



## Radical presence: Alternatives to the therapeutic state

Sheila McNamee

To cite this article: Sheila McNamee (2015) Radical presence: Alternatives to the therapeutic state, European Journal of Psychotherapy & Counselling, 17:4, 373-383, DOI: [10.1080/13642537.2015.1094504](https://doi.org/10.1080/13642537.2015.1094504)

To link to this article: <http://dx.doi.org/10.1080/13642537.2015.1094504>



Published online: 15 Nov 2015.



Submit your article to this journal [↗](#)



Article views: 76



View related articles [↗](#)



View Crossmark data [↗](#)

## Radical presence: Alternatives to the therapeutic state

Sheila McNamee\*

*Department of Communication, University of New Hampshire, Durham, USA*

*(Received 8 August 2015; accepted 12 August 2015)*

This article introduces the idea of radical presence as an alternative to the current therapeutic state (or psy-complex) within which we live today. Radical presence challenges us to confront the dominance of psychological discourses which define, control, and limit the ways in which we live. It shifts our attention from diagnosis and treatment of individuals to an exploration of broader relational and institutional contexts, and the ways in which professionals and ordinary people alike can be responsive, present, and open to a multiplicity of life forms.

**Keywords:** radical presence; relational being; psy-complex; psychological discourse; therapeutic state; Foucault

Der Artikel stellt das Konzept der radikalen Präsenz als Alternative zur gegenwärtigen Therapiegesellschaft (bzw. "Psy-Komplex") vor. Radikale Präsenz hinterfragt die Dominanz des psychologischen Diskurses, welcher unser Leben bestimmt, beherrscht und begrenzt. Es ist der Versuch, unser Augenmerk weg von Diagnosen und Behandlungsformen, hin zu einer breiteren, relationalen und institutionellen Perspektive hin zu verschieben, und der damit verbundenen Möglichkeiten, damit Experten und 'normale' Personen gleichermaßen responsiv, präsent und offen für eine Vielzahl von Lebensformen sein können.

**Schlüsselwörter:** Radikale Präsenz; relationale Existenz; Psy-Komplex; psychologischer Diskurs; Therapiegesellschaft

Este artículo presenta la idea de la presencia radical como una alternativa para el presente estado terapéutico (o complejo "psi") dentro del cual vivimos actualmente. La presencia radical nos desafía a confrontar la dominancia de los discursos psicológicos que definen el control y limitan la manera en que vivimos; desvía la atención del diagnóstico y tratamiento de los individuos hacia una exploración de contextos más amplios, relacionales e institucionales y las maneras en las cuales los profesionales y la gente común pueden ser receptivos y estar presentes y abiertos a una multiplicidad de formas de vida.

**Palabras clave:** presencia radical; ser relacional; complejo "psi"; discurso psicológico; estado terapéutico

---

\*Email: [sheila.mcnamee@unh.edu](mailto:sheila.mcnamee@unh.edu)



Questo articolo introduce l'idea della presenza radicale come alternativa allo stato terapeutico (o psico-complesso) entro cui viviamo oggi. Presenza radicale sfida a confrontarsi con i discorsi psicologici dominanti che definiscono, controllano e limitano il modo in cui viviamo. L'attenzione è spostata dalla diagnosi e dal trattamento degli individui ad una più ampia esplorazione di contesti relazionali e istituzionali e al modo in cui professionisti e persone comuni possono essere responsivi, partecipi e aperti a una molteplicità di forme di vita

**Parole chiave:** presenza radicale; essere relazionale; psico-complesso; discorso psicologico; Stato terapeutico

Cet article introduit l'idée d'une présence radicale comme alternative à l'état thérapeutique actuel (ou complexe-psy) au sein duquel nous vivons aujourd'hui. La présence radicale nous met au défi de d'affronter la domination des discours psychologique qui définit, contrôle et limite nos vies. Elle déplace notre attention du modèle diagnostic/traitement des individus vers une exploration des contextes relationnels au sens large et vers les façons dont les professionnels comme les gens ordinaires peuvent être réceptifs, présents et ouverts à la diversité des formes de vie.

**Mots-clés:** présence radicale; être relationnel; complexe-psy; discours psychologique; Etat thérapeutique

Αυτό το άρθρο εισαγάγει την ιδέα της ριζικής παρουσίας ως εναλλακτικής στην τρέχουσα θεραπευτική στάση (το λεγόμενο psy-complex), η οποία επικρατεί σήμερα. Η ριζική παρουσία απαιτεί από εμάς να αντιμετωπίσουμε την κυριαρχία των ψυχολογικών συστημάτων λόγου που καθορίζουν, ελέγχουν και περιορίζουν τους τρόπους με τους οποίους ζούμε. Μας προσκαλεί να μετατοπίσουμε την προσοχή μας από τη διάγνωση και τη θεραπεία ατόμων στη διερεύνηση των ευρύτερων σχεσιακών και θεσμικών πλαισίων και στους τρόπους με τους οποίους οι επαγγελματίες όπως και οι απλοί άνθρωποι μπορούν να είναι δεκτικοί, παρόντες, και ανοικτοί σε μια πολλαπλότητα των μορφών της ζωής.

**Λέξεις κλειδιά:** Ριζική παρουσία; σχεσιακό ον; psy-complex; ψυχολογικός λόγος; θεραπευτικό κατεστημένο

## Introduction

A useful way to think about the therapeutic state is to reference Nikolas Rose's *Governing the soul: The shaping of the private self* (1990) and *Inventing ourselves: Psychology, power and personhood* (1998). In these now classic volumes, Rose draws upon Foucault's work (1965, 1972, 1973, 1977). Foucault and other post-structuralists argue that our sense of self, very much situated within the twentieth-century ideology of individuality, autonomy, free choice, and liberty, has been constructed by the rise in stature of the social and 'psy' disciplines. These disciplines (psychology, psychiatry, psychotherapy, psychoanalysis, sociology, and anthropology) have emerged as dominant discourses regulating our lives. Specifically, what a culture or society comes to

believe is 'normal' is regulated by the psy-disciplines including normal sexuality, family life, and what we take to be rational.

To this extent then, we can say that we have been living in a 'therapeutic state' (Szasz, 1984) for the last century. It is a therapeutic state because, no matter what professional domain we encounter, we offer ourselves to the surveillance of experts – expert doctors, expert scholars, expert therapists, expert politicians, expert managers, etc. The move to reach beyond the therapeutic state is not a signal to obliterate psychotherapy or any of the psy-disciplines, nor is it to abolish any form of expertise. It is, rather, to envision alternatives to popularized, dominant, individualizing, and frequently pathologizing forms of life. It is to explore and imagine alternatives to individualized pathology. For some people, this may seem an odd endeavor, while for others it may even seem heretical. After all, there are people who have been diagnosed with psychoses, character 'deficiencies,' cognitive limitations, and behavioral digressions. The common belief is that these individual problems should be individually treated. But what if psychosis, character, cognitive, and behavioral oddities were not viewed as originating within an individual but were seen, instead, as expressions of diverse values and understandings – all emerging within different languaging communities? This article will explore this shift in focus as a move beyond the therapeutic state.

### *Pathologizing discourses*

Foucault makes clear that the disciplinary discourse referred to as the 'psy-complex' (Rose, 1990) is – just that – a discourse. It is a way of talking, a way of being in the world. And, to put it that way, suggests that there are or could be other ways of talking and being in the world available to us. This is not to suggest that psy-discourses are wrong or not useful. Rather, it is to suggest that, when engaged in the therapeutic encounter, we should ask ourselves how useful the concomitant vocabulary of psy-disciplines is – by this I mean the vocabulary of 'diagnosis,' 'pathology,' and 'mental disease.' This is most commonly located as an individualist discourse – one that places the nexus of a person's being within the private recesses of the mind/psyche (McNamee, 2002).

The concentrated focus on the individual in contemporary society is the byproduct of these emergent and eventually dominating discourses. And, when understood in historical, cultural, and social contexts, it becomes possible to recognize that all of us are active participants in the power and dominance of the psy-complex. As just one small illustration, most people unthinkingly seek professional therapeutic help when they encounter relational challenges or problems in their lives. In fact, what comes to be identified as a 'problem' or a 'challenge' is already inscribed by the naturalization of the psy-complex. If one is not perpetually happy and satisfied, there must be something wrong. If one member of a romantic couple seeks camaraderie outside the relationship, the union of the couple is in threat. If one is dissatisfied with one's work, there must be some problem with one's motivation. Basically, all problems we

confront in contemporary society are traced to some personal failing or flaw within a modernist, individualist view. Furthermore, when an individual is ‘working on’ his or her problems with a professional, the common assumption is that the wisest action for those within the close network of relations is to stay away and let the professional do the work.

In just these simple illustrations, we see the deterioration of relational bonds. Where is the community to support one who is suffering? Who – if anyone – might be able to offer alternative descriptions of what one is experiencing, descriptions that are not pathologizing? Are work problems really due to an individual’s lack of motivation, or might ‘lack of motivation’ be a rational response to an overbearing boss or competitive colleagues? A movement beyond the therapeutic state requires what I have come to call a ‘radical presence’ (McNamee, [in press-a](#)), that is, a multiplicity of resources for action. This fits, I think, with the necessary attentiveness to our embodied, daily interactions. An ethic of discursive potential provides us ‘with the reflexive capacity to question common practices and to contest their ‘truth status’. A relational ethic also embraces difference and complexity, eschewing the search for standardized practices’ (McNamee, [in press-b](#)). Embracing a relational ethic requires that we abandon reliance on abstract principles and formal codes – not in an attempt to create chaos or anarchy, but in an attempt to *pay attention* to what is unfolding in the specific contexts and relations in which we find ourselves. Also, it is important to consider these local contexts *in relation* to the broader set of abstract ethical codes that have emerged into dominant discourses. This is not an ethic of ‘anything goes’. Rather, it is an ethic of responsibility to self, others, and environment and, as such, demands that any local set of practices, beliefs, or values be considered in light of more dominant social practices. We might say that a move away from the psy-complex and its various discourses to a focus on interactive processes (communication) is a generative move beyond the therapeutic state. This opens space for how engaged participants can move beyond canonical understandings and forms of practice to co-construct generative and responsive alternatives.

To be clear, often the discourse of psychology and diagnosis can be very useful. And sometimes it can be dangerously damaging. If we simply use the tools of the trade (i.e. diagnosis) because ‘that’s what is supposed to happen’ in psychotherapy, we are not radically present. We are not reflecting on how we collaborate in constructing the therapeutic process.

### ***Constructing a world***

Elsewhere (McNamee, 2014), I have offered a visualization of the dialogic focus on interactive processes and how the responsiveness of persons to one another and to their environment comes to create what we ‘know,’ what we ‘understand,’ and what we believe to be ‘real.’ Let us consider how specific ways of understanding the world emerge. Meaning emerges as communities of people coordinate their activities with one another. These meanings, in turn, create a sense of moral order. The continual coordination required in any

relationship or community eventually generates a sense of taken-for-granted, common practices otherwise known as dominant (and largely unquestioned) discourses.

As people coordinate their activities with others, patterns or rituals quickly emerge. These rituals generate a sense of standards and expectations that we use to assess our own and others' actions. Once these standardizing modes are in place, the generation of values and beliefs (a moral order) is initiated. Thus, from the very simple process of coordinating our activities with each other, we develop entire belief systems, moralities, and values. Of course, the starting point for analysis of any given moral order (reality) is not restricted to our relational coordinations. We can equally explore patterns of interaction or the sense of obligation (standards and expectations) that participants report in any given moment. We can also start with the emergent moral orders, themselves (dominant discourses as many would call them), and engage in a Foucauldian archeology of knowledge (1969) where we examine how certain beliefs, values, and practices originally emerged (which returns us to the simple coordinations of people and environments in specific historical, cultural, and local moments). The relational process of creating a worldview can be illustrated in Figure 1 as follows.

This is a simplified way of illustrating the relation among coordinated actions, emergent patterns, a sense of expectations, and the creation of dominant discourses. Adopting a radical presence focuses our attention on the specificities of any given interaction while also allowing us to note patterns across interactions, across time, place, and culture.

### ***From mining the mental to radical presence: illustrations***

Thus far, my discussion of radical presence has been vague. My hope is that the notion is not conceptually vague or philosophically vague but I can imagine it, at this point, to be pragmatically vague. Yet, there is no technique, method, or specific strategy that accompanies radical presence. Instead, there is a way of positioning oneself in the world. Stewart and Zediker (2000), in their description of dialog (a form of interaction that I would claim requires and embodies radical presence), describe 'letting the other happen to you while holding your own ground' (p. 232). If you think about this, you recognize a dramatic shift from our ordinary, individualist way of operating in the world. Typically, we are taught to 'hold our own ground.' The persuasive rhetoric of everyday life requires us to hold our ground. Often the shift to a relational orientation such as the one I am presenting here is understood by critics as a position in favor of rampant relativism. If such were the case, holding one's ground would certainly not be championed with a relational stance. Yet, as we can see, the difference that makes a difference (as Gregory Bateson would say), is that one hold's one's own ground *while* being open to the other's orientation. Such a stance promotes neither debate-like forms of interaction nor interactions requiring complete surrender. My position (ground) is changed by virtue of considering yours. It is no longer me and my view against you and



Figure 1. Constructing a World.

your view. It is my view in relation to your view. Dialog, as a form of radical presence, encourages curiosity for difference, openness to forming new understandings, and a movement away from agreement or adjudication of perspectives. Yet, the question remains: how can we put this into action? What follows are several illustrations of radical presence in action.

#### *Family care foundation<sup>1</sup>*

Carina Håkansson is the founder and leader of the Family Care Foundation in Sweden. She has written about the work of this foundation in her book, *Ordinary life therapy* (Håkansson, 2009). The foundation creates networks that can, in very ordinary ways, help seriously troubled individuals. Observing that the typical ways of treating people in distress (often people identified as psychotic) were not successful, Håkansson and her colleagues dared to imagine placing those who are troubled in ordinary family homes. She noted that hospitals, prisons, and institutions did little (or nothing) to assist a person in reclaiming his or her life. Yet, in building a community of support and respect by placing ‘patients’ in the homes of ordinary families, Håkansson and her colleagues have demonstrated the power of radical presence.

Håkansson (2009) does not claim that those who have been diagnosed as psychotic are ‘normal.’ What she claims is that everyone is ‘normal’ and ‘abnormal’ in different ways, in different contexts, and at different times. For example, a young man, confused about his future and feeling lost has a bad reaction to an argument with a friend, family member, or lover ... or perhaps

he has what appears to be a psychotic episode after drinking or imbibing in some recreational drug. Any of these instances, if frozen in time, can warrant the label of psychosis and, if this is the case, the young man is most likely escorted to the local psychiatric institution. Once there, interviews (already couched within the medical frame of psychosis) seem to only prove the diagnosis. The more the young man resists, the more he becomes agitated, the more he perhaps becomes violent, the more 'accurate' the diagnosis. The consequential admission to the psychiatric hospital, complete with numbing doses of heavy medications follows. Each time the young man becomes once again agitated or 'difficult,' more medications are dispensed and more evidence is produced to insure that the diagnosis is correct.

How does one escape this cycle? It might not be exactly as described in the above scenario. The young man (or woman) might be taken to prison instead of a psychiatric hospital. In prison, the condemnation, the isolation, the fear, and humiliation provide ample support for the persistence of what becomes identified as criminal or psychotic behavior.

Breaking this pattern demands radical presence. It demands that instead of quick explanations provided by dominating understandings of what it means to be psychotic or criminal are (at least temporarily) put on pause. It means that what appears to be the obvious contextualization of the situation is questioned and that the context is broadened, the story expanded beyond the moment of digression, and alternative understandings are invited into the conversation.

When the Family Care Foundation places a person in a family home, that person is treated with respect. That person is treated as an 'ordinary' member of the household. This means that the newcomer is expected to pitch in, do the chores as other household members do. There is no attempt to figure out what is wrong with the 'stranger' but there is an attempt to integrate him or her into the flow of the family's life.

Here we see a beautiful illustration of radical presence. Both professionals and host families operate from the assumption that responsiveness, respect, sensitivity to differences in dealings with issues of time and space can invite the 'psychotic' individual into an ordinary identity. It is an illustration of holding one's own ground while letting the other happen to you.

### *Isolation and addiction*

Johann Hari (2015) has written a compelling book about drug addiction. He travelled the world investigating this social problem. His work was heavily influenced by research conducted by psychologist Bruce Alexander in the 1970's (Alexander, 2008). Alexander (2008, in Hari, 2015) noted that both addiction to and withdrawal from drugs was not a chemical reaction as popularized in the media. At the time of Alexander's experiments, there was a popular antidrug advertisement on television. The advertisement portrayed a rat in a cage with a bottle of water laced with cocaine – identified as a deadly drug. The rat is shown returning over and over to the bottle to partake in more of the cocaine induced water. Eventually, the rat falls over dead. Alexander



(2008, in Hari, 2015), noted one feature of this advertisement that served to inspire his creative line of research: the rat was alone in the cage. He questioned the common wisdom about addiction based on his observations of and work with drug addicts. He proposed that drug addiction has less to do with the actual chemicals and the reaction of those chemicals on the brain. He proposed that addiction has more to do with environment and relations, and he

... noticed something ... rats had been put in an empty cage. They were all alone, with no toys, and no activities, and no friends. There was nothing for them to do but to take the drug. (Alexander, 2008, in Hari, 2015, p. 171)

Alexander (2008, in Hari, 2015) set out to explore the influence of environment on addiction. In his study, there were two rat cages. One that contained an isolated rat with two bottles: one with water and one with morphine. In the second cage, the cage Alexander called the 'Rat Park,' he provided wheels, balls, good food, and instead of putting one rat in the cage alone, he put several rats in together. The second cage, like the first, had two bottles: one with water and one with morphine. What Alexander observed was that the rats in the Rat Park drank 'less than 5 milligrams' of the morphine while the rats in the isolated cages 'used up to 25 milligrams of morphine a day' (Alexander, 2008, in Hari, 2015, p. 172). Even more interesting was that

He took a set of rats and made them drink the morphine solution for fifty-seven days, in their cage, alone. If drugs can hijack your brain, that will definitely do it. Then he put these junkies into Rat Park. Would they carry on using compulsively, even when their environment improved? ... In Rat Park, the junkie rats seemed to have some twitches of withdrawal – but quite quickly, they stopped drinking the morphine. A happy social environment, it seemed, freed them of their addiction. (Alexander, 2008, in Hari, 2015, p. 172)

There's much more to be said about this and the interested reader is encouraged to read Hari's book (2015). But the question for us is, what does this have to do with radical presence and alternatives to the therapeutic state? Everything. In Hari's description of Alexander's research, we see strong support for a social, relational approach to human problems. It is an approach that diverges from the 'go to' method of individual diagnosis and treatment. Paying attention to a person's relational environment – not just with other humans but the physical environment as well – offers a wealth of resources for transforming problems. When we expand beyond the individualized, medicalized approach, we recognize that those suffering have options. Perhaps, the options are choices made between participating in certain relationships over others. Or perhaps alternative forms of explanation can be generated once we expand our attention beyond the singular person. This too, is what radical presence is about. It requires a curiosity, a responsiveness, and a desire to understand beyond what appears to be 'obvious.' Alexander (2008, in Hari, 2015) illustrated just such radical presence in noticing – the very simple act of noticing – one small but significant factor: isolation vs. relational engagement.

*Community outreach*

As another illustration of radical presence in action, Holzman (2015a) reports some very interesting results of a community survey focused on lay opinions of diagnosis and medication. She reports that for the past few years she and her colleagues have spent time on the streets of New York City surveying ordinary people about biologically based diagnosis. They wanted to know what would be 'effective ways to involve people in learning about alternatives and, for those who wanted more choices, in shaping new approaches in collaboration ... with like-minded professionals' (Holzman, 2015b). The results of the survey indicate that

Everyone offered an alternative [to diagnosis and medication], with most people suggesting more than one. The most frequent responses involved talking to people – therapy, counseling, group therapy being the most common (including, 'A center they can go to without getting diagnosed'), followed by family, friends, self-help and support groups.

A wide variety of social activities and life style changes were recommended – volunteering, hobbies, music, dance, writing, meditation, exercise, yoga, diet, prayer and creating community ... (Holzman, 2015b)

What the respondents in Holzman's report are suggesting is that, when faced with problems, *interaction with others* is often more useful than diagnosis. In fact, as Hari (2015) illustrates in the case of addiction, problems that are currently described as 'chemical,' 'biological,' or 'neurological' are often the byproduct of social relations. This raises an important question: Are we obliged to inquire into an alternative understanding of personal suffering? What would happen if our attention was diverted from searching for the proper diagnosis, evaluation, assessment or answer, and instead focused on examining broader social conditions and how 'problems' might actually be logical responses to these conditions? This is the focus that will direct us beyond the therapeutic state. Like Håkansson (2009), Hari (2015), and Alexander (2008), the community outreach spearheaded by Holzman (2015a, 2015b) and her colleagues is rooted in radical presence.

**Radical presence as a different path for going on together**

To me, it is clear that radical presence positions us to appreciate a relational understanding of the social world. With so many traditions, beliefs, and values to coordinate, how could unanimity be possible, how could some abstracted form of understanding/knowledge be possible? The world is complex, not simple. It is time that we embrace this complexity and develop ways of *coordinating complexity* rather than eliminating it by providing 'expert diagnoses' to decontextualized or partially contextualized actions. That is what brings us to a radical presence in the daily, mundane interchanges of life. After all, wouldn't it be more generative to replace the impulse to resort to the nor-

malized practices constructed by dominant discourses with the impulse to be curious about differences? Let's not define coordination of difference as agreement; let's define it as understanding (where understanding does not mean agreement, evaluation, or judgment – it simply means generating curiosity about difference). Our respectful attempts to understand might foster new forms of coordinated activity and this coordination might be focused on tolerance of difference – a radical presence.

If we focus our attention on *how* the perpetuation of undesirable situations is not the sole problem of a specific individual but is the byproduct of particular forms of life – that is, ways of living in community – we might begin to see both how to transform those patterns into novel ways of going on together in the world and how to appreciate difference as a natural part of social life – not necessarily something that must be repressed, avoided, or minimized. We need to widen the lens; we need to see and assess what is happening within our communities, our institutions, and our culture. Important questions to ask include: How does therapy for my problems assist me in generating strong relational bonds? How do diagnosis, evaluation, and assessment help me appreciate the relations that show support and care? Can we harness the potential of coordinating differences to move beyond simple solutions and universal resolutions? What if we began to view difference as a resource for creativity, novelty, and social transformation?

As long as we shelter ourselves within the discourse of psychology, we avoid confronting some of the most vexing challenges of today. When problems are individual problems, we can treat, punish, or educate individuals to 'fit in' to the preferred view of social life. If instead we ask ourselves how our broader social structures and our ways of maintaining those social structures contribute to alienation, disengagement, humiliation, degradation, and negative evaluation, we recognize our own participation in the perpetuation of individualized pathology. By adopting a radical presence, we can move beyond the therapeutic state and harness the vast resources available when multiple communities coordinate together to create ways of 'going on together' (Wittgenstein, 1953).

### Note

1. To learn more about the Family Care Foundation, go to <http://www.familjevardsstiftelsen.se/>

### Notes on contributor

**Sheila McNamee** is a professor of Communication at the University of New Hampshire (USA), and co-founder and vice president of the Taos Institute ([taosinstitute.net](http://taosinstitute.net)). Professor McNamee has held Visiting Professorships at City University (Hong Kong), Utrecht University (The Netherlands), the University of Sao Paulo (Brazil), and the University of Parma (Italy). She is also a professor of Culture Studies at Tilburg University (The Netherlands). Her work is focused on dialogic transformation within a variety of social and institutional contexts including psychotherapy, organizations, and communities. Her most recent book is *Research and Social Change: A Relational Constructionist Approach*, with Dian Marie Hosking (Routledge, 2012).

## References

- Alexander, B. (2008). *The globalization of addiction: A study in poverty of the spirit*. Oxford: Oxford University Press.
- Foucault, M. (1965). *Madness and civilization*. (R. Howard, Trans.). New York, NY: Random House.
- Foucault, M. (1972). *Archeology of knowledge*. (A. M. Sheridan Smith, Trans.). New York, NY: Pantheon.
- Foucault, M. (1973). *The birth of the clinic*. (A. M. Sheridan Smith, Trans.). New York, NY: Pantheon.
- Foucault, M. (1977). *Discipline and punish*. (A. Sheridan, Trans.). New York, NY: Pantheon.
- Håkansson, C. (2009). *Ordinary life therapy*. Chagrin Falls, OH: Taos Institute Publications.
- Hari, J. (2015). *Chasing the scream: The first and last days of the war on drugs*. New York, NY: Bloomsbury.
- Holzman, L. (2015a). Survey on emotional distress and mental health diagnosis: An international campaign to include “regular people” in the conversation. Retrieved from Mad in America: <http://www.madinamerica.com/2015/07/survey-on-emotional-distress-and-mental-health-diagnosis-an-international-campaign-to-include-regular-people-in-the-conversation/>.
- Holzman, L. (2015b). A report on community outreach: Lay opinions on emotional distress and diagnosis. Retrieved from DxSummit.org: <http://dxsummit.org/archives/2249>.
- McNamee, S. (2002). The social construction of disorders: From pathology to potential. In J. D. Raskin & S. K. Bridges (Eds.), *Studies in meaning: Exploring constructivist psychology* (pp. 143–168). New York, NY: Pace University Press.
- McNamee, S. (2014). Research as relational practice: Exploring modes of inquiry. In G. Simon & A. Chard (Eds.), *Systemic inquiry: Innovations in reflexive practice research* (pp. 74–94). London: Everything is Connected Press.
- McNamee, S. (in press-a). The ethics of relational process: John Shotter’s radical presence. In T. Corcoran & J. Cromby (Eds.), *Joint action: Essays in honor of John Shotter*. London: Routledge.
- McNamee, S. (in press-b). Ethics as discursive potential. *The Australian and New Zealand Journal Of Family Therapy*.
- Rose, N. (1990). *Governing the soul: The shaping of the private self*. New York, NY: Routledge.
- Rose, N. (1998). *Inventing ourselves: Psychology, power and personhood*. Cambridge: Cambridge University Press.
- Stewart, J., & Zediker, K. (2000). Dialogue as tensional, ethical practice. *Southern Communication Journal*, 65, 224–242.
- Szasz, T. (1984). *The therapeutic state: Psychiatry in the mirror of current events*. New York, NY: Prometheus Books.
- Wittgenstein, L. (1953). *Philosophical investigations*. Oxford: Blackwell.