

**The Discourse of Stress: Individual Pathology or Communal Ritual**

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To date, stress has been largely conceived as a problem that a person – a worker – endures. In other words, stress is a diagnosable problem harbored by individuals. To that end, stress is viewed as a pathology and curative treatments are then pursued.

This view of stress emerges within the tradition of modernist science where social problems or challenges are presumed to emerge from individuals. Depending upon one's professional identity, a "social problem" (like stress) could be caused by an individual's behaviors, mental state, chemistry, biology, or neurology. Regardless of presumed location of a problem, the constant is an analysis of individuals. As Averill (1989) argued many years ago, stress reflects certain cultural trends (neo-romanticism) coupled with professional concerns. Neo-romanticism, Averill argues, refers to a revival of a romantic ideology where there is "an elevation of feeling to a higher status than reason or rational inquiry . . . (and) . . . a belief in the ennobling effects of suffering" (p. 21). The professional concerns to which he refers center on the culturally dominant focus on the medicalization of social life or, put otherwise, identifying any challenge as a pathology that must be diagnosed and treated.

The modernist claim is that the source of stress (or any social problem) is *either* in the individual or in the individual's context (environment). Thus, when it comes to examining stress, we can either explore the deficiencies of the individual (why can't s/he cope with work demands while his/her peers can?) or the inadequacies of the environment (why do these workers have such short breaks or why are they working under such strenuous conditions?). What this approach ignores is that, as humans, we live in community. We engage in relations with each other and with our environments. The challenge that confronts us as we examine the pervasive problem of stress in the workplace is the challenge to move beyond an individualist ideology and explore the utility of understanding stress as a byproduct of relational coordinations. In addition, we are challenged to question the dominant discourse of stress (summarized above) and explore how this discourse has been socially constructed and how our very actions in the workplace insure that our understanding of stress remains focused on individuals and individual environments and the deficiencies of both.

Foucault (1977) argues that our sense of self, very much situated within the 20<sup>th</sup> 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, 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 and work life, and all that we take to be rational, reasonable, and right.

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. Foucault's argument makes clear that the construction of dominant discourses (generated within what he refers to as "disciplinary regimes" – or, professional domains, we might say) guide our actions and, recursively, as we act in concert with the dominant discourse, we unwittingly insure that this dominant (unquestioned) way of acting is maintained. As we utilize the services of educators, medical professionals, legal experts, and so forth, we are not only acting in ways that are simply taken-for-granted as the proper way to be in a particular community, institution, or culture,

but, in so doing, we are keeping these unquestioned beliefs and practices alive. To Foucault, if we question these taken-for-granted discourses and engage in what he calls an “archeology of knowledge” (1972),<sup>1</sup> we come to question the truth value of these practices and free ourselves to construct alternatives.

Yet the question arises: can we envision alternatives to popularized, dominant, individualizing, and frequently pathologizing forms of life? Can we explore and imagine alternatives to individualized pathology. For some, this may seem an odd endeavor. After all, there are people who have been diagnosed with serious cases of stress. The common belief is that these individual problems should be individually treated. But what if stress were not viewed as originating within an individual but were seen, instead, as an expression of diverse values and understandings – all emerging within different languaging communities? This chapter will explore this shift in focus, a shift to exploring stress as something other than an individual’s problem or pathology.

### ***Pathologizing Discourses***

Foucault makes clear that the disciplinary discourses referred to as the ‘psy-complex’ (Rose, 1990) are – just that – discourses. They are ways of talking, ways 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 any sort of therapeutic encounter,<sup>2</sup> we should ask ourselves how useful the concomitant vocabulary of psy-disciplines is – by this I mean the vocabulary of “diagnosis,” “pathology,” and “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). Thus, stress becomes not only a physical disorder but a mental/emotional one as well.

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 context, it becomes possible to recognize that all of us are active participants in the power and dominance of the psy-complex, as described above. As just one small illustration, the discourse of stress has become so popular that it does not take much for a person to self-diagnose and follow that self-diagnosis by seeking treatment. In such a case, we can see that what comes to be identified as a “problem” is already inscribed by the naturalization of the psy-complex. If one is not perpetually satisfied, fulfilled, emotionally and behaviorally “adjusted” in the workplace, there must be something wrong. Dissatisfaction with one’s work is either a personal problem/deficit or a problem imposed by the contextual demands of the workplace. Basically, all problems we confront in contemporary society are

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<sup>1</sup> Engaging in an archeology of knowledge (Foucault, 1972) is to trace a certain social practice or way of talking back to its origins. For example, when did health professionals first start diagnosing workers with stress and (most important) what else was going on at that time, in that context and historical/cultural moment? The assumption is that social practices emerge as “sensible” within the communities that construct them. Yet, over time, a particular practice might lose its utility.

<sup>2</sup> Here, I use the term therapeutic in the broadest sense, encompassing any form of diagnosis and treatment.

traced to some personal failing or flaw within a modernist, individualist view. Even admitted contextual problems in the way in which work is structured or in the physical constraints of the work environment are viewed in terms of how these problems effect the individual worker. In other words, the dominance of psychological discourse actually shapes the contours of our work environments; since the individual is always the unit of analysis, the work context remains focused on individual performance at the cost of creating collaborative and communal environments. Thus, competition among workers becomes the norm, just as “overbearing bosses” are naturalized as the only viable source of workplace surveillance.

In just this simple illustration 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 based on deficiencies and therefore 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 a shift in focus from expert voices and unquestioned forms of practice toward an active attentiveness to processes of relating and, to what Gergen (2009) calls “relational being.”

This relational focus offers an alternative to the modernist ways of describing social life, elevating our attention instead to processes of relating as opposed to objects or entities (such as an individual person, an individual’s characteristics or cognition, or a specific environment’s features). I believe, this relational sensibility offers us a very different path for living in today’s complex world and points us beyond the therapeutic state and, more specifically, beyond the pathologizing diagnosis of stress. It is to suggest a very particular way of positioning ourselves in the world as opposed to creating formulas for “correct” (or corrective) action and, to that extent, the relational understanding of work environments, coupled with questioning the discourse of stress, might offer new forms of work life. In order to explore this relational alternative, it is important to provide a brief overview of a constructionist stance.

### **Social Construction**

Peter Berger and Thomas Luckmann are the names most often associated with the social construction of reality, having published their volume by the same name in 1966. Their book focused on the ways in which knowledge/reality is constructed in everyday interactions. At the time, this was a radically different way of thinking about knowledge. Prior to Berger and Luckmann’s work, it was assumed that reality could be *discovered* (not constructed) through objective scientific methods. Proposing that our everyday interactions are the site of knowledge/reality construction, Berger and Luckmann challenged the tradition of scientific thinking and focused attention on the relative nature of reality. Reality, as we know it, is the byproduct of people coordinating their activities and negotiating naming practices. To understand how we come to know the world, we must look at social processes and since social processes vary – from context to context, culture to culture, historical period to historical period – the realities created within those processes will also vary. When we examine stress, the idea that reality is socially constructed suggests that attention to the local, situated interactions of workers, management, broader community and culture, family, and work context is important.

The social construction of reality is a relativist perspective as opposed to a realist perspective. The distinction between realism and relativism, in its simplest form, is a difference

in orienting assumptions about the nature of the social world. To the realist, the world exists and can be known/discovered with certainty if one employs the proper (scientific) method for discerning truth. To the relativist, what we know, understand, and believe to be true is the byproduct of social negotiations that take place in situated contexts. Thus, what we take to be reality will vary from context to context, culture to culture, historical moment to historical moment.

For example, competing notions of what actions are best taken to address stress will vary depending upon whether one participates in a community where holistic, natural treatments, spiritual beliefs, or contemporary medical science is valued. These represent different language communities, each making sense (i.e., constructing reality) about the same phenomenon. This view suggests that attempting to understand the local life-world of a person is essential to diagnosis and treatment. If reality is constructed in social interaction, then different families, different work environments, different communities, and different cultures are likely to construct different understandings of the same symptoms. In fact, even the understanding of what counts as stress will vary by context. How people make meaning of stress becomes the focus for constructionists.

Since Berger and Luckmann's important volume, the social construction of reality has been elaborated and developed in several different forms. There is no one voice in constructionist theory and practice. However, there are shared assumptions that guide constructionist work. First, constructionists are concerned with how meaning and understanding are created in interaction among people and in the environments in which they operate. To this end, constructionists focus on language or what some refer to as language practices. Language in this sense encompasses much more than words or written text. Language includes all embodied activity. The alternative that social construction offers is what many refer to as a relational discourse - one that views meaningful action as always emerging within relationship; relationship among people as well as relationship between people and the environment. The focus of analysis, therefore, is not the individual but is what people do together and what their "doing" makes. Once we embrace the assumption that meaning is created in the joint actions of people, we can ask, what counts as stress in this family, community, or culture?

Given this focus on local language practices, constructionists adopt a critical stance toward taken-for-granted understandings of the world. Since interaction is always situated (locally, culturally, historically), the possibility for differing and often incompatible realities is always present. Thus, questioning what we take to be true, real, or good is a necessary part of social construction. While a diagnosis by a medical professional of stress might be "true" within the world of medicine, it might not carry any truth-value for the worker or vice versa. Imagine the worker who feels competent at her job but pressured by home and family demands. Is it helpful to diagnose her as suffering from stress? If this discourse is treated as Truth, she might very well embark on a regime of medications and psychotherapy. Over time, the side effects of the prescribed medications might leave her physically depleted. Her psychotherapist might then insist that she take a leave of absence from her work to restore her physical and mental well-being.

While she felt isolated at work because of the tension between home/family and job, she now feels further isolated. She no longer knows what is happening on a day to day basis

with her colleagues. She is unaware of who has taken on her tasks. And, as if this further isolation from work is not enough, her leave of absence further exacerbates her home and family demands. Now there is less weekly income. Her constant presence at home disrupts the typical family routines. She ends up feeling isolated from her family as much as from her work.

Now imagine that instead of being diagnosed with stress, this worker had the opportunity to reflect on the disparity between her work and family life. Imagine further that she engages in reflections that are not focused on searching for the *cause* of her situation but rather, are marked by a curiosity about two different “life worlds” (home and work). Maybe she recognizes that when she brings her “good family member” self to work, she feels more isolated there and when she brings her “competent worker” home, she also feels isolated. This recognition might spark an idea: what if she stopped trying to merge her two worlds and, instead, fully participated in the one in which she was currently present? She begins to appreciate and understand and accept the differences of these life worlds.

This is what I mean when I suggest that a constructionist takes a critical stance toward taken-for-granted understandings of the world. While our character occupies both worlds (home and work), she has never entertained the possibility that differing and often incompatible realities can co-exist. In embracing this realization, she has moved beyond the pathologizing discourse which medicalizes individuals and has opened space to live in multiple worlds, to recognize diversity as a natural part of social life (and not a problem to be solved), and to embrace multiplicity.

Constructionists also acknowledge that what is taken as real is not only the byproduct of social interaction but our interactions, in turn, serve to sustain what we assume to be real. Our worker’s belief that family and work must be balanced and fluid, invites isolation and feelings of inadequacy. By altering her interactions with others, she is now able to construct an alternative understanding and, hopefully, one that allows her to more successfully move in and out of her different social worlds.

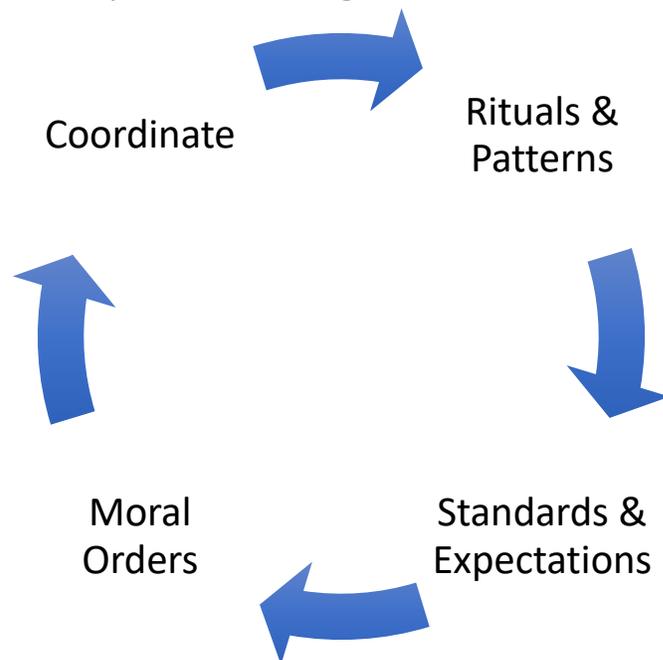
The implications of this stance are significant. If we create what we take to be real in our interactions, then we can change reality by changing the ways in which we engage with others. The materiality of stress – that is, the symptoms that one experiences – are not presumed to be nonexistent. Rather, the constructionist questions how certain symptoms come to be labeled as stress. We shift our focus from diagnosing and treating an individual and focus, instead, on examining processes of interaction where certain beliefs, values, and social orders emerge. Social construction urges us to attend to the traditions, the communities, the situated practices of the participants at hand – that is, to attend to local understandings – in identifying what becomes real, true, and good. To attend to traditions, communities, and situated practices requires a constant flexibility on the part of those involved, a flexibility marked by discursive potential.

### **Constructing a World**

Elsewhere (McNamee, 2014), I have offered a visualization of the constructionist 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 – how things are or should be (what is referred

to earlier as dominant discourses). The continual coordination required in any relationship or community eventually generates a sense of taken-for-granted, common practices (moral orders) 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/dominant discourse) 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 (1972) 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 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 relational focus places our attention on the specificities of any given interaction while also allowing us to note patterns across interactions, across time, place, and culture. It is important to note that the focus, unlike traditional, modernist approaches, is not placed on individuals, on individual actions, on individual mental capacities, nor on individual, isolated features of the context. It is also important to note that, since we coordinate with many, many different people and in many, many different environments each day, we participate in constructing multiple moral orders/dominant discourses. And, similarly, we cannot anticipate that others share the same moral orders as we do. In other words, a constructionist stance embraces both

the multiplicity and the complexity of the social world making the goal of agreement a futile effort and replacing it with an attempt to reach new forms of understanding across differences.

Most research and popularized understandings of stress are rooted in the individualized ideology of the psy-disciplines. The approach to understanding stress presented in this volume examines interactive patterns among workers, management and workers, workers and work environment, work and culture, etc. When *process*, not isolated behavior, is the focus, stress can no longer be viewed as a pathology of a person or an environment. Additionally, discussing the cause of stress becomes irrelevant; it is replaced by an examination of the interactive processes that make “sensible” (for some) the discourse of stress and, in taking this approach, those processes can be deconstructed and reconstructed.

### **An Illustration: Work Stress and Burnout**

In earlier research on burnout (McNamee, 1996; Fruggeri & McNamee, 1991), the relational orientation of social construction is illustrated. While stress is not understood as the same as burnout, stress emerging from one’s work context is understood as a pre-condition for burnout (Iacovides, Fountoulakis, Kaprinis, & Kaprinis, 2003). McNamee (1996) and Fruggeri and McNamee (1991) recognized that the literature and research on burnout centered around a common question: What is the cause of stress or burnout? And, they noted, “As long as the explanations are guided by this particular question, we will always find some sort of dualism: inside-outside, individual-organization, and we will always find someone or something to blame” (Fruggeri & McNamee, 1991, p. 4-5).

Yet, adopting a relational constructionist stance, the question of cause or blame is decentered. Instead, as constructionist, we are interested in how the coordinated activities of persons, operating within particular environments, create and maintain the pathologizing discourse of stress (or burnout).

If we want to find different answers, we need to raise different kinds of questions. We need to move from the ‘what is the cause’ kind of questions to: ‘Which are the social and interpersonal processes that maintain the phenomenon that we name burnout?’ (p. 5)

In this research, burnout was understood as a response to particular communication patterns rather than a characteristic inherent to or developed within a particular individual. These communication patterns, in turn, emerge from the organizational choices made (i.e., those privileging individual performance) and thereby invite self-pathologizing by workers by instilling notions of individual competencies, individual productivity, and individual success (or failure). By defining burnout as a response to communication patterns, emphasis shifts from the individual and his/her deficiencies to the connections of individuals’ actions in the production of interactive patterns that result in feelings of burnout (or stress). Thus, in the work of Fruggeri and McNamee, teams of social service workers were interviewed and asked relational or circular questions (Selvini, Boscolo, Cecchin, & Prata, 1980). Relational questions invite those being interviewed to adopt a reflexive stance toward their own interactions, their relations, and their own identities. Examples of a relational question, asked during these research interviews include:

- How would you define yourselves as a team?
- How would your supervisor define you as a team?
- How would your colleagues define you as a team?

- How would your clients define you as a team?
- How would your funding source define you as a team?
- How would your competitor agencies define you as a team?

These questions invite participants to adopt a reflexive stance toward their own and others' meanings. Reflexivity involves engaging in an inner dialogue where consideration of alternative interpretations or understandings, as well as alternative forms of action, is given. It involves a stance of uncertainty toward one's own established beliefs. It invites us to entertain doubt about our own knowledge or understanding of a situation, interaction, meaning, and so forth. Questions that invite reflexivity are quite different from questions that simply invite an answer that one already holds with certainty.

In response to the first question, many team members responded by saying they were, indeed, not a team (a non-reflexive response). They simply shared clients or shared a professional identity (e.g., social workers). Yet, since those being interviewed had different perspectives, posing the question to them as a group rather than as individuals invited not only responses to the question but a dialogue among participants about their "team-ness" (or lack thereof). Similarly, with each of the following questions. Each invited the participants to engage in self (team) reflexive conversation where new ways to describe and understand themselves emerged.

As is probably clear, this form of research is less interested in "discovering what is *there*" and is more interested in serving as a transformative moment where participants come to create new forms of coordination and thus new moral orders/dominant discourses that allow them to deconstruct the discourse of stress. However, there is another critical aspect of this exploration of stress as a dominant discourse. Like so much of the modernist discourse concerning identity and well-being, when the emphasis is placed on the individual and his/her competencies and failings, the resulting effect is alienation or isolation.

### **Individualizing Stress, Relational Isolation, and the Effect of Capitalist Ideology**

Johann Hari (2015) has written a compelling book about drug addiction. While drug addiction might be viewed as radically removed from work-related stress, I believe his argument holds great promise for new constructions of what has, to date, been identified as stress. Hari traveled the world investigating drug addiction. His work was heavily influenced by research conducted by psychologist Bruce Alexander in the 1970's (Alexander, Beyerstein, Hadaway, & Coombs, 1981; Alexander, 2008). Alexander noted that both addiction to and withdrawal from drugs was not so much a chemical reaction as has been popularized in the media. At the time of Alexander's experiments, there was a popular anti-drug 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 (1981; 2008) 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 one's environment and one's 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. (Hari, 2015, p. 171)

Alexander (1981; 2008) 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 water and one 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. 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. (Hari, 2015 p. 172)

There’s much more to be said about this and the interested reader is encouraged to read both Alexander’s book (2008) and Hari’s account of his travels exploring drug addiction around the world (2015). But the question for us is, what does this have to do with work-related stress and its emergence within the dominant discourse of medicine? Everything. In the 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 the relational sensibility of social construction offers. It requires a curiosity, a responsiveness, and a desire to understand beyond what appears to be “obvious.” Alexander (2008) illustrated the power of looking at relational patterns over individualized behaviors – the very simple act of noticing – one small but significant factor: isolation versus relational engagement.

### **A Final Word**

Let me attempt to summarize the argument I have tried to make in this chapter. First, what becomes normal or abnormal is achieved through the active participation of people coordinating their actions in ways that come to be taken-for-granted as Truth. The dominant discourse of science (discussed here as the discourse of medicine and as part of the psy-complex) is taken as Truth – or as the “right” way of confronting social problems. This medicalized discourse is a sub-discourse of modernism where focus is placed on individuals and individual behaviors. Thus, when one is unhappy, exhausted, unable to function in one’s job, the problem is understood to be an individual’s problem, in the present case, stress. The dominant discourse of both modernism and medicine are constructed discourses – as are all

discourses; they have been constructed and re-constructed over time through the coordinated actions of people engaging together (see Figure 1). Furthermore, the dominance and vitality of this dominant discourse serves as an unquestioned truth about the way the world works. Thus, if a worker is exhausted, depressed, and unable to concentrate at work, s/he is likely to pursue a medical explanation and emerge with a diagnosis of stress. It is important to note that a worker who seeks (or is advised to seek) medical diagnosis and treatment is actively (even if unwittingly) participating in the ongoing dominance of modernist medical discourse. In other words, such an action serves to re-instantiate the dominance of medical discourse. Had the depressed worker sought a “cure” by starting a social club of workmates, medical discourse perhaps would not have dominated. But we must remember what Foucault (1977) pointed out – we ultimately come to monitor ourselves within the terms of the dominant discourse. Thus any attempt to collaborate or to work in ways that bound workers (and employers) together is viewed as threatening. The result is a perpetual re-instantiation of the dominant discourse (the norm). We can clearly see here how social transformation becomes a challenge.

Due to the individualizing character of modernist discourse, workers become isolated from the very communities that might help in coordinating new discursive options. Thus, the constructionist focus on relational processes (what people do together and what emerges as a reality from coordinated actions) shifts our attention from the pathologizing effects of modernist discourse. In so doing, it opens new possibilities by engaging workers in a reflexive critique of the taken-for-granted understandings of their “symptoms” and inviting them into new forms of coordinated action where it is likely that new meanings and new understandings of the situation can be imagined. Alexander’s research on a different, but related, problem (drug addiction) is a good illustration of this as is the approach to the study of burnout articulated by Fruggeri and McNamee. Such a shift (from individual focus to a focus on relational processes) is surely a challenge. However, as illustrated by Alexander, Hari, and a host of others, it is possible.

If the central questions of modernist discourse are, “what is the cause of this behavior/situation/phenomenon?” and “how do we control the cause?” the parallel questions of the relational constructionist are:

- a. What are we making together?
- b. How are we making this?
- c. Who are we becoming as we make this?
- d. How might we make a more livable future? (Pearce, 2007, p. 53)

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