

Implications of Social Constructionism to Counseling and Social Work Practice

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With the emergence of postmodernism, the positivistic worldview of objective reality is being challenged. The postmodern worldview, as exemplified by the metatheory of social constructionism, has great influence on our understanding of how knowledge is constructed and how intervention is carried out in different helping professions, such as counseling and social work. This article describes the basic tenets of social constructionism and examines the implications of social constructionist principles on counseling and social work practice. The contributions of social constructionism and the difficulties of applying social constructionist principles in counseling and social work settings within the Chinese cultural context are also discussed.

Positivistic research and its related worldview of reality have dominated social sciences in the postwar era (Denzin & Lincoln, 2000). In psychology, the emergence of behavioral psychology in the 1970s and cognitive psychology based on information processing models in the 1980s have

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shaped a research tradition that emphasizes the importance of using empirical research methods (particularly experimental methods) to study human learning and cognitions. In sociology, positivistic emphases dominated major sociology journals during the 1960s and 1970s. Although its importance has somewhat declined in European journals since the 1980s, its influence is still overwhelming in North American journals (Gartell & Gartell, 1996).

Similarly, the influence of positivistic thinking on counseling and psychotherapy has been enormous. In the field of psychotherapy and counseling, the conventional “objectivist” approaches (such as the behavioral, cognitive, and cognitive-behavioral approaches) focus on objective assessment of the client’s situation and systematic evaluation of the outcomes of intervention. In particular, empirically supported treatments (ESTs) are emphasized in this paradigm (e.g., Davison, 1998). In terms of training of counselors and psychotherapists, a “scientist-practitioner” model is promoted, in which counselors are trained to be consumers of empirical research findings, evaluators and researchers (Drabick & Goldfried, 2002). Neimeyer (1993) outlined the following assumptions of objectivist approaches to psychotherapy: knowledge as a direct representation or copy of the real world; knowledge as discovery of existing facts; validation of knowledge provided by the real world through the senses; there being one true meaning; knowledge as concept formation; and human beings as reactive organisms (p. 223).

In the field of social work, there is also a growing interest in “empirical clinical practice” in which objective analyses of the client’s problems and application of empirically proven intervention are emphasized (Thyer, 1996; Thyer & Wodarski, 1998b). In their discussion of first principles of empirical social work practice, Thyer and Wodarski (1998a) outlined the following principles of empirical social work practice: there is an objective reality; psychosocial phenomena are a part of reality; knowledge of psychosocial phenomena can be arrived at; scientific inquiry is the most reliable way to

arrive at such knowledge; and there are some good methods of measuring psychosocial phenomena.

Whereas the “scientific” approach to counseling and psychotherapy has been the conventional mode in which many therapists adhere to, there are increasing criticisms launched against this “received view” of counseling and psychotherapy by postmodern practitioners, such as social constructionists (Lyddon & Weill, 2002). A survey of the literature shows that “social constructionism” has been used as synonymous to “social constructivism” that focuses on social processes through which people’s description of and explanation for their world take place (Franklin, 1995; Speed, 1991).

While there are some papers on social constructionism in counseling (e.g., Gonzalez, Biever, & Gardner, 1994; Guterman, 1994; Lyddon, 1998; Owen, 1992; White & Epston, 1990) and social work (e.g., Dean, 1993; Dean & Fleck-Henderson, 1992; Franklin, 1995), the related discussions have been carried out in the Western contexts. A review of the literature shows that there is no published work on the relevance of social constructionism to counseling and social work in the Chinese culture. Against this background, the purpose of this article is to outline the basic characteristics of social constructionist thoughts and discuss its implications to counseling and social work. The contributions of social constructionism and the difficulties of applying social constructionist principles in counseling and social work settings within the Chinese context are also discussed. Because there is a substantial overlap of counseling and social work (particularly social casework and group work) in Hong Kong, the relation of social constructionism to these two disciplines would be jointly discussed.

However, before we proceed further, three points should be highlighted. First, whereas some counseling approaches are based on the empiricist notion of science (e.g., cognitive-behavioral approaches by Beck and Ellis) and

such approaches have been regarded as more “credible” in clinical psychology, counseling psychology, and social work, the complexity of practice orientations in the counseling and related fields must be acknowledged. For example, in a survey of the theoretical orientations among counselors, Warner (1991) showed that eclectic approach, person-centered approach, and cognitive-behavioral approach were the three most popular orientations adopted by counselors and that Carl Rogers, Aaron Beck, and Albert Ellis were selected to be the most influential counselors (the latter two figures adopt positivistic positions).

Second, it should be realized that there are in fact counseling approaches that are not closely associated with the positivistic orientation (e.g., person-centered therapy and existential psychotherapies). To some extent, such counseling orientations share some of the emphases of social constructionist principles, such as emphases on humanism and strengths of the clients.

Finally, it must be clearly stated that the social constructionist challenge of positivistic counseling models does not imply that the counseling field is homogenous. In fact, what social constructionists are trying to do is to challenge the “dominant” and “received views” of human nature and intervention.

The Nature of Social Constructionism

According to McLeod (1997), there are several features of social constructionism. First, social constructionists reject the traditional positivistic approaches to knowledge that are basically nonreflexive in nature. Second, social constructionists take a critical stance in relation to taken-for-granted assumptions about the social world, which are seen as reinforcing the interests of dominant social groups. Third, social constructionists uphold the belief that the way we understand the world is a product of a historical process of interaction and negotiation between groups of people. Fourth, social constructionists maintain that the goal of research and scholarship is not to

produce knowledge that is fixed and universally valid, but to open up an appreciation of what is possible. Finally, social constructionism represents a movement toward redefining psychological constructs such as the “mind,” “self,” and “emotion” as social constructed processes that are not intrinsic to the individual but produced by social discourse. An integration of the existing literature on social constructionism (e.g., Gergen & Davis, 1985; McNamee & Gergen, 1992) shows that there are several cardinal principles emphasized in social constructionism. These include: realities are socially constructed; realities are constituted through language; knowledge is sustained by social processes; and reflexivity in human beings is emphasized.

Realities Are Socially Constructed

Social constructionists adopt a relativistic view of reality (Denzin & Lincoln, 2000). They argue that all knowing of reality requires an act of interpretation and there are no linear notions of causality for the explanation of events in “living systems” (Bateson, 1972). It is through the social interaction over time that people together (e.g., the client and the therapist in a counseling context) construct their realities. Hence, social constructionists are concerned with meaning of interpretation, as it is the meaning that the persons involved attribute to events that determines one’s behaviors.

Furthermore, instead of focusing on subjective realities, social constructionists emphasize socially constructed realities (Franklin, 1995). In the process of interpretation and searching for meaning, there is a shift from focusing on how an individual person constructs a model of reality from his or her individual experience (as emphasized by cognitive psychologists and humanistic psychologists) to focusing on how people interact with one another to construct, modify, and maintain what their society holds to be true, real, and meaningful (Freedman & Combs, 1996). In other words, reality is not produced in the head of an individual (personal

constructivism) but produced via social negotiation and discourses according to social constructionists (e.g., Gergen & Davis, 1985).

Besides the belief that reality is socially constructed, social constructionists also maintain that our understanding of the world is historically and culturally specific. It is because the means we use to understand the world, such as categories and concepts, are all historically and culturally relative. As Burr (1995) argued, our worldviews are not only “specific to particular cultures and periods of history, they are seen as products of that culture and history, and are dependent upon the particular social and economic arrangements prevailing in that culture at that time” (p. 4).

Gergen (1994) stated that social constructionism is a reminder that all values, ideologies and social institutions are human-made. Because we cannot know the objective reality, all knowing requires an act of interpretation. It is through the process of social discourse that meanings are coconstructed. This point is stated by Laird (1993) that “focusing on process rather than content brings about a radical shift in our way of viewing knowledge. ... We begin to see ourselves as knowledge-creators. No one person or group can be said to exclusively possess this source of knowledge” (p. 18).

Realities Are Constituted Through Language

Social constructionists believe that speaking is not as neutral and passive as the positivists would have thought. Every time we speak, we bring forth a reality. Each time we share words, we give legitimacy to the distinctions that those words bring forth (Freedman & Combs, 1996). The way people think and the means people use, such as categories and concepts, in understanding the world are all provided by language and the everyday dialogue among people with shared culture becomes the framework of meaning that would be transmitted to the coming generations. Furthermore, social constructionists argue that language and thought should not be viewed

as two separate phenomena and that language provides the basis for all our thought (Burr, 1995). Hence, language is more than simply a way of expressing ourselves. It becomes the vehicle in the construction of our worldview and realities.

Since social constructionists maintain that language is fundamentally a social phenomenon, the meanings carried by language are never fixed, always open to questions, always contestable and temporary (Burr, 1995). It is also a site of variability, disagreement, and potential conflict where power relations are acted out and contested. In this sense, the view of social constructionists on language is very different from the positivistic view that regards language as the passive vehicle for our thoughts and emotions.

Knowledge Is Sustained by Social Processes

The modernists (such as behaviorists and advocates of empirical clinical practice) uphold that it is the single individual who possesses the capacity to know the world and to act adaptively within it. If individual capacities and processes are functioning normally, the individual will confront life's challenges as adequately as possible. When there are inadequacies in meeting these challenges, there is reason to believe that the capacities and processes become "malfunctioned" or "pathological" (McNamee & Gergen, 1992). It is the image of expert, independent, and individual knower that therapeutic practitioners have largely adopted in the past century. Hence, it is the therapist who carefully observes and deliberates, and who offers his or her conclusions about the adequacies and inadequacies of independently situated others. It is also the common individual who suffers from inadequacies, who may regain a fulfilling life by giving way to expert knowledge (McNamee & Gergen, 1992).

However, social constructionists adopt a totally different view toward knowledge. Because it is the intersubjectivity of people that constructs the meanings of the world and the self, understanding the client's interpretations

of the world and of the self should no longer be based on “professional knowledge” which is derived from a coherent and solid structure of positivistic assumption. Instead, knowledge is derived through a communication process in which the practitioners coconstruct the meaning with the client. In this perspective, professional knowledge that the positivists believe to be always predictive has no role to play. On the contrary, the articulation of tacit and lay knowledge gains their position.

Emphasis on Reflexivity

Social constructionism challenges the position of transcendent superiority claimed by those operating in the traditional scientific mode. They criticize the traditional view of the scientist-practitioner model in the helping professions (such as counseling, psychology, and social work) and challenge the taken-for-granted assumptions intrinsic to the “received view” of science. Social constructionists believe reflexivity as intrinsic in human beings and invite the kind of self-reflection that might open the future to alternative forms of understanding (McNamee & Gergen, 1992).

Reflexivity that the social constructionists emphasize refers to an active and critical reflection process that questions the different forms of knowledge and attends to the way knowledge is intertwined with power (Nightingale & Cromby, 1999). It also refers to the process that questions the effects of subjectivity on understanding and interpretation, and queries the taken-for-granted assumptions about how the world appears to be. Social constructionists caution us that the meaning-making process is culturally and historically specific. Thus, the practitioners, who adopt a not-knowing position, require constant reflection over their assumptions, as well as their own positions and biases in the dialogical conversation with clients. To this end, helping “professionals” should no longer enjoy a dominant and superior role, assuming that they know everything including the truth. On the contrary, when we apply the concept of reflexivity to relationship, the differences (such as status, knowledge, etc.) between the therapist and the client should

be disregarded and there is equality between them (McNamee & Gergen, 1992).

The differences between positivistic and social constructionist thoughts in terms of their worldview, way of understanding (epistemology), conception of knowledge, and views on human beings are summarized in Table 1.

Implication of Social Constructionism to Counseling and Social Work Practice

Assessment and Interpretation of Clients' "Problems"

Counselors and social work clinicians adopting a positivistic position tend to adopt a medical model in their practice, where clients are diagnosed of their problems at both the surface and underlying levels. After a thorough assessment, the therapist would formulate treatment goals and propose treatment strategies on the basis of a selected theoretical approach. In the context of social work, the flavor of the medical approach is exemplified by the view of Pincus and Minahan (1973) that “the purpose of the worker’s problem assessment is to help him understand and individualize the situation he is dealing with and to identify and analyze the relevant factors in a particular situation. Based on this understanding he will make decisions on which aspects of the situation he will deal with, goals for the change effort, and means of achieving these goals” (p. 102). In this sense, there is something wrong (pathology) of the client or the environment and the problems occur in the interface of the client and his or her environmental system. This connotation is echoed by Weick (1983) that “the acceptance of a diagnosis is the clearest reflection of an individual’s consignment of judgment to a professional ... It should be remembered that the medical model is deeply rooted in notions of individual fault and deficiency” (p. 468). With specific reference to mental health counseling (MHC), Guterman (1994) remarked that MHC “like clinical psychology, psychiatry, and social work, still tends

Table 1 Differences Between Positivistic and Social Constructionist Thoughts in Terms of Worldview, Epistemology, Knowledge, and View on Human Beings

	Positivism	Social constructionism
Worldview	<ul style="list-style-type: none"> • Existence of an objective reality • The world exists independent of human beings 	<ul style="list-style-type: none"> • Nonexistence of an objective reality • Reality is socially constructed
Way of understanding (epistemology)	<ul style="list-style-type: none"> • Truth, facts as well as the objective world can be understood by stringent procedures and justificatory standards • Nonimportance of language • Truth transcends culture • Science — the way to bring us closer to the true description of the world 	<ul style="list-style-type: none"> • Emphasis on meaning and interpretation; focus on how people interact with one another in the construction of the reality • Language is important for the interpretation of reality • Understanding of the world should be culturally and historically specific • No one can be said to be closer to the true description of the world than others
Knowledge	<ul style="list-style-type: none"> • Professional knowledge is achieved through objective, experimental and deductive activities • Those who has grasped professional knowledge become expertise with power 	<ul style="list-style-type: none"> • No role of “professional knowledge” as knowledge is derived through the daily interaction between people in the course of social life • Not much difference between lay knowledge and professional knowledge
View on human nature	<ul style="list-style-type: none"> • Deterministic 	<ul style="list-style-type: none"> • Human are social beings with reflexive power

to emphasize psychopathology in its conceptualizing and treatment of clients” (p. 226). Similarly, Anderson, Goolishian, Pulliam, and Winderman (1986) stated that “although the various therapies disagree on which is the appropriate social structure to consider when doing therapy, they all share the common belief that one or the other of the various social structures is the prime locus or cause of the problem” (p. 117).

Social constructionists reject such a pathological understanding of the client’s situation. They argue that clients are not passive recipients of a fixed, right or pathological view. To them, singular “true” story or problem of client does not exist. Problems, instead, exist in language and problems are unique to the narrative context from which they derive their meaning (McNamee & Gergen, 1992). In this sense, assessment is not aiming at locating the problematic individual or system. It is the narrative or the story of the individual that draws the attention of the social constructionists. They would explore in detail the ways that the individual uses to construct one’s reality and how one interprets such constructs. As pointed out by Guterman (1994), social constructionism “have set forth implications that diverge significantly from those that correspond to the realist epistemologies that have largely informed clinical psychology, psychiatry and social work” (p. 226).

Way of Knowing in Clinical Practice

In the positivistic view, the guiding perspective for most therapeutic endeavors is committed to the assumption of the individual knower. As mentioned above, it is the single individual who possesses the capacity to know the world and to act adaptively within it. Logically, it is the therapist who takes up the role as the individual knower who knows the “problems” of the client.

In contrast, social constructionists believe that as meaning and understanding are socially constructed, we do not arrive at, or have, meaning

and understanding until we take communicative action. As such, the collaboration between clients and therapists in this communication process is of paramount importance as it opens up new meanings and alternatives in the way of knowing. By adopting this way of knowing, theories are not representations of truths but are different ways of making meaning (Dean & Fenby, 1989). As such, the therapist should be extremely careful not to obscure the client's meaning with our theories or shape the client's situation so that it fits into our theories. This leads to a view of the client's story not as a set of facts but more as narratives that are constructed by the clinician together with the client.

Intervention

Since the client is believed to have "problems," the counselor or social worker has to formulate treatment goals and propose treatment strategies on the basis of a selected theoretical approach after an in-depth intervention. In other words, the counselor or social worker has to apply the theory into practice during intervention, hoping that the client's "problems" would be solved or eliminated.

However, intervention, according to social constructionists, is a therapeutic conversation. It is also a linguistic event, a mutual search and exploration through dialogue, a two-way exchange of ideas in which new meanings are continually evolving toward the "dis-solving" of problems. In other words, the emphasis is not to solve or eliminate the problems but to open space for conversation (McNamee & Gergen, 1992).

Guterman (1994) argued that there are three distinct features regarding the changes processes in social constructionist clinical theories. First, instead of teaching clients about the therapist's language as in the case of realist clinical models, social constructionist therapists learn and use the client's language. Second, in contrast to the educative emphasis of realist models, social constructionist therapists adopt a collaborative approach. Finally, social

constructionists reconceptualized the concept of resistance not in terms of problems within the client, but as a consequence of the problem in the worker-client relationship.

Role of Therapists

A therapist who upholds positivistic practice principles is one who employs intervention techniques in the service of predetermined ends — the establishment of cures, normality, states of well adjustment — whose value is not questioned. Similar to a manager, the effectiveness of the therapist lies in the effective and efficient realization of the therapeutic goals which does not require reference to the recipient's own claim to be, in himself or herself, a moral ends (Parker, 1997).

Social work clinicians and counselors with positivistic beliefs assume an expertise role with superior status. In the context of social work, such an emphasis is highlighted by Weick (1983) that “it is the social worker who determined what the problem was, giving rise to sophisticated and widely-varied diagnostic catalogs. It was the social worker who orchestrated the course of treatment, presumably based on the diagnosis. The social worker took the role of actor and organizer” (p. 471).

Social constructionists reject the above claims of therapist's role. In the eyes of social constructionists, therapists are the coauthors who engage in the coauthoring process with the client together. As mentioned before, the therapeutic conversation is a linguistic event that occurs in the interaction process. Social constructionists further maintain that no one person's understanding could override the others. There is also nonexistence of theoretically formed truths and knowledge. As pointed out by Szasz (1978), “seeing therapy as conversation rather than cure ... requires that we not only consider the error of classifying it as a medical intervention, but that we also look anew at the subject of rhetoric and assess its relevance to mental healing” (p. 11).

Role of Clients

Clients are used to take the role of obedient recipient in therapists adhering to positivistic thoughts. They play a passive role in the treatment process, waiting for assessment and suggested solution from the therapist. With such professional input, the clients expect that they will turn a new page of life. Following this paradigm, clients are being regarded as a passive and powerless object in front of the powerful knowledge and expertise of the therapist (Freedman & Combs, 1996).

In contrast, social constructionists prefer to use the term “inquirer,” not client, which implies the active role of the client in the meaning-making process. As a consequence, the nontherapist voices are expected to be louder and ideas in the conversation would also stand out more.

The Role of Value in Counseling and Social Work Practice

For positivism, the value of the individual person is simply his or her instrumental value to the process of bringing about that end. Personal value has no role to play because the work of the therapist is to employ techniques to achieve the predetermined ends (e.g., alleviation of the “problems” of the clients).

On the other hand, social constructionists allege that knowledge is historically and culturally specific. Through the medium of language, we could not only gain knowledge, but also construct our own subjective reality. Based on such a perspective, we cannot deny the value as well as moral implications of our activities.

In contrast to the emphasis on rationality, objectivity, and neutrality in positivistic thoughts, social constructionists argue that the value-free stance is no longer possible. Social constructionists view the activities of researchers and practitioners as inherently value-laden because the fundamental

categories and concepts through which the world is understood are value choices. As a consequence, therapists should be aware of their own values when interacting with the clients.

The differences between positivistic and social constructionist thoughts on issues related to intervention are presented in Table 2.

Table 2 Differences Between Positivistic and Social Constructionist Thoughts on Issues Related to Clinical Intervention

	Positivism	Social constructionism
Assessment and interpretation of problem	<ul style="list-style-type: none"> • Client and/or the society is/are the problem; problems as malfunction and pathology 	<ul style="list-style-type: none"> • Problems exist in languages; problems are unique to the narrative context
Way of knowing in clinical practice	<ul style="list-style-type: none"> • Individual knower who possesses capacity to know 	<ul style="list-style-type: none"> • Communicative action; meaning-generating discourse and dialogue
Intervention strategies and goals	<ul style="list-style-type: none"> • Application of theory into practice; elimination of problem 	<ul style="list-style-type: none"> • Linguistic event; two-way exchange of ideas; open up new meanings; critical application of theories
Role of therapists	<ul style="list-style-type: none"> • Expert; actor and organizer; occupying a superior position 	<ul style="list-style-type: none"> • Coconstructor; conversational artist; participant observer; participant facilitator
Role of clients	<ul style="list-style-type: none"> • Elements in a system; patients; passive service recipient; object being analyzed; occupying an inferior position 	<ul style="list-style-type: none"> • Active meaning-maker; reflexive; having an equal status with therapists
Role of value	<ul style="list-style-type: none"> • Value-free 	<ul style="list-style-type: none"> • Value-laden

Contributions of Social Constructionist Principles to Counseling and Social Work in the Chinese Context

There are several contributions of social constructionist thoughts to counselors and social workers in the Chinese context. First, because most theories of counseling and psychotherapy are imported from the West and they are based predominantly on White middle-class people, social constructionists' proposal of adopting a critical attitude toward the "received view" is highly relevant here (Neimeyer & Feixas, 1990; Shek, 1999). In fact, such an emphasis on critical consumption of knowledge is consistent with the critical rationalists' argument against pseudo-science (Gambrell, 1999), although their ontologies are radically different. For example, when a counselor applies Erikson's (1963) psychosocial theory to understand the development of a poor adolescent client, the counselor should bear in mind the limitations of using the theory in understanding the development of a poor adolescent child. Indeed, the psychosocial crisis confronted by a poor adolescent may be more complex than the psychosocial crisis of ego identity versus role confusion, and the search for identity may exist long before adolescence. The counselor should realize that studies in poverty "has not been accorded the level of research attention as families in middle class" (Orthner, 1996, p. 589) and that "there is a need for greater attention to theoretical conceptualizations regarding 'normative development' in the context of poverty" (Luthar, 1997, p. 479). In terms of training of counselors and social workers, practitioners should be trained to adopt a critical and skeptical view about practice knowledge on counseling with poor adolescents.

Second, emphases on the influences of historical and cultural forces on human behavior and the focus on such roots remind counselors and social workers of the impact of culture on human behavior. For example, in helping a poor adolescent to overcome the stigma associated with poverty by adopting cognitive restructuring, the worker should appreciate the importance of challenging the dominant social ideologies, such as the common myth that

people receiving welfare are lazy. Similarly, besides helping a battered wife to overcome her irrational beliefs about marriage and the marital relation, the oppressive elements against women in the traditional Chinese culture should be exposed and challenged. The social constructionist's emphasis on social and cultural antecedents of human behavior suggests that counselors and social workers should be trained to be culturally sensitive in practice. It also demands therapists' reflection over the cultural effects on the upbringing of clients.

Third, focus on the power aspect is another contribution of social constructionism to counseling and social work in the Chinese context. As Nightingale and Cromby (1999) stated, "power is always and already a significant factor in the process of social construction, whether it is acknowledged or not, since it is forever present in the interactions and relations which constructionism studies" (p. 13). This emphasis reminds therapists the importance of not just the "micro" psychological contour of an individual client, but also the complexity of the power relations between the client and other people, including the therapist (Lyddon, 1995).

Fourth, the notion of reflexivity in the social constructionist thoughts provides a valuable tool for fostering collaboration between the therapist and the client in the counseling situation. This emphasis of self-reflexivity is in fact similar to the Confucian notion of self-reflection (Shen, 1986). The focus on reflexivity in human beings also helps to empower clients. Through reflexivity and social negotiation, clients will be able to construct new meanings of their situations.

Finally, social constructionist models provide some insights for counseling and social work education and training. Based on social constructionist principles, counseling and social work students should be helped to develop the following qualities: (1) cultivation of a skeptical attitude to knowledge; (2) understanding of the assumptions of any form of

understanding; (3) development of critical thinking; (4) recognition of the importance of reflexivity in human beings; (5) enhancement of the awareness of historical and cultural relativity; (6) appreciation of the collaborative nature of intervention; (7) recognition of the strengths of clients; and (8) development of tolerance of uncertainty. Definitely, these expectations constitute challenges for counseling and social work educators.

Difficulties of Applying Social Constructionist Principles to Counseling and Social Work in the Chinese Context

The authors' analyses of the difficulties of applying social constructionist principles to counseling and social work are presented below. It must be emphasized that while some of the arguments are based on research findings (e.g., lack of exposure to constructionist thoughts), some others are based on the observations and experiences of the authors. In addition, the difficulties outlined appear to be more pronounced in the social work profession than in the counseling profession.

Dominance of “Objectivist” Models in Practice and Training Settings

The positivistic worldview of reality has been dominant in the field of counseling, psychotherapy, and social work. Under such an influence, counselors and social work practitioners tend to assert themselves as “professionals” by their adherence to and their attempts to maximize their linkage to a scientific model of knowledge. In the field of social work, Florence Hollis stated “psychosocial casework is, as we have already said, a blend of concepts derived from psychiatry, psychology, and the social sciences with a substantial body of empirical knowledge developed within the casework itself. The direct empirical basis of the approach rests on the continued systematic study of treatment, focusing upon client response to the procedures employed” (Woods & Hollis, 1990, p. 16).

Social work practitioners in Hong Kong are influenced by the above-mentioned worldview. They strongly uphold their professional identities.

They might have a sense of security by adopting a positivistic, scientific model of knowledge. It is because, as Laird (1993) stated, “modernism brought us a sense of hope, in social work a belief that if we could be scientific enough we could locate the causes of our clients’ miseries and, with a high level of certainty, intervene appropriately to eliminate the problems” (p. 4). Shek (2003) pointed out that because of the dominance of the scientific mode of understanding within the social work profession, the Government, and the community at large, there is little room for the development of nonpositivistic research and practice in Hong Kong.

Lack of Exposure to Constructionist Thoughts

An examination of the counseling and social work programs in Hong Kong reveals that social constructionist counseling and psychotherapy is minimally introduced in the related curricula. For example, in a review carried out by Shek, Lam, and Tsoi (in press), the researchers concluded that adoption of social constructionist models in clinical practice and training is minimal in Hong Kong. In addition, even though counselors and social workers in Hong Kong are required to take research courses, the contents of such courses are basically related to the mainstream social science research methodologies, with little attention paid to social constructionist research. Obviously, such inadequate training has hindered the development of social constructionist counseling and psychotherapy in Hong Kong.

Fear of the Unknown Associated with the “Not Knowing” Position

One inevitable consequence of adopting a not-knowing position maintained by social constructionists is that the security of the therapists would be adversely affected because the therapists could no longer orchestrate the course of treatment. On the contrary, they are required to develop a deep respect for people’s innate wisdom about themselves and their lives. As Owen (1992) stated, “social (de)constructionist inquiry is to render as incomplete the status of all theories about therapy, human nature and morality ... it means giving up fixed ideas in preference for a less orderly

life with doubt and self searching” (p. 390), which would cause a deep sense of insecurity among the therapists. Because counselors and social workers are trained to be “professionals” who can solve the problems of people, the adoption of social constructionist principles would create much uncertainty about the effectiveness and control of the worker as well as the fear of losing the professional status. Obviously, the adoption of social constructionist thoughts requires courage on the part of the therapist to face such anxieties.

Expectations of Clients and the General Public about “Professional Help”

In Hong Kong, under the Social Workers Registration Ordinance, only registered social workers are allowed to claim themselves as professional social workers and to exercise their professional roles and duties. In other words, they are professionals in the eyes of clients and the general public. They are expected to have a “thorough” and “correct” understanding of the client’s situation by practicing their professional skills in gathering information, to design an excellent treatment plan by applying their professional knowledge and to solve the client’s problem by their expertise. No one could imagine what would be the clients’ and the general public’s responses when they hear the therapist saying that they know nothing more than the clients themselves. In addition, by adopting a social constructionist position, a counselor has to force himself or herself to redefine the meaning of professional in terms of “doctor of the soul” or “engineer of the society” to “story-teller” or “coauthor” that has a social status similar to a layman. Obviously, the redefinition requires much courage and resocialization effort on the part of the therapists.

The Mentality of Chinese People

On the broad cultural level, the lack of demand for vigorous counseling and social work services from the general public is an implicit cultural barrier to the promotion of social constructionist intervention in the practice context. Under the influence of the traditional Chinese cultural beliefs of “walking on two legs” and “self-reliance,” Chinese people in Hong Kong tend to

perceive receiving counseling as a “loss of face” rather than a right and that they should be “grateful” to the workers for providing such service. As a result, clients are not so conscious about the choices in intervention and the worker always maintains an authority.

In addition, because public education about human services is not widespread, people are relatively ignorant about the nature of psychosocial intervention, including the problems involved in applying Western models of counseling to Chinese people. This lack of public demand for effective and critical social work service has somewhat slowed down the development of social constructionist counseling and social work practice in Hong Kong.

Unfortunately, because social work professionals are also generally not critical in Hong Kong (Shek, 2003; Shek, Lam, & Tsoi, in press), the market for social constructionist intervention approach is even narrower. For example, with reference to the social work profession, Gambrill (1999) explicitly remarked that “social work programs give students large amounts of false and inert knowledge compared to knowledge that is required to help clients achieve outcomes they value” (p. 345) and that “social workers do not keep up with practice-related knowledge” (p. 346). Clearly, the cultivation of a critical culture among counselors and social workers (particularly social workers) is a necessary condition for the development of social constructionist counseling practice in Hong Kong.

Conclusions

The basic principles upheld by social constructionists are outlined in this article. Social constructionist practitioners insist that helping professionals should take a critical stance toward our taken-for-granted ways of understanding the world, including ourselves. Such an emphasis broadens the understanding of knowledge and language of the counseling professionals that sheds light on their own clinical practice. Although there are several

obstacles that hinder the development of social constructionist principles in counseling and social work in the sociocultural context of Hong Kong, the contributions of social constructionist thoughts to counseling and social work practice should be realized. We agree to the view of Dean and Fleck-Henderson (1992) that “to be consistently reflective about our own assumptions, our own positions and biases, in our knowledge of others and in our relations to our own theories, it keeps us appropriately humble” (p. 18). Obviously, reflection and humility are valuable qualities of a counselor in a world that gives heavy emphases on expertise and qualifications.

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社會建構主義對輔導和社會工作的含義

隨著社會建構主義的興起，以實證主義為本的輔導及社會工作逐漸受到批評。本文描述社會建構主義的基本論點，以及它對輔導及社會工作的含義。本文亦探討社會建構主義對華人輔導及社會工作的貢獻，並剖析在應用上遇到的困難。