press.

Groys, Boris (2016). *In the flow*. London: Verso Books.

Harré, Rom & Van Langenhove, Luk (1999). *Positioning theory. Moral contexts of intentional action*. Oxford: Blackwell.

Hustvedt, Siri (2010). *The shaking woman or a history of my nerves*. New York, NY: Henry Holt & Co.

Laclau, Ernesto (1996). *The death and resurrection of the theory of ideology. Journal of Political Ideologies*, *1*(3), 201-220.

Latour, Bruno (1987). *Science in action.* Cambridge, MA: Harvard University Press.

Latour, Bruno (2005). *Reassembling the social—An introduction to actor-network-theory*. New York, NY: Oxford University Press.

Lessing, Doris (1962). *The golden notebook*. New York, NY: Simon and Schuster.

Martin, Emily (2007). *Bipolar expeditions: Mania and depression in American culture.* Princeton, NJ: Princeton University Press.

Mattingly, Cheryl (2010). *The paradox of hope: Journeys through a clinical borderland.* Berkeley, CA: University of California Press.

Mol, Annemarie (2002). *The body multiple: Ontology in medical practice*. Durham: Duke University Press.

Nielsen, Sonny K. & Kofod, Kristian H. (2013). *Æ*stetisk dokumentation af unges selv-fortællinger [Aesthetic documentation of young people's identity narrative]. *Stof [Drug]*, *21*, 33-37, http://www.stofbladet.dk/6storage/586/51/stof21.33-37.pdf [Accessed: March, 23, 2018].

Nissen, Morten (2014). Could life be ... Producing subjectivity in participation. In Andy Blunden (Ed.), *Collaborative projects* (pp.69-84). London: Brill.

Nissen, Morten (2018). Standards of performance aesthetics in counselling and beyond. *British Journal of Guidance and Counselling.* Online first

Nissen, Morten & Staunæs, Dorthe (Submitted). Critical psychology: the most reason version (soon to be replaced, illustrated by the problem of motivation. In Matthew Oldfield (Eds.), *Handbook of theoretical psychology*. London: Sage.

Norcross, John C. (2011 [2002]). *Psychotherapy relationships that work: Evidence-based responsiveness* (2nd ed.). Oxford: Oxford University Press.

Porter, Theodore M. (1995). *Trust in numbers. The pursuit of objectivity in science and public life*. Princeton, NJ: Princeton University Press.

Turner, Victor (1995 [1969]). *The ritual process: Structure and anti-structure*. New Brunswick: Transaction Publishers.

Wampold, Bruce E. (2001). *The great psychotherapy debate: Models, methods, and findings*. Mahwah, NJ: Erlbaum.

Wampold, Bruce E. (2010 [1999]). The research evidence for common factors models: A historically situated perspective. In Barry L. Duncan, Scott D. Miller, Bruce E. Wampold & Mark A. Hubble (Eds.), *The heart and soul of change: Delivering what works in therapy* (2nd ed., pp. 49-82). Washington, DC: American Psychological Association.

White, Michael (2007). *Maps of narrative practice*. New York, NY: W.W.Norton.

Wittgenstein, L. (2010 [1953]). *Philosophical investigations* (4th rev. ed., transl. by P.M.S. Hacker & J.Schulte). Chichester: Wiley Blackwell.

Authors

Morten NISSEN, PhD, Dr. Psych., is professor at the Department of Education, Aarhus University. His main work has been to articulate social youth work and drug counseling practices with theories of subjectivity and collectivity, and vice versa, focusing recently on standards and motivation. In 2012, he published "The Subjectivity of Participation" on Palgrave.

Contact:

Morten Nissen

Danish School of Education
Aarhus University
Tuborgvej 164
2400 Copenhagen NV, Denmark

E-mail: mn@edu.au.dk
URL: http://pure.au.dk/portal/en/persons/id%2832db3c54-6233-4faa-b12a-2e031c1fa8dc%29.html

Katrine BARINGTON defended her Master's thesis in psychology at Copenhagen University in the summer of 2015. She specializes in the area of theoretical psychology, with a specific focus on HEGEL's concept of recognition. Her thesis, "Liquid Standards in Social Work—When Recognition Turns into a Black Hole," is a critical analysis of the use of solution-focused brief therapy in social work. She is currently working on her specialization to become a psychologist in child and family therapy.

Contact:

Katrine Barington

Canada, Known to the Editors

E-mail: Barington.katrine@gmail.com

Morten HALBERG is clinical psychologist in HelsingUng. He has been working in the area of psychotherapy and family treatment for more than ten years, and has a solid background in systemic, narrative and solution focused ideas. The work includes therapeutic practice as well as training and education of other professionals. For the past seven years he has been working in HelsingUng, a drug counseling facility for young people.

Contact:

Morten Halberg

HelsingUng
3000 Elsinore, Denmark

E-mail: mha06@helsingor.dk

Citation

Nissen, Morten; Barington, Katrine & Halberg, Morten (2019). Deconstructing Therapy: Performing the Common Sense User [47 paragraphs]. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research*, *20*(1), Art. 2, http://dx.doi.org/10.17169/fqs-20.1.2916.