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CHAPTER TEN

In the thick of culture: systemic and psychoanalytic ideas

Inga-Britt Krause

In the introduction to a book about cross-cultural psychotherapy, I made the comment that any cross-culturally practising psychotherapist, in some way, must feel compelled to adopt a systemic perspective (Krause, 1998). This was a statement that traced and documented my own personal journey from social anthropology to family therapy, but I also wanted to call to mind the historical connection between the two disciplines via Bateson (Krause, 2006), "culture" as a systemic idea (Krause, 2002), and the contribution of social constructionism to contemporary systemic psychotherapy.

In the same book I worked my way through different areas in which cultural patterns, symbols, and meanings impinge, constrain, and are implicated in the behaviour and experience of persons. These included kinship, emotions, ritual, taboos, and secrets. My argument was that much cultural material is outside the realm of individual awareness in the form of different types of knowledge and structures, some of which seem unquestionable and natural to individuals. (I used Bourdieu's terms *doxic* and *habitus* to refer to knowledge, which is imprinted on the body and the mind as the result of the operation of structures that are unconsciously

regulated and that incorporate culturally structured patterns, routines, improvisations, and meanings. I quoted Bourdieu as saying, "It is because subjects do not strictly speaking know what they are doing that what they do has more meaning than they know" [Bourdieu, 1977, p. 79].) I referred to material that is "implicit", "outside awareness", and to those aspects that are not articulated verbally, but I did not use the term "unconscious". This was partly because of the technical meaning of this term in psychoanalysis, but also because I felt a need to be cautious. The evidence of cultural diversity in areas outside consciousness is abundant, but questions about how this works, how we may understand it, and what kind of model or theory we may choose to use are complex. Ultimately, we all have to answer the same ethical questions about our own relationship to that with which we are engaged and to the models for which we make claims.

The paradox (if I may use such a strong description) of my 1998 book was that, while setting out to make important claims for systemic psychotherapy, I ended up moving into an area of our work (that part of life which is outside consciousness), with which systemic psychotherapists had engaged hardly at all as far as cross-cultural work is concerned. Eventually, by suggesting that self-reflection and a kind of cultural and social transference (Krause, 2002) are necessary tools in cross-cultural work, I had moved from advocating systemic ideas to also advocating psychoanalytic ideas as a guide for cross-cultural practice. Through this journey, I have come to believe that, from an individual person's point of view, "culture" is in the same league as "experience" and "reality" (Britton, 1995; Flaskas, 2002) and therefore requires similar engagement and recognition from psychotherapists, whatever their training and background.

Culture in systemic psychotherapy

Despite the inspirational influence of Bateson's anthropological work in the development of family therapy (Bateson, 1958, 1972), the phenomenon of "culture" did not receive much attention in the beginning of the life of the discipline. The Palo Alto Communications Project was set up to research all aspects of communication, but the collaboration between Bateson and his colleague Watzlawick

came to an end over a split between them about whether forms of communication could be discussed in isolation from cultural communication (Harries-Jones, 1995). Bateson thought that they could not, but Watzlawick's and Haley's influence signalled a move in family therapy towards behavioural interpretations of human relationships.

Bateson had himself struggled with the tension between local details and general descriptions in his writing about schismogenesis in the Iatmul *naven* ritual. We can trace this struggle through the book *Naven* (1958), and in particular in the development between the two Epilogues of 1936 (Bateson, 1958) and 1958. In the 1936 Epilogue, Bateson was preoccupied with whether or not the labels he was using to categorize behaviour were his or whether they also belonged to the Iatmul people themselves. In the 1958 epilogue, which Bateson wrote after having discovered the relevance of cybernetics and logical typing to his work, he was quite clear that the categories he was using, such as "ethos" and "cultural structure", were descriptions of processes of knowing adopted by scientists. Although there was still an emphasis on ethnographic observation, there was also a notion that what is observed is not solely a result of what is going on between the parties in front of our very eyes. This was conceptualized using ideas such as "metaposition", and "positive" and "negative feedback".

Between the two epilogues, Bateson had moved from investigating a particular ritual, with all its related details of meaning and symbolization, to an attempt to find a generic typology of human relationships and to formulate a general theory about human interaction and communication. It was this "recursive vision" (the phrase used as the title of Harries-Jones seminal book about Bateson and his work [Harries-Jones, 1995]), with all its different layers, from which Bateson thought that Watzlawick and Haley had departed. Accordingly, those of Bateson's papers that achieved a high and even iconic status in family therapy became those papers that focused on behaviour (for example, papers on the double bind, the cybernetics of self, and a theory of schizophrenia [Bateson, 1972]), whereas others, which discussed "meaning" or "culture" more directly (for example, papers such as "Style, grace and information in primitive art", and "Experiments in thinking" [Bateson, 1972]), have hardly been referred to.

Since meaning is ubiquitous, family therapists could hardly practise without working with meaning. However, the question of whose meaning did not seem to arise very much in the early decades of the discipline. The effect of this was that meaning could ride on the back of behaviour, which could be observed and therefore remain relatively unproblematic. So, for example, the early Milan team, who had a reputation of working with meaning, defined ritual primarily in terms of "action accompanied by verbal formulations" (Selvini Palazzoli, Boscolo, Cecchin, & Prata, 1977, p. 452). It was not until a decade later or so when feminist family therapists began to question ideology, that the notion of multiple meanings—of whose categories? whose labels or whose meanings?—began to emerge explicitly as an issue in clinical practice. Since then, it has been extended and developed in many different ways: language generated systems (Anderson & Goolishian, 1988), narrative approaches (Epston & White, 1992; White & Epston, 1990), multiple voices (Hoffman, 1993; Papadopoulos & Byng-Hall, 1997), cultural lenses (Hoffman, 1990), and open dialogues (Seikkula, 1993; Seikkula & Olson, 2003).

However, despite this emphasis on constructionism in the discipline, or perhaps because of it, it has been difficult to consider meaning-making itself as a system. As Flaskas has pointed out in relation to the work of Michael White, the privileging of "new" narratives has led to a de-emphasis on the continuity of experience (Flaskas, 2002, p. 64). It also runs the risk of privileging the therapist's own ideas and notions about relationships at the expense of the views and orientations of clients, which may be more implicit and hidden and therefore not accessible through relatively brief conversations (Krause, 2002, pp. 13–16). This suggests a confidence in the discipline that meaning is not all that difficult to access, that meaning emerges from our dialogues with clients as a result of our skills in using particular techniques, and that we will be able to notice, understand, and attune to them when they do. This entails respect for the role of persons in the construction and co-construction of intersubjectivity, relationships, and communication (often referred to as agency), but it is at the same time inattentive to the limits and constraints against which these processes take place (Hacking, 1999; Flaskas, 2002; Krause, 2002; Lannamann, 1998; Malik & Krause, 2005).

In summary, systemic psychotherapy has a bundle of theories and models, which have been influenced by the early choice of a behavioural direction and are characterized by a theoretical emphasis on the general and the abstract (the meta-), rather than on the process of abstraction. They are also characterized by synchrony rather than diachrony, and by a reluctance to theorize those aspects of life and experience that lie outside awareness or consciousness. These models are also rarely explicit about what is assumed to be universal. Our modes of practice and our understanding of diversity and differences imply that something must be universal, but we do not say what that might be. As a result, we cannot be explicit about what might be the constraints on social construction. Thus, we remain oblivious to what it is that makes possible what we do know about ourselves and our clients in the first place (social anthropologists and ethnographers often find themselves in the same methodological quandary).

Culture in psychoanalysis

But what if some of what we all share lies beyond our awareness? This is highly probable, since each of us sees the world from our particular points of view and what we have in common is therefore only one variation on a theme. This is, of course, also the view put forward in psychoanalysis, where what is of interest in terms of explanation happens in the unconscious. (I am much less qualified to speak about psychoanalytic than about systemic theory. Here, I mainly rely on my own reading of the theories of Klein [1945, 1946], Bion [1962], and Britton [1995].) In many ways, a psychoanalytic approach is the opposite of a systemic one, with an emphasis on diachrony in the form of child development, on unconscious feelings and motivations, and an explicit claim that this is a universal model. In this model, the early experiences of the baby and the processes through which these are addressed become a kind of blueprint for mature persons.

In the world of the newborn infant there are no persons, but only powerful sensations, which the baby experiences as coming from the outside. When the baby is hungry, for example, this is experienced by her as an attack from the outside, as if something

outside is the bad experience. The baby learns to deal with her anxiety through her carer(s) attending to her, in the course of which the baby's projections are given back to her in a modified way. This helps the baby "contain", or take back into herself (introject), a strong, good, and containing carer/mother. Now the baby is ready to accept a world view in which new things can be contemplated and tested, which allows frustration to be tolerated and discomfort to be recognized, not as an attack, but as the feeling of absence of something that the baby might want.

For Klein, Bion, and Britton, the baby developing an ability to work through to this state (the depressive position) depends on the introduction of the third person, or a triangle, in her life. This person or these other persons challenge(s) the blissful dyadic symbiosis with the primary carer, and this enables the baby to be an observer to other dyadic states (Britton, 1995), to herself (Bion, 1962), and is also implicated in the development of thought and language (Hobson, 2002). If the blissful idealized state of oneness is unmediated, on the other hand, this is conducive to generating states of mind in which the baby again feels attacked and reacts without being able to think and reflect about this (the paranoid-schizoid position). Because these states and functions are the primitive building blocks of persons in relationships with others, they are also considered to be states of mind into which mature persons may fall again and again.

But what of the specific, the particular, the culturally constructed, and the local in this theory? The theory attends to the position of the infant and the development of fundamental human capacities. The functions of the mother or primary carer are highlighted in so far as they enhance or hinder the development of these capacities. However, in practice these functions are carried out within a cultural context of meaning and convention, which provides the rationale for the interaction and communication for both baby and carer. What the baby experiences from her carer is embedded in cultural conventions and meanings. From this point of view, a variety of ways of offering "containment" and addressing anxiety will be possible in order to reach "normal" development and good enough relationships between carers and infants. An outline of the most rudimentary caring functions therefore does not, by itself, give any clue to how the relationship between cultural

variation and universal requirements can be assessed. Instead, it runs the risk that cultural variation is overlooked and that normative expectations are conflated with particular points of view.

How, then, can cultural variation be addressed from a psychoanalytic perspective? This is a tricky question. In the famous discussion about the Oedipus complex between psychoanalysis and anthropology, the debate came to a stalemate several times (see Cohen, 2002, and Krause, 1998, for summaries of this debate). Anthropologists argued that since familial relationships and arrangements do not everywhere adhere to the model of the nuclear family found in North European societies, the Oedipus complex cannot be said to be universal. This was based on observations of kinship rules and behaviour, on myths, and on talking to local informants. However, the psychoanalytic side argued that since some patterns of behaviour and some customs echoed European ones, the meanings that do not fit must be evidence that, far from absent, the Oedipus complex was, in fact, particularly strongly repressed in the societies in question. While this may be a somewhat outmoded view in psychoanalysis today, there remain questions as to how rudimentary functions and processes can be accessed through levels of language and cultural symbols, and about the cultural content of the unconscious.

Common ground

In his first ethnography, Bateson approached the Iatmul material (the Iatmul live in the region of the Sepik river in the eastern part of New Guinea) with the idea that the Iatmul ethos in some way distilled the logic of a cultural outlook. To examine this, he used the *naven* ritual as a lens through which to examine Iatmul culture, much in the way systemic psychotherapists have been taught to focus on particular sequences and patterns in therapy sessions and relate these to the system of family relationships. (In the *naven* ritual, a young man who has achieved something that denotes adulthood is pursued by his maternal uncle, dressed up as an old woman. When the maternal uncle finds his nephew, he rubs his buttocks up and down his nephew's thigh in a sexualized gesture, which causes much hilarity among the onlookers. [Bateson, 1958].)

Bateson had already found a tradition of transvestism in large-scale Iatmul ceremonies, and had noticed how proud women were of the men's ornaments, which they wore in these ceremonies. However, it was not until he himself saw the transvestite uncle dressed up in women's rags in the *naven* ritual, and experienced the emotion of this ritual, that he realized that the uncle was a figure of fun, acting like a bedraggled buffoon. The contrast between this figure and the pride women showed in the male ornaments they were wearing in this ritual gave vital clues about the orientation and central themes in Iatmul culture.

This then became the rationale for Bateson's subsequent analysis of Iatmul culture and his view of the *naven* ritual as schismogenesis (Bateson, 1958). Later, when Bateson became influenced by cybernetics, he did not refer to emotions very much. But, in the one time when he did, in his argument with Haley over power (Bateson, 1978; Dell, 1989), his position that emotions are culturally constructed (and that therefore particular emotions cannot be elevated to an explanatory principle) was much misunderstood (Krause, 1993). So, when culture went off the theoretical agenda in early family therapy, so did emotions. Since then, this aspect of communication and interaction has, with some recent exceptions (Andersen, 2007; Fredman, 2004; Pocock, 1997), been conspicuous by its absence from theoretical debates in the discipline.

In contrast emotions are at the centre of the theoretical paradigm in psychoanalysis. These are rudimentary feelings, motivations, and experiences that provide the driving force of the infant's emotional and cognitive development. Bion's main concern was how thought is applied to emotional experience at a primitive and unconscious level, and how this cannot be conceived of in isolation from a relationship (Bion, 1962). It is how the carer responds to the infant's anxiety which gives rise to the emotional tone of that relationship. Bion identifies love (L) and hate (H), as well as their negatives, as the rudimentary emotions of the paradigm, and these become transformed into elementary and abstract modes of thought through the stages of the grid (*ibid.*). Despite the rudimentary nature of these emotions, it seems that the analyst is able to access these in practice in therapeutic sessions, much like a key signature in the beginning of a piece of music (Symington & Symington, 1996). Bion suggested that the therapist should

approach this "without memory and desire", not by inference, but through intuition, by becoming one with the intuition resulting from the experiencing of different emotions (Bion, 1962). Might we see this as similar to Bateson's idea that ethos will convey something of the logic or meaning of a culture or a pattern of interaction? We could perhaps speculate that this is what happened to Bateson when he was confronted with the fun and buffoonery of the maternal uncle in the *naven* ritual.

Is this what we, systemic psychotherapists, call "knowing" or "not-knowing"? Much has been made of this dichotomy in our discipline (Frosh, 1995; Lerner, 1995, 2000; Pocock, 1997). If we approach our clients with a philosophical stance of not-knowing (Anderson, 1999), or a stance of uncertainty or doubt (Mason, 1993), what does it mean to know or to be certain or to be authoritative? Anderson and Goolishian (1988, 1992) did not define this stance with reference to emotions or feelings. Their emphasis was on how the therapist positions herself and how she participates, or not, in the creation of new knowledge. "Not-knowing therapists", Anderson wrote, "value being public, open and honest about their thoughts" (Anderson, 1999, p. 6). But what about their feelings? This seems to exclude those aspects and processes that lie outside awareness or are unconscious. If "not-knowing" is a process that in some way contributes to the emergence of new meanings, which in turn bring other uncertainties, then new meanings must have been outside awareness before.

So how are we to understand the therapist being able to facilitate this process? Lerner draws a parallel with the process of containment (Lerner, 2000). Very often it is the emotional tone of a client's response, or a shift in emotional outlook of a session against the background of a regular pattern or a "being with", which gives the therapist an indication of whether or not some sort of attunement or engagement has been made. In banishing emotions along with culture in favour of an emphasis on cognitive processes, texts, narratives, and language, we systemic psychotherapists may have been a little disingenuous to ourselves.

Bion's idea of approaching the therapeutic session without memory and desire suggests that the therapist can actively develop this ability by paying close attention to her own emotional activity (Bion, 1962). "Knowing" (K) refers to the analyst's ability of

"getting to know something" rather than "having some piece of knowledge" (*ibid.*, p. 65), but the analyst must also become so conscious of her own emotional experience that she is able to abstract "from it a statement that will represent this experience adequately" (*ibid.*, p. 50). In this way, knowing implicates thinking, and, for Bion, thinking is a way of processing emotional experiences and sensations. Ability to think, therefore, has a very special place in both our emotional life and in child development. For Bion and others (e.g., Britton, 1995) early triadic relationships, such as, for example, the Oedipus triangle, provides the context for this, because in such relationships the infant or the baby has an opportunity to step out of a dyadic relationship and become an observer both to this relationship and to herself. In this model, the analyst's own early experiences, as well as her current emotional awareness of these and of herself, become both a reservoir and a screen for her work with patients.

How can we move from this to some notion of how to access meaning in cross-cultural work? By coincidence, Bateson, in a little cited publication (Bateson, 1972), and Freud, in a new translation (Freud, 2006 [1937], p. 78), both give us an intriguing clue. In his essay "Style, grace and information in primitive art", Bateson defined meaning as a synonym of pattern in such a way that an aggregate

can be divided in any way by a "slash mark" such that an observer perceiving only what is on one side of the slash mark, can *guess*, with better than random success, what is on the other side of the slash mark. [Bateson, 1972, pp. 103–104, original italics]

And, in a new translation of "Constructions in analysis", by Bance, where Freud writes about the analyst's constructions of the meaning of the patient's talk, the German word *erraten*, which is normally translated as "interpreting", is translated as "guessing" (Freud, 2006 [1937], p. 78). Using the word "guess", although perhaps not very respectable (Wood, 2006, p. 5), highlights not a dichotomy, but some sort of tentative or even vulnerable continuity between all human persons and cultures.

With human beings we are dealing with some sort of patterning. It may be difficult to determine the nature of this pattern, but we

know that it cannot be a reductionist one, because we know that whatever pattern we are talking about in psychological development or in social systems, it must leave room for individual variation which implicates language, history, tradition, and continuity without being determined by these.

Discursive and pre-discursive

I am not qualified to pursue the extensive and complicated debate in psychoanalysis regarding the content of relationships in pre-discursive modalities and the constitution of the subject. Instead, my assumptions about the subject are as follows: that the attractions and aversions experienced by human infants towards those who care for them and to whom they are attached, as generally proposed by psychoanalytic theory, and what we may nowadays call a "relational self" as a precondition for social life, as generally proposed in systemic psychotherapy, are aspects of a human condition. Other assumptions pertain to basic physiological and psychological human needs and existence such as birth, death, sex and reproduction, generations, maturation, the body, suffering, loss, hunger, thirst, etc. In this, the subject might be said to be situated between what is implicit or unconscious in the context and in him or her, and his or her own agency.

Beyond this, I assume no specific content of these relationships or of the unconscious. How needs are met and functions articulated and attended to is a matter of patterns, which are discursively constructed over time in specific historical, cultural, and contextual localities and not necessarily all within the awareness of individuals. It is this we see in the therapy room. We do not see rudimentary functions, nor do we see generic systems or relationships. We see persons, who are engaged in social and cultural patterns, constructed, developed, contested, and improvised in order to address these needs and functions. In terms of practice, I think there are two processes. First, a process that requires that we engage with what is the human condition, not one asserted by us in our own theories or in our own cultural knowledge, but one that can stand up to cross-cultural scrutiny. As I have suggested, we already have both psychoanalytic and systemic ideas about this, referring to the

relational nature of the infant's first experiences with her carers and the social relationships of these carers, and the significance of this for child development and learning. Second, rather than the stances of "knowing or/and not-knowing", there are some things we can know about ourselves; as for the rest, we are guessing.

Case material

In her study of Islam in modern Pakistan, Ewing retells a story which she was told by one of her women informants (Ewing, 1997, pp. 97-110). This is a story about modernity and traditional beliefs, which equally well applies to the workings of different strands of ideologies and discourses that exist in any society.

This story concerns a middle-class, well-off family in which the children are college-educated and who consider themselves as practitioners of "true" Islam. The story was first told to Ewing by the mother in the family.

A curse (*tauna*) was performed in the form of a goat's head being thrown on to the doorstep. The mother told her son to pick up the goat's head and throw it away, but was warned by a friendly neighbour not to let her son touch it because, if he did, this would transfer the misfortune and badness from the envious person who had thrown the goat's head to him and he would sicken and die. The mother obeyed the neighbour, but insisted to Ewing that she did not believe this and that she thought it was wrong. Ewing then heard another version of this story from one of the daughters, who told her that her brother did take the goat's head and threw it behind the house without any untoward consequences. In telling it, she poured scorn on her neighbour's superstition. To her surprise, Ewing later found this young woman preparing for a protective ritual. When asked, the young woman explained that she had had a bad dream about her father coming to harm and that she was performing this ritual in order to protect him.

It thus became clear that these views were specific to context and situation. Ewing suggests that the mother's locating herself within a different interpretation, and the inconsistency between her story and that of her daughter, covered up her reluctance to

acknowledge the pain she must have felt that somebody in the community had wanted to harm her. In the same way, the younger woman's outlook was complex. She wanted to impress her progressive views on the ethnographer, but, when it came to warding off a bad dream, there were some techniques and activities in everyday life which could help her make the world a safer and more familiar place (Ewing, 1997, p. 110). The ethnographer is not in a position to take up this juxtaposition between what is said and what lies behind, but this is the therapist's task, and in this she will surely anchor herself in the human desire to "belong", "to be with" (Molino, 2004) and to ward off suffering and loss, which she recognizes from herself.

A similar theme of a human predicament emerged in my own work with a Pakistani family.

Rohina, who was twenty-three, and the eldest of six siblings, was referred with her daughter Aisha when Aisha was six. Rohina had obeyed her parents' wish to marry a relative from Pakistan in an arranged marriage when she was seventeen. She left school without GCSEs, and immediately became pregnant. On finding this out, Rohina arranged for a termination, but, on her way to the clinic, her mother persuaded her not to go through with it. Soon after Aisha's birth, Rohina's husband attacked her in a violent outburst and she separated from him and moved to live in her own flat. Rohina's parents were disappointed with the separation and the ensuing divorce. Her father stopped speaking to her, but her mother continued to help out by babysitting Aisha. Rohina found it a struggle to attend to Aisha. She could not muster any authority except through hitting and punishing Aisha, and when Aisha was two and a half she was placed on the Child Protection Register.

After some work with social services Rohina managed to stop this style of discipline, but when she and Aisha were referred to my team, Rohina was banging her own head against the wall and scratching herself as a way of containing Aisha and stopping her from doing dangerous things such as running out of the door or turning on the gas stove. I was struck by how compliant Rohina was. She participated in many parenting classes, took Aisha to all her appointments, tried to enforce bedtimes, and provided breakfast. She told me that she wanted to show the world that she could be a good mother, but little useful knowledge and experience was available to her when she found herself in an argument with Aisha. It felt to her, I think, that Aisha always got

the upper hand and could get the sympathy and support from professionals, who would then mistrust and blame Rohina in the same way as her parents did. I was present at many of these arguments, and Rohina struck me as being quite desperate and relieved when I intervened.

I was also struck by the angry vehemence with which Rohina denounced arranged marriages and several other traditions that her parents and her sisters observed. This mixture of Rohina being compliant and herself "a good girl", of the whole system spiralling out of control, and of both mother and daughter needing and being grateful for some containment, gave me a feeling of contradiction, stuckness, and acting out. I myself felt protective towards both Rohina and Aisha, and angry with the social workers. Rohina's attempts to be a good daughter and a good mother and a good person seemed always to fail. In respecting her parents by having an arranged marriage, an outlook highly valued by her parents, Rohina had had the best intentions, but she had disappointed and distressed them, as well as herself. Her vehement opposition to Pakistani values now functioned, I thought, as a barrier between herself and the everyday outlooks, desires, and fears which characterized her parents and the traditions and everyday practices with which she herself had grown up.

With this impression in mind, I asked to meet with Rohina and her mother. I thought that we might be able to go back to something which could stand for "being with", or "being attached to", something more fundamental from which, rather than reducing Rohina's experience to events in the past, we might be able to open them up for the future. I had three sessions with Rohina, Mrs Begum (Rohina's mother), and an interpreter. We noted that we were four women who were all mothers and daughters, and also that the person who had the most children, and therefore was perhaps the most experienced, was Rohina's mother. With this starting point, we were able to talk about how to manage when children are naughty and when a mother is not feeling good. We were also able to talk about Rohina being distraught at not being welcome in her parents' house, and how this interfered with her feeling that she could be a good mother and a good person. After some discussion of the pros and cons of marrying a Pakistani man, Mrs Begum was able to say that she was sorry for making Rohina marry so young and that she accepted that now Rohina would choose her own husband if she wanted to marry again. This marked a turning point in the therapy and opened up more reflexivity and the prospect of fewer splits for Rohina and Aisha.

Closing remarks: culture as a process

I have argued that, paradoxically, perhaps cross-cultural work highlights the need for a place for both universality and difference in our therapeutic models and thinking. Psychoanalysis has made contributions to the universal domain, whereas systemic psychotherapy theory has been built around the idea of difference. Yet, universality and difference as ideas implicate each other. In both bodies of knowledge, access to meaning has not only remained the central concern, but has also been problematic as far as cross-cultural work is concerned. I have argued that the therapist may combine the two models by clarifying what, on the one hand, might be assumed to belong to the pre-discursive and, on the other, how the social-cultural context as expressed through discursive relationships might be accessed.

One aspect of the pre-discursive, or what I have called the human condition, is the psychoanalytic assumption regarding the anxiety of the infant, the adequacy of the carer's response, and the re-emergence of primitive states of mind throughout human life. This fits quite well with the social processes, which we know take place in the definition of identity and ethnicity (Banks, 1996; Bauman, 1999; Jenkins, 1997), with the fundamentalist projections of "good" and "bad" in the formation and maintenance of racism (Dalal, 2002; Fanon, 1952; Khanna, 2003), and with the idea that culture is prejudicial (Krause, 2002). Cultural conventions and meanings enter the infant's experiences from the first interaction with carers, providing a process for the negotiation of conflict, anxiety, communication, and dilemmas. This process might sometimes be reflective and sometimes not, but always it is a kind of work that weaves between discursive and pre-discursive domains.

I do not think that we can avoid a double approach. We need to recognize emotions as an aspect of the human condition in our theoretical model. We cannot banish them, and we also need to acknowledge that they are in part culturally constructed. As Bateson observed, if we fail to arrive at "a preliminary sketch [of an ethos or emotional outlook] our attribution of emotional value to behaviour can only be guided by general and probably fallacious assumptions about human nature" (Bateson, 1958, p. 268). Cross-cultural psychotherapy, it seems to me, must continuously move between these two levels.

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CHAPTER ELEVEN

What does the other want?

Stephen Frosh

"O let them be left, wildness and wet;
Long live the weeds and the wilderness yet"

(Gerard Manley Hopkins, 1970, "Inversnaid")

After a rocky start, which resulted in accusations (particularly from feminists) of normative politics and blindness to social inequality, systems theory has developed an honourable and now long tradition of engaging with oppression—gender, sexual, race, and class—and advocating democratic and emancipatory practices within therapy (e.g., Burck & Daniel, 1995; Mason & Sawyerr, 2002; McGoldrick, 1998). The shift from first order to second order cybernetics was crucial here, as it forced systemic therapists to consider their practices in a reflexive mode, a move that has resonance with the "relational" move in psychoanalysis that has also struck a chord amongst feminists (Benjamin, 1998). Given the very large number of women working psychotherapeutically with children and families, it was perhaps predictable as well as necessary that systems therapy would have to deal with feminist concerns. Yet, subsequent extensions of the political critique to