

Cultural and gender accountability in the Just Therapy approach

Extract from Kiwi Tamasese and Charles Waldergrave's paper "Cultural and gender accountability in the 'Just Therapy' approach".

Suggested citation:

Tamasese, K., & Waldergrave, C. (2010). Cultural and gender accountability in the "Just Therapy" approach. *Journal of Feminist Therapy*, 5(2), 29–45.
https://doi.org/10.1300/J086v05n02_03

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RESPONSIBLE PARTNERSHIPS BETWEEN THE GENDERS AND THE CULTURES

In the 'Just Therapy' approach, we have endeavoured to discover a way that responsibly addresses the institutional and individual modes of cultural and gender discrimination. The approach attempts to reverse the societal bias against women and the dominated cultural groups.

Cultural Sections and Gender Caucuses

Within our overall collective at the Family Centre, the Maori and Pacific Island sections are self-determining. The Pakeha (White) section, because it is the dominant culture, runs its own affairs, but is accountable to the other two sections. Although all staff are committed to developed concepts of equality, unintentional impositions are still likely to occur because of our cultural histories. This accountability ensures an ongoing process of monitoring against intrusion into the processes of the groups that are dominated in the wider society.

Likewise, the women and the men caucus separately at times to address their own issues. As with the cultural work, we have found it helpful to agree to creative forms of accountability and monitoring that address our gendered histories and consequent biases. The women's work is self-determining. The men manage their affairs and responsibilities, but are accountable to the women. The point of such caucuses is to highlight the particular concerns of key groups so that their needs are not lost in a compromised partnership.

Cultural caucuses have now been institutionalised as cultural sections. With regard to gender, we have formalised groupings of men and groupings of women into separate caucuses. The women's caucus call the men's caucus to a meeting when an issue of injustice is felt in staff relationships, models or practice.

Issues are laid out, and a convergence of meanings is sought about the incidence. This may take one or several meetings depending on the complexity of the issues. Policy decisions emanate from these discussions. Meetings can also be called where a group wishes to put forward innovative ideas for discussion. We set clear boundaries to ensure the caucuses carry out their responsibilities. For those associated with injustice, their primary responsibility is to collectively transform attitudes, values, structures and forms of relationships that dominate. The responsibility of the subjugated groups is to identify their pain, recover their untold stories and articulate their direction in relation to others who share the same pain.

Caucusing enables a collective of voices to speak as one. It is particularly helpful where a gender or cultural grouping has fewer numbers and lower status positions in an organisation. Their collective voice can be heard in a more equal manner. We value the voice of each individual in many discussions. On other occasions, it is important to hear the collective voice of women, of men or of different cultural groups. Having met together previously, each caucus can share both their concerns and responsibilities. This sets up a different dynamic and focus in discussion.

Radicalising Modes of Accountability

The unique aspect of this approach is the reversal of usual modes of accountability. Because management and decision making is commonly exercised primarily by men or white people, the patriarchal and racist assumptions in society simply permeate the therapeutic community. Our reversal consists of full recognition of dominated groups to be self-determining, and a requirement of the dominant groups to check out key aspects of their orientation and projects with the other groups.

This process has been very effective, because it enables a genuine monitoring of discriminatory behaviours and processes. In our view, the best judges of injustice are the groups that have been unjustly treated. Thus, the women are accorded the role of guardians of gender equity, and the Maori and Pacific Island sections the guardians of cultural equity at the Family Centre.

They have the right at any time to call the Agency, or parts of it, to address equity issues. When they do, the Agency is absolutely committed to seeking a solution that satisfies the guardians to whom the rest of the Agency is accountable. This is not an authoritarian process. We endeavour to seek a consensus that we can practice with integrity, that satisfies those to whom we are accountable.

Sometimes an issue can be satisfactorily resolved in one meeting. On other occasions, where the issues require a lot of discussion and fundamental shifts in thinking, resolution may take a number of meetings over months. We persist until those to whom we are accountable consider their concerns have been adequately dealt with. The commitment not to give up has enhanced trust and facilitated creative solutions.

In practice, when the Maori or Pacific Island sections or the women have a grievance, we usually move through the following process:

1. Institutional Space

Time is set aside to hear the cause of concern. The group that considers they or their people have been unjustly treated, or an Agency practice needs to be changed, are accorded uninterrupted space to tell their story. We refer to this as institutional space, because so many agencies do not set time aside for such a process, and if they do, they often don't allow uninterrupted space. Only after all the aggrieved people have articulated their concerns can discussion ensue, initially around points of clarification on both sides. This first step involves hearing the story, and the meanings the group is giving to events that have occurred.

2. Converging of Meaning

The group associated with the injustice is then committed to listen as openly as possible and authenticate the complaint in whichever aspects they can, with integrity, agree. This is not an empty headed agreement. After clarification of any misunderstandings and points of fact, we usually discover substance in the concerns that have been brought forward.

Most white therapists and most male therapists, for example, would avow anti-racist and anti-sexist practices. The difficulty they have in practice is that they seldom experience what discriminated people experience. Furthermore, they are seldom in situations where they are required to respond to the issues raised by a caucus of colleagues with stories that are very different from their own. They are usually aware of the stories of at least some discriminated people however, and if invited to authenticate a complaint, they usually can.

The authentication from the group associated with the injustice enables a converging of meaning between the two parties. Where this occurs authentically, it is very painful, but anti-sexist and anti-racist learnings take root in an organisation. Furthermore, an analysis has taken place and the substantive issues have been agreed on, which enables some practice goals to be set towards resolution.

It is important to note that this process does not occur cheaply. We are not interested in “politically correct guilt” or “white and male flagellation.” Our concern springs from the pain of our colleagues, who feel we have failed them. We trust their pain and their ability to discern the significant obstacles, and they trust us to take them seriously and act honourably. The process is a vulnerable one for both sides.

3. Addressing Our Own

Having reached considerable agreement about the problem, and having shared the emotional pain of the hurt that has come between us, we begin to carve out a better future together. Sometimes the problems centre directly around our own actions. On other occasions they centre around sexist and racist practices that impinge on the Agency from outside, which we could have done more to prevent.

Male therapists, for example, are often insensitive to the feelings of violation female therapists may experience when working with a family in which abuse has occurred. Likewise, a narrow clinical focus can completely overlook the constant strain and pressure therapists from dominated cultures experience, when working with their own people. The people they work with usually have so few of

society's resources allocated to them. These experiences can raise broader contextual and social policy priorities for an organisation.

We endeavour to talk together with the same sensitivity and skill we practice in our best therapy. Where we have directly hurt another, we apologise. When the pain is very deep, we are sometimes "unprofessional" enough to cry, just like the families that come to see us. After all, we tell them it is healing to cry, don't we?

We endeavour to discern the colonising and patriarchal influences around the problem, and try not to separate ourselves, our cultures and our genders from our histories and current contexts. We deeply analyse the different meanings we give the same events, and try to understand and value marginalised meanings.

We then agree to new practices that deepen the respect and sensitivity among us. These new practices take on a collective, as well as an individual dimension. Men in the Agency, for example, are seen to be responsible not just for themselves, but for each other. The unenviable task of honing new sensitivities among men is not just left to women. Likewise, Pakeha (White) people are expected to develop responsible anti-racist perspectives among their own. These new strengths are not driven by reaction, but by the deep commitment to honour each other.

Our Agency often chooses to go a step further in this direction. We frequently take responsibility to address these issues in the wider therapeutic community and even beyond that in society as a whole. It forms a central part of our writing, teaching, media work, research and work in the community. As with the work in the Agency, the dominating groups are seen to have a major role in developing cultural and gender sensitivities among their own.

4. New Perspectives

In our experience, this approach has inspired trust between the cultural groups and the genders. Because the agenda of the dominating group was jointly agreed to by the dominated groups, and because the latter have the powerful right to both monitor and call account, a genuine partnership has the possibility to emerge. The quality of that partnership depends on the spirit in which it is carried out.

Though the processes are often painful, new relationships, new therapies and a greater sense of wholeness is spawned. Probably most important of all, the therapeutic organisation begins to reflect and model the sorts of relationships we strive for among families. In our experience most agencies fail to address the issues among themselves that they expect the families they see to work on.

We recognise that the creativity that has emanated from the Family Centre over the last decade, has its origins in this process. The partnerships encourage us to consider different meanings and different processes. The richness often gives birth to new ideas.

The trust that develops between groups, who in any other organisation nurse resentments, enables creative and equitable arrangements between the cultures and the genders. Stories and practices from groups that have been dominated become central to the life of the organisation. These include, for example, women's stories, cultural practices around greeting and food, processes during meetings, and spirituality in the broadest sense.

Over the years this process has helped us negotiate a path through many conflictual situations. The details of those discussions are obviously confidential as staff members have approached each other vulnerably. From a cultural perspective, we have addressed such issues as: the silence some cultures prefer to western verbalisation; respect and time given to elders in some cultures that is comparable with the respect and time given to influential achievers and people of status in the white world; opportunities for expressions of spirituality in situations where Europeans often feel a little uncomfortable; and the setting aside of a greater proportion of the financial budget and other resources for hospitality and gifting which involves audit justification within the institution.

These discussions between cultural caucuses require a lot of sensitivity. They are discussions that most institutions do not make time for, and so the dominating culture simply holds sway in that structure. People from dominated cultures usually politely cooperate with the status quo, and so the therapeutic institution mirrors the power difference that frequently occurs in the therapeutic relationship as well.

From a gender perspective, we have addressed such issues as: respect for women workers' knowledge of the complexities, vulner-

abilities and potential dangers in family life. This has required men to stand aside and listen to quite different meanings given to events in family life from that which they were taught or experienced personally; changing every structure of our organisation to reflect gender equity and participation at all decision making levels, from workshop presentations to the structure of our Trust Board; and the development of nonpatriarchal policy guidelines, as for example, in work with men who abuse that are overseen by the women in the Agency. An example of this is outlined in another paper (Waldegrave 1990).

These examples are not an exhaustive list of the issues we have worked together on, to discover equitable partnerships. They simply indicate some areas that point to the types of discussions and dialogue we have become involved in. Interestingly, they do not only benefit the women, and Maori and Samoan workers. Men, for example, have gained a greater sense of identity and cooperation as they have learned to recognise their vulnerability together. Pakeha (white) workers have also benefited significantly. One example is reflected in the new found openness to the wisdom of their own elders. This has led to their direct help and input on specific projects.