Avoiding colonizer positions in the therapy room

Some ideas about the challenges of dealing with the dialectic of misery and resources in families.

Peter Rober (Context, UPC KU Leuven, Belgium)
Michael Seltzer (Oslo University College, Norway)

A family's culture – its variant of the general culture – always contains something that makes for tranquility and well-being and something that makes for anxiety and misery (Henry, 1963, p.323)

Introduction

When psychotherapists are asked in surveys about their motives for their choice of profession, a typical response is that they want to help people (Parker, 1999; Norcross & Farber, 2005). In everyday psychotherapy practice, however, it is not always clear what it means to help. Cade (1998), for example, argues that some helping acts performed by family therapists may in fact be considered as forms of colonizing the family. These occur when therapists become overly responsible for the family and focus too strongly on change. In so doing, they not only disrespect the family's pace, but more crucially neglect the family's own resources for change. Cade uses the term 'colonizer' to underscore how the therapist expropriates the key resource of self-determination from family members as well as defines reality and how they should perceive it. In so doing, the therapist denies any self interest while claiming to own the right to help and to intervene: a right based partly on possessing superior knowledge as a

trained professional, but mainly based on genuine feelings of care and obvious good intentions.

Colonialism and psychotherapy

To use the concept of colonialism in the context of psychotherapy may seem strange as, on the face of it, colonialism appears to be diametrically opposed to psychotherapy. Indeed, colonialism refers to a complex of practices for oppressing and exploiting peoples, while therapy, on the other hand, refers to a set of ideas and practices aimed at helping them. Therapists of course are in no way like traditional colonizers robbing material resources from those coming to them for therapy. Yet, as first eloquently argued more than a half century ago by Aimé Césaire, those conquered and exploited by imperialist powers also suffer devastating psychological damage (1955). Colonialism, he argued, not only stripped colonized peoples of their natural resources but, perhaps more destructively, robbed them of confidence in their own strengths and resources. Later elaborating on this theme, a host of writers have described in detail how those most often responsible for undermining the self-confidence of the colonized were not the soldiers, overseers and other brutal agents of colonialism, but rather its more benevolent missionaries, teachers, administrators and social workers – educated persons united in their desire to help in various ways those defined as in need of assistance, guidance and protection (see, for example, Anderson, 2006, 2002; Fanon 1967, 1963; Nandy, 1983; Stoler, 2006). This form of benevolent colonialism was perhaps most devastating for families of conquered peoples in North America and Australia. There various organizations staffed by professional helpers guided by the best of intentions robbed native families of their traditional functions and often of their children as well. The wholesale removal of thousands of Aborigine and Native American children from their homes in the 20th century was long defined as a high-minded cause – one rescuing these youngsters from the

alleged backward or dysfunctional cultures of their families (Bean and Melville 1989; Smith 2001). One historian characterized the "progressive colonial bureaucrats" running these programs as "protectors" urging the colonized to "…forget traditional and affective ties to family and community"(Anderson 2006: p. 97). The rationale underpinning the destruction of families and the hearts and minds of their members was succinctly described in the public apology to Native Americans made in 2001 by the director of the Child Welfare League of America. In asking for forgiveness for his organization's involvement in removing thousands of youngsters from their families in the Indian Adoption Project of the 1950s, he explained:

> No matter how well intentioned and how squarely in the mainstream this was at the time, it was wrong; it was hurtful; and it reflected a kind of bias that surfaces feelings of shame."(Adoption History Project, Department of History, University of Oregon, http://www.uoregon.edu/~adoption/topics/IAP.html).

Viewed in the light of such historical examples of destructive colonial practices undertaken with the best intentions (to help, to liberate, to educate, to protect, …), using the metaphor of colonization in the context of therapeutic practice begins to make sense. As we will illustrate in the following, the well-intentioned motives and feelings of therapists may subtly cloud therapeutic judgment and lead therapists – especially but not solely beginning ones - to assume colonizer positions. Rather than accusing this or that therapeutic school of colonizing practices, we view these dangers as ever-present in all encounters between well meaning therapists and families in distress. It is our aim here to provide a language to talk about these practices, and to suggest some workable guidelines for making therapists more sensitive both to the resources of families entering therapy as well as to the impact of prevailing ideologies on their own positioning in the therapy room. This view requires that therapists in their positioning towards families should resist acting upon their strong convictions about how things ought to be in families and work instead to connect respectfully with families and to assist them to activate their own stores of resources. Rather than colonizing the family by directing its members how to act and thus undermining their right to self-determination,

therapists ideally should stand shoulder to shoulder with the family in its efforts to use its own strengths to mitigate those factors causing pain and unhappiness among its members.

The temptation to colonize

Psychotherapists are trained within a framework dominated in great part by mainstream ideology with its own truths about human nature, health, happiness, parenthood, healing, and so on. These kinds of ruling beliefs infiltrate the profession and invite therapists to pathologize irrationality and individualize social injustice into personal distress (Burman, 2000). For many mental health professions, these truths become taken for granted in their everyday practice and are seldom questioned critically (Guilfoyle, 2003). Consequently, therapists often unwittingly and unwillingly become accomplices in networks of normalizing power, positioning families or its members as helpless and shameful. In these roles, therapists can then offer the family temporary relief by sustaining the idea that the problem lies in one of its members. Additionally, therapists can lead the family to expect ultimate relief by promising a solution to the problem. These practices are tempting for therapists, as they provide something to hold on to in the uncertainty of the living therapeutic dialogue (Rober 2005), and help to position them in comfortable and gratifying professional roles as problem solvers, protectors, rescuers, and so on.

The temptation to colonize is a challenge for all therapists. Even postmodernist, collaborative ideas do not provide immunity for therapists from the dangers of being infected by the colonization virus. As Paré & Larner (2004) caution:

> Postmodern practice, like traditional approaches it critiques, can *also* unfold along colonial dynamics. Even our emancipator ideals can be turned into unilateral relationships that defy the spirit of collaboration. (p.4)

Similarly, Morss & Nichterlein (1999) warn of the temptation to emancipate that may assail the narrative therapist. The well-intentioned therapist, they point out, may be lured into externalizing the client's problem-saturated story by the belief that emancipation is possible and achievable if correct techniques are adopted. But, as they also note, there is a great contrast between the pessimism of the narrative therapist's social analysis – in which she/he identifies internalized, oppressive effects of surveillance and normalizing practices in our society – and the optimism of the therapeutic promise. "Where else," they ask, "have we encountered such extremes of black and white, of death and life? In fundamentalist religious movements, and in fundamentalist political movements; in crusades against alcohol, against drugs, salvation, redemption…" (1993, p.173)

In the following pages by using illustrations from our own therapeutic practice, we will demonstrate how well intentioned therapists may often end up positioned as colonizers in the therapy room. The framing presented here contrasts markedly with views of families stressing their deficiencies and inadequacies in coping with the stresses and problems of life. Such "deficit" understandings intentionally or unintentionally create situations where therapists are expected to take over and to solve the problems bringing families to therapy. Family members on the other hand are expected to collaborate with their therapist, and his/her good intentioned professionalism. This state of affairs owes much to ideas long dominant in society. Such notions are represented by systems of diagnostic classification, for instance, and also by the dominant belief in our society that where suffering is present, professional helpers are required to act to relieve the suffering using evidence based knowledge and techniques. Parker (1999) argues that this way of thinking often locks people together in such a way that psychotherapy with its expert knowledge becomes experienced as a necessity requiring those in distress to ask therapists to intervene. Further, he points out:

The language that is used to frame the positions of those who 'help' and those who are 'helped' is deceptive (Gronemeyer, 1992). Even the word 'empowerment' betrays something of the position of the expert who thinks that they have been able to move an enlightened step beyond 'helping' people but cannot give up the idea that it is possible to bend down to lift someone lesser than themselves up a step, to give them a little empowerment." (1999, pp.9-10)

Colonizing positions in therapy: Some illustrations

These ideas about colonizing positions in therapy are illustrated in the following where the implicit truths of the therapist (Peter Rober) work to trap him in a colonizing position making therapy difficult if not impossible. We have chosen to present cases of our own in this article. In that way we want to make clear that it is not our aim to accuse anybody of colonizing others, but rather we want to invite therapists to reflect critically on their own positioning in family sessions. In so doing, this may help them diminish their roles as normalizing professional problem solvers unencumbered by values of class, culture and gender, and facilitate their constructive reconnection with the family in its pain and suffering, as well as with its resources.

The girl who didn't want to go to school[1]

> *Mother complains: "My daughter doesn't want to go to school. She prefers to watch television."*
>
> *The therapist then asks: "Doesn't she have to go to school?"*
>
> *Mother replies: "I don't want to fight with her about it."*
>
> *Upon hearing this, the therapist reflects: "How irresponsible of this mother! Of course children sometimes say they don't want to go to school. Of course they prefer to watch television. But it's up to the parents to talk with them, and if necessary make them go to school".*

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[1] This case was analyzed from a slightly different angle in a previous article (Author, 2002). For a more detailed discussion of this case, we refer to that publication.

Here some of the therapist's implicit truths surface: "*Mothers should take responsibility. Children have to go to school. Of course children prefer to watch television. It's the parent's responsibility to make the children go to school.*" These truths are the therapist's convictions about parenthood and about education, but they are also the truths reflecting an ideology of responsibility and socialization sustaining a dominant social and political status quo.

> *Mother then says: "I don't want to fight with her about it"*
>
> *At that moment, the therapist takes a few seconds time to reflect critically and to listen to his own inner voices. He is immediately struck by his negative framing of the mother's attitude and by his positioning as a protector of the girl's well being. He then decides to try to correct his negative view towards mother by re-connecting with her.*
>
> *He asks, "Can you help me to understand?"*
>
> *In response to this question mother told of once hitting her daughter when they had a fight over going to school. She felt very ashamed about this because she had sworn to herself never to hit her children, since she was often beaten while growing up. So rather than risking a new fight to get her child to go to school (where she might again lose control over her anger), mother preferred not to interfere with her daughter's television watching. In a sense, this was her way of protecting her child.*

This story told by mother was very important as it offered the possibility for the therapist to reposition himself and reconnect with her. Furthermore it directed the course of the conversation in a more collaborative direction. If, however, the therapist had stayed in his original colonizing position and acted upon his initial conviction about what a responsible

mother should be, he might easily have gotten stuck in attempts to change the behavior of the mother. Most likely, he never would have gotten to hear mother tell the story of her painful childhood, her shame about hitting her child, and her attempts to be a good mother.

This episode illustrates the need for therapists to be vigilant towards themselves so as to avoid assuming colonizer positions where they unwittingly transmit and act upon taken for granted truths oppressing the strengths, resources and concerns of families. This episode also illustrates the complexity of therapeutic encounters where the protection of someone who is perceived as being vulnerable and in danger can unwittingly lead to unintended destructive processes involving individualization, pathology and blame.

Pausing and noticing

The therapist's positioning is a complex process of continuous movement within the dialogical space of the therapeutic session aimed at staying connected with all family members. While it is not possible for therapists to avoid taking positions in the dialogue, ideally they should be flexible enough in their positioning to move continuously from position to position in response to what is happening in the session. In that way therapists may increase their chances for connecting with all family members, present or not present in the session, and be empathic to their different perspectives. Positioning, however, becomes problematic when the therapist assumes a colonizing posture, where she/he can easily lose touch with some (or even all) of the family members. In such a position, the therapist may act intentionally or unintentionally in accordance with standards of justice and morality prevalent in certain classes and groups in society. This, as we have seen, can easily serve to isolate, to accuse and to pathologize family members. To avoid this in practice, we have learned to work slowly, to try to be aware of our own values and experiences, as well as of our own

positioning in the session. During or after therapeutic sessions we try to take time to pause, reflect and notice what previously had not been evident. We have learned that it is important to be critical of our own good intentions, and to be open to being surprised by our own thoughts, ideas and fantasies during or after sessions as they often reveal unacknowledged aspects of our dealings with the families.   We have found that these necessary modes of reflecting and thinking are facilitated by employing two different approaches (often in combination):

> 1. *Pausing and noticing*: We retreat into our inner conversation and observe our own activity in the session and ask ourselves certain key questions about the positions we are taking: Considering my positioning at this moment, are constructive ideas and hypotheses about the different family members being developed in the session? Or am I blaming someone, or silencing someone, or defining someone as pathological or abnormal? (Rober, 2002)   What is the effect of this position on the family? Does it make more room for telling new stories? Does it contribute to more listening and understanding?   And so on.

> 2. *Re-connecting*: A key question that we frequently ask in family sessions is "*Can you help me to understand?*" This question, however, is not intended as a magical formula strategically aimed at opening up our clients. It is instead grounded in our authentic curiosity, our sincere empathy and our readiness to be surprised.   Furthermore, we often openly voice some of our concerns about our positioning, and connect with what family members are experiencing. How do they feel about the way the session is going? Do they feel comfortable? Or uncomfortable? What kind of discomfort do they experience in the other family members?   How do they deal with that discomfort? And so on.

In the case of the girl who didn't want to go to school, these two approaches played a key role. First the therapist listened to his different inner voices (*pausing and noticing*), and – *upon* being surprised by his own negative views – he then sought more constructive ways both to understand what was happening in the family and to reconnect with the mother without blaming her (*re-connecting*).

Colonizing positioning and the therapist's comfort

The dangers of colonizing positioning are further illustrated in the following case[2]. Also here the first author was the therapist, and in this case, too, he became stuck in a colonizing position isolating and blaming one of the family members. This case also provides an illustration of how colonizing positioning, no matter how well intentioned, may involve unacknowledged personal motivations on the part of the therapist.

The aggressive son

Mother came to therapy with 8-year-old Jacob, her only son, because she was worried about him. In the first session, mother explained that Jacob had been fighting on the playground in school, and his teacher told her that Jacob was an "aggressive boy with a terribly short fuse". The teacher described Jacob as aggressive towards other children, but towards teachers too.

- "Also," said mother, "he does not respect me. He does not obey and he does whatever he pleases. It is as if I have no influence on him."

While we were talking Jacob was sitting quitely in his chair and looking around the room as if we were not talking about him.

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[2] The sessions in this case example were held almost 10 years ago. The family members gave permission to use their story in this publication.

When I asked Jacob what he thought about all this, he said that the other boys started

the fights and that he merely defended himself, and that they provoked him time and

time again.

- "And you are all alone?"

- "Yes," replied Jacob and I thought I saw tears in his eyes.

- "That's sad," I said, but Jacob did not answer. Instead he picked up a comic book

and started to thumb through it.

At that point, I didn't know if I should still try to talk with him, or if I should let him

be, but I could feel his loneliness and it made me sad.

Mother then commented that Jacob hardly ever showed his feelings. She added:

"Once, however, I saw him crying silently, and when I asked him about it, he said he

missed his father."

I asked about Jacob's father and mother replied that they were divorced shortly after

Jacob's birth. As I often do with divorced families, I enquired if it would be possible

for me to talk to Jacob's father.

Mother replied:

- "Maybe, but I think his father is the problem."

- "What do you mean?" I asked.

- "I think that's what's wrong with Jacob. He is aggressive like his father, it is

hereditary."

I asked her to help me understand, and mother started to tell stories about father's

aggressive behavior. One of the stories she told was about Jacob's father's

aggression against his own father. While a teenager, he hit his own father on the

knees with a heavy steel bar. Mother said: "His father will spend the rest of his life in a wheelchair, and all Jacob's father had to say was that he had it coming."

There were more stories she told of bar fights and violence in soccer stadiums, on the street and at home, and I started to doubt that it would be a good idea to invite father.

Hesitatingly I said to mother that I did not always invite fathers to the sessions and that we would have to consider all the angles before we decided to invite him. She agreed and emphasized again how aggressive Jacob's father was. She added that Jacob hadn't seen his father for a long time, not because she didn't allow Jacob to see his father, but because his father did not want to see Jacob:

- "He writes postcards and brief letters to Jacob, but he never visits or asks to see Jacob. Writing letters and telling your son that you miss him is easy, but being a father to him is too much to ask."

I agreed with mother and said that Jacob deserved a caring father.

I felt sorry for Jacob, but he seemed indifferent, absorbed in his comic book.

After the session, I wrote in my notes: "Maybe it is for the best that his father has no contact with Jacob. This boy needs a good father. He seems like a nice boy. He is the same age as my son. They would probably play together nicely. Anyway, it is no doubt better not to invite his father."

In these notes the contours of the colonizing position assumed by the therapist in relation to this family become clear. He has decided that Jacob's father should not be invited to be involved in the therapy and even concluded that it is better for Jacob to have no contact with his father. The notes show, too, that the therapist feels for Jacob and wants the best for him.

In a way, it seems that the therapist is implicitly assuming the role of the good father, while positioning Jacob as a victim of his bad, aggressive father.

When I reread my notes from the first session just before the second session, I was surprised by what I had written. It is very unusual for me not to invite fathers of children I have in therapy. I admitted to myself that in some way I had experienced my decision not to invite Jacob's father as a relief. I then realized that the thought of inviting this aggressive man into the therapy room frightened me. Furthermore I was surprised by my note about Jacob playing with my son. It was as if I had the fantasy of adopting Jacob and then becoming his caring father. The more I reflected on the case, the more uncomfortable I became with my decision not to invite Jacob's father. I decided to talk about it again with mother in the second session and to propose to invite Jacob's father anyway.

Mother said it was fine for her if I would invite Jacob's father:

-"…but I doubt if he will show up," she added.

The next day I phoned him and gave him an appointment.

Jacob's father was not a big man, but he was very muscular. He was impressive with his tattoos and very short hair. He looked like a skinhead, or like the American marines I knew from the movies. As I shook his hand I noticed that he had a tattoo with some words in the palm of his right hand, but I could not make out what they said. After we sat down and after I had introduced myself I made a comment about his tattoos.

-"Nice tattoos," I said and pointed at his upper arms where barbed wire rings were tattooed.

He smiled but remained silent.

Vaguely I could smell alcohol and I wondered if he had been drinking. It was only 11 in the morning.

-"I saw you had a tattoo on the palm of your hand too," I said.

He showed me the palm of his right hand. It said "pleased to meet you…" in blue letters. That sounded reassuring.

-"Nice," I said.

Then he showed me the palm of his left hand, it said in the same blue letters "…and now fuck off".

He smiled.

It was not an easy conversation. Jacob's father clearly was not the talkative type and there were a lot of silences. Still he listened to what I said, and he answered my questions. Brief but to the point. One of the things he said was that, although it was not the first time his son came in contact with a professional helper, he never before had been invited to talk about Jacob. Referring to Jacob's mother, he said:

-"She scares professional helpers with stories about my aggressive behavior. For instance she always tells this story of me hitting my father and him ending up in a wheelchair."

-"You did not hit him?" I asked.

-"Oh yes, I did. He had it coming. The bastard had been hitting my mother as long as I could remember. And hard too. I remember when I was still a small boy that I promised myself that one day when I would be big and strong I would make him pay for hurting her. And then when I was 16, he hit her again. And then I took a heavy

steel bar and hit him. I spent the next two years in a home for juvenile delinquents.

He will spend the rest of his life in a wheelchair."

He looked at me and he smiled. I didn't know what else to do than to smile back. It

seemed that for him, justice had been done. Again I smelled alcohol on his breath.

I told him I was worried about Jacob, about his behavior and his aggression towards

other children, and even towards teachers.

He nodded.

-"I'm worried too, of course. After all, I'm his father and I try to be a good father.

But..."

-"But?"

-"Well, if you are blessed to have me as a father, like Jacob is, than you are fucked,

because I'm really a bad example. I always get into trouble. Even when I'm not

looking for trouble, trouble always seems to find me. It seems I can't escape it. I

never killed a man – and even if I did I would not tell you (he smiled) -, but anyway I

spent some time in jail. But I try to be a good father in my own way."

- "In your own way?"

-"Well, I think that I can be a good father for Jacob by seeing him as little a possible.

I don't want him to take me as a role model. I love him very much, and I would very

much like to do fun things with him, but if we would do things together like going to

the zoo, or whatever, I'm sure I would get into trouble and then he would see his

father in a way he should not see his father."

I was surprised by his words and I didn't know what to say.

He said:

- "I am who I am, and I always get into trouble."

I didn't detect a trace of shame or sorrow in his words. For him, it was just a statement of fact.

After the session with Jacob's father, I had a third session with Jacob and his mother. When I told Jacob that his father had come to talk with me, he could hardly believe it:

-"My father came here to talk about me?"

For the first time Jacob opened up a bit. He seemed more interested and he even asked his mother a few questions (about his father). He listened in a more engaged way and he spontaneously gave some comments.

A few weeks later Jacob's father came for the second time. As I shook his hand, again I smelled alcohol on his breath.

I asked him how he had experienced our first session.

-"It was nice to get the chance to say what was on my mind."

He smiled nervously.

Then he said, "At last there was someone who listened to me without judging me. I'm not sure but I think you really listened to me."

He looked at the floor.

Then he said: "I have to say that today I was quite tense to come to you again. That's why I went to the pub on the corner to drink a few beers. Like the first time.

Otherwise I would never have dared to talk to you."

Jacob's father did not show up for his third appointment. I could not reach him on the phone[3], but Jacob told me that his father had sent him a letter in which he said that it was important that he (Jacob) should talk to me. In the letter, the father wrote that he had come two times to therapy to check me out, and that he now knows that I can be trusted. He also wrote that Jacob should obey his mother. He wrote that his mother was a good woman who could teach him a lot. About himself he wrote that he loved his son, but that he was a bad example for him and that he should rather take his mother as an example, because then he would not get into trouble so often. This letter meant a lot to Jacob who became more present in the sessions and talked more. Mother told me that Jacob also respected her more at home and had become more relaxed.

In this case it seems that father's encouragement and his trust of the therapist helped Jacob to commit in therapy and to change his behavior towards his mother. One can only wonder what would have happened if, after the session with mother and the boy, the therapist had not invited the father. In that case father probably would not have become a resource in Jacob's therapy. He most likely would have remained isolated and mother's view of father as a dangerous man would have been reinforced by the therapist's decision not to try to connect with father. That initial decision was grounded in the therapist's well-intentioned, but ultimately colonizing, position of being Jacob's protector while identifying father as an aggressive, uncaring man. Although protecting family members is sometimes necessary (e.g. in cases of sexual abuse), protecting a family member in many other situations may be accompanied by implicit blaming and isolating of another family member. This is what happened at

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[3] Some years later he contacted me (first author) again. We had a few sessions talking about his relationship with his second wife and about his little daughter. At that time he gave his permission to use this story for a publication.

the end of the first session. Father was distanced by the therapist, and positioned as a

threat that should be kept well away from his son, as well as from the therapy (see

figure 1).   At that time, the therapist failed to pause and to notice his own colonizing

position. It was only two weeks later, when re-reading his notes from the session, that

he realized the way in which he, by protecting Jacob and excluding the father, was in

fact positioning himself as a better father for Jacob.

Figure 1: The therapist's colonizing positioning

Mother

Jacob

Therapist

Father
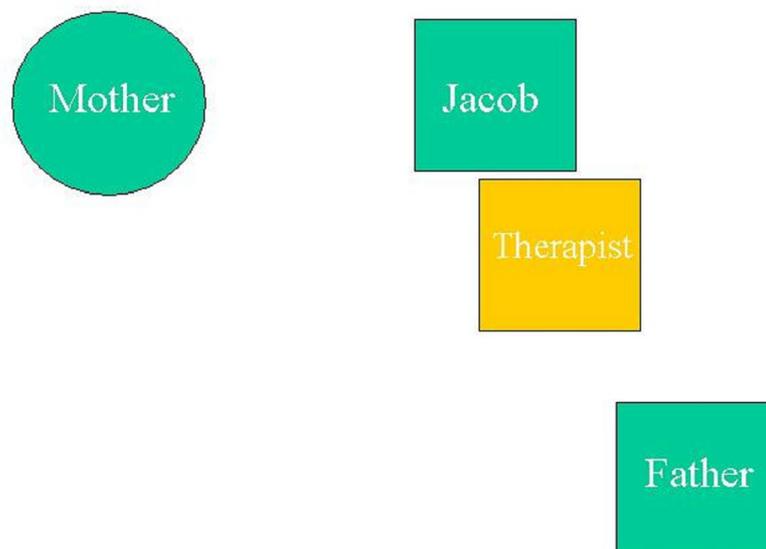
The account of the therapy of Jacob and his parents furthermore highlights some of the ways

in which therapists can abandon colonizing positions and relocate themselves in positions

more helpful to the family.   Perhaps the most important moment in the first session with

Jacob's father was when he re-claimed his position as a father. This happened after the

therapist said he was worried about Jacob. It was as if the therapist, in saying this, claimed a

fathering position, and thus suggested that Jacob's father might not be worried. But father

replied: *"I'm worried too, of course. After all, I'm his father..."* In that way he asserted

himself as Jacob's father. As this reply was accepted by the therapist, space was opened for

father to talk about the way he was trying to be a good father, and how difficult this was ("...

and I try to be a good father. But…”). Rather than taking the position of someone knowing how to be a good father, the therapist listened to the father's story about his attempts to be a good father for his son. In this way the therapist connected with the father's love for his son as well as with his suffering because he felt that he didn't succeed in being the father he wanted to be for Jacob. This resulted in a repositioning of the main actors in this family therapy (see figure 2).

Figure 2: The therapist's corrected positioning
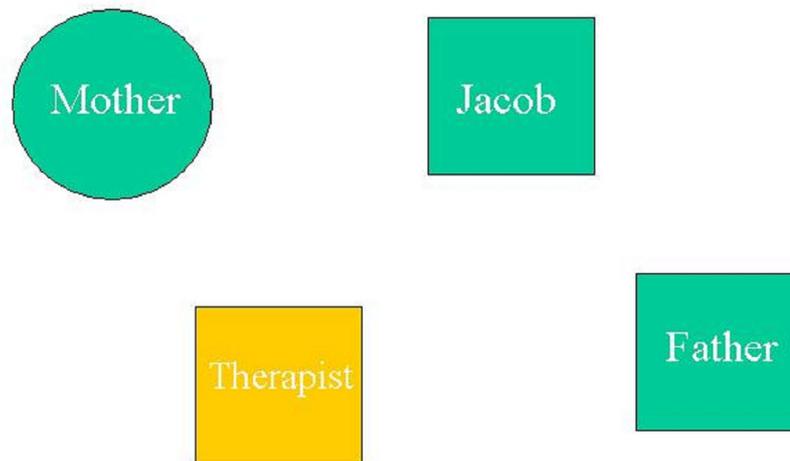
This illustrates one way that therapists may avoid getting stuck in colonizing positions. By acknowledging the good intentions of family members and being open to stories about their tragedies, therapists can reconnect with the family in open and non-judgmental ways. However, this is not always an easy task, particularly when therapists become irritated or annoyed by family members, or when family members repulse or scare therapists (as in the case presented above). Repositioning in these circumstances may be counterintuitive for the therapist and may require much mental effort to accomplish, because the colonizing position as savior/protector may be very appealing and/or emotionally comfortable for the therapist. It

may even require the help of a team or a supervisor for the therapist to pause and notice in such cases.

As is demonstrated in the case of Jacob and his father, one set of factors contributing to processes of colonizing in the therapy room may involve how therapists choose to deal with their own emotions and preoccupations. Our clinical experience has taught us that connections of the therapist with the suffering of the family should mainly be empathic ones: therapists are most helpful when they are sympathetic towards families and listen to their stories of anxiety, sorrow and pain in a generous way (Shawver, 2004; Hoffman, 2002). This means, however, that they are required to position themselves – not at a safe diagnostic distance – but instead in a much closer and often less comfortable psychological/emotional zone nearer to the family. In the case of Jacob and his father, this meant that the therapist had to confront his fear of this intimidating man and to try finding a closer position in an attempt to create room for the father's story. Interestingly, in telling the therapist that he needed a few beers to build up enough courage to come to the session, Jacob's father may have been saying that he had been just as scared of the therapist, as the therapist had been of him.

Conclusions

For some time now we have been arguing for a view of therapy as a dialogical one where family members and therapists together contribute to the therapeutic conversation, and where therapists are open to the family's feedback about the therapeutic process (Rober, 2005; Seltzer, et al. 2004, 2001, 2000). Within this dialogical framing, we view the therapist's positioning as crucial in relating to and being respectful of the family's own resources and sensitivities. While this framing of the therapist's positioning deviates from current mainstream views of psychotherapy, we feel nonetheless that our view is one shared by many

other family therapists. For example, Fitzsimmons and Zucker's (2003) advocacy of

countercultural therapists is strongly reminiscent of the kind of repositioned therapists we

have been calling for. A countercultural therapist, in their view, is one:

> "….who understands that his or her clients are trying to rewrite their
> experience in a world where certain meanings are more popular than others,
> and who also understand that therapists – like it or not – are empowered by
> their culture to popularize prevailing ideas regarding what is considered to
> be the best or most healthy way to be a person, be in a relationship, move
> through a stage of life, and so on. " (p.147).

Our view further can be understood as linking up with outcome research demonstrating the

importance of non-specific factors for therapeutic work (Lambert & Ogles, 2004; Hubble,

Duncan & Miller, 1999). Connecting with the social contexts and resources of clients, rather

than expropriating these as colonists, is a crucial factor. This is supported by researchers who

have found that it is extremely important to establish a safe working alliance providing space

and time for the client's experiencing as well as the therapist's empathic understanding

(Assay & Lambert, 1999). As this article's title indicates, we believe that it is crucial for

therapists to resist ideas and forces in society diminishing the abilities of families to plot their

own courses as well as to make connections with the family's suffering and most importantly

with its repertoire of resources and coping tools.

Our view of therapeutic work entails that therapists, in their continuous search for non-

colonizing positions, must accept their own vulnerabilities and meet suffering families

without the protection of a clear diagnosis of what is going wrong, or clear ideas about what is

supposed to happen in therapy to be helpful.   As suggested by other researchers, this can be

understood as "tolerance of uncertainty" (Seikkula & Olson, 2003).   As the cases presented

here show, it is tempting for therapists to search for certainty in familiar cultural or class-

based patterns or in dominant moralistic structures, such as seemingly obvious distinctions

between good and bad, right and wrong, sufferer and rescuer, and victim and perpetrator. This is illustrated, for instance, in the way the therapist positioned himself as a benevolent protector while viewing Jacob as the victim of an uncaring and dangerous father. Only later did the therapist realize that his initial decision to keep Jacob's father away from the therapy room was also an attempt to protect himself from his own fears.   It is our belief that therapists seeking similar forms of self-protection often unknowingly assume colonizing positions in relation to their clients. One way for avoiding this kind of positioning has been suggested by Morss & Nichterlein (1999) who propose that a therapist, instead of seeking comfort in his/her emancipator zeal, should "accept his or her vulnerable position as novice in the client's experienced world, … where none of the familiar rules and regulations may apply… The therapist … must not cling to familiar structures and systems but must step outside of the comfort zone." (p. 172).

In our own practice, too, we have learned that it sometimes is helpful for therapists to listen to the voices of their clients with their own mortality in mind. In order to be able to link up with the dark side of families, therapists have to stay in touch with their own despair and feelings of insecurity as well as their own moments of irrationality and madness. It is our experience that therapists who are too distant from the suffering family, too "sane" or too "normal", will not succeed in really engaging families in a therapeutic process. Referring to Jules Henry's dialectic stating that every family contains "something that makes for tranquility and well-being and something that makes for anxiety and misery" (Henry, 1963, p.323), we believe that therapists have to avoid positioning themselves on the sane or well-being side of the dialectic, while positioning some (or all) of the family's members on the pathological or misery side. Even though helping people is a complex task and involves many other things than therapeutic positioning, it is imperative that therapists find a way to balance between

connecting with and bearing the family's suffering, on the one hand, while noticing and

supporting the resources of its members, on the other. This, we feel, is a pivotal and necessary

pre-condition for facilitating constructive and truly respectful dialogues in the therapy room.

But such positioning is sometimes very hard, and taking safe colonizing positions may be

very tempting. This is especially, but certainly not solely, true for young family therapists

today whose training is heavily influenced by therapeutic narratives focused on diagnosing

pathology and on intervening to rid the family of what is going wrong. In our view, what is

going wrong in families can only be alleviated if therapists take the whole dialectic of misery

and resources as voiced by Henry into consideration. Therapists must never forget, we feel,

that: "*A family's culture – its variant of the general culture – always contains something that

makes for tranquility and well-being and something that makes for anxiety and misery.*"

(Henry, 1963, p.323)

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