Intercultural therapy and the limitations of a cultural competency framework: about cultural differences, universalities and the unresolvable tensions between them

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Working with a family from a cultural background other than one's own is considered to be challenging for the therapist. Influenced by social constructionism, the family therapy field highlights the importance of contingency and cultural differences and therapists are encouraged to develop their cultural competency in order to deal with these differences. In this article, starting from contemporary critiques of notions of Western societies' cultural diversity, we address the way in which the cultural competency framework, by highlighting the importance of cultural differences and the therapist’s culture-specific knowledge, may underestimate the importance of the social dimensions of the issues involved. Furthermore, highlighting cultural differences may obscure the shared humanity present in a transcultural encounter. In this article, as an alternative to the cultural competency framework, we propose a view of intercultural family therapy in which the unresolvable dialectical tension between differences and universalities is central.

Practitioner points

- The article addresses the challenge of working with families from diverse cultural backgrounds.
- The traditional framework of cultural competence is critically reviewed.
- Family therapists should not only be open for cultural differences, but also for universalities and especially for the never-ending tension between differences and universalities.

Keywords: family therapy; cultural competency; universalities.
There exists a very strong, but one-sided and thus untrustworthy, idea that in order to understand a foreign culture, one must enter into it, forgetting one’s own, and view the world through the eyes of this foreign culture. (Mikhail Bakhtin, 1986, pp. 6–7)

... new words which will change the way we think and act (Slavoj Žižek, 2008c, p. 110)

... indifferent to differences (Alain Badiou, 2001, p. 27)

Introduction

As a starting point of our reflections on culture and family therapy, we want to begin with this story of Paulo Bertrando’s:

It happened in Perth, Western Australia. Among other things I was there for a live demonstration of a systemic family interview, a task which usually does not create excessive problems. On the morning of the interview, while she was giving me minor details so as not to begin the interview too blindly, the colleague in charge of the case added, almost casually: ‘Oh, and besides, it’s an aboriginal family.’ I felt a moment of bewilderment. What did I know about Australian aboriginals? Probably just those few notions that any traveller in Australia can extract from accidental readings and travel guides, nothing more. For a moment, I wondered whether, from the vantage point of my own ignorance, I could draw something meaningful from this consultation. Then I decided to take a risk and go on anyway. (Bertrando, 2012, p. 116)

In this story it seems that just the mention that the family is Aboriginal bewilders Bertrando. He experienced the session with this family as a risk on account of his ignorance of aboriginal culture. It is remarkable that the possible tensions or difficulties that the cultural differences might evoke are immediately appropriated by the therapist as his problem. He considers these difficulties in the first place as something he has to deal with – as his responsibility – rather than as a shared difficulty or as a responsibility for him and the family. It is even more remarkable that, in the heat of the moment, dealing with cultural differences seems to present itself to Bertrando in the first place as a problem of knowledge (‘What did I know ...’). His lack of knowledge about Australian Aboriginals causes Bertrando to hesitate in starting the session.

This moment of hesitation for Bertrando is very interesting, as it is far from unusual in the field of family therapy for therapists to hesitate about working with families with another cultural
background than their own. Working with such families is considered challenging for the therapist (Krause, 2012). Throughout the history of family therapy, dealing with cultural differences has been an important issue in the field (Seltzer et al., 2000). For instance, one of the roots of the family therapy field lies in anthropology. Gregory Bateson in particular was the forefather who connected our field with anthropological thought (Bateson, 1972). Bateson inspired the first generation of family therapists to use a participant observatory perspective in an effort to describe the patterns and structures underlying family interactions. This paved the way, for instance, for the development of structural family therapy in which the therapist was supposed to join the system, while at the same time remaining at a distance, observing family interactions (Minuchin, 1974). This issue of the therapist as a participant observer in the session – the tension of being inside the family (in immersing oneself in clients’ lived experience) while remaining outside (in reflecting on therapeutic dialogue from a meta-position) is still an important topic in the family therapy field (as will become clear in this article).

Another example of the importance of culture for the development of the field of family therapy came later, by the end of the 1980s, when a more postmodernist perspective on culture emerged in the field. The work of the anthropologist Clifford Geertz was central in this evolution, as, besides Michel Foucault, Geertz was one of the main sources of inspiration for White and Epston (1990) in the development of narrative therapy. Around that time the field’s focus started to shift from a fascination with observable behaviour and interactions to a fascination with meaning construction (stories, knowledge and identity). Influenced by social constructionism, contingency and cultural differences were highlighted and therapists were encouraged to develop their cultural competency in order to deal with these differences.

In the present article we critically reflect on the field’s dominant framework of cultural competency in dealing with cultural difference. Starting from a discussion of recent social critiques of the central notions of multiculturalism and tolerance in conceptualizing contemporary societies’ cultural diversity, we address the way in which the cultural competency framework may provide a somewhat limited perspective on the encounter with cultural differences as it seems to underestimate specific challenges in transcultural clinical practice. We illustrate some of these relational complexities of cultural difference with clinical vignettes.
Multiculturalism and tolerance

In many European countries multiculturalism is no longer an ideological option; it has become a sociological reality, in the sense that most countries have officially espoused this ideology. The time when it was relevant to ask ‘should our society be multicultural or not’ is long past. The relevant questions now are ‘how are we going to be a multicultural society?’ and ‘how are we going to deal with the tensions that living together in communities from different cultural backgrounds evokes?’ Although racism, colonialism and cultural insensitivity are still present, the dominant discourse in our society is one of a commitment to being respectful towards others, to enjoying the richness of cultural diversity and to being tolerant of differences. In practice, this commitment is tricky, especially when it conflicts with other values we hold dear. We have fought for social equality, for lesbian, gay, bisexual and transgender rights, for the rights of children, for animal rights and so on. Whenever our cultural openness collides with instances in which these values are not respected this leaves us confused and in doubt; especially because many of us carry within us the burden of a historical debt from our colonial pasts with its exploitation, atrocities and genocides. Whatever the cost, we do not want to make the mistakes our ancestors have made and if possible we want to show ourselves being the exact opposite of colonizers: humble, self-critical, generous and respectful towards others. Such fears of cultural imperialism may result in an attitude of cultural relativism that makes it difficult to represent any practice or belief as oppressive or at odds with our values of equality, personal integrity and freedom (Phillips, 2007; Žižek, 2008a). While we can enjoy cultural diversity, defend the rights of cultural minorities and be open to difference, at the same time we cannot but reflect on areas of tensions: what about female circumcision, bull fighting, polygamy, honour killing, whale hunting and so on?

For many years, talking about the tensions that multiculturalism evokes was not done in liberal circles. Just mentioning these tensions made you feel suspected of being a racist wolf in sheep’s clothing. The only discourse allowed was the celebration of difference and tolerance. By now the taboos implied in such politically correct practices have been exposed. The concept of tolerance, for instance, has been subjected to a critical evaluation (for example, Hansson, 2007; Nehushtan, 2007) and some writers have arrived at surprising, even unsettling conclusions. Wendy Brown (2006), for instance, writes that
while in our multicultural society tolerance is seen as a purely benign virtue, in this post-political world (Mouffe, 2005) the concept of tolerance often masks shady political agendas, inequality, injustice and, indeed, intolerance. She gives the example of the Simon Wiesenthal Center Museum of Tolerance in Los Angeles that hides its pro-Israel position behind the discourse of tolerance. Jews are presented as the ultimate victims of intolerance (the Holocaust) and in that way their voice is privileged to speak with moral authority about tolerance. In the museum, examples are given of people taking responsibility for fighting against intolerance (for example, American soldiers fighting in Iraq), unmasking the tolerant as being intolerant of the intolerant. In that way, Brown exposes the power relations inherent in a discourse of tolerance: some appropriate the privilege to judge and according to their judgement some people are labelled as good (tolerant) while others are labelled as bad (intolerant). This privilege to judge also is the basis for legitimating a war against the intolerant, who are described as a threat to world peace.

Like Brown, contemporary continental philosophers like Slavoj Žižek and Alain Badiou have framed the concept of tolerance in the context of the post-ideology era in which we are living (Badiou, 2001, 2005; Žižek, 2008a, 2008b, 2008c). According to Žižek, for instance, a plea for cultural tolerance is a plea for retaining the status quo in the neoliberal economic system celebrating freedom, globalization and profit (Žižek, 2008a, 2008b, 2008c):

Why are today so many problems perceived as problems of intolerance, not as problems of inequality, exploitation, injustice? Why is the proposed remedy tolerance, not emancipation, political struggle, even armed struggle? (Žižek, 2008a, p. 660)

Žižek explains that the promotion of the virtue of tolerance fits nicely within an overall capitalist project of promoting cosmopolitanism in order to turn the whole world into a global marketplace in which all values are relative and in which everything has a price (Badiou, 2001; Žižek, 2008a). By stressing the importance of tolerance, existing conflicts and tensions are psychologized and individualized (‘if only they would be more tolerant there would be no problem’) and remain unexplored.

Not only does the concept of cultural tolerance individualize social and political problems, the concept can also be seen as masking a patronizing attitude (Brown, 2006). Being tolerant to others can be read as saying:
We accept that you remain connected with your cultural traditions, but we – enlightened as we are – understand the relativity of cultural beliefs and practices. So we are flexible and suspend our own cultural connectedness in order to be tolerant and respect you in your cultural traditions.

A view of tolerance as a preferential way of dealing with cultural differences betrays an underlying Western liberal view of culture as personalized and privatized (Žižek, 2008a). In our Western view, culture is not the public network of norms, rules, taboos and prohibitions in which we are born, but rather a set of personal beliefs and practices that we are free to choose and enjoy. With some irony Žižek (2008b) illustrates this difference by referring to food: Chinese farmers will eat Chinese food because that is the tradition and farmers and their families have been eating this food since time immemorial. Then there is a New Yorker who, choosing between all the restaurants at his disposal (Italian, Portuguese, Lebanese) finally settles on eating Chinese. The view of culture as a free, private choice is very different from the view of culture as public and binding. Implicitly, we consider our Western view superior as we value personal freedom and independence, but we tolerate their view. That is to say, we tolerate their view for as long as they don’t exaggerate their cultural loyalty or for as long that they are not too explicit about it, because then we might accuse them of fundamentalism and intolerance. In this context Alain Badiou refers to the imperative ‘Become like me and I will respect your difference’ (Badiou, 2001, p. 25). Viewed from this perspective, tolerance is not just a discourse of power; it is also a discourse of conditionality (Brown, 2006).

Could it be that exactly what we try to steer clear of is implicitly engendered in some of the ways in which we try to avoid colonialism and imperialism? Could it be that the divisions between tolerance and intolerance, between being culturally sensitive and being colonialist, between right and wrong are not as clear-cut as we initially thought? These questions illustrate that reflecting on culture is very complex. How can we reflect on culture and go beyond the apology for one’s culture and one’s history? This is an important question, as it is connected to our Western history as colonizers and our historic debt to the less privileged. However, in moving on into the future and trying to give shape to our future society we will have to come up with new ideas about ways for all of us (whatever our culture) to be culturally situated without being pinned down as frozen images of our cultural labels and stereotypes like Muslim, African, racist, colonizer and so on. How can we avoid this kind of cultural stereotyping,
which lines of demarcation between cultural groups are exaggerated and in which a person is only seen as a representative of a cultural group, rather than as a unique human being?

The underlying assumption is frequently that members of the same group will share the same cultural essence in terms of core practices and beliefs and that this essence would carry explanatory weight (Phillips, 2007). However, cultures are not things out there, with an essence to be described. Feminists have pointed to the risk of cultural essentialism, in which the powerful members of the cultural group determine the identity of the group (Narayan, 1998). Characterizing a culture is a political act (Abu-Lughod, 2002; Phillips, 2007) and cultural stereotyping encourages the tendency to call on culture as an explanation when we are faced with something we cannot understand (Kuper, 1999). As Abu-Lughod (1991) writes, people don’t live their lives as robots programmed by ‘cultural’ rules, but as people going through life agonizing over decisions, making mistakes, trying to make themselves look good, enduring tragedies and personal losses, enjoying others and finding moments of happiness. (p. 158)

The message seems to be that instead of stereotyping people as members of their cultural group, we should see them as human beings. People should not be seen as representatives of cultures, as abstractions, but rather, as human beings actively producing culture in their attempts to lead life as best they can. In dealing with the challenges they encounter they rely in part on what they have learnt in their life (in particular in their family, their culture) and they improvise to fill in the blanks, creatively engaging in and contesting their cultural backgrounds in producing personal, dynamic world-views and meaning-making.

A critical reflection on the cultural competency framework

In a context in which questions about culture are front stage in the public debate, more reflection is needed on ways to deal with cultural differences in the field of family therapy. However, in our field we already have an excellent track record in promoting cultural sensitivity, cultural competency and culturally informed therapy (for example, Abu Baker, 1999; Bean et al., 2002; Falicov, 2009; Krause 2010; Weisman, et al., 2006). Being culturally competent is highly valued in our field. In a variety of ways it has been promoted as a

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correction to the ethnocentric ideas and practices that have ruled the Western intellectual world (for example, Di Nicola, 1997; Falicov, 1995; McGoldrick, 1998; McGoldrick and Hardy, 2008).

For one thing, the therapist’s cultural competency is often projected as a crucial aim of family therapy training (for example, Falicov, 1995; Hardy and Laszloffy, 1995; Kamarat Ali, 2007). Hardy and Laszloffy (1995) describe cultural competency as consisting of cultural awareness and cultural sensitivity. Teaching cultural awareness refers to providing multicultural content, highlighting the specific characteristics of various cultural groups. It has to do with knowledge and it is primarily a cognitive function, as it refers to the intellectually processing of a thought or an action as the therapist becomes conscious of it (Hardy and Laszloffy, 1995). Cultural sensitivity, in contrast, is primarily an affective function. It refers to the therapist’s responding to cultural differences with respect and delicacy (Hardy and Laszloffy, 1995). In this context self-awareness (Abu Baker, 1999) and self-reflexivity (Krause, 2012) are important concepts. Family therapists are summoned to remember that their own cultural history is a lens that will influence their perceptions of clients from other cultures (Abu Baker, 1999). Such self-reflection is supposed to result in the discussion of topics such as culture and ethnicity with the family (for example, Boyd-Franklin, 1989; McGoldrick and Hardy, 2008; Watts-Jones, 2010). Watts-Jones (2010), for instance, promotes the self-disclosure of the therapist’s cultural identity in the session, inviting the clients to join in a conversation about how the intersection of identities held by the therapist and the family may be beneficial or limiting, or both. In that way, self-reflexivity plays a key role in minimizing the enactment of racist, colonialist and imperialist attitudes in the therapy session.

While this work on the promotion of cultural competency and self-reflexive sensitivity is very important in dealing with cultural difference in the therapeutic encounter, we aim to address how this dominant perspective may contribute to obscuring specific complex tensions in transcultural work. In this article we will focus on three such tensions: (i) the psychological/individual perspective obscuring the social tensions of cultural differences, (ii) the underestimation of the importance of an outsider position in understanding another culture and (iii) the neglect of shared humanity in intercultural work, as it is veiled by cultural differences. We will illustrate each of these complexities with a case vignette. These vignettes all have an open ending, as we want to point out some of the tensions that are
evoked in intercultural therapy, rather than put forward simple solutions.

*Psychologizing cultural difference or encountering cultural difference in its social dimensions?*

The framework of cultural competency can be seen as an illustration of a psychologizing and individualizing societal response to cultural differences (Žižek, 2008a). The solution proposed to the intercultural tensions that might arise in the session is not to address them (explore them, name them, map them), but rather to tolerate them and to promote cultural competency in the therapist. This is an individualized and psychological, rather than a systemic or social perspective, as this competency refers to a skill, a sensitivity and a responsibility of the therapist:

One of us [PR] was contacted by a young therapist called Frank. He wanted me to provide consultation for him on one of his cases which involved a Muslim family. The 12-year-old son had been depressed and refused to go to school. His teacher had referred the boy’s family for therapy. In the consultation Frank told me that in fact the therapy with the family was finished. I wondered why he wanted to consult me then. ‘Had the therapy not been successful?’ I asked. ‘Oh yes, it had been successful,’ Frank said.

I didn’t understand and I asked Frank why he wanted a consultation if it had been successful. Frank replied that he felt guilty and ashamed because during one of the sessions with the family the father had said to his son that he tried to understand why his son was depressed. ‘I hope that he is not gay. In the Western schools with all these gay teachers, who seduce young boys to become gay.... As you know, I hate homos and I rather give them a beating on the street than show respect for them’, the father had said.

The boy had answered that he was not gay and that he did not know why he was depressed. In the rest of the therapy the issue of homosexuality was not mentioned any more.

I asked Frank if he could help me understand why he felt ashamed and guilty. ‘I am gay’, Frank replied, ‘but when father said this to his son, I acted as if I was straight and as if I was not offended. I betrayed myself. But, what else could I do? I know it is in his culture to think in that way about homosexuality’.

The intercultural tensions in the therapy between Frank and the family were not addressed by Frank, as he labelled them as a cultural difference that had to be tolerated. This suggests that Frank adopted
an attitude that is dominant in our multicultural Western society and that privileges the individual, psychological perspective stressing the importance of tolerance. Through adopting such an attitude the social tensions evoked between people from different cultures are not mentioned, are not taken seriously and remain unexplored while the burden is put on the individual (the therapist) who has to deal with it psychologically. Furthermore, such an attitude presupposes that therapists have a certain freedom in bracketing their own culture in order to make room for the other. This betrays a Western, liberal view of culture as a private personal choice, rather than the more traditional view of culture as the collection of ideas, beliefs and practices in which one grows up and lives (Žižek, 2008b). The therapists are supposed to step outside their particular cultural traditions and assert their own responsibility in knowing that their own tradition is no better than that of others. This is paradoxical because, exactly by trying to step outside of their social and historical situatedness, the therapists’ situatedness is asserted, as they act in concert with a Western, liberal view of culture as a personal choice. Such a psychologizing notion of culture may fail to address how encountering cultural difference in the therapeutic space may resonate with social disparity and injustice. In the case of Frank’s therapy with the Muslim family, this psychologizing of cultural difference prevented the participants from addressing the broader social injustice towards gays and lesbians.

Suspending one’s own cultural situatedness as therapist or taking an outsider position in the encounter with cultural difference?

While focusing on cultural differences in family therapy puts the burden on the therapist who is supposed to have developed cultural competency, exactly this focus – as we have seen in the Bertrando’s story – can also make therapists uncertain and paralyze them. The risk is that therapists will try to avoid being colonizing or ethnocentric by focusing intensely on the culture of the other and bracketing their own culture. The client then is robbed of the presence of therapists in their otherness and remains alone. Here we can refer to Bakhtin (1986) who, addressing the issue of intercultural dialogue, emphasized the importance of what he calls ‘outsideness’ or ‘strangeness’. He wrote:

There exists a very strong, but one-sided and thus untrustworthy, idea that in order to understand a foreign culture, one must enter into it,
forgetting one’s own, and view the world through the eyes of this foreign culture. This idea, as I said, is one-sided. Of course, a certain entry as a living being into a foreign culture, the possibility of seeing the world through its eyes, is a necessary part of the process of understanding it; but if this where the only aspect of this understanding, it would merely be a duplication and would not entail anything new or enriching. (Bakhtin, 1986, pp. 6–7)

According to Bakhtin, real understanding (what he calls creative understanding or responsive understanding) is only possible if we do not renounce our own culture but instead choose to position ourselves outside the other’s culture:

In the realm of culture, outsidesness is a most powerful factor in understanding. It is only in the eyes of another culture that foreign culture reveals itself fully and profoundly. (Bakhtin, 1986, p.7)

It is only by meeting the other that new questions are raised (questions addressed to the other but also questions addressed to myself) and that an enriching dialogue can develop. This means that cultural competency only works if therapists acknowledge fully their own culture – with pride and shame – as a legitimate way of being in the world. In that way therapists offer themselves as well as the clients the possibility of taking a position of outsideness or strangeness, opening space for an enriching dialogue between them:

During the therapeutic process with a Muslim family, the clients told me [LD] that they went to see a traditional healer to cure their oldest daughter’s anxiety symptoms. In listening to their story of the healing ritual that had been performed, I experienced a sense of disorientation and unease. I reflected on how I felt seemingly unable to truly immerse myself in the clients’ belief and knowledge system at stake in their understanding of recovery, as they took part in a universe of action and meaning that felt vastly different from my own. In my inner speech, I wondered whether it could be important and supportive to express this strong experience of cultural difference in the conversational partners’ understanding and performance of illness and healing. Could an open expression and locating of myself within a cultural knowledge system provide a way to invite a shared dialogue on differing explanatory models and healing strategies?

The therapist in this vignette acknowledges in her inner conversation the cultural difference with the family and considers the possibility of using her position of outsideness as an opening for a dialogue with the family about the meaning of health and healing. Such a dialogue
might be enriching, but at the same time there are risks involved as the disclosure of difference between the therapist and the family could be seen as a way of imposing the view of the Western therapist on the family. So in practice, it would probably be best if the therapist could weigh up the opportunity of enriching the dialogue against the risk of imposing her view on the family and take a decision based on such reflections.

Focus on cultural differences or noticing a sense of shared of humanity?

The idea of a sense of shared humanity may seem at odds with the narrative and postmodernist paradigm that adopts an anti-essentialist perspective stressing the importance of cultural differences. A postmodernist perspective highlights the local and particular, being suspicious of universality, especially in an epistemological sense. The existence of a universal truth is not acceptable in postmodernist approaches, as the idea of universal truth is seen as a kind of cultural imperialism (Gergen, 2009). However, while cultural differences are indeed not to be neglected, particularity can mask universality (Badiou, 2001, 2003; Žižek, 2008a, 2008c). Besides cultural differences there is also a universal and shared humanity that can rise out of the particular moment. According to Žižek (2008c), the universal especially surfaces in response to trauma, suffering and oppression. Here, we can refer to Susan Buck-Morss’ definition of the universal as that which emerges at the point of rupture (Buck-Morss, 2009):

It is in the discontinuities of history that people whose culture has been strained to the breaking point give expression to a humanity that goes beyond cultural limits. And it is in our empathic identification with this raw, free, and vulnerable state, that we have a chance of understanding what they say. Common humanity exists in spite of culture and its differences. (Buck-Morss, 2009, p.133)

Most often people are defined and identified by the particular (you are a Muslim, a therapist, a father), while ultimately in their experiencing especially the universal (I am a human being, I deserve respect, I love my child) is crucial as it is the humanity we share with others. In the guise of particular cultural differences, we can expect the universal humanity to be present in our therapeutic work with stressed or despairing families. In difficult times, universalities transcend individuals in their particular situation: the veil is lifted and we are offered a glimpse of the other as the same, indifferent to differences (Badiou, 2003):
In working with a refugee family from Chechnya with a focus on post-trauma symptoms in both mother and child, I [LD] invited the mother to explore how she could talk to her 8-year old son about the disappearance and violent murder of her husband in the family’s home country. During therapy sessions, the boy repeatedly expressed his anxious feelings and thoughts on what happened to his father, both in talking, doll play, and drawings. When exploring this theme with mother, she strongly emphasized that it was important not to speak about what had happened. She primarily located this silencing communication within her cultural background, trying to convince me that not talking about pain and suffering was what Chechnyan people do.

I explored further how mother experienced this silence between herself and her son: could she help me to understand why it felt important to keep silent on the father’s fate? Through the ensuing dialogue with mother, I gradually felt that keeping silent was an important way of caring for family members in dealing with pain and loss. In that way we moved beyond an understanding of silencing communication as a cultural coping strategy, and connected with a profound, shared experience of the importance of trying to protect oneself and one’s family members from unspeakable pain.

As is illustrated in this vignette, while very often at first, differences catch the eye of the therapist, later a sense of shared humanity can surface that can become a bridge to a enriching therapeutic encounter.

A sense of shared humanity

In her article ‘Training to think culturally’, Falicov (1995) states that families share some similarities across all cultures, opening space for ideas of a sense of shared humanity in intercultural work. In a previous publication we have tried to articulate this sense of shared humanity as being in contact with our mortality when we meet the other (Rober and Seltzer, 2010). Our mortality is something we share with all human beings, whatever their culture. Besides mortality, other universals may be identified (Falicov, 1995): for example, children need love, parenting involves some combination of nurturance and control, parents love their children, people are relational and want to be responded to, and so on. When we try to make a list of these universals it seems we move closer to issues that can be called existential or phenomenological in nature (for example, mortality, love and pain). However, as we move closer to these issues, we are immediately confronted with a difficulty. Whenever we try to talk
about a universal, the particulars move in and fill in the universal in contingent ways that always, necessarily, fail to really capture the universal. The universal can never be observed or talked about except through the veil of cultural differences (Žižek, 2008c). In that way the universal and the particular are not mutually exclusive opposites (Falicov, 1995), but they are involved in a restless, unresolvable dialectical process. Nothing, not even cultural competency, can dissolve the tension between the universal (that is always there somewhere) and the particular (that is obviously there and masks the universal).

Our analysis seems to indicate that the cultural competency framework obscures the shared humanity that is veiled by cultural specifics. The focus is solely on the specifics of the culture of the family. In that way the framework emphasizes cultural identity as a reiterated category such as Latinos (see Falicov, 2009) or black families (see Boyd-Franklin 1989), hereby highlighting the necessity to attune treatments to specific cultural groups (Falicov, 2009). As is illustrated in the last vignette of the therapy with the Chechnyan family, we would like to emphasize that there also is a sense of shared humanity that can be an important resource in intercultural therapy. The difficulty is that the sense of shared humanity can only be encountered in the actual living process of meeting other people and in our struggles to find ways to connect with each other and to go on together (Rober, 2005). The focus in the therapy then is on the dialogical process of warily sharing existential experiences, rather than on self-disclosing one’s cultural identity, as some authors have advocated (for example, Boyd-Franklin, 1989; Watts-Jones, 2010). So long as we are aware of our cultural situatedness and its influence on our actions, our thinking and our experiencing can be monitored, maybe even mastered. However, when we talk about our cultural identities, we are often merely verbalizing rationalizations and stereotypes about our identity, in the sense that the vast influence our culture has on us cannot be undone by talking about it. Furthermore, the influence that culture has on us is likely to be at least, in part, implicit (Watts-Jones, 2010); beyond our awareness and beyond our mastery. It is within our being in the world, embedded in our actions. It is who we are in the dialogue with others.

Viewed in this light, intercultural therapy involves dealing with the constant tension between sameness and difference (Flaskas, 2012a, 2012b). It often necessitates leaving our own comfort zone and venturing into unexplored territories, not only of the family’s strange culture, but also that of our selves as well as of our own culture. In this
process the therapist’s reflexivity is central as a kind of turning to ourselves in an attempt to get an orientation in how to position towards others (Krause, 2012). The concept of reflexivity (Flaskas, 2012b; Krause, 2012) stresses the importance of using ourselves to learn about how to position towards others, and in that sense it is a significant move away from the postmodernist idea of not-knowing. In fact, such a step towards using the concept of reflexivity might possibly re-connect us with the rich psychodynamic tradition in which the therapist’s reflections have been subject to exploration and thought for decades (for example, Flaskas and Pocock, 2009). This also opens space for reflection on what is phenomenologically present in therapists but just out of their immediate awareness; what is expressed in their fantasies, in their body, in their emotions and in their breathing while they orient to the uniqueness of the moment (Shotter, 2010). Clearly, the therapists’ reflexivity cannot be thought about without considering that they are bodily part of the dialogue with the family (Rober, 2011). This self-reflexivity has to be part of a dialogical process to which both the family and the therapist are actively responsive (Rober, 2005). The aim of the therapists’ reflexivity is not to maximize sameness through the relativizing of their own culture. As Bertrando (2012) writes, it is important to be present in the session as an ‘other’ to the family members. A responsive presence is the therapist’s contribution to the mutual process with the family of trying to find a way in the complexity of cultural differences and a sense of shared humanity.

Towards a conclusion

If in our intercultural therapy we could be mindful of cultural differences and complement this with a sensitivity to universals, then intercultural therapy would become a continuous struggle with the dialectic of differences and universals. Therapists respond to cultural differences with respectful curiosity (Falicov, 1995) while remaining present themselves as full, culturally situated individuals. In Badiou’s words, the therapist is ‘indifferent to this difference’ (Badiou, 2005, p. 39), in the sense that the therapist does not have an evaluation of the particularity of the other and does not take a stance; either for or against. Something that obviously constitutes a difference becomes indifferent for therapists in the light of their orientation towards possible universals. These latent universals – often difficult to discern, veiled as they are by particulars – are carefully considered as potential
connections. In that way therapists go beyond the obvious particularities, the cultural differences, and carefully open space for the process of examining possible bridges between themselves and the others. In such a context, the unpredictability of the situation, as well as the therapists’ uncertainty and the clumsiness of their groping for universality are accepted as coming with the territory of doing intercultural therapy. Perhaps this is where the concept of tolerance fits intercultural therapy best: therapists have to tolerate their own discomfort and not-knowing (in other words: their own mortality) in such a way that they remain present and responsive as human beings to the family members’ utterances. In that way, a real meeting, indifferent to the differences, is possible and mortality is – at least for the moment – transcended. Intercultural family therapy, then, becomes a dialogue of living persons, much like any other kind of family therapy (Rober, 2005).

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