

CROSS-CULTURAL SYSTEMIC THERAPY TRAINING AND CONSULTATION: A POSTCOLONIAL VIEW

GONZALO BACIGALUPE, Ed.D.
University of Massachusetts Boston

Cross-cultural educational and consultation interactions can be framed as gentle forms of colonialism in which knowledge is the principal commodity. The author examines his past experiences and observations as a family therapy trainee in South America. As a family therapy educator and consultant, the author is confronted today by similar exchanges when consulting or teaching abroad. From the later perspective, the reader is invited to explore a set of questions that foster reflexive practices believing that they may elicit further analysis. In a postcolonial mode, this critique does not presume having privileged access to "the truth." However, the author is committed to an ethical mandate that includes a collaborative and participatory posture in the encounters with those that practitioners construct as the other.

You and I are close, we intertwine; you may stand on the other side of the hill once in a while, but you may also be me, while remaining what you are and what I am not. Today, hegemony is much more subtle, much more pernicious than the form of blatant racism once exercised by the colonial West. I/i always find myself asking, in this one-dimension society, where I/i should draw the line between tracking down the oppressive mechanisms of the system and aiding their spread.
(Minh-ha, 1989)

The field of systemic therapies has benefited from the interactions among therapists from different countries. These therapists who are sharing clinical experiences and theoretical ideas reflect the character of their cultures and the

Address correspondence to: Gonzalo Bacigalupe, Ed. D., Assistant Professor, University of Massachusetts Boston, Graduate College of Education, Boston, MA 02125-3393. bacigalupe@umb.edu

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interaction of cultures. For instance, the Milan group's initial development was based on a rich interchange of ideas between the Palo Alto group and the Selvini-Palazzoli team in Milan (Selvini-Palazzoli, Boscolo, Cecchin, & Prata, 1978). Later on, the same team became a source of inspiration for therapists in the USA and other countries eager to apply their ideas in a creative and powerful way (Boscolo, Cecchin, Hoffman, & Penn, 1987). Today, narrative and reflexive therapists from Australia, New Zealand, and Norway, in continuous dialogue with practitioners in the USA and Europe, share their ideas as well as incorporate previous developments (Gilligan & Price, 1983). The effects of this interactive practice have not been studied. In particular, the professional encounter between trainers from the USA and Europe and trainees in Third World countries needs to be examined, since marketing of knowledge becomes a commercial commodity.

This article defines cross-cultural training abroad and in the United States as a recreation of colonialism where personal identities are shaped. In colonial relations, participants are directed, mandated, and seduced into accepting a specific body of knowledge and practicing a way of defining the dominant themes of a particular culture. The dominant systemic ideas have gained legitimacy in the cultural centers of industrialized countries in the Western world, although their actual "birthplace" may as well be anywhere else. Thus, some cultures dominate the educational focus of institution by the power of their positions and distort, undermine, and systematically block the development of dialogical communities. Moreover, participants are lead to believe that they all are equal and will have access to a higher level of knowledge when emulating those who are considered the experts.

This article combines my own personal experiences as a bicultural practitioner evolving cultural identity as a reflection of the ways in which I have been treated and positioned as trainee, and later as an educator in the family therapy field. Being a Latin American by birth, receiving graduate training in the US, and now an educator of a family therapists in the US, I am at the intersection of the dominant and marginalized world. In addition, I am informed by experiences as a participatory researcher in Chile during times in which collaborative ideas were censured in academia due to the then repressive political environment.

The possibilities of the spaces behind the borders is unsettling and illuminating. This experience forces me into a continuous exercise of translation and interpretation, a task that certainly influences my work with clients, students, consultees, and my need to make sense of this border crossing. Because of the power of my experience, I feel compelled to share my ideas from the position of being in the borders. I hope my experiences can be useful to those who are also continuously rethinking their relationship with clients in consultation and training. I also hope my experiences can be relevant to those practicing in the world of collaborative clinical, consultation, and educational work (Andersen,

1995; Anderson & Goolishian, 1992; Anderson & Swim, 1993) and to practitioners who navigate the entering and leaving of the familiar and unfamiliar in working with families of diverse ethnic backgrounds. The family therapy literature has not studied systematically these multicultural encounters. If isomorphism exists between the practices of learners and teachers and relationships of clients and therapists, the design of a colonial or a dialogical relationship in the training and consultation process will impact in similar ways the therapeutic processes. Thus the relevance of this inquiry to those who "just do clinical work."

WORKSHOPS, A COLONIAL SITE

In South America, during the Eighties, avid beginning and experienced psychotherapists filled auditoriums to hear "masters" like Luigi Boscolo and Gianfranco Cecchin, Jay Haley, Carlos Sluzki, Helm Stierlin, and Carl Whitaker. Later on, a new wave of systemic thinkers traveling to South America was joined by Latin American professionals trained in brief intensive trainings at Palo Alto, Philadelphia, London, and Milan. The Latin American audiences—mostly upper middle class psychologists and psychiatrists—rarely questioned any of the ideas introduced by presenters in spite of their debunking the individualistic orthodoxy imposed in previous decades by the psychiatric and psychoanalytic establishment. Audiences were hypnotized by the systemic ideas and the magic of brief interventions, becoming willing subjects of cultural and professional colonization.

An experience that occurred 15 years ago provides for me memories of being within a colonial site. I attended a two-day intensive workshop in a hotel in downtown Buenos Aires, Argentina, facilitated by a well-known symbolic experiential family therapist. The majority of those attending were psychologists and psychoanalysts from Buenos Aires, few like myself came from afar. Unacknowledged by the workshop leader and organizers was any socially relevant contextual marker that might affect clients or the participants. For instance, a huge flooding of the city paralyzed the Argentinean capitol for days. Ironically, the presenter was speaking about how distinctions about social contexts differentiate craziness from creativity and how making sense of specific communication patterns was intrinsically connected to the context in which an interaction was occurring. The workshop was conducted in English and thus questions from the audience were translated for the presenter to respond to. A local psychologist acted as an ad-hoc translator, stumbling with her own linguistic difficulties. The audience scolded her as part of a ritual in which the audience's frustrations were voiced in pointing out any translation error. People in the audience yelled the "correct" words spoken by the workshop leader and would also shout in English

to him those words he may have misinterpreted when responding to questions. The workshop facilitator did not comment on this process.

Michel Foucault's concept of discourse offers a way of thinking about workshops. Discourses are the linguistic practices which in particular historical periods allow certain kinds of social relationships to emerge, while many others are silenced or forgotten. Discourses in therapy, therefore, articulate the prevailing ideologies in therapeutic practices and provide not just a way of listening and seeing but a way of constructing listening and seeing. Workshops in Foucault's sense (Foucault, 1977; 1978; 1980) can be viewed as modes of discursive production whose effects are to bring about a particular stance on the trainee's part, for instance, consultations and workshops may elicit a particular way of asking and relating to others.

Workshops are also a commercial transaction. Knowledge is the commodity at stake and thus plays an important role in determining participants' and facilitator's expectations. The workshop settings isolate individuals from the larger context; it provides little or no avenue for internal and ongoing revision of the ongoing relationship; it disqualifies those in situations of less power; and it obscures the possibility of defining the truth as part of a social struggle.

Workshop participants took different positions in the "collaborative" continuum. Expensive fees, fancy hotels, secretive knowledge, video cameras, and limited access were not questioned as oppressive, nor were the presenters accountable for potential exploitation of families interviewed in front of enthusiastic audiences (Young, 1989/90). Participants generally became "consenting" listeners waiting for something truly meaningful to happen. They did not reject the arrogance of presenters whose answers to complex questions were quickly disqualified. Unsympathetic questioning of the systemic model were aggressively dismissed or described as just questions people would not ask if they were truly understanding the systemic approach. As it was frequent in family therapy workshops lead by USA and Europe presenters, responses to audience questions were mostly a challenge to the identity of the person asking, and experienced as offensive to the person of the questioner. In this context, openly ideological and social justice issues were situated at the margins due to the themes addressed, who attended, and the methodologies employed. For instance, themes linked to human rights were invisible. In some cases, the presentations fit well with the silencing of political repression and a discourse that fostered the destruction of progressive community and public health policies by the governing dictators. Since the workshops were expensive and exclusive, their access was a privilege of those who carried out a private practice with middle and upper middle class families. Trainees were also beginning therapists who provided counseling to low income families while being observed by groups of trainees that included up to a classroom of 15 to 40 fellow trainees. If families were able to pay, they had access to those higher in the hierarchy of the family therapy institutes like clinical directors and supervisors.

Embedded but not necessarily visible in the design of workshops and consultations is how the cultural, national, and other identity markers frame the family experience across cultures. "Master" therapists from Western industrialized countries frequently assume that some family practices are universal, or they may notice only those practices that seem too different from the ones practiced in their country of origin. Their awareness of cultural differences has the form of "surprises." These assumptions about families can have a deleterious impact in the work that trainees and their supervisors carry out. Another experience of mine serves to illuminate this process. During the third session with the first family I ever worked with in systemic therapy, my team supervisor caught me speaking a lot about the "leaving home" stage. Since I had been recently reading and translating the latest available strategic therapy book (Haley, 1980) it would be "natural" for me to practice that kind of strategic stance. One of my supervisors mentioned that my intervention was premature considering the age of the twelve-year-old child. This was a relevant observation considering the life cycle focus in the work inspired on Milton Erickson. However, in retrospect, I am struck by his response since he did not mention the potential lack of cultural validity of the leaving home construct in the Latino culture. This supervisor was only aware of how I was misapplying Haley's approach, not the misapplication of a therapeutic model created in a different cultural context. In Latino cultures, adult children leave home only to become married or to study far from home (even in this case, home is still the parental one). This is due to not only specific Latino familial values but it is also related with lack of affordable housing and employment for young adults.

I believe that these practices may have precluded the development and validation of local ideas that could have had a better chance at responding to the larger majority of clients in Latin America and to the challenges confronted by therapists. Some systemic trainers were emphasizing the larger social contexts in which individuals and family problems were embedded. However, community psychologists, indigenous community psychology, and popular education movements were not given a space to contrast and connect their experiences with the systemic trends. On the contrary, the reign of neutrality silenced the voices of those who brought into the discussions the importance of collaboration, participatory inquiry, and the deleterious impact of privatization of community and educational services. This was most troubling in countries with a tradition of governmental public spending in health and education on behalf of large segments of the population.

LAUNCHING A PROFESSION

Workshops were also part of a larger context of institutionalizing some specific professional institutions like training institutes. In Chile for instance, family

therapy institutes grew exponentially with new trainees. Therapists were taught about the one-way-mirror as a sacred place, as a revelatory place to find the clinical truth. Therapists were rediscovering the individual as living in families. As a consequence, the family was seen as the only site for systemic intervention and where "real" change could occur. Rather than isolating the individual, therapists isolated the problems within the boundaries of nuclear and families of origin. It is noteworthy how the pervasive individualistic ideas supported by the psychological orthodoxy (behavioral, psychoanalytical, and humanistic) had already disqualified the less individualistic worldview that permeates the Latin American culture. Thus, a family approach was always convergent with the familial worldview that permeates the lives of people in Latin America as well as most of the world. As it happened with American and European psychology earlier, the new systemic perspective was introduced as a new orthodoxy. For instance, during my first training, I was not allowed to work with families if one of their members failed to attend the session. Attempts at working with some members of the family were sanctioned as unprofessional on the part of the therapist and as manipulation by the family. In cases of domestic violence, taking a proactive stance to offer safety to the victim did not enter the discussion since the idea of therapist's neutrality was assumed at face value. Strict individually oriented psychoanalytic, behavioral, and humanistic orthodoxes were replaced by fashionable and intellectually attractive systemic ideas including the constructivist and cybernetics paradigmatic shifts. Ironically, the emergent constructivist paradigm was in part developed by two Chilean neurobiologists (Maturana & Varela, 1980; Maturana & Varela, 1987) but introduced in the dominant family therapy community by Gregory Bateson's followers (Dell, 1982, 1985; Keeney, 1983).

Pervasive and unacknowledged oppressive dynamics thrived in the early family therapy training and consultation contexts. These dynamics included marginalizing some potential trainees. Professionals perceived of as a lower status like nurses, social workers, school personnel, and popular educators were not invited to attend family therapy trainings. They were construed as lacking the "psychological and clinical" knowledge to work with "complex systems." This exclusion has had long lasting consequences in the creation of a family therapist identity. Some of these oppressive practices began to be questioned, although not at the level of clarifying the processes but through much in-fighting and segregation. Such a divisive process has had long lasting effects. In Chile for instance, attempts at forming a family therapy association were undermined by dominant professional groups. Dominant groups "owned" greater access to those who were perceived as the "masters" in the field, had a professional contact abroad, a family therapy library, and/or had constituted a private institute. In this organizational climate, the "truth" became a subject of continuous organizational conflict. Similarly, at a conceptual level, neutrality as an enduring family therapy idea flourished and the idea of the therapist as part of an empowering

or social control agenda was denied. In countries like Argentina, the family therapy associations multiplied, divided, and fought for distinct pieces in the field and allegiances within different professional sectors. As a result, family therapy has not been formalized into a distinct profession with standards since more powerful professionals (psychiatrists and psychologists) have "owned" the family therapy knowledge since then. Attempts by other professionals or non-professionals to change that situation have been dismissed by the established professional groups of psychotherapists.

**POWER AND SILENCES IN THE TRAINING:
*IT DOESN'T JUST
HAPPEN SOMEWHERE ELSE***

The exercise of power through the teaching of therapeutic discourses includes many other contexts. The construction of the attendee as a colonial subject is more evident in the experiences of those who attended workshops led by family therapists from industrialized countries in the eighties. However, far from being neutral, the systemic training and consultation in contexts we call home are organized around a set of value-laden assumptions. These are assumptions about the nature of mental health, the role of what an expert means, the importance of self-reflective processes, and assumptions that a trainee or consultee should not only have a conceptual understanding but an experiential integration. Although workshops are social events, they can reproduce isolating practices like therapeutic encounters in which social realities are put in parenthesis.

Workshop leaders assume participants will learn more effectively if they integrate experientially the presenters' ideas, but when workshop participants tell a personal story as part of an exercise, they make themselves vulnerable. In addition, these are practices in which participants may individualize and make their telling a psychological exercise at fitting the presenters' main tenets. The telling is informative of the theory presented but it may leave little space for participants' experiences and the social contexts in which they operate to become the source of new or innovative knowledge. Even if participants speak of issues of race, ethnicity, class, gender, and disability within the domain of their personal lives, their telling does not necessarily address the politics of power that dominate the context in which the training or consultation occurs. Learning becomes an exercise at repeating the conceptual conclusions of someone who has reflected upon his/her practices in contexts that are frequently radically different from the ones in which the audience is involved. Again, even those practices participants consider empowering as they connect lived experiences with theoretical ideas can demean their capacity to develop sound contextual knowledge since it may frame a non-participatory association with others.

Educational processes as colonial practices run parallel to the continuous use

of esoteric terms and the adoption of ideas foreign to the experiences of clients in psychotherapy. Like the collaborative approaches in therapy in which our clients are invited to be with us in conversations, it is a challenge for the workshop trainer to pursue such a collaborative goal in training settings. It is not a trivial subject to consider who owns the knowledge created through the process of dialoguing in an educational setting. A recent fellow participant in a workshop reported how she *writes in the margins*, referring to her way of making sense of the flow of ideas emerging from listening to a workshop presenter. This and other forms of reflecting are not actively validated or explored among a community of practitioners. As a result, a potentially innovative paradigm is incorporated to the "accepted knowledge" brought by the workshop leader and lost as an opportunity to create knowledge in a collaborative way. Not only the facilitator is responsible for such a loss. Students have been socialized to focus their attention and take notes on what teachers say but not on their fellow students' ideas and questions unless they are sanctioned as relevant by the professor. Like my graduate students, we can be seduced by the ideas of those we assume possess the truly relevant knowledge. When listening to the ideas of a family therapy expert, audiences are called to a pseudo participation rather than to the adventure of creating new knowledge.

Workshops can become experiences of silence rather than of dialogical participation. Even if workshops emphasize a reflective stance, they can be constrained by the "language games" (Cronen & Lang, 1994; Wittgenstein, 1953) laid out by presenters and/or consultants. An attendant to a conference reports her experience of a "tone or feeling" of:

Only one acceptable voice, and that if I didn't 'get it' I was unenlightened. I remember feeling as if I was at an evangelism revival, only everyone else was going forward (some others who were at the same conference felt the same—by reports that I heard). I think the danger is that the alternate thoughts can become the norm for a group—and a sort of group-think can set in—and other voices are silenced by the group. Thoughts were discussed in a way that excluded discussion. (Bonnie Smith, Archives MFTC-L Digest, March 24, 1997)

When attending a workshop as a participant in the audience, I am called to participate in a scripted play in which the presenter has the leading role. When this situation occurs, a serious contradiction emerges if the hierarchical dimension only addresses a specific content in the workshop without addressing the relational process. The presenter may criticize therapeutic practices in which the client is treated as someone in deficit or with a psychiatric diagnosis and at the same time the public in the workshop is treated as being ignorant of the right way of treating clients. This process can also parallel clinicians' allegiance to a collaborative and narrative approach, but with their clinical practices being essentially not so different from traditional mental health practices in which clinicians' assumptions replace the client's narrative.

A second form of silencing technique used by presenters is not to acknowledge the legacies of other authors, researchers, clients, and social movements as parallel or informing their approach. This silence makes the approach the presenters' model; by implication the audience is called to ascribe the power of knowing exclusively to the presenter. This is probably connected with how the power relations established in workshop settings disallow conversations that deconstruct the same assumptions that could be put in question through dialogue. This is particularly relevant and contradictory when the contents of a training address issues of social justice or portray therapy as a site of dialogue and emancipation. Calls for de-centered practices (Anderson & Swim, 1993; White, 1997) become just rhetorical devices to attract a newer audience if these dialogical issues are not addressed. On the other hand, including de-centered practices in a presentation's design can reveal how knowledge in the therapeutic arena is a locally negotiated process of meaning-making rather than the application of a set of universal principles.

Audiences and presenters participate in exchanges about potential dialogues that can further the power of a consultant or workshop leader to define the course of the educational or consultation experiences. These experiences become *fill in the blanks* practices where little is advanced by audiences in the creation of local knowledge that can be truly useful for those who are attuned to the cultural nuances of the place in which they practice their craft. Participants may be presented with options that trap them in paradoxical requests like the recent question of a "master" narrative therapist to his audience: "Would you like more space for questions or no questions at all?" The immediate response from the audience was to silence itself by requesting more of the presenter about collaborating and less about engaging in collaborative dialogue. This question created a paradoxical context in which any answer can be deemed unacceptable. The process traps the audience in choices that lead it to stay on the receiving end of a "banking" approach to learning (Freire, 1971) rather than a dialogical one.

QUESTIONING OUR PRACTICES: *NOT JUST ASKING TO FILL THE BLANKS*

Postmodern and social constructionist authors (i.e., Friedman, 1993; Hoyt, 1994, 1996; Sexton & Griffin, 1997) have been addressing past colonizing knowing forms and reconstructing them anew by revising the same tenets taught in the past and capturing the history of what may still be useful. Ironically, the same dominant actors find themselves acting as critics and creators of a more emancipatory discourse. The critique of the previous dominant knowledge becomes a resource, but only after the dominant groups in the field have decided to leave the previous center. It is not rare then that those who will seek to evaluate

the traditional discourses have been positioned as privileged because of those discourses they criticized.

As part of my own exploration of how therapists in the field respond to this critique, I requested comments from members of a family therapy internet list. A participant summarized some of the ideas above and my reactions to a workshop:

If we focus on those things that workshop leaders have done—particularly from our participant role, are we not still reacting to those others and to some extent being organized by them—and by their practices? How would the conversation be different—if we focused on what we wanted, what we have found sustaining, desirable, connecting, community building, supportive of our knowledge and skills—or rather, what conference designs and structures—if any—we think would provide that? . . . I am most interested in the conversation from the participant position. I find that when I focus on what is wrong with something that I am often still in its grasp—that the harder task (for me) of thinking about what would be right for me is ultimately more freeing and removes itself from certain restraining forces that can easily cut short my dreaming. Dreaming, for me, often leads to *creative action* in a way that revolting does not—through the latter is often energizing. It's not an either or—just wanting to have *room for both*. (S.A. Roth, personal communication, MFTC-Digest, March 25, 1997)

She may be suggesting that the audience or participant has a voice in organizing the training and as such to remove the disempowering processes I have noted earlier. This is coherent with Foucault's (1978) idea of power as exercised from innumerable points in the interplay of non egalitarian and mobile relations.

My work as a consultant and sometimes as a trainer abroad has not been free of the same trappings I have described. I question how do consultees and trainees participate and internalize these trappings? How does this compare with an interactive teaching learning process? How do the trainee and consultant revise their practices? How does revising mean more than a change in the pedagogical technique, the delivery, or the correctness? How does the content shift as the trainer or consultant engages in more participatory practices?

Teaching and consulting across cultural borders have expanded my awareness about the complexities associated with educational endeavors, as well as my lack of certainty about what is useful knowledge considering the contextual nature of our work. "Coming back" as a systemic consultant into my country of origin or other South American countries has taught me more about my limitations and biases than the ones I see in those asking for my aid (Bacigalupe, 1996/97). This is complex if I consider the fluid nature of my own position as sometimes a participant of dominant groups in South America (and less often as part of non-dominant ones) and as part of a non-dominant group this side of the world (and less often as part of dominant ones). I have developed a set of questions to reflect upon my position as a teacher or consultant in an effort at

not repeating and being aware of practices that disempower others in training and consultation. These questions represent an *Accountability Guide* to exploring the experience of trainers in the land of others and thus aiding in recognizing colonial practices:

- Why do (would) I engage in the task of training and consulting in a land afar or with those that seem so different from myself?
- Who participates in the design of the training or consultancy? Who defines the learning objectives? What and whose knowledge is privileged?
- How do I become aware of trainees' needs and how are they defined?
- What contents have (do, will) I emphasized in teaching and consulting?
- What are the methods I use the most? How do I teach?
- Who owns the knowledge and associated techniques? What kind of "dialogical design" do I create?
- How do I negotiate my cultural identity as external consultant and/or trainer?
- How do I respond to larger system constraints? Am I acknowledging the complexities of the local scent? If I do not grasp them, am I being curious, open, reflexive, and open to revising my role in *that land*?
- How do I balance social expectations about a workshop and the practices of introducing "new" ideas?
- If participants accept my ideas without questioning them, what do I conclude from that position? If participants "rebel," what rhetorical devices do I find myself using the most?
- Do I include the dimensions family therapists emphasize the most: process, context, and meaning? How do I interconnect them in the fabric of the educational activity?
- What are the prevalent voices within these consultations and educational relationships?
- How does empowerment develop in these interactions?
- How do I make distinctions between a consultation and an educational experience? How do I transition from one activity into the other if that is deemed necessary?
- How do I evaluate the results or outcomes? How do they evaluate it? Who am I accountable to?
- If translators are employed, how is the translation activity incorporated or made "invisible" in the consultation or educational process?

A FINAL NOTE

Consultants and trainers may find developing a relational identity that includes cultural others against the backdrop of American individualism (Hoare, 1991) a

difficult task when engaging with practitioners who may differ in worldview and live in different societies. As consultants and trainers, learning to breach this dilemma will certainly augment the democratic interchange between those in "other lands." In addition, it will also increase the capacity to deal collaboratively with differences that exist within the industrialized Western countries. If we are willing to challenge our persistent need to be the ones who educate, teach, dominate, acquire, and set up standards, the family therapy field has already developed a wealth of ideas that could be applied to this endeavor. In sum, some of the modern and traditional systemic ideas and practices need to be shared in a participatory educational process that respects the local context, understands the power relations that exist in those contexts, and understands how ideas in the market can work against the well intentioned approach of those delivering them.

Cross cultural consultations and training are privileged contexts in which we can reflect with participants on the context in which the relationships develop and as such to invoke a dialogical stance. This stance means to address the conditions in which power relations are recreated and formalized to truly develop *epistemological curiosity* (Freire & Macedo, 1995). If the trainer or consultant perceives itself as the owner of the truth or a technology that he can just transmit, then this kind of reflexive process may be unnecessary since there is convergence between the content and the educational approach. In contrast, acknowledging the audience as a collaborative body is not about being worthy nor is it a rhetorical exercise, but is an opportunity for a truly emancipatory experience at creating knowledge that can be useful and serve families and communities in the end.

It is intriguing how therapists, who can introduce issues of social justice in the clinical session, are trapped by the conventional aspects that dictate a workshop presentation or a consultation. Speaking of Michael White's work, Tomm brings to our attention how therapists who are concerned with the workings of power and knowledge in the therapy session have not been able to apply these ideas as part of their teaching, "nor has a critique of his own power as a major contributor in the field becomes a part of his major presentations" (1993, p. 65). This lack of reflexivity supports the notion that a correct discourse will change unjust realities rather than the notion that practices in the world will change at the local, and hopefully, global level.

The social constructionist and second order cybernetic ideas implied a self reflexive stance for the therapist (McNamee & Gergen, 1992) rather than prioritizing the possibility of being neutral observers. In the same vein, Madigan has suggested inviting families to question the assumptions of therapists (1991, 1993). Trainers, then, can create situations for participants to question the assumptions underlying the questions and exercises used, as well as the solutions the outsider brings forth by extensive use of feedback sessions, reflecting team methods, videotape of presenter and later analysis, etc.

Approaches that are only critical at the content level will undermine coordinated political engagement to oppose those actors and practices that help to maintain unjust realities (e.g., managed care institutions). The experiences of audiences and consultees with those that profess to critique a particular model should parallel the content. A proposal for greater levels of reflexivity, of *engaging with* others rather than *speaking to* others, counteracts the postmodern skepticism that purposes the end of any ethics based on individual postures in the world. In my view, this reflexivity points to transformation and travel beyond the constraints of modern or postmodern orthodoxes.

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