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CHAPTER THREE

What would (or can) I know?
Reflections on the conditions of
knowing and understanding in
intercultural therapy

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I wrote the abstract for this chapter in the week in which the Prime Minister of the newly elected Labour government of Australia made an apology to indigenous peoples for the wrongs of the past. "Sorry day", with all the talking and the memories and the associations that surrounded it, with all the acknowledgments and the witnessing, had a poignant mix of sorrow, pain, hope, and undeserved tenuous trust. Not for the first time, as a non-indigenous and white Australian, I experienced the generosity in the involvement of Aboriginal and Islander peoples, and felt unworthy and grateful in the face of it. It was a moment of connection and a move toward reconciliation. It was also a time for comprehending the chasm of difference between indigenous and non-indigenous Australia, and the chasm of difference between the tears of indigenous and non-indigenous Australians with respect to our shared past and our shared present.

I feel a kind of fraud writing in this book, for I belong to that group of therapists who are socially and contextually the most illiterate in their personal capacities for intercultural work. I felt nothing but unself-consciously "at home" culturally and racially in my childhood, growing up in a local milieu of a largely homogeneous culture in the 1960s. With three of my four grandparents coming from different

professionals should "fit", as much as they can, with how indigenous people want to use them. Then, but not now, I thought that there are many ways in which children can be loved and cared for within an extended kinship system, and that a "white" curiosity about what are very common non-nuclear indigenous family arrangements undermines the integrity of these forms of family care (I still believe the first part of this statement, but not necessarily the second part). And I think that then, though I would hope not now, I was unable to find an emotional place within myself to know how to speak of pain and sorrow with Aboriginal people without feeling as if I was (or am still) inflicting this pain, and so this knowing was banished from "my agenda".

It was not just the *difference* between the family and me that created the conditions of this not-knowing—a similar scenario would simply not have occurred had I been relating to a Vietnamese family, or a Lebanese family, or an African family. I could tell you of the layering of my personal history with Aboriginal people—the story of my Danish great-grandparents "allowing" the local Aboriginal people to use their well, my mother's Aboriginal childhood friends in a tiny one-teacher seaside school in the late 1920s, the serious talk from my mother that we should never call Aboriginal people "black" because it would hurt their feelings ("if you have to say anything, say 'coloured'"). I could tell you about my first trip for a funeral to an Aboriginal mission (Cherbourg) when I was a social work student, or the covert subversion of the Palm Island mission management in the psychiatric hospital where I worked. Or I could tell you of the time I found myself going round and round on a ferris wheel, despite my fear of heights, while the patient who routinely absconded back to Palm Island took pity on me and stayed put, waving encouragingly every time I came around (she herself had jumped off the ferris wheel at the last moment, when she remembered that going up high made her sick). But what would all this telling be, if not just one account of the contextual colonial relations that provide the conditions of an otherwise sensible and nice white family therapist finding herself not having in the front of her head something as basic as the importance of a child's loss of his mother in a presentation of depression?

I suspect that a British (but not a Brisbane) audience will disapprove when I say that, although I still blush when I remember this moment, it also makes me laugh—it is a joke at my own expense, for, in the context of the social specificity of my therapeutic relationship

with the aunt, and for the historical time, it was "right" that the invitation should come from her and not me. And although the social positioning of myself "alongside" the aunt none the less provided a safety net, or a good-enough therapeutic relationship, so that she could extend the invitation, and at the right time in the therapy. No harm came from what still stands as a piece of breathtaking stupidity on my part.

But there is a second part to this story, which repeats the same themes, but stays more stubbornly unsettling. Although Donny did not want to play with toys, he would often go to my toy box when he arrived, and bring out the small Chinese parasol, and sit with it in his lap. This was noticed and talked about in a low-key way a number of times, and he told me he liked "Chinese things". We agreed that we all liked "Chinese things", and I recall one extended conversation in which his aunt (Lily) said how nice Chinese paintings were, so different to Aboriginal dot paintings, but both so good.

I saw the family regularly for about six months, and every so often after this Lily would ring me to talk about one or other of the boys. In one such talk (*à propos* of what I now cannot remember), she said, "You know, Carmel, his father was Chinese." I did not speak my first thought, which was "Well, Lily, I wish you had told me this a bit earlier . . ." But this response only momentarily delayed the dawning of my horror at the extent of my own not-knowingness and the power of my immersion in the taboo of Donny's non-indigenous heritage. This taboo was (and is) fuelled by resistance to the history of the physical and cultural annihilation of Aboriginal people, and a determination that the belongingness of Aboriginality should not be lost, regardless of whether you are black, brown, white, or pink with freckles.

The obvious belatedly became obvious. Lily and her son were very dark and clearly looked Aboriginal. Donny was small, brown, and finely featured—he looked, well, kind of Chinese. And just in case, by any chance, any of us missed that he looked kind of Chinese, he collected a small Chinese parasol most sessions, and held it (as a boy) in his lap. His father, and his fantasy of his father and his relationship to his father, still remained eclipsed from view, while his visible Chinese-ness was rendered invisible. It was small comfort that we had at least all agreed that we liked Chinese things, although I think there could

cultures (Irish, Greek, Danish), this would have to stand as a kind of achievement (for better and worse) of assimilation within an immigrant nation, and an achievement of my grandparents and parents. I am still bemused when people ask if I have "gone back" to my heritage—which one, I wonder, and why? I am unaware of any cultural yearnings, and just think of myself as coming from Brisbane. But, although I admit I would be hard-pushed to yearn for Brisbane, I would yearn for Australia if I could not live here, for it is my homeland. And while unconsciously I might have inherited intergenerational orientations to surviving the experience of alienation and cultural bereftness, I have had to learn as an adult, consciously and bit by bit, some literacy in the intimate experience of foreignness and otherness, and some fluency in relating to, through, and across culture and race.

I have had this chapter in the back of my mind for many months, with a number of personal and practice experiences floating through my head. Although the practice musings could open many doors for reflection, I have found myself thinking a lot about the contextual specificity of the conditions of knowing, and the complexity of the therapeutic task of trying to understand. I will settle on these two themes for this chapter. One piece of work with an Aboriginal family from many years ago has stayed with me, for reasons that will become clear. I will place it at the heart of the exploration, and build the theory discussion around it.¹

On the power of social immersion: a case study

I began to see an Aboriginal family in a child and family mental health service (CAMHS), referred by one of the Aboriginal services, which was a good referral route, for the therapeutic mandate is clearer when an indigenous service is the first port of call. I learnt this when I worked in an Aboriginal legal service in my fourth-year social work placement, and in my first job in a large psychiatric hospital where we set up an Aboriginal and Islander liaison social work role, which I shared with a colleague. So, the referral route was an auspicious start to the work, even though by then I was in Sydney and with no personal connection to the local indigenous services. The CAMHS service is situated in a multi-cultural and multi-racial area, where 70% of

primary school children have English as their second language and where, in those very fine gradations of racism, Aboriginal people were (and still are) the target of the most intense racism.

There was much concern for the child, a boy aged eight, around suicidality and depression. Donny lived with his aunt and her son, aged six. My engagement with his aunt felt quite easy, and, although the boy's cousin could not make much sense of why he was attending, he made himself at home in the family sessions. It was much harder for me to connect with Donny, who was not much of a talker, with or without his family present, and he could not relate very easily to drawing or playing.

There are a number of things I could write about this piece of practice. But, for the purposes of this chapter, there are two parts of the story I want to tell, which expose my limits in a very particular context of social immersion. We had been meeting for a few sessions and the beginning work was around the boy's experience of being bullied at school and advice to the boy from some older Aboriginal boys and men. This work was all "on track" and, in a lull in about the fourth session, his aunt said to me, "You know, Carmel, do you think we should have a talk about how Donny feels about being left with me by his mother?" Out came the longer version of the story of his mother's drinking, the coming and going from the country to Sydney with Donny, and now the idea that Donny would be probably be looked after "for good" by his aunt. Donny's mother was part of the stolen generation—she had been removed from her family, and her sister had not, because her skin was lighter than the rest of the family. This social policy was designed explicitly with the entwined interests of assimilation and the destruction of Aboriginality.

I would like to tell you that I had been sensitively bidding my time, waiting for the point at which the therapeutic relationship was strong enough to allow me, as a white Australian therapist, to invite an Aboriginal family to talk in front of me of the pain of a child being left by his mother, and a mother being taken as a child from her family, and the effects of this on her and her son's life. Yet, this topic was not even on my agenda—yes, hard to believe, not on the agenda of a family therapist in a child and family mental health service...

I understand my situation in this way. Then, and now, I have a politics born of a commitment to the idea that white Australian

have been a potentially important subliminal message in his aunt's talking about Aboriginal and Chinese paintings, which might have been as close to languaging the boy's cultural and racial beingness as the family could bear at that time.

On knowing and the conditions of dismantling the capacity to know

This piece of practice experience, along with many others, has been formative of some ways I have come to think about therapy practice and the therapeutic relationship, and of how I relate to some theory ideas in the family therapy field. Let me unpack some issues about theory that this practice highlights for me.

Social constructionism is firmly established as part of contemporary systemic therapy theory. Developed in sociology from the 1960s, social constructionist ideas were eventually embraced by family therapy in the context of the postmodernist turn in the early 1990s. The ideas that we are only able to know the social world through a process of social construction, that language constructs what it is we are able to know about the social world, and that we live in a world of dialogue and narrative, are all by now very familiar (Flaskas, 2002). There are two significant "edges" of debate with respect to the limits of any foundational use of social constructionist theory in psychotherapy: the first is whether social constructionism as a theory offers sufficiently complex understandings of realities and realness for the purposes of the activity of psychotherapy, and the second, related, debate is about the way in which the knowing-not-knowing dynamic has come to be cast.

Let me start with the issue of realities and realness. Many discussions within the family therapy literature across the past two decades have signalled some unease with the more extreme anti-realist versions of social construction, where language itself is located as constructing, rather than representing, social and emotional realities (see, for example, Flaskas, 2002; Lannaman, 1998; Larner, 1994; Malik & Krause, 2005; Minuchin, 1991; Pocock, 1995; Speed, 1991). Here, the limits of the social world are understood as lying within the limits of language and the processes of dialogue. This particular position is most heavily associated with the earlier work of social constructionist

theorist Kenneth Gergen (for example, 1991, 1994), popularized initially in family therapy through the seminal influence of Harlene Anderson and Harry Goolishian from the late 1980s (1988, 1992).

In the various engagements with this theory within family therapy over the years, one central question has been about whether social constructionism gives sufficient space for the acknowledgement of realities that might exist independent of our consciousness, our languaging, and the processes of social construction (see, for example, Larner, 1994; Minuchin, 1991; Pocock, 1995; Speed, 1991). A related question has been whether social constructionism gives sufficient attention to the "realness" of the intimate lived experience of realities (which might or might not be languaged) as they affect our lives (see, for example, Flaskas, 2002; Pocock, 1995; Malik & Krause, 2005). As Pocock (2009) has noted, these kinds of critiques lean toward a critical realist position. Critical realism acknowledges a complex social world that exists independently of how we come to know it, while still allowing that how we come to "find" and represent that world is a process bounded by language, and that the social world is also mediated and constructed in the process of this representation (see, for example, the discussions in López & Potter, 2001). Within this alternative critical realist theory frame, there is thus no question about whether language constructs *or* represents the world—it always does both.

Critical realism potentially provides a welcome relief from the oppositional dualities embedded in the more extreme anti-realist versions of social constructionist theory. However, the separate and specific issue of the authenticity of the lived experience of realness, so important in any psychotherapy, just barely scrapes into the theory ambit of the different versions of social constructionism, or, indeed, of critical realism. The same could be said for how we might understand and relate to non-conscious and unconscious processes, or to those aspects of human experience that can never really be fully represented by language. If we stay solely within the constructionist/realist theory field, it is also hard to capture the specificity of the social location of the self of the therapist in the therapeutic process, and the nuances of how, as therapists, we might try to mediate and use our social and political and emotional immersion in the process of therapy.

This brings me to the second edge of social constructionist theory, which is the frame of how the knowing-not-knowing dynamic has

been cast in our field. Again, we could turn to the work of Anderson and Goolishian, especially their 1992 paper, which first laid out the argument that the therapist should adopt a not-knowing stance in the interest of engaging more fully with the clients' world of language and allowing a richer space for therapeutic dialogue. From one angle, it is peculiar how quickly the idea of adopting a not-knowing stance came to be so influential in family therapy. From another angle, though, it can be more easily understood, especially if we note the very strong congruence with established and developing narrative and Milan-systemic politics and practices. Anderson and Goolishian argued for a collaborative therapeutic position and practices, and for the therapist to actively relinquish her/his expert position in relation to the client/s. The resonance here was very strong, both with the politics of narrative therapy with respect to the power of the therapist and with the depth of the practices of curiosity already embedded in Milan-systemic therapy.

All this led to a casting of the knowing-not-knowing dynamic toward practices of not-knowing and toward minimizing the power differential of the therapist as expert. Across the years, there have been a number of nuanced discussions about the need to hold expertise alongside practices of not-knowing (see, for example, Laird, 1998). Mason (1993) has written of the position of "authoritative doubt", while Larner (2000) has explored the paradox of knowing not-to-know. However, overwhelmingly, the main focus has been on the position of not-knowing. Conversely, there has been very little interest in exploring the barriers to the therapist's "knowing", or the significance of therapist's failure to know.

Abstract though these theory debates I am mapping might appear, they come to life in the world of practice, and no more vividly than in the context of intercultural therapy. What do I learn about the edges of social constructionist theory around realness and knowing-not-knowing when I remember and reflect on my practice experience with Donny and Lily?

First, I come to appreciate the specificity, the power, and the unworriedness of our own social immersion as therapists. The act of relating is simultaneously intensely social and intimately personal, and in intercultural relating there is a special complexity within the therapeutic relationship. To think about engaging across and through difference, and across and through sameness, which is a frame I will

call on in the next section of this chapter, is useful in orientating to the challenge of intercultural therapy. Yet, it is hard to capture the specificity of relationship, what is possible and not possible in knowing and understanding, in any particular context of intercultural therapy. In the realness of a shared history and a shared present, regardless of whether it is languaged or not, we are not just engaging with difference. Instead, we are located in social contexts that we simultaneously both know and cannot know.

This was my position in relating to Donny and Lily and, indeed, their position in relating to me. I would like to claim a wisdom and equanimity about the "pashness" of the practice mistakes I described. But though I believe that, in 2010, there are different social conditions for how I might now "know" and relate to this family and the realness of history, I also believe that the conditions of knowing can never be assumed. Especially where there is a living history of oppression, of which, as therapists, we have been a part, the force of social immersion is invariably much stronger than we are emotionally able to know. This force provides the conditions of a breathtaking not-knowingness on the part of the therapist. When this happens, and we are lucky enough to become alert to it, we need to use every scrap of reflection we can muster. Reflection, and our reflexivity in the way we relate to our reflection, might or might not be good-enough, depending on the particular piece of therapy, the particular therapeutic relationship, and the particular social relationships within which we are embedded.

Second, although social constructionism has helped us to think about the social construction of realities, the "shadow side" of these processes has largely been unexplored. For social processes do not just shape what we come to know and how we come to know it—what we *cannot know* is also shaped by social processes. In other words, social processes do not just construct realities and the experience of realness, they also fragment, dismantle, and, at times, obliterate realities and the experience of realness (Flaskas, 2002, 2009a). Indeed, our capacity to know realness can be powerfully dismantled, in the way that my capacity to know something "obvious" and real about Donny's history was powerfully dismantled.

Psychoanalysis offers some ideas, especially about the unconscious processes of repression and projection, which speak to the most intimate levels of this experience. Foucault generated ideas that spoke to

the conditions of possibility of social discourse, and the power of social practices to generate the possibility of ways of thinking, and the spiral of practice and discourse in social process (Gordon, 1980). His work also flagged the capacity of power to create absence (or negative power) as well as presence (or positive power). I do not want to explore here the way in which these different theory frames conceptualize significant absences, but I do want to note that thinking about absence is inevitably harder than thinking about presence.

This might be why, in family therapy, it has been easier for us to think about the dangers of knowingness in the polarity of knowing-not-knowing, but harder for us to think about the dangers of not-knowingness. Yet, it is as important, especially in those contexts of intercultural work, where we are the most deeply immersed in a living history of oppression, to try to think about our not-knowingness and to recognize the extent of our vulnerability to dismantling our own capacity to know. In the case of Donny, who presented as an eight-year-old with depression and some seemingly isolated (suicidal?) acts of risk-taking, my cultural not-knowingness was dangerous.

On empathy and trying to understand

I would like to shift the discussion to a different, though related, territory. So far, I have been exploring the limits and specificity of the social contexts of knowing in intercultural therapy, and will now consider the process of the therapist trying to understand. This lies in the territory of empathy, which has not been theorized very much in family therapy, despite its centrality in everyday practice. Empathy is an intensely relational process. In the therapeutic relationship, we can think of empathy as being the process (on the part of the therapist) of trying to understand, which exists only in relation to the process (on the part of clients) of trying to convey experience and hoping to feel understood (Flaskas, 2009b).

As part of my long-term work on the therapeutic relationship, I have become interested in the therapist's imagination of her self in relation to her clients, and how this imagination influences the form of her connection in the therapeutic relationship and shapes her attempts to understand (Flaskas, 2002, 2009b). I have suggested that

there are two kinds of positions we use when we imagine ourselves in relationship to others. Each of these positions relies on a particular kind of fantasy of self-in-relation-to-other. The first is the fantasy of identification, which assumes that we are sufficiently *like* the other to try to imagine ourselves in their situation and to use whatever resources come from our own lived experience in our attempts to orientate to our clients' experiences. The second position relies on a different kind of relationship fantasy. Here, rather than imagining ourselves as "like" our clients, we try to imagine ourselves as "the other" in relation to them. We assume that we will not be able to make any easy sense of our clients' experiences and, instead, like an anthropologist in a different culture, or like a foreigner visiting in a different society, we will need to be quite active if we are to try to grasp the experience of the people we are sitting with.

Understandings of empathy that have been produced in the individual therapies tend toward practices (such as reflecting back) that are more associated with the imagination of identification. In the context of individual therapy, the therapist's imagination of identification with the client is often the first, and predominant, fantasy used in nurturing the attempt to understand the universality of the human condition. However, in the context of family therapy, when you have a number of people in the room, all with different experiences and stories, it is harder to rely on the fantasy of identification, even in the early engagement stage of therapy, simply because "plural" identification is more difficult. The challenge of multi-engagement in family therapy means, for example, that the reflecting-back technique of empathy is used far less often.

As Perry (1993) has detailed in his excellent discussion, there are many ways in which empathy is expressed in family therapy—we rely more heavily on the practices of questioning, reflecting teams, opinions, and tasks. The foundational systemic discussions of the position of neutrality/curiosity stressed its practice wisdom in the art of engagement with all family members (see Cecchin, 1987; Selvini Palazzoli, Boscolo, Cecchin, & Prata, 1980). White's (2002) idea of "excitising the everyday" was one step in the parallel development of narrative practices of curiosity. The systemic and narrative practices of curiosity, generated within the context of the practice challenges of working with families, are strongly aligned with the empathic imagination of difference.

The "rough" distinction can be made, then, that individual psychotherapy tends toward a heavier use of the therapist's imagination of identification with the client, while family therapy tends toward a heavier use of the therapist's imagination of difference. Yet, though this distinction might be seen in the "in the room" practices in individual vs. family therapy, I would, none the less, argue that in all contexts of psychotherapy there is a need for the therapist to be flexible in moving between an imagination of herself as the same as, and then as foreign to, her clients. This capacity to use our self to swing between these two positions of imagination potentially allows the conditions for stronger forms of therapeutic connection. In other words, the flexibility of how we think about ourselves in relation to our clients allows us to try to understand both the sameness and the difference of our clients' experience in relation to our own lived experience.

But what has all this got to do with intercultural therapeutic relating, or, indeed, my practice with Lily and Donny? I would agree with the idea that psychotherapy is, to some extent, always an intercultural process, for there is always an engagement with sameness and difference. As the joke about the grounds for gay divorce reminds us, irreconcilable sameness is potentially as corrosive of relationship as irreconcilable difference.

None the less, the historical and present significance of difference in intercultural and interracial therapeutic relating makes special demands on empathic imagination. Although there are many things that could be said about intercultural relating, here I simply want to think about the imagination we have of our "selves" in relation to our clients when we are relating across worlds of difference in lived experience. It is this imagination that provides the ground from which we relate and invite relationship, and it is hard to think of a practice context that is more demanding of a disciplined balance and flexibility of empathic imagination.

Either the fantasy of identification or the fantasy of self-as-other/different can quickly become intensely problematic if used without a back-and-forth movement between the two. In general, it is better to try to imagine oneself as foreign rather than one's clients as foreign, as this leads to more emotionally connected and experience-near practices of curiosity. The therapeutic invitation here is an attempt to signal a desire to understand and connect in the context of an acknowledge-

ment of one's ignorance. However, if one skews too heavily to relying on a fantasy of self-as-other, it can be hard to avoid an interactional slide, when practices of curiosity begin to seem experience-far, not experience-near, and the family and family members feel more firmly constructed by you as the "other". The imagination of identification needs to be held closely alongside the fantasy of difference, a kind of constant scanning for resonance and universality, or a tentative but persistent drawing on what might be "like" our clients' experience in our own lived experience and repertoire of imagination.

In the reverse polarity, stubbornly holding on to an imagination of identification, without the constant counterbalance of the imagination of difference, can lead quite simply to a failure to connect to the difference. In the situation where the therapist is in the dominant cultural and racial position, this can lead to a pernicious closing-down of the space for recognizing or appreciating difference and otherness.

For all sorts of contextual reasons, I had difficulty in negotiating this territory with Donny and Lily. Some things I could have known I was not able to know, and there were huge gulfs in my capacity to understand. I relied on a fantasy of identification and familiarity with Lily, and lined myself up alongside her parenting role in the way that I constructed my invitation in the therapeutic relationship. The mutuality of our relationship allowed it to be good enough for her to step forward about some things that I was not allowing myself to appreciate—the effects on them all of the stolen generation, and the specific lived history of Donny's relationship to, and loss of, his mother.

But the fixedness of the form of my imagination of identification with Lily was no protection when it came to the intracultural taboo of acknowledging Donny's Chinese-ness, his non-Aboriginality, and the significance of his untalked-about father, the story of his conception, and perhaps even his mother's untalked-about father and the story of her conception. Here, my politics as a white Australian of not questioning that which is not easily talked about within Aboriginal culture collided with an intracultural taboo, and my inability to try to separate out and understand Lily's position from an imagination of difference and curiosity became a major problem.

As happens in family work, how I came to invite a relationship with Lily, and respond to her invitation to me, both affected and was affected by the imagination of myself in relation to Donny. In a reverse polarity, I lost touch with the power of an imagination of

identification with Donny, which would have helped me use my own emotional repertoire to relate more easily to his feelings about his mother and unknown father. It was by no means beyond my emotional or professional capacity to tune into the possible meanings and communications of a young boy choosing a Chinese parasol to hold in his lap when he came to see me, a therapist, yet I stayed immovably incapable of thinking about this or of recognizing his visible Chinese-ness. The tendency for the therapist to split the polarities of imaginative identification and foreignness *between* people in the family, rather than achieving some balance of these imaginations for each member of the family, is a common-enough slide in family therapy.

In retrospect, it is easier to see my failure to be flexible and balanced in how I used the imagination of myself in relation to both Lily and Donny and how this closed down the possibility of trying to understand things that I should have been actively trying to understand. I would have liked, at the time, a source of reflection about the kind of imagination of identification and difference that was orientating me in my attempts to relate to and understand the lived experience of Lily and Donny. It would be omnipotent and just plain wrong to claim that these ideas would have bridged the chasm of my non-understanding as a white Australian. Yet, I do think that another form of reflection would have helped me in the way in which I was using myself and my imagination in trying to understand and relate to Lily's and Donny's experience. It would also have held me more accountable as a (white Australian) therapist.

Conclusion

I am not entirely sure how to conclude this paper. I should follow the tradition of summarizing the theory and practice themes that I have been laying out, using as a base for reflection a flawed and specific piece of interracial and intercultural therapy. I have held this practice against two sets of theory ideas: social constructionism and thinking about the limits on knowing, and the empathic imagination of self-in-relation-to-other in trying to understand and relate to sameness and difference.

There have been many discussions of the dynamics of universality and difference in intercultural relating, and of the challenge of relating

to both universality and difference (Krause, 2009). The hope of (a universal) connection stands side-by-side attempts to honour what Frosh (2002) has termed the "in corrigibility of otherness". How this is negotiated in any therapeutic relationship is always specific to that relationship and its embeddedness in the realness of histories and present social contexts. I am inclined to think that the sheer pleasure of interracial and intercultural relating lies in part in the mutual dynamic of knowing and not knowing and understanding and not understanding. Yet, this struggle can be difficult as well as pleasurable. In interracial and intercultural contexts of work, we hope that the mutual attempts we and our clients make to relate through and across difference and sameness will hold the work of the therapy and that the therapeutic relationship will be "good enough". Yet, there can be no neat and easy conclusion about the conditional nature of what is and is not possible, which underlines the importance of nurturing ongoing dialogue and reflection.

I noted in the introduction that I felt "a kind of fraud" writing in this book. Do I feel any less of a fraud now that I have come to the end of the project of writing this chapter? I would have to say no. I find myself resisting the pull to say something more positive here, or maybe even to intone something virtuous about the challenge of intercultural work for therapists like me, whose histories have allowed fairly seamless internal representations of cultural and racial at-homeness. Of course, these representations of seamless at-homeness might be illusions: in my case, I do have to wonder, with grandparents from three far-flung countries, while I sit as a white person with the wrong coloured skin attached to a homeland that should not have come to be mine in the way that it did. Alternatively, these representations might speak to fragile truths, albeit marked by a disavowal of the extent of the social, political, and emotional fragility of someone like me feeling culturally and racially at home. One way or another, I suspect, in my specific context, that I might just have to wear feeling a kind of fraud.

And so, no matter the familiarity of the current multi-racial and multi-cultural context in which I live, there should perhaps always remain a question in my intercultural work that is enabled by my sense of fraud: well, what would I know (about another's) experience, and who am I to think I know? However, as real and useful as this question might be, I am inclined to think that the more important question in terms of my practice and politics is not "what would I

know", but "what can I know?" What, in my particular context, with this particular family, are the limits and capacities of my knowing and understanding? And how can I stay alert to the power of my limits while nurturing my capacities to attempt to know and understand the interplay of difference and sameness in intercultural work, and, indeed, in all my psychotherapy work?

Note

1. The theory themes of this chapter overlap with discussions in Flaskas (2002) and Flaskas (2009b). I have also reflected on quite different aspects of this particular piece of practice in Flaskas (2002) and Flaskas (2007).

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CHAPTER FOUR

Objectification, recognition, and the intersubjective continuum

David Pockock

I will begin with a poor question: what is culture? The idea that culture can be something (some "thing") without a reflexive concern for definition led, during the period of my family therapy training in the late 1980s, to "culture" becoming a corrective to ethnocentric assumptions of universality implicit in the theories of family structure and process that had proliferated in the preceding two decades. The predominant message to trainees was that cultural differences were to be respected, honouring culture being a good thing. Simultaneously, late 1980s UK family therapy was preoccupied with gender. However, here the message was strikingly different. Skewed gender roles were not to be respected but challenged, patriarchy being a bad thing. It is a testament to the feasibility of Foucault's (1975) notion of the disciplinary power of discourse that I do not recall the obvious question being framed by any of us trainees: given that most cultures could be judged to be patriarchal, and notions of equality imply a mostly Euro-American ethnocentricity, which message should predominate—do we honour and respect patriarchy or challenge it? Since the denigration of otherness (to consolidate a comfortingly superior togetherness) is also a feature of most dominant cultures, the same dilemma becomes even more acute for racism;