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CHAPTER ONE

Culture and the reflexive subject in systemic psychotherapy

Any history or genealogy must remain incomplete, because it depends on the starting point of the author and how much context he or she includes. History and genealogy are themselves contingent, and I do not pretend to be able to offer a comprehensive account of the life of reflexivity in systemic psychotherapy. I do offer punctuations, which I hope will give food for thought. Much hinges on what we consider a system to be. Do we consider a system to be like a mechanical or a physical body, or a language structure with attributes, which wholly or partially exists outside the consciousness of the persons who engage in it? Or do we consider a system to be a series of transactions with attributes which are wholly accessible and transparent to those who consciously are engaged or choose to be engaged in it? Or a bit of both? And what are the implications for reflexivity of these two positions?¹

An incomplete history of reflexivity in systemic psychotherapy

A historical account of reflexivity in relation to cultural differences in systemic psychotherapy must begin with Bateson and particularly

with his two postscripts (1936 and 1958) to his ethnographic study *Naven* (Bateson, 1958; Krause, 2007). This starting point also allows us to draw parallels between systemic psychotherapy and anthropology. I think that we want to do so not only because Bateson was an anthropologist, but also because there are similarities in what systemic psychotherapists and ethnographers do. For me this also articulates two feelings of bewilderment. The first relates to my discovery (as an anthropologist) that Bateson's ethnographic work among the Iatmul people, despite yielding extraordinary insights (Bateson, 1972a; Berger, 1978; Nuckolls, 1996; Strathern, 1988; Wilder-Mott & Weakland, 1981), held no interest for trainers and teachers of systemic psychotherapy during my own training twenty years ago. The second relates to the more recent disappearance of the concept or the idea of a "system" from much teaching and writing in systemic psychotherapy. This is a subversion, because one way or another, and whichever particular school of systemic psychotherapy one follows, the notion of "system" is still a central assumption, theory, or concept in the discipline. It is what distinguishes us from other psychotherapies.

"Schismogenesis" has also virtually disappeared from our vocabulary and our training. It is Bateson's term and it appeared first as a description of gendered processes of interaction in New Guinean Iatmul society generally and in one Iatmul ritual in particular. In 1936, Bateson described schismogenesis as "a process of differentiation in the norms of individual behaviour resulting from cumulative interaction between individuals" (Bateson, 1958, p.175). I have discussed the details of how Bateson arrived at this description elsewhere (Krause, 2007). Here, I want to reiterate the difference between this early description of schismogenesis and a later one. This later description defined schismogenesis in a new language as

An implicit recognition that the system contains an extra order of complexity due to the combination of learning with the interactions of persons. The schismogenic unit is a two person subsystem. This subsystem contains the potentialities of a cybernetic circuit which might go into progressive change; it cannot therefore be conceptually ignored and must be described in a language of a higher type than any language used to describe individual behaviour. [Bateson, 1958, p. 297]

This second definition moved the description of relational dynamics from a level of synchrony, as a kind of "snapshot" of the relation-

ship between relationships, to one of a short-term process in which change could be captured through the notion of feedback, learning and learning how to learn, and where the explanation of any given behaviour or communication could be explained by the context in which it is taking place (Bateson, 1958, p. 200; Krause, 2007, p. 122). There is, however, another difference between the two ideas of schismogenesis, which speaks more clearly to our present concern with reflexivity. In 1936, and in his ethnographic fieldwork, Bateson had been preoccupied with the thought that how he interpreted his fieldwork data might not be how the Iatmul themselves would interpret it. The question was, how could he be sure that his own interpretation was correct, or even relevant? He concluded that he could not be sure and that, in fact, no one can be sure because the way anyone explains any bit of culture depends on one's own point of view. This is Whitehead's idea of the "fallacy of misplaced concreteness", referring to observations being presented as if they are "hard" or objective data, instead of points of view (Whitehead, 1925).

This dilemma did not mean that Bateson gave up on contributing to a framework for the understanding of human nature. He continued to think about his own position *vis-à-vis* that which he was observing (Bateson, 1972a,b,c,d, 1979; Bateson & Bateson, 1987), but his immediate legacy to systemic or family therapy became the idea of recursiveness as a generic ingredient of human relationships and systems. In systemic psychotherapy, this cybernetic understanding led to a language of meta-orders, meta-systems, and abstractions, rather than an interest in how local details might contribute to this process and be understood as part of it (Dell, cited in Hoffman, 1981, p. 343). The role and influence of the observer-therapist became akin to that of a controller or assessor looking in, interpreting, perturbing, or strategizing from the outside. This was in keeping with Bateson's observation from 1958 that the categories he used to describe Iatmul society were unequivocally processes of knowing adopted by social scientists. It was also in keeping with the prevailing structural-functionalist approach in British social anthropology at the time, in which societies and social systems were considered to be, if not steam engines, like organisms with patterns and processes, which are not, at least not entirely, transparent to those who participate in them.

However, neither anthropologist nor therapist can work without the acknowledgement of contact with their interlocutors, and in

anthropology this tension between theory and practice was most clearly articulated in the ethnographic research method of "participant observation". In this method, the ethnographer lives with, and learns the language of, people she is studying and takes part in daily tasks and rituals, talks to people about what they are doing, observes activities and communications, takes notes about it all, and keeps a personal diary. The complexity of this method and the similarity with systemic psychotherapy were not lost on therapists (Andersen, 1991; Anderson & Goolishian, 1988; Bertrando, this volume; Hoffman, 1981; Tomm, 1984). At one stage, the Milan team divided their trainees into two groups, the supervision "S" group and the observation "O" group (Hoffman, 1981; Tomm, 1984), articulating and perhaps anticipating the debates and the developments that were to come. The method of participant observation does not, of course, in itself exclude the therapist or the ethnographer considering herself outside the system. Anthropology had matured under colonialism and, therefore, had been under the protection of administrators and tax collectors, who often made use of ethnographic data. Similarly, the therapist's recognition of a need to "join" a system (Minuchin & Fishman, 1981) is not necessarily coterminous with the therapist understanding what goes on in this system or being able to see the world from her client's point of view. Indeed, an acknowledgement that the communication patterns in a family affect and even draw in the therapist was considered to be an advantage for the therapist in aiming to beat (or cure) the family at its own game (Selvini Palazzoli, Boscolo, Cecchin, & Prata, 1978; Selvini Palazzoli, Cirillo, Selvini, & Sorrentino, 1989).

The continuum of positions, from being outside the observed system to becoming a member of it, captured the struggles and the dilemmas in the development of, and thinking about, reflexivity during the 1980s and early 1990s. It was realized fairly early that the analogy of the homeostatic steam engine for social systems was unsatisfactory (Dell, 1982; Dell & Goolishian, 1981; Hoffman, 1981) and that if a family system is seen as evolving and only to *appear* to be stable, then the therapist, whether she is inside or outside the system, will not know the future course of it and, therefore, her task is one of facilitation rather than direction (Tomm, 1984). The three guidelines of hypothesizing, circularity, and neutrality described by the Milan team conveyed this much less directive activity of the therapist (Selvini Palazzoli, Boscolo, Cecchin, & Prata, 1980) and the idea of evolution

of social systems also challenged the structural-functional notion of a system and a society as a tightly integrated whole. This did not mean, *pace* Bateson, that aspects or levels of a system could not be recursively related in either coherence or in contradiction, as in double bind theory (Bateson, 1972e), and this recursiveness in the interaction between different parts of the system as experienced by persons in it, continued to be articulated, for example, in the way the Milan team thought about and developed circularity. In this vein, Tomm, embracing Cecchin's emphasis on curiosity (Cecchin, 1987) used the term "reflexivity" to refer to a type of question:

Reflexive questions are questions asked with the intent to facilitate self-healing in an individual or family by activating the reflexivity among meanings within pre-existing belief systems that enable family members to generate or generalize constructive patterns of cognition and behavior. [Tomm, 1987b, p. 172]

From the client's point of view, such a question might help to consolidate a new choice by orientating a person towards perceptions held by other persons or in other parts of the system, which might help support this new choice. The perceptions and meanings expressed by individual persons are contingent upon, but are not seen to be determined by, the system. From the point of view of the therapist, a reflexive question is a type of question which can be used along with other types of questions (Tomm, 1988) and although such a question might guide the therapist herself to become more creative and in this way more facilitative, it is considered to be a strategy. The therapist can see things that the clients cannot see, and she knows, if not about what change should look like, about how to ask. She has a choice about which intervention to use, as Tomm extensively described (Tomm, 1987a,b, 1988), but an examination of the circumstances of her own perception and meanings, although of interest (Tomm, 1988, p. 14), was kept at arm's length. The reflexivity, or recursiveness, can be mobilized by the therapist because it is in the family system.

Cecchin pointed out that "curiosity" was not a technique or a strategy, but an attitude or a position of the therapist: a stance (Cecchin, 1987, p. 411). This notion of "stance" signalled a new departure as far as the therapist was concerned. Both Hoffman and Real used it to convey a less directive and more personal disposition of the therapist

(Hoffman, 1985; Real, 1990). Now the cybernetic analogy also became somewhat strained. There was a move to introduce a biological one in order to capture the self-generating properties of systems (Maturana & Varela, 1980), and with an increasing acknowledgement of ideology, beliefs (Pearce & Cronen, 1980), and power differentials between men and women (Goldner, 1988; Goldner, Penn, Sheinberg, & Walker, 1990; McKinnon & Miller, 1987), the discipline settled down to accept systems as social systems (Andersen, 1991; Anderson, 1997; Bertrando, 2007; Krause, 2002) even if there was no clear agreement about what this meant. Anderson and Goolishian considered that systems create and reproduce themselves, perhaps around problems in an ecological type of way, with adaptation and articulation of fit held together by indirect communication rather than by design, planning, or predictability. The therapist was considered to be a member, along with other participants, and participated or facilitated (Real, 1990) rather than controlled (Anderson & Goolishian, 1990; Atkinson & Heath, 1990; Hoffman, 1985). In practice, reflexivity and recursiveness was also redefined:

The new format became known as the reflecting team. We thought of the French meaning of the word, not of the English one, which in our understanding comes close to replication. The French '*réflexion*', having the same meaning as the Norwegian '*refleksjon*', means: something heard is taken in and thought about before a response is given. . . . Our understanding of the beforehand-information about a system would inevitably be within our context. In other words, our own context was the background for the information. Therefore, the hypotheses were at least to some extent close to where we were. And we started to wonder how close we were to those with whom we met. [Andersen, 1991, pp. 12-13]

Here, reflexivity is a process between the therapist and her clients with an acknowledgement of the baggage or "prejudices" (Cecchin, Lane, & Ray, 1994) that the therapist brings to the therapeutic encounter. The therapist was in the system, but this did not ensure that she could access her client's points of view. The system was now conceptualized as a particular aspect of a meaning generating process. Anderson and Goolishian explicitly distanced themselves from the meaning, which persons acquire as part of their development, learning, and general participation in social patterns, and instead privi-

leged the personal meanings that individuals themselves construct as they engage in these social processes (Anderson & Goolishian, 1988, p. 375). In therapy, as in life, this second aspect of meaning tends to be communicated through language, and accordingly systems, including those in which therapist and clients take part, were, first and foremost, considered to be linguistic systems. Therapy now came to be seen as an open conversational domain (Hoffman, 1985), in which therapist and clients are constructing meaning through language collaboratively. This is social constructionism in systemic psychotherapy. Reality and experience are seen to be socially constructed, but the focus is on the individual and his or her relationship to the wider social context and ideology and not on relationships, defined as two or more intimately related persons sharing a history. The focus, thus, moves away from privileging one level of a system, for example the family, over another (Anderson, 1997, p. 28). The therapeutic conversation could now be redefined, away from the constraint of the family as an institution, and therapists became preoccupied with how to develop techniques, such as the reflecting team, aimed at promoting and generating an atmosphere of equality (Andersen, 1991; Anderson, 1997; White, 1997). With echoes of a first-order position, the therapist became a different sort of expert, an expert in bringing forth new meanings, a master conversationalist (Anderson & Goolishian, 1988, p. 372). Therapy sessions now emphasized the narratives that individual persons and clients tell about themselves and therapists continued to develop frameworks and models for how to ask (Epston & White, 1992; Freedman & Combs, 1996; Morgan, 2000) in such a way that new meanings, narratives, and stories can be generated. Both in theory and in practice, this approach emphasized individuals and how individuals with the therapist, sometimes serially, co-author and co-construct new experiences (Anderson & Goolishian, 1990, 1992; Freedman & Combs, 1996; Tomm, 1988). The other aspects of meaning generation, referring to those processes which implicate continuity, development, family relationships, history, patterns, and, as we shall see, power, were deliberately put out of view (Hoffman-Hennessy & Davis, 1993). Some systemic thinkers were, however, wondering whether the understanding of each by the other was quite so straightforward (Fine & Turner, 1991; Golann, 1987; Real, 1990).

It seems, then, that in earlier approaches in systemic psychotherapy, persons were considered to exist in the grip of fairly tightly

connected systems of relationships of which they were not wholly aware, while in contemporary social constructionist approaches we have swung the other way, to consider individual persons to be relatively unfettered by their relationships and their social contexts and language to be a privileged, if not exclusive, vehicle for the expression of experience and identity. In either version, the therapist is some kind of expert. Either she knows how life should unfold or she knows how to ask questions to help life unfold. The move from certainty to caution about how things should be has been a welcome aspect of social constructionism. However, there has been unease about what the reflexive therapist actually should do. Thus, Anderson and Goolishian's "not-knowing" (1988) and, although from a different position, Mason's "safe-uncertainty" (1993) refer to stances with which the therapist can position herself in order to get "alongside or slightly behind the client" (Mason, 1993, p. 195), using markers of uncertainty, such as conversational questions, non-intrusive curiosity, and speaking from within the conversation (Anderson, 1997). Rober has pointed out that, paradoxically, these strategies focus on the receptivity of clients rather than on reflexivity of the therapist. Referring to Bakhtin's (1935) notions of "voice" and "dialogue", Rober suggested that the therapist might use inner conversations between her experiencing self and her professional self in order to create a space for her own reflections (Rober, 1999). This acknowledges reflection as a more complex process for the therapist and, as we shall see below, also provides a position from which the approach to the generation of meaning espoused by conversationalist therapists can be critiqued.

With emerging postmodern and late capitalist views of individuality, practitioners in all social sciences and psychotherapies have had to address reflexivity anew and there has been a tendency to similar solutions. Donovan (2009) describes the similarity between Tomm's notion of reflexivity and reflective functioning and mentalization in psychoanalysis (Fonagy & Target, 2003), and states that both aim to help clients develop a capacity to interpret the feelings, thoughts, actions, etc., of other persons. Donovan does not mention how mentalization engages therapists, but notes that it is doubtful that mentalization can be described as psychoanalysis (p. 159). Social anthropologists have turned to psychotherapy for a promise of solutions to the difficult methodological problems presented both by theory (Moore, 2007) and participant observation (Mimica, 2007). Here, for some of

the most well-known anthropologists, self-reflexivity has shifted the emphasis from the anthropologist as ethnographer to the anthropologist as author (Clifford & Marcus, 1986; Geertz, 1988), while others have sought to be explicit about the way their scholarly work expresses their own political orientations (Graeber, 2007; Rabinow & Marcus, 2008).

It is clear that using our own selves to learn about others and the world presents difficult and thorny problems. How might we then set about developing a *comprehensive reflexivity*? That is to say, reflexivity which encompasses recursiveness between the different aspects of meaning, interpretation, and experience held or expressed by persons (either clients or therapists) *as well as* the self-reflexivity of both the therapist and clients *vis-à-vis* their own history, development, and background and the contexts in which they participate. Can we open up meanings and possibilities for clients, that is to say, produce new knowledge *and* broaden the enquiry to include the social production of therapy knowledge and techniques and of the power embedded in these? Can systemic psychotherapists both participate and observe?²² Bourdieu has suggested the concept of "participant objectivation" for social anthropologists. He wrote,

What needs to be objectivised . . . is not the social anthropologist performing the anthropological analysis of a foreign world, but the social world that has made both the anthropologist and the conscious and unconscious anthropology that she (or he) engages in her anthropological practice—not only her social origins, her position, her trajectory in social space, her social and religious membership and beliefs, gender, age, nationality, etc., but also, and most importantly, her particular position within the microcosm of anthropologists. [Bourdieu, 2003, p. 283]

We might not go along with Bourdieu in dismissing what the therapist does in the therapy room, but we can incorporate his idea of "classifying the classifiers", or "observing the observers observing" (Rabinow, 2008, p. 57) into our thinking and practice. Indeed, some systemic thinkers have made suggestions along these lines. Thus, White's idea of "taking it back" advocates that the therapist reflects on her own position to the client (White, 1997), which might or might not include a recognition of the institutional and historical embeddedness of her and her work. Rober and Seltzer (2010) consider how details of

therapeutic practices of which the therapist is unaware could colonize clients and handicap their self-determination. Burnham (2005) describes asking questions about questions about the therapeutic relationship, and Guilfoyle (2003) points out that conversational or dialogical therapies both reflect and conceal power, because, following Foucault, power is already there in the social, cultural, and institutional context outside the therapy room and, therefore, firmly embedded in the lives of the people in it. I think that we can discern that we are beginning to come full circle. By interrogating what the therapist actually does in the therapy room, how she thinks and what she says, we begin to be drawn to *her* context, development, and history, and in this way to glimpse earlier systemic preoccupations with patterns and continuity. We can find a similar tendency in how systemic psychotherapists have thought about "the subject", "the person", and "the individual", to which I now turn.

The subject in systemic psychotherapy

Take a look through the index of prominent texts in systemic psychotherapy and you will find virtually no references to "individual", "person", or "subject". This probably reflects the reaction to psychoanalysis at the beginning of the life of the discipline and, indeed, where we do find systemic psychotherapists referring to "subjects", they also tend to be those writers who are interested in psychoanalytic ideas (Flaskas, 1996, 1997, 2002, 2005, 2009; Frosh, 2009; Lerner, 2000; Pocock, 1997, 2005, 2006, 2009). As systemic psychotherapists, we have no explicit theory of subjectivity and we do not say what we think constitutes "a person", "an individual", or "a subject". Are the clients and families we see similar to or different from ourselves? In what way? To what extent? Unless of explicit interest, few systemic psychotherapists, including most of those referred to in this chapter, mention the cultural background, race, or ethnicity of either themselves or the clients they describe.³ Our ideas about social construction relate to what goes on between family members and clients or between ourselves and clients, and not to the extent to which personhood, individuality, and subjectivity itself might be socially or culturally constructed.

It has not helped that we have not been interested in the limits of these processes of social construction. Our attention has been on

diversity and difference, and yet our understanding of differences and diversity implies that something must be universal, but we do not say what we think this might be (Krause, 2009). I suggest that terms such as "the individual" and "the person" have articulated this universality obliquely in such a way that it has become an assumption, which we do not interrogate. Perhaps we assume that "individual" and "person" are empty or abstract entities, which only come to life in relationships? Or do we assume that all individuals and persons are more or less like us and live in families like ours, that is to say, in late capitalist families with Euro-American ideas of family life and kinship relations? Some of us (including myself) have ideas about our own families in which kinship tends to be seen "... to be concerned with what people do [did] everywhere with the facts of nature" (Strathern, 1992, p. 46). So, the symbols we use in genograms derive from genetics and we start with an egocentric view, following lateral relationships, excluding collateral ones, and tracing relationships bilaterally (Krause, 1998). Our assumptions about what constitutes individuals, persons, and subjects have, thus, functioned as constraints on diversity in two ways. First, because this domain was not theorized, but assumed to be more or less homogeneous, and second, because the cultural model on which it was based was seen to be nature itself. In this, we exclude other points of view, such as those in which the maternal or paternal relations might be considered more important for identity and personhood or those in which kinship relationships come before rather than after individuality (Strathern, 1988). And yet this dominant view is being challenged in several ways by the demands of clinical practice in our own contemporary societies. Thus, cross-cultural psychotherapy, gay and lesbian relationships, the reconstitution of families, fostering and adoption, and the increasing incidence of IVF and surrogacy all challenge orthodox assumptions about relatedness and about the generation and constitution of personhood and individuality (Carstens, 2004).

This notion of "the individual" and "the person" was carried into second order approaches in the form of an overtly stated discontinuity between political, cultural, and social processes on the one hand, and what Anderson and Goolishian called active communication, on the other (Anderson & Goolishian, 1986, p. 6). They saw meaning as being generated in language through conversations intersubjectively constructed, placing emphasis on the agreement between persons

about understanding that they are experiencing the same event in the same way (Anderson & Goolishian, 1988, p. 372). As we have seen earlier, in this view, social and cultural ideologies have little hold on individuals, who together are seen to create shared meanings by talking to each other, by having a dialogue. "Social organisation is the product of social communication, rather than social communication being a product of social organisation" (Anderson & Goolishian, 1988, p. 278). Thus, the emphasis on language becomes intelligible. But which language? Why did the existence of different languages and the different cultural meanings and traditions they reflect not pose both a theoretical and a clinical problem for this model of human relationships? Of course, the learning and use of language is a human capability, but, as we all know in practice, this does not mean that communicating in and across different languages is straightforward. By focusing on language as a formal phenomenon, this line of thinking trivializes differences in specific and local experiences and understandings (Burck, 2005) and is in danger of obscuring potential conflict between therapists and clients. No wonder that the generation of equality in the therapy room was seen to be more or less straightforwardly achievable through technique.

Anderson and Goolishian (1988) wrote that "meaning and understanding do not exist prior to the utterances in language" (p. 378), but the emphasis on linguistic aspects of semiotics is a problem. Semiotics is the study of meaning as signs and symbols and is closely implicated in what we generally understand to be culture. However, not all individuals who consider themselves to belong to the same culture share all meanings, and individuals also participate in cultural meanings of which they are not aware (Krause, 2002). Thus, meaning is not coterminous with language and, indeed, might not be expressed adequately in words. The idea that meaning is developed and generated through representations in conversation or dialogue in the therapy rooms is, therefore, only one half of the story. The other half is that meaning is generated in the relationship between those representations and knowledge that already exists (Milton, 2002). Persons have knowledge about the world, which they have acquired through past relationships with others who have occupied particular positions and had particular relationships to them, and this knowledge is modified, influenced, and changed according to a person's own interactions and communications with others and their experiences as their lives

unfold. The dialogue and the conversation in the therapy room is a process which creates new meanings, but there is much knowledge before and behind these new meanings (Malik & Krause, 2005) and therapists and clients themselves might have much less access to this and be less aware of it. To be sure, persons and individuals are subjects of their actions, their communications, and their words, but there are other aspects to subjectivity, many of them more obscure.

This is why conversations, narratives, and dialogues, and particularly cross-cultural ones, are so much more problematic than is often made out. It is one thing to acknowledge one's own position as a white, middle-class therapist, but quite another to become aware of the extent to which one's own ideas, attitudes, and knowledge about the world, about relationships, about bodies, about personhood and subjectivity are culturally constructed. These aspects of experience and meaning might facilitate or constrain and they might not be visible or available to be voiced. This presents a dilemma for interpretation and understanding. The psychotherapist, like the ethnographer, is a little like Hermes, the messenger for the Greek gods. In her interpretations, she must communicate the very foreignness that her interpretations deny in their claim to universality (Crapanzano, 1992, p. 44). This dilemma cannot be solved, and we might say that the process of therapy is to be found in the very dynamic of it.⁴

To an extent, this dilemma is captured in what is referred to currently as dialogical approaches in systemic psychotherapy. Indeed, dialogical approaches could be considered a contemporary attempt to develop and incorporate a theory of "the subject" in the discipline. The inspiration derives from Bakhtin's idea of the dialogical self (Bakhtin, 1935). I shall give a brief summary, and I refer readers to Holquist (1990) and Hermans and Kempen (1993), as well as to the authors discussed below. In brief, the dialogical self can be described as a multiplicity of "I"-positions in the mind of a person intertwined with the minds of other people. The "I" is always open and unformed, as opposed to another part of the self, which is finalized in language. We represent ourselves to ourselves as well as to others in this finalized, more categorical way in the form of words. The dialogical self refers to this dialogical process in the meaning that we make of ourselves, and Bakhtin calls this "the authoring of the self" (Holquist, 1990, p. 84). Existence is experienced as a mass of stimuli from the natural environment, individual organisms, and other persons. This is

"heteroglossia", from which meaning in the world is authored. But the "I" is not a free agent. Rather, the "I" puts words to the world, drawing upon the languages, the dialects, and the words of others, to which a person has been exposed. Understanding, then, is a creative dialogical process in which meanings of different parties come into contact and new meanings are created. The self is, thus, a relational phenomenon, which transcends the boundaries between inside and outside, between the self and others.

It is not difficult to see the attraction of these ideas to systemic psychotherapists. The relational domain, which we have been so used to locate between individual persons, can now be seen to be internal to them in the processes of identity formation. The model also allows us to understand personhood, identity, and selfhood as changing and contested according to individual circumstances, rather than as so many identical copies. As therapists, we must welcome this, while at the same time not ignore the myriad cultural meanings that enter the events, languages, and utterances in local lives. For example, we have to accommodate the experiences of persons such as one of my clients, who chooses to remain a single mother despite the protestations of her Bangladeshi family and, at the same time, insists on taking preventative actions to counter black magic. We also have to acknowledge that we cannot predict, or sometimes even identify, the combinations of events and meanings in the lives of our clients. The model of the dialogical self allows for this complexity, but this has not been acknowledged by all its advocates.

Although the question of whether therapy constitutes a special kind of conversation is a legitimate one (Bertrando, 2007; Guilfoyle, 2002), here. I am interested in the way different systemic psychotherapists have used Bakhtin's ideas and the implications for assumptions about "the person" or "the subject". Seikkula, Arnkil, and Eriksson suggest that dialogism is less a theory about human beings everywhere than a "professional expertise called for by post-modern development" (2003, p. 186). In this, they seem to suggest that open dialogue is a technique, which aims to encourage individual subjectivity, encourage reciprocal dialogue, create polyphony, and tolerate uncertainty. This is based on the idea that "in every social situation the reality is constructed entirely in the specific connection taking place in this particular situation" (Seikkula, 2003, p. 84). I think that there are problems with this interpretation. If open dialogue is a technique, then

perhaps, as Bertrando has pointed out (2007, pp. 152–153), the therapeutic dialogue is not a real dialogue after all. With the focus on the social construction of reality in the therapeutic conversation, Seikkula and his colleagues ignore Bakhtin's other process of self-authoring: that which draws upon the events to which a person has been exposed throughout her life, or what Holland and Lave (2001, pp. 3–33) have referred to as "history in person". This refers to bundles of discourses, some from the past, some from the present, some in fantasy, some from rituals and myths, and some from dreams. These processes are "languages of heteroglossia", from which we make choices in the authoring of ourselves, but we might not always be conscious that this is what we are doing. By referring to dialogue as a technique rather than as a theory of subjectivity, Seikkula and other advocates of dialogical therapies obscure the full extent of the authoring of their selves from themselves. In doing so, they produce an imbalance in which they implicitly make use of the full complexity of their own subjectivity (because how could they do otherwise?), while simplifying these processes for their clients.

I agree with Bertrando that Bakhtin's ideas require more robustness from the therapist, because only in this way can dialogical understanding unfold. Thus, Bertrando argues that, as a therapist, he must express an opinion, because it is only when his ideas are put into play with the ideas of his clients that true dialogue can take place (Bertrando, 2007, p. 153). With the therapist expressing opinions, the therapeutic dialogue is closer to all dialogues and the theory of the subject applied to all parties. This is a less colonizing starting point for the therapist. However, Bertrando also tells a story of a sexologist therapist and his work with a woman client, who, in her sessions, told her story, while the therapist listened. One day, this client surprised the therapist by suing him for trying to seduce her. Bertrando explains that in this case the dialogue between the therapist and the client was not a true dialogue. "To him they were sharing a narrative, to her, they were distant and he was threatening" (p. 152). I can think of many cross-cultural and cross-race scenarios in therapy, particularly involving gender, where the dialogue has unfolded or has been in danger of unfolding in just this way. Dialogue in therapy is not free of conflict, particularly not when the social context is laden with it in the form of racism, sexism, class differences, and other types of discrimination. This is acknowledged by Rober, who emphasizes the polyphony of

voices in which persons might speak (2005), and in particular the potential of our own voices, empowered by our own dominant culture, to colonize (Rober & Seltzer, 2010). How could power, authority, and conflict be eradicated from the therapy room, when these processes exist in the wider social institutions that provide the context for therapy?

In anthropology, Bakhtin's ideas have been attractive precisely because they have offered a theory of the "subject" which acknowledges the social aspects of expression and social life and an alternative to a psychoanalytic framework. As we have seen in systemic psychotherapy, the "behavioural subject" was replaced by "the cognitive subject" and, although a promising framework, if considered in its totality, approaches inspired by Bakhtin remain within a cognitive theory of subjectivity. However, neither the "behavioural subject" nor "the cognitive subject" captures comprehensively what it is like to be a person. In particular, they leave out emotions and feelings. This is not to say that emotions and feelings have been ignored in practice. It is difficult to conceive of any therapy without emotions, and emotional bondedness has been assumed to be the basis for all relationships (Bowen, 1978) and the foundation for all human systems (Bertrando, 2007). Emotions have also recently been the subject of several publications (Bertrando, 2002, 2006, 2007, 2010; Bertrando & Arcelloni, 2009; Fredman, 2004; Krause, 1993, 2007, 2009, 2010a,b; Pocock, 2009, 2010a,b). It was, in fact, the emotional outlook of the Iatmul men and women, and the inversion of this in the *naven* ritual, which first alerted Bateson to the dynamic of these relationships and to schismogenesis.

The *naven* ritual was a ritual of initiation for a young man, marking his entry into adulthood. In everyday life, Iatmul women were expected to be co-operative and self-effacing, whereas men were expected to be fiercely competitive and flamboyant. In *naven*, this was reversed, so that men who were mother's brothers to the young man dressed in dirty women's clothes, smeared themselves with ashes, and carried symbols of femininity and motherhood, while women strutted around dressed like men with feathers, headdresses, and ornaments made from the bones and teeth of enemies killed in warfare. The whole thing was embarrassing for the young man, but it also took place with much hilarity and mockery. By providing opportunities for both men and women to experience emotions that were not normally an aspect of their own gendered social personhood, the *naven* ritual,

Bateson argued, contributed to psychological integration. But emotions also expressed two other aspects. One was a convergence of subjective and cultural outlooks. Bateson argued that it is not possible to interpret a particular emotion expressed by an individual without first knowing something about the general emotional outlook of a culture, a system, or a relationship (1958). The other referred to a more general capacity of humans to experience and express emotions. Bateson described how it was not until he realized and experienced the fun and hilarity in the *naven* ritual himself that he could get an idea about what the ritual was about (Bateson, 1958, p. 259). So, while emotions articulate subjective and cultural experiences and outlooks, they might also provide an anchor for cross-cultural experience even if this by itself is not enough for understanding. In this sense, as I have argued elsewhere, emotions might call the context and this context, as well as referring to past experiences of clients and therapist, is also a place (the therapy room at a specific time) where our education about our clients begins (Crapanzano, 1992; Krause, 2010b). Such a framework opens up a consideration of processes which are less accessible, perhaps outside awareness and unconscious, such as, for example, fantasies (Pocock, 2010b), dreams (Luepnitz, 2009) and embodiment (Csordas, 2002; Malik & Krause, 2005; Wilson, 2007).

Emphasizing relationships has meant that it never was straightforward to develop a theory of the "the subject" or "the person" in systemic psychotherapy. As an assumption, the "behavioural subject" emerged alongside the cybernetic metaphor for relationships. But this itself was a development from an earlier structural functionalist notion of social systems as organisms, in which different aspects of the system were seen to be tightly interrelated. Bateson's brilliance consisted in realizing early in the history of anthropology that such a view of a social system must be accompanied by the meaning attributed to the different social, cognitive, and emotional processes by persons who are engaged in them. But, with an emphasis on cybernetics, the role of culture in systems and relationships was lost (Harries-Jones, 1995) and emotions and feelings tended to be conceptualized as being generated inside individual bodies (Krause, 2007).

With the linguistic turn, the individual person's or client's relationship to the wider social context came into view, but the full range of possibilities of variations in language/meaning could not be accessed because language and cognition defined the system rather

than being an aspect of it. The "cognitive self" entailed a formal view of language and linguistics and meant that different languages and different, sometimes unconscious, meanings were not within view. Within this framework, it has been difficult to develop a nuanced theory of the subject and to link individuals to social systems or to systems of relationships in anything but a simplistic manner. In turn, the role of individuals and persons have been conceptualized in terms of biological or social reductionism, neither of which can do justice to the complexity of diversity. Bakhtin's ideas about the "dialogical self" have helped to straddle external and internal worlds and provided a possibility for developing a space in the discipline with room for the unfolding of the dynamic of the behavioural, cognitive, emotional, social, co-temporal, and historical processes in real life. I now consider what this implies for how we think about culture.

Culture

Those therapists who have continued to emphasize patterns, past and present contexts, history, often colonial history, and systems have also been those who have addressed issues of culture and race as central issues in their writings and many of them are from minority backgrounds themselves (Boyd-Franklin, 1989, DiNicola, 1997; Falicov, 1988, 1995, 1998a,b, 2005; Fisek, 1991; Hardy & Laszloffy, 1995, 1998; Krause, 2002; McGoldrick, 1998; Watts-Jones, 1997, 2002). Early on, some of these approaches iterated the strong grip that systems were seen to have on individual persons and, therefore, tended to promote essentialized notions of culture, race, and ethnicity (McGoldrick, Pearce, & Giordano, 1982). However, later approaches have paid attention to cultural and ethnic dimensions while at the same time exploring the kinds of structures that might help us to think about these. Thus, Falicov has advocated thinking about cultural context, migration-culturation, family life cycles, and family organization in order to provide a focus for a comparison and an exploration of the similarities and differences between therapists and their clients (Falicov, 1995, 1998b, 2005). Boyd-Franklin focused on the empowerment of black families and emphasized the need for therapists to draw on different systemic models. The inter-institutional perspective (Montalvo & Gutierrez, 1988), the ecological systems approach

(Auerswald, 1968), and the eco-systemic approach (Falicov, 1998a) are further examples of approaches that have highlighted the connections between social ideology and institutions and individual and family experiences. Why does attention to race, culture, and ethnicity make it more likely that both individual dimensions and social dimensions of meaning and experience are kept in view? I have argued elsewhere that this is because culture has system-like properties, that is to say, over time there is some continuity in cultural patterns. This is not total and predictable, but it is enough for persons to have expectations as if such continuity exists (Hastrup, 2007; Krause, 2002, p. 24). This does not mean that persons cannot construct something new, only that whatever is new is always brought forth against the background of something that was there before. A similar continuity, but more fixed, exists in racial and ethnic categories. These categories reflect the construction, negotiation, and maintenance of social and political boundaries as expressed in individual identities (Jenkins, 1997), and they, too, articulate patterns and have a history, and often a colonizing one, even if this might not be reflected in the conscious experience of the majority of professionals.

Accepting this also means accepting that the complexity is not always within the awareness of persons, either therapists or clients. Thus, persons are not fully aware of Bakhtin's heteroglossia and internal dialogues are not necessarily explicit in conversation, but depend on the position and receptivity of the interlocutor. Despite the challenges posed by communicating across different languages, language can be made accessible. We can identify a glossary, a dictionary, or a native speaker, and, in this way, make progress towards finding translations, either with interpreters or by our own trial and error. Or we can rely on signs and physical connections. Other, more implicit, aspects of the conversation, such as past experiences of discrimination or assumptions about what kind of reciprocity or what kind of connections make a relationship, might be more tricky. Thus, we might not be aware ourselves that our notions of kinship and family are built upon particular assumptions about the way nature and culture intersect, or that persons from other cultural traditions might build relationships on different premises (Carstens, 2004; Strathern, 1992, 1999). We have begun to take some of this to heart, such as in a recognition of the different emphasis between sociocentric and egocentric outlooks in kinship relationships (Fisek, 1991; Krause, 1998; Malik &

Mandin, this volume; Singh & Clarke, 2006; Tamura & Lau, 1992), but other aspects of persons, such as the body, the self, perception, emotion, and the notion of a relationship in itself might also articulate different orientations. Strathern comments, on the limits of Euro-American perspectives,

what might interpretation look like in a society that does *not*, as here, imagine perspectives as self-referential, 'unique' contexts for action and hence with the potential to coexist with, and overlap with, limitless numbers of 'unique' others? . . . One must simply be prepared for the unpredictable, including different distributions of what people take as finite and what they take as infinite about their circumstances. [Strathern, 1999, p. 249]

Of course, one perspective can provide a perspective on another perspective.⁵ The client's perspective can provide a perspective on the therapist's perspective. But this does not necessarily yield a reciprocal or a mutually defined relation or understanding. Neither may be defined in the terms of which the other is not. On the contrary, each perspective might be connected to a unique range of phenomena and refer to quite different contexts for action. Inger and Inger (1994) suggest that ethics is the ability of holding two or more points of view simultaneously. I prefer to say that the process in ethical practice, reflexivity, is assessing your own perspective while, at the same time, developing the perspective which the other comes to have of your perspective against the background of their own perspective. This means that we are always representing our relations to others and we cannot do so independently of perspective (for perspective, read assumptions, history, theory, or epistemology).

We may take "othering" to exemplify one such perspective in current social science and psychotherapy (Benjamin, 1998; Clifford & Marcus, 1986; Das, 2007; Dalal, 2002; Fanon, 1952; Kitzinger & Wilkinson, 1996; Klein, 1946; Said, 1978; Segal, 1994; Winnicott, 1971). This is a complex area, and here I wish to provide a very summary statement of two main positions, as I see these. One is the psychoanalytic view. In this, subjectivity develops as a result of the introduction of a third party to the dyadic relationship between infant and primary carer. This triangle helps the infant tolerate frustration and discomfort. If the blissful, idealized state of one-ness is unmediated, this generates

states of mind in the baby in which the baby feels attacked, as in an earlier stage of development, and reacts without being able to think and reflect (Klein, 1946). Because these states and functions are the primitive building blocks of persons in relationships throughout our lives, they are also considered to be states of mind into which mature persons might fall again and again. Winnicott (1971) suggested that these processes involve transitional phenomena in the form of symbols and play in such a way that when a baby develops the capacity to use a symbol of union (and this depends on the building of trust between baby and care-taker), he or she comes to benefit developmentally from separation. This is where Winnicott locates cultural experience:

I have used the term "cultural experience" as an extension of the idea of transitional phenomena and of play without being certain that I can define the word "culture". The accent indeed is on experience. In using the word "culture" I am thinking of the inherited tradition. I am thinking of something that is in the common pool of humanity, into which individuals and groups of people may contribute, and from which we may all draw if *we have somewhere to put what we find*. [Winnicott, 2006[1971], p. 133, original italics]

and

The interplay between originality and the acceptance of tradition as a basis for inventiveness seems to me to be just one more example, and a very exciting one, of the interplay between separateness and union. [Winnicott, 2006[1971], p. 134]

I think that Winnicott's thoughts on "the location of cultural experience" help us to understand something fundamental about cultural processes, which is that these are processes that are experienced emotionally, on the body and in the mind, from the very beginning of life. However, even though as Winnicott's ideas suggest, "the other" is outside, possibly bent on omnipotence and destructiveness, just as we ourselves might be, we cannot simply scale up this view to encompass and account for whole societies and their alliances and conflicts. Benjamin has pointed to the correspondence between the psychoanalytical problem of overcoming omnipotence and the political problem of non-violence,

The question—Can a subject relate to the other without assimilating the other to the self through identification?—corresponds to the political question, Can a community admit the Other without her/him having to already be or become the same? [Benjamin, 1998, p. 94]

While this correspondence is clear, it does not attend to the myriad different ways, inside and outside of awareness, alterity might be experienced and (mis)understood in the communication between persons of different cultural and racial backgrounds in actual communities and social contexts.

For this, we have to turn to the second position, that of social science. In this, our epistemologies and our descriptions of other societies and cultures reflect particular dominant economic, political, historical, and colonizing interests in our own societies (Khanna, 2003; Said, 1978). These are also reflected in the terms employed by states and bureaucracies to categorize populations and to bestow rights and duties, privileges and penalties, and in the rhetoric through which this is communicated. They are also tacit in the expression and experience of identities and relationships (Baldacchino, 2011; Clifford & Marcus, 1986; Collini, 2010; Ewing 1997, 2008; Foucault, 1978; Hall, 1996; Žižek, 1989). While, in general, the constraints and influences of these social processes upon persons and populations take place in any society or social organization, the categories in which they find expression are cultural ones, that is to say, they are imbued with specific meaning, conscious and unconscious, and contextually and historically constructed. In one way or another, these meanings, in turn, enter the processes of unity and separateness in the dynamic between carers and children referred to by Winnicott.

As I see this, these two views underpin each other. In everyday practice in systemic psychotherapy, differences, and especially those which are conceptualized in terms of race, culture, and ethnicity, evoke primitive states and "othering" processes in therapists no less than in other persons. I think that this explains the persistent practice in systemic psychotherapy of not mentioning cultural, racial, or ethnic background or context in clinical discussions or in case examples and scenarios in written papers about generic theoretical issues, such as reflexivity. I also think that this explains the difficulties and imbalances in applying dialogical theories comprehensively. In Bhaktin's

notion of the dialogical self, a person is both subject and object to herself. However, in the actual lives of persons, subject and object easily slide into a distinction between the self and other and between a complex and reified view of subjectivity. Intuitively, we know that, despite our embodied selves, we are not objects, but when it comes to other bodies and persons and, in particular, other bodies that are very different from ourselves, we run the risk of objectifying them. Power, stereotyping, discrimination, and racism are processes of objectification in which one party relates to the other as subject to object and mutuality in perspectives has been lost.

Concluding thoughts

Is relating to others in this way inevitable? I do not think so, at least not for all of the time. In this chapter, we have seen that even with the development of social constructionism and second order approaches, which have encouraged therapists to take more responsibility for their practice, systemic psychotherapy has continued to promote certain blind spots. The most glaring of these have been the failure to think about or define "the subject", "the person", or even "the individual". Because we have not paid attention to our own assumptions about what constitutes a person and what it is about subjectivity or personhood that we assume to be universally applicable, we have also remained unclear about what it is that makes possible what we do know about ourselves and our clients. This lack has come under pressure from the increasing interest in the discipline in "reflection" and "reflexivity" and in "culture" and "power/race", but it seems to have taken a long time for the discipline to be able to connect these areas of theory and practice within a systemic framework of theoretical practice, and there is still a tendency to ascribe more complexity to ourselves than to our clients. In this chapter, I have argued that we need to move away from implicitly promoting a view of subjectivity as either "empty" or "just like us", or as repeatedly socially constructed and reconstructed in interaction with us. I have suggested that the emphasis on language and texts has not been helpful, not only because the privileging of language itself is a cultural assumption, but also because this emphasis has tended to exclude embodied,

emotional, and experiential dimensions of "the subject" and "the self". These dimensions implicate cultural meaning, expectations, and history, and an emphasis on culture, race, and power, therefore, raises questions about continuity as well as patterns of meaning which may be historically and socially implicit and outside consciousness altogether. I believe that, while this all complicates the picture for us as psychotherapists, this complexity also offers us an opportunity to take proper account of it and, in doing so, to move forward. I also believe that here systemic psychotherapy might have a contribution to make to psychotherapy and mental health practice generally in the twenty-first century. So, how do we begin to develop a comprehensive reflexivity, that is to say, a reflexivity which acknowledges recursiveness between different aspects of meaning, interpretation, and experience, as well as a self-reflexivity *vis-à-vis* our own history, development, and background? Perhaps we might reframe our stance in the following way.

Mattingly comments that cross-cultural or cross-race narratives are remarkable, not so much for what they convey as for what they leave out (Mattingly, 2008). She refers to such discourses as "the border zone" (p. 139), because, although in cross-cultural systemic psychotherapy therapists and clients cannot be said to belong to a single shared culture even when they have been members of the same society for a long time, it is also misleading to consider that they operate in discontinuous worlds. In the therapy room therapist and clients are exemplifying moments of cultural differentiation (Bhabha, 1994), while, at the same time, they must have been brought together there by some coterminous process. This idea of "borders" has been described and debated by many others, including systemic psychotherapists interested in these issues (Daniel, this volume; DiNicola, 1997; Falicov, 1995, 2009; Henderson, 1995; Turner, 1969; Werbner & Modood, 1997), but I want to highlight the reference to time and context in the idea. To me, "border zone" refers to a contemporary site where the therapist and clients come together. This site is characterized by being in a specific context and historical time with a specific task (the clinical encounter). "The contemporary" refers to what goes on in this site, in the moment of the session, in the dialogue, and in the interactions, in the present. However, the reference to time also reminds us that in this domain old and new elements coexist in

multiple configurations and variation and that we cannot assume that what is new, what happens in the present, in the conversation or in the dialogue between the therapist and the clients, always is dominant and that what is old is always residual (Rabinow, 2008, p. 2). The idea of the contemporary alerts us to the need to acknowledge that what happens in the conversation in the therapy office always incorporates and is set against the background of the past, as well as the possibilities for the future (see also Boscolo & Bertando, 1992, for an early expression of this). We need to bear this in mind with all the force of comprehensive reflexivity we can muster. Bateson's idea of premise (see also Bertrando, 2007, and this volume) might assist us here. Bateson defined a premise as "a generalised statement of a particular assumption or implication recognisable in a number of details of cultural behaviour" (Bateson, 1958, p. 24). Bateson's idea was shaped by dominant ideas in anthropology at the time, which undoubtedly underemphasized change and individual agency. Placing premise in our current context, we might say that a premise is a perspective. It is like a thread of coherence running through meaning, representations, and expectations, but that may be experienced only in a fragmentary shifting form by individual subjects. The Euro-American emphasis on unique self-referential subjects noted by Strathern, above, is an example of a perspective.⁶ A perspective is, thus, a result of cultural, social, historical, and relational contexts and individual persons' experiences of these, and refers to the relationship between the past, the present, and the expectations for the future from a particular point of view. A perspective is what persons (therapists and clients) consciously or unconsciously bring to the contemporary site of psychotherapy. "Perspective" and "the contemporary" alerts us to the temporality in "voice" and "dialogue" as well as to the existence of some kind of pattern in the lives of ourselves and our clients. At the same time, they also ought to alert us to how uncertain and downright wrong we might be in guessing about them.

With the therapist moving inside the system in systemic psychotherapy and with an accompanying emphasis on formal language and on the present in the form of conversation and dialogue in the therapy room, both the present and the future have come to be seen as relatively unfettered by the past. Pattern, context, and system have been replaced by co-construction, text, and narrative. This has

obscured both the continuity and containment, which culture affords to individual persons and, somewhat paradoxically, the social and political conflict, which exists in wider contemporary social processes and institutions and has, in this way, contributed to collective processes of othering and objectification in the discipline. Viewing reflexivity through culture alerts us to the similarity between ourselves and our clients, in so far as it points us to a complex mixture of fragmented conscious and unconscious cultural and political processes which constitute the conditions for our existence and our relationships. The possibility of our communication within and across cultures, races, ethnicities, and power positions is based on all of us sharing these conditions for existence. At the same time, constructive communication is only a possibility if we are able to acknowledge perspectives other than our own in both theory and practice. For this we must develop an understanding of history, memory, pattern, and continuity as well as of the beliefs, motivations, wishes, aims, and intentions of our clients and ourselves, and it is this that is called forth in the contemporary context of systemic psychotherapy.

Notes

1. We may describe the first as a modernist approach and the second as a postmodern one.
2. This methodological debate is ongoing in anthropology, with many different positions. Probably the position taken by most anthropologists is a pragmatic one rooted in critical realism (Bomeman & Hammoudi, 2009; Davies, 1999; Graeber, 2007).
3. When the race or ethnicity of clients are included as clinical material, this also commonly tends to be problematized and racialized.
4. Anderson also refers to Hermes, Zeus's messenger, and his tasks (Anderson, 1997). However, she does not emphasize the dilemma in all translation, which Benjamin has characterized thus: "All translation . . . is only a somewhat provisional way of coming to terms with the foreignness of languages" (Benjamin, 1998, quoted in Crapanzano, 1992, p. 43).
5. Positioning may be seen as an aspect of perspectivism. See Campbell and Grøenbaek (2006), and Campbell (this volume).
6. Andersen (1991) and Taylor (1985a,b) both refer to the idea of premise using the terms "pre-understanding" and "background understanding", respectively.

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PART I

THE INTERSUBJECTIVE SPACE