

STRATEGY AND REALITY: A COMMENT ON GOOLISHIAN, ANDERSON, AND HELD

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Let me begin by saying that I feel quite honored to be participating with those who have so significantly influenced my career. I first encountered Harry Goolishian in 1984 at an AAMFT conference where I was immediately mesmerized by the conceptual elegance of his presentation: I followed his work (and subsequently Anderson's) thereafter. Barbara Held's (1984) proposal for a strategic eclecticism similarly grabbed my attention since it appeared on the heels of my first published article, which presented an eclectic expansion of the MRI to include constructs from other approaches (Duncan, 1984). Held's theoretical rigor and decisive clarity of presentation led to a subsequent tracking of her work.

Goolishian and Anderson (1992) present their hermeneutic and narrative perspective of therapy as a social and dialogical creation of new meaning and new narrative. They address the issue of intervention versus nonintervention by asserting that it is more a matter of the theory held than a question of the right thing to do or not do. Goolishian and Anderson, however, advocate a theory that "does not require strategy" but instead "requires a competency and expertise in participating in and an opening of communicative action and conversation" (1992, p. 5).

Goolishian and Anderson's de-emphasis of intervention has refocused the locus of change on in-session or interview process. This shift in focus is very helpful because it opens up for consideration the many opportunities for change that arise in session through the mutual exploration of meaning and the validation of the client's experience. The emphasis on the conversational creation of new meaning puts intervention and homework tasks in perspective; overemphasis on developing "clever" interventions may result in the therapist not attending to the client and missing opportunities for client-initiated changes during the interview.

On the other hand, well-conceived interventions that emerge from and punctuate significant aspects of the meaning-revising process of the interview can extend the quest for change opportunities and the validation context of the relationship to between sessions as well. Dismissing the possibility of between-session opportunities for change because of a sole reliance on dialogical exchange during the interview may be a limiting perspective. Attending to change at the three descriptive realities (Duncan, 1992) may provide one way of escaping the dilemma of intervention versus nonintervention.

Held (1992) categorizes systemic therapies by way of two sets of distinctions and a matrix that allows a comparison of the positions underlying the disagreements about strategic therapy. She asserts that I do not adopt a realist position with regard to "content," but with regard to "process" I make reality claims about conducting effective therapy. Held also identifies the disturbing nature of an antirealist position on content and questions the utility of developing and testing a theory of etiology and maintenance only not to take it seriously in clinical work.

Held's distinctions provide a useful way of conceptualizing the varied approaches that call themselves "systemic." However, as with all categories that attempt to separate

richness and diversity into discrete cells of dualistic positions, some detail is lost and some clarification is warranted. To say that the perspective that I espouse *really* knows how to help is an overstatement that does not capture the cautiousness, tentativeness, and humility with which clients are approached; it also does not address the total reliance we place on the client's resources and the importance of the client's irrepressible tendency toward health in any intervention process we may suggest (Duncan, Solovey, & Rusk, in press). What *really* helps is far more attributable to the client than *any* theoretical conceptualization.

Although I agree with Held's assertion regarding my antirealist leanings regarding content, I do not share her concern regarding the utility of theory development concerning etiology and maintenance. I wholeheartedly support continued investigation because it will likely provide more formal content that may be situationally applicable in a given client circumstance. I will take the formal theory seriously, but not in an invariant way because content conceptualizations of client problems, and the techniques that arise from them, may only account for 15% of positive outcome (Lambert, 1986).

Formal content regarding etiology and treatment, and the treatment options that flow from that content, provide the therapist with a set of options from which to select. Once selected, however, outcome may depend far more on the client's resources, the quality of the relationship, and the congruence of the selected content with the client's meaning system.

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