
CHAPTER 30

A Fifth-Province Approach to Intracultural Issues in an Irish Context

Marginal Illuminations

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The word in language is half someone else's. It becomes
“one's own” only when the speaker populates it with his
own intent, his own accent, when he appropriates the word,
adapting it to his own semantic and expressive intention.

—MIKHAIL BAKHTIN (1981, p. 293)

In family therapy literature, a focus on multiculturalism has enabled practitioners to develop culture-specific practices when working with persons from different ethnic groups, other than those of the dominant culture (McGoldrick, 2005). The term “multiculturalism,” as a societal orientation and concern, points to an emerging moral sensibility of the public in diverse contexts and orients its citizens to a more open, pluralist, and participant society. Implicit in this concern is the recognition of the potential for the silencing of marginal groups by the politically and culturally dominant. At the level of theory, it challenges cultural stereotypes and attributions of otherness and difference as “a view from nowhere” and relocates the latter view as a colonizing posture. Therefore, as a requirement of justice, the value aspirations and needs specific to a particular cultural group are accorded moral recognition within a multicultural stance. However, a multiculturalism that proliferates an endless fall-out of stories without acknowledging their interplay with the dominant cultural narratives with which they coexist will ultimately fail in its moral quest.

For the purpose of this chapter—subtitled “Marginal Illuminations”¹—we are using an intracultural account to elaborate the particular story of one family that lives on the margins of Irish society. Like other welfare recipients, they are eminently vulnerable to state interventions.

COMMUNITY DEVELOPMENT AND THE EMERGENCE OF A FIFTH-PROVINCE APPROACH²

In an attempt to redress this top-down stance of state services, community development and other associated projects, politically and spiritually informed by narratives of justice, speak to the possibility of an authentic cultural partnership with marginalized groups. Campbell, Tamasese, and Waldegrave (1998) of the Just Therapy group in New Zealand refer to the ethical responsibility of dominant groups to enter into a decolonizing awareness and that of practitioners as “a sacred task to bring health and welfare to the people.” In their work, as in our own, the coauthoring of new stories (White & Epston, 1990) is simultaneously addressed to the particular cultural experiences of the people we work with while remembering the overarching dominant cultural narratives that constrain them.

Since the mid-1980s, we have worked under a team name of the Fifth Province Associates (FPA). During this time we have collaborated with a colleague, Sister Jo Kennedy, who has undertaken a key role in forwarding community action–education–therapy projects in a deprived community (Kennedy, 1994). As an experienced professional family therapist and a member of a religious community, she was sharing housing with the people in a high-density public housing project. Her presence there was a sign and a witness to the inception of noncolonizing practices addressed to the dire needs of this community. Initially, as an “outsider,” she had to sustain much hostility and suspicion from the community. With time, her witness to the hardship of the day-to-day life of the people made her an acceptable community member. In turn, our team was given the opportunity by Sister Jo to develop a more refined, focused political and spiritual orientation for our own practice. We have learned much from her ongoing work marked by the love implicit in commitment, creativity, and physical endurance.

Out of our many collaborative conversations with Sister Jo and her work in developing community initiatives and becoming kindred in that community, we were privileged to an “insider’s” perspective drawn from the weave and tangle of many stories told to her, events she has witnessed, and the advocacy she articulated as a member of the community.

The Metaphor of the Fifth Province

The issues of intracultural diversity and silenced voices have been concerns for us since we began to work together in 1981. The story we tell in this chapter is the story of just one particular kind of intercultural marginalization: the story of a family who lives in poverty. Due to processes of marginalization that occur in our society when those who are poor are socially excluded, the stories of their lives on the edge are often silenced. Thus in our work we have imagined that listening to these silenced accounts becomes an ethical and political act of no small significance. Out of these concerns and imaginings we adopted

the metaphor of the Fifth Province (Byrne & McCarthy, 1995; Colgan, 1992; Kearney, Byrne, & McCarthy, 1989; McCarthy & Byrne, 1995; McCarthy, 1994). The metaphor is taken from Celtic mythology and the work of two Irish philosophers, Mark P. Hederman and Richard Kearney (1977). It is in itself a metaphor for multicultural perspectives, as it refers to the possibility of holding together multiple stories and social realities in dialogue. As such, for us, it is a province of possibilities, of imagination, and of ethics.

Toward an Ethics of Imagination

Imagining another calls for an ethic of care. To imagine the life of another is to adopt a stance of ethical responsibility toward the other. Placing such a stance within a therapeutic domain that features issues of social justice is also a political act. Thus, imagining a Fifth-Province *dis-position*³ in systemic therapies is, for us, about occupying a borderline territory between one's own world and that of those we are in conversation with. Richard Kearney (1996) has outlined an ethics of imagination that is underpinned by three main principles. The first is the acceptance of the other. The second principle refers to the right of all to be heard and to have the testimony to their experiences witnessed. The final principle beckons the imagining of future possibilities. We incorporate these principles when we utilize the Fifth-Province metaphor. As a province of possibilities in language and imagination, it also becomes a province or domain of ethics. If those from marginalized groups are to be able to tell the stories of their lived experiences in a context in which normative compliances are expected, then we must also recognize that there is a danger of subjecting them to silence and co-option (Byrne & McCarthy, 1995). We would hold that imposing normative expectations on marginalized clients without reference to their contexts of adversity constitutes a colonial therapeutic stance that distances us from the subjugated "other."

Intercultural Marginalization and Systemic Therapy

With a history of long periods of colonization behind us, we as Irish therapists wanted to honor our long oral tradition of storytelling of survival. We also imagined that life on the edges would produce stories that might not reside comfortably within many of our normative discursive frames. As such, we held strongly that it was the responsibility of therapists from Western traditions to reflect upon their own practices and theories and not to expect clients to fit to the norms of their professional practice. If this latter occurs, there is a danger that both the therapist and the clients will blame the client for the lack of fit. In culture-blind practices, therapists can become nonconscious oppressors in the guise of helping (Kearney et al., 1989; Byrne & McCarthy, 1995; Lorenz, 1994). Under such a regime, clients have little choice but to subjugate themselves further in order to avail themselves of help. As such, they are in danger of being caught up in their own betrayal.

STORIES AND CONVERSATIONS IN THE FIFTH PROVINCE: A FAMILY–PROFESSIONAL NETWORK

In our collaboration with Sister Jo, we have had the opportunity to have conversations with families judged to be incorrigible or inaccessible by an array of professional services. In convening family–professional network meetings in which Sister Jo’s community alliance with the family provided cultural safety for the work, it was possible for families to assert their concerns and reclaim responsibility for culturally fitting solutions. We have experienced these emergences from a process in which the family’s particular account could be spoken of without fear of correction or censure. Furthermore, we as professionals, previously limited by an outsider’s view, sometimes heard for the first time stories that were crucial in the family’s self-understanding.

The work we re-present in this chapter includes a paternal grandmother, Chrissie; a separated father, Joe; a single mother, Mary; and their six children—Tricia, 21 years; Brendan, 18 years; Jack, 16 years; Margaret, 14 years; Peter, 12 years (severely mentally and physically disabled and not present at the interviews); and Joseph, 10 years.⁴ Also included are the probation officer, a school attendance officer, Sister Jo, and the Fifth Province Team (ourselves and our colleague Philip Kearney,⁵ who conducted the interviews).

Throughout the excerpts that follow, we highlight a Fifth-Province disposition in which a family’s tale of outrageous and harmful acts, for which State censure is never far removed, is transformed. In its place, through a conversation or inquiries pitched at the extreme edges of risk, a story of struggle involving family dismemberment and death facilitates an authentic expression of this family’s tragedies, to be told in their own words. In our experience, this opportunity to speak in this way creates possibilities for new and less harmful connections to emerge. The image of an injured child becomes at first the herald of guilt and later the liberating symbol of innocence (see Figure 30.1).

In the first meeting with us, Mary, Sister Jo, the school attendance officer, and the probation officer attended. Mary explained that she had met with and listened to the train of professionals who advised her on the merits of controlling and supervising her children, all to no avail. Of immediate concern was the fact that Margaret and Joseph had absented themselves from school and would soon become subject to a placement in a residential school by the courts. The older children, Tricia, Brendan, and Jack, were experiencing grave difficulties with drugs and violence, whereas Peter attended a special school for children with serious intellectual disabilities.

Despite the inventory of difficulties as described by Mary, her status as protector of her children was not in question. The clarity of her stance, voicing her care and love for her difficult children, was the familiar story of many mothers in that community for whom Sister Jo was a resource person. By anchoring ourselves to this mother’s concern, it became possible for us to imagine the possibility of speaking to the children on the mother’s behalf, not by way of displacing her or inserting societal authority. In this way, it became

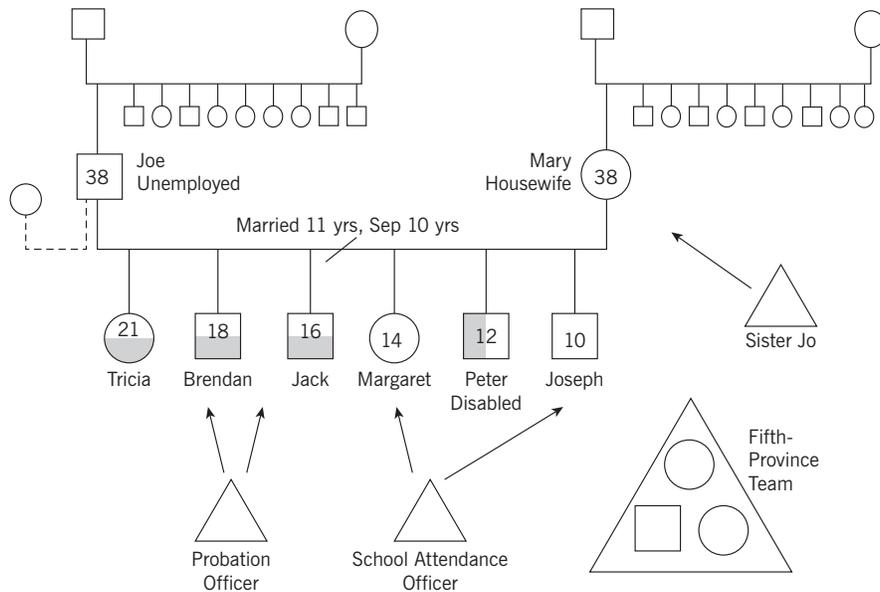


FIGURE 30.1. The family-professional network.

possible to speak with and listen to the children in a way that honored their mother and did not threaten her position. This professional acknowledgment of the mother’s perspective provided an area of cultural safety for the children, in which they might not be constrained from speaking to a group of listeners (client-professional system) about what most mattered to them.

We went on to suggest that the second network meeting might also include the children. Mary and Sister Jo agreed. To everybody’s surprise, there was no difficulty in assembling them all, apart from Peter. Although their day-to-day lives suggested harmful activity, dispersal, and disconnection, it soon became clear that the possibility of family connection and continuity held a much more precious place in their lives. Using excerpts from the second meeting, we attempt to show how our inquiry, which we refer to as “questioning at the extremes,” threaded together a family narrative of tragic desperation, in which forces of extinction and survival coexisted in an uncommonly close partnership. Questioning at the extremes is a mode of inquiry that directs questions toward revealing the extreme possibilities of a presented story. As an example, in this scenario, killing oneself was the assumed extension of drug and alcohol abuse. The word “harm” was introduced by Mary in the first session, as she expressed her ongoing concerns about her children’s dangerous actions. It thus became the “motif” that proposed danger to, if not extinction of, individual family members. As Mary’s central concern for her children, it guided the inquiry to a point at which the children could give an account.

A Question of “Harmful” Extremes

THERAPIST: Who is it that has taken overdoses in this family?

BRENDAN: Me and Jack.

THERAPIST: Just the two of you?

BRENDAN: Yeah. Me and Jack, mostly.

THERAPIST: (*to Tricia*) Have you taken overdoses?

TRICIA: I have.

BRENDAN: One.

JACK: Two.

TRICIA: I take a lot of tablets in the day.

THERAPIST: Yeah, but have you taken deliberate overdoses?

TRICIA: Yeah. Twice.

THERAPIST: Twice. You tried to kill yourself?

TRICIA: (*looking confusedly to Mary*) No.

BRENDAN: No, he [Jack] is the only one who tried to kill himself.

THERAPIST: He is the only one who has tried to kill himself (*Jack nods agreement*) . . . using tablets or what?

JACK: Tablets and drink.

What is surprising here is the willingness of the three older children to give first-person accounts of their involvement in acts of deliberate self-harm through drug and alcohol abuse. As is seen in this segment, the children correct a common professional assumption that overdoses refer to deliberate self-harming behaviors. Rather, there is a whole range of behaviors involving the abuse of intoxicants that is a structured feature of their community. However, they insisted on the distinction between intentional (Jack) and nonintentional (Tricia and Brendan) effects of self-harming behaviors.

The Risk of Suicide: A Mother and Son

THERAPIST: (*to Mary*) And which of them do you think is most likely to harm themselves, through overdosing or whatever?

MARY: I think mostly Jack. He can be about the most depressed, in that . . . he is inclined to . . . Brendan will take tablets but it might not be with the intention to kill himself—but he [Jack] would just keep on taking them. He has often walked over to the flats, where there are drugs around, and he was 3 days out of his mind, and I had him taken out of the flats and home.

THERAPIST: So would you think that Jack is the most likely candidate for suicide?

MARY: Yeah.

THERAPIST: And after Jack?

MARY: Brendan or Tricia, but I don't know if they would just take them at the moment, but not think that they are going to . . . not really wanting to kill themselves.

THERAPIST: Would you say that your mother might commit suicide, Brendan?

BRENDAN: If we keep on going on the way we are, she will.

THERAPIST: You think so?

BRENDAN: Yeah.

THERAPIST: When did you first think of that as a possibility?

BRENDAN: The last 4 or 5 months.

TRICIA: I would say my mother would have taken her life long ago if my brother wasn't the way he is today. She knows he is depending on her, you know.

THERAPIST: Which brother, Peter?

TRICIA: Peter, yeah. Peter is brain-damaged, too.

THERAPIST: Yeah.

TRICIA: He can't walk or anything.

PHILIP: So you think if it weren't for him, your mother would have killed herself a long time ago?

TRICIA: Ah, yes, if it weren't for him she wouldn't be here today or neither would we, you know.

THERAPIST: I see. What would have happened?

TRICIA: She would either have killed herself or left us.

THERAPIST: I see, yeah.

BRENDAN: And we would be after driving her to do it.

JOSEPH: And if she had died, we would have killed ourselves.

BRENDAN: Then if she died, we would have killed ourselves, and if she went, everything would have been worse and worse and worse.

JACK: And we probably would have followed her.

THERAPIST: Yeah, OK. . . .

JOSEPH: If she left us there would be nothing left of the family.

The theme of suicidal risk was developed by Mary in response to the therapist's question, as she made distinctions among her children and confirmed declarations already made by them. Staying within the thematic frame of suicide, the therapist raised the question as to whether Brendan, as the oldest son and commentator on family issues, considered his mother to be in this risk category. What followed from the children is an acutely stark and condensed reply to an extreme question. This dialogue, which has the structure

of a chorus, drew on and focused the question on the shared tragic experience of the family. Of cultural interest here is the fact that these barely literate children with poor attention skills and much intergroup aggression and conflict could produce in language a synchrony of voices of dramatic structure and intensity. Each response added to the emotional charge of the founding family narrative drawn from their shared experience—guilt and innocence.

From the children's point of view, their mother as protector and caretaker was the most tragically affected by Peter's injury, and this was the thread that maintained her tenuous presence in the family. This is the story that condemned and bound the children to a guilty stance toward both their mother and Peter. In addressing this interminable self-condemnation, the team, through the therapist, referred to it as a "spell" cast over their lives from which they must be released. To discuss their liberation from this "spell," we suggested a new convention of adults. At Mary's suggestion the father and paternal grandmother would also be invited.

Sacrificial Losses: A Father and Son

The following excerpt of a conversation occurred in the third family–professional network meeting. The children's father, Joe, and paternal grandmother, Chrisie, attended, as Mary had considered them to have a powerful influence on the lives of her children. As the session progressed, it emerged that Peter's accident, his disabilities, and his place in the family related not only to the children's spell-bound state but now also to father's helplessness and desperation. Peter, when he was 2 years old, fell through a refuse chute in the government-subsidized apartment block where the family lived. He was in the company of Brendan, then 8 years old. Joe wanted to wipe away the event by killing either himself or Peter. In recognizing Peter's importance to Mary, he decided to "give up everything that meant anything to me" and leave the family.

THERAPIST: We talked a little the two previous times we have been here about other major events, like Peter's accident. . . .

JOE: That was just . . . that was . . . I wouldn't even go into that now, you know what I mean? (*Voice breaks.*)

THERAPIST: It is too upsetting?

JOE: I think I would still be at home today if that had not happened to Peter, you know. Because I know for a fact and she [Mary] knows as well if I was to stay in that house for 3 days with that young fellow, I would smother him.

THERAPIST: I didn't know that. (*to Mary*) Did you know that?

MARY: He came in one night and (*to Joe*) you were drunk and I was putting Peter to bed and you came up and you did say that to me.

JOE: I had the pillow and I was going to do it and I was crying and I said to her the only way I can. . . .

MARY: And I nearly lost my reason . . . I have never really forgotten that, you know. . . .

JOE: I mean you are looking at a child who was perfect and running around. It was unfortunate that it had to be him that it happened to.

MARY: But he is so lovable.

JOE: Like you see kids now running around with their toys and everything, know how wild he was and seeing him now . . . I mean that. . . .

THERAPIST: Did you hear what Mary has just said, that he could be so lovable? Because I was very struck by your kids' talk about how important Peter is in the family.

JOE: I mean Peter is everything, I mean, if anything happened to him now, I don't know, like, but there is no way I could live with the guy, you know. I couldn't live in the same house as him. I can't even bear to look at him. Don't get me wrong, every time I go up there and I see Peter, I think of the way he was. I cannot accept what happened to him.

THERAPIST: Is that the hardest thing for you to accept?

JOE: Well, you put yourself in my shoes.

THERAPIST: Sure . . . well, I can't even begin to. . . . You have had many things to accept, I imagine.

JOE: I just will never accept that. That is just one thing I will never accept. I was praying that he would not even come out of the hospital. Like when they told us about the damage that was done to him and everything.

MARY: Well, I wanted him back no matter what way I got him back. I just wanted him.

JOE: We did not get Peter back.

THERAPIST: And you are saying that that is the reason why you are not in the house, that is why you left?

JOE: Well, that was really the breaking point between me and her. She took a nervous breakdown. I was running to the hospital to her, I was running to the hospital in the morning, at dinnertime, and in the evening to Peter, and she was in hospital 6 or 7 months, whatever it was, and I was trying to manage the kids on my own, by myself. It was just too much. I just couldn't cope, and that was it. I ended up cracking up myself then as well.

THERAPIST: What happened?

JOE: Ah, well, I took a couple of overdoses (*voice trembles*) and that myself. Then I said to myself I would be better off getting rid of him rather than getting rid of myself. And I think I would have anyway.

THERAPIST: And that is still the same for you?

JOE: Oh, yeah, I still feel the same way about it, yeah, even to the present day. I mean I have talked to her [Mary] of this before.

- MARY: No, I never heard those points so much before, I really didn't.
- THERAPIST: Which ones?
- MARY: About Peter, regarding him dead and that. Just one night he did it and I thought it. . . . I overlooked it because I thought you were just drunk that night. You were crying and that. I think I said it to you, and I have never forgotten it.
- JOE: Yeah, I know, yeah.
- MARY: But I didn't think you felt that strongly. I thought it was because you were just drunk that night.
- JOE: It is just like having a building, and you go away on holidays for a week and just looking, and your building is just condemned. I mean it is the same way with Peter. I mean Peter is going to need to be lifted around for the rest of his life. I mean there is no way he is ever going to be able to live a life.
- THERAPIST: Has it anything to do with the circumstances of his accident?
- JOE: How do you mean?
- THERAPIST: How he got injured. Or is that irrelevant? Is the fact that he is now handicapped. . . .
- JOE: How he got injured . . . and there are still an awful lot of lies being told about how Peter got injured, and I don't think anybody has been able to face up to it, even up to the present day . . . exactly what happened to Peter. It has never really come out into the open what really happened to Peter.
- THERAPIST: And who is most affected by that?
- JOE: I don't know, to tell you the truth, I don't know.
- THERAPIST: I mean is it the two of you, or is it the children, or is it. . . .
- JOE: Oh, I mean I know she was broken up something terrible about it. I mean I was broken up, but what could we do?
- THERAPIST: What I am asking about is the circumstances of the accident. You say that has never been dealt with. Is that right?
- JOE: Oh, no, it was dealt with and all that in courts and everything like that, if that is what you mean.
- THERAPIST: No, no, I mean in terms of the way you get on with each other as people. Who gets blamed for it?
- JOE: Who gets blamed for Peter's accident?
- THERAPIST: Yeah.
- JOE: Well, I always blame Brendan for Peter's accident, and I always will.
- THERAPIST: And how does that affect your relationship with Brendan?
- JOE: It doesn't affect my relationship with Brendan now, because, I mean, he was only a child himself.

The Peter who was remembered—the one who didn't come back, the one condemned to “uselessness”—is an allegorical symbol of the family's historical experience of slum clearance.⁶ In cleaning up eyesores, did official culture forget their obligation to the people who, for generation after generation, gave birth, lived, and died in this place? It is as if Joe was here reminded of that abrupt transition from a home to a useless and condemned building when he thinks of his injured son. However, in his telling, part of the responsibility for Peter's accident also resides within the family. It is this latter catastrophe that pushes him to further displacement. His leaving can then be seen not only as a separation from his wife or abandonment of his family but rather as a sacrifice to protect Peter's life.

The therapist invited exaggerated comparison (a questioning at the extremes) between these two losses for Mary—Joe's leaving and Peter's injury. Chrissie, by way of validation, was in no doubt about the greater loss—“the injury to her son.” In this validation and her further statement—“because I think more of my sons than I would of my husband any day”—she cited the position of mother and child as central to “family.” Following this affirmation, Mary then found a way to include herself in a story of motherhood that again included a father.

THERAPIST: (*to Chrissie*) Which do you think was the greater loss for Mary, the injury to Peter, what happened to him, or Joe leaving?

CHRISSIE: The injury to her son.

THERAPIST: Was more than her husband leaving?

CHRISSIE: Um.

THERAPIST: You are very clear about that.

CHRISSIE: Um.

THERAPIST: (*to Mary*) Do you agree?

CHRISSIE: Because I think more of my sons than I would of my husband any day.

THERAPIST: Did I catch that right?

CHRISSIE: I think more of my sons than I would of my husband any day.

THERAPIST: Yes, that is what I thought you said, yes. Would that be the same for you, Mary?

MARY: Yes, well, I brought them into the world, you know. He is part of both of us, really, but still I love them all, if it happened to any of them I would have still felt the same way. It wouldn't have been important.

JOE: I think I would still be in the home today if that had not happened to Peter, you know.

In a confessional autobiographical mode, Joe, Chrissie, and Mary made manifest to a group of listeners the criminal and the tragic narratives that

authorize their lives. The unity of this account stands in stark contradiction to the moral sensibility of normative conventions. It draws together the “justice” exacted from father’s “choices” in the family and a pathos of failure and weakness in his exclusion. A self-justificatory appeal moved between lived experience and anticipated evaluative judgments. Joe’s remark, “Well, you put yourself in my shoes” and the therapist’s rejoinder, “Sure . . . well, I can’t even begin to,” speaks to an acknowledgment of the incommensurability of discourses and an authentic distance of positions between the two speakers in this instance.

The Injured and the Innocent: A Connecting Narrative between Statutory Mandates and a Family’s “Guilt”

From a position of distance and the expectation of normative evaluation, the team was called upon by the family’s story to register a response beyond a passive and condemnatory listening. The image of Peter, everywhere evident in the family’s account, as the injured and the innocent was the resonant key that opened the many-layered narrative of guilt and innocence. This is the centripetal image that held the personal and political narratives of injustice, guilt, and innocence. Peter, the unspeaking one, became the allegorical lodestone for both the professionals and the family members. His innocence pointed to possibilities for reauthoring, through which the family members and professionals might move beyond blame and counterblame and in which the innocence of the family might be glimpsed by all. We in the team began to ask ourselves, “What is it that Peter might see when he looks at his family? What is it that Peter asks for?” He was the bearer of the most injury and yet did not blame or accuse. We imagined that he saw the family members as they would wish to see themselves if they were not blighted by adversity, failure, and self-condemnation. Here is our attempt to incorporate an ethical imagining.

The Team’s Message

THERAPIST: (*to Joe*) The story you have told us about Peter is absolutely central . . . it seems that the family’s possibilities . . . in a sense stopped with Peter’s accident. That the possibilities of people in this family going on to a life of happiness and fulfillment stopped because of Peter’s injury and his handicap. . . . It is as if when you look into his face you say something like, “I cannot enjoy my wife, my kids, my family because of what happened to you.” It almost comes across that everybody in the family is under a spell. That because this child was injured and handicapped, “we are not free.” In a sense it is as if he has all the innocence. . . .

JOE: (*Nods.*) Yeah.

THERAPIST: And everybody else has all the guilt. So that is what we now see as the spell your family is under and that it is for you people to decide whether that is going to continue or not. Because if you don't, there is no doubt but that the outside society (*pointing to professionals*) will intervene.

JOE: Um.

THERAPIST: And they will come and place your kids in care, and they will be doing it for the best reasons in the world. But somewhere in there, there is the possibility to change that for yourselves. We imagine that, if we could see the world, see the family, through Peter's eyes, we would see only the good side—being taken care of, people smiling at him, people doing things for him. I would say he would see an awful lot of good about the people in this family.

JOE: Ah, yeah, I would agree with that all right, like if it was Peter looking out and, like, the way he is, yeah, of course he would, yeah.

THERAPIST: He had an extraordinary powerful influence in this family. It is as if everyone is going around under a sentence since his accident, really.

JOE: Well, that is what the priest said to us. He said it to us . . . the priest in the hospital. "This is going to change your lives completely. When you walk outside the door now, after you know the news, you know how bad things are, it is going to be a completely different world out there. Even the road you walk on is going to seem different."

THERAPIST: OK, well, I am saying that I believe it doesn't have to be like that always. . . . It seems to me that you have made a huge sacrifice since then. You gave up a lot.

JOE: I gave up everything that meant anything to me.

THERAPIST: Yeah. I think Mary gave up a lot, too.

JOE: She did, of course, yeah.

This is the team's acknowledgment that a professional stance is never "innocent" (McCarthy, 1991; Andersen, 1995). Most professional discourses are shot through with normative and professional judgments that inevitably collide with marginalized personal accounts (Byrne & McCarthy, 1995). Peter's transformation was a blight cast on the family, cutting Joe adrift and spellbinding the children in self-destructive and violent disarray. Mary's remark, "I wanted him back, no matter what way I got him," expressed a mother's valuing of a life, however disabled, as the deepest affirmation of an ethics of care. The therapist addressed Joe, as the bearer of guilt.

THERAPIST: Maybe you have paid whatever dues have to be paid and maybe for your kids' sake you need to . . . perhaps . . . stop paying

them. I don't know, it is just a thought, because otherwise the kids may think they have to go on paying them forever.

JOE: I know, yeah (*rubbing his eyes*).

THERAPIST: And that is the way they are behaving.

JOE: I know what you mean, like they feel guilty, as well.

THERAPIST: Yeah, and they maybe think that the only way that they can be in the world is to continue to pay those dues, and they don't have to. (*Joe nods.*) Because Peter is not asking it of them.

JOE: I know that, yeah.

In this inclusive move, Joe reconnected himself with his children in their mutual, but invalidating, narrative of guilt and failure. These family members were the invalids beyond Mary's reach. Only Peter, standing outside condemnation, was able to recognize them and asked nothing of them except care.

CONCLUSION

To sum up the views we have expressed in this chapter, a narrative of a unique family or personal situation will remain exotic and incomprehensible if it is isolated from the larger social and cultural context that pervades it. Therefore, the contextual interplay between the larger narratives of injustice that simultaneously and tragically penetrate the lives and the personal stories of the marginalized everywhere is constantly acknowledged. It is within this multilayered, resonating interplay that meaning is extended beyond the isolated words of both clients and professionals through the actions of speaking, inquiring, exaggerating, listening, and reflecting. What emerges, we believe, within this personalized and politicized co-creation is the possibility of an authentic emotional encounter.

In the years since this series of meetings, this family, for their part, has continued to exhibit their archetypal shape, although its members now hold themselves somewhat more aloof from professional intervention. Sister Jo remains as a neighborly resource to members of this family and to others in the community. The probation and school attendance officers reported a dramatic decrease in tension and experienced a release from the impossible double agendas of and contradictions between social control and therapeutic support in the ensuing period.

ACKNOWLEDGMENTS

This chapter is dedicated to Sister Jo and the family. We also acknowledge Philip Kearney, our colleague and dear friend of many years.

NOTES

1. It is a feature of Celtic manuscripts, such as the eighth-century *Book of Kells*, to have major illuminations in the margins.
2. The *Fifth-Province approach* takes its name from the ancient Celtic myth and metaphor of the Fifth Province and its orientation from the work of two Irish philosophers, Mark P. Hederman and Richard Kearney (1977). In the work of this team, the metaphor of the “Fifth Province” enables a re-viewing of the issues of power, justice, and language in relationships. In the words of the former President of Ireland, Mary Robinson, the Fifth Province is that place of us which is open to the other. The Fifth Province may have existed, or it may not. There are many versions. Some say it was a province of imagination and possibility that was “other” to the pragmatic concerns of the “real” world. Others site it as a druidic place at the center of Ireland where the four provinces met and where kings and chieftains came to receive counsel and resolve conflicts through dialogue. Today, its only remaining trace is in the Irish language, in which the word for “province” is *coiced*, which means “fifth” (Byrne & McCarthy, 2007; McCarthy & Byrne, 2001).
3. “Dis-position” is a term we use to illustrate movement between the taking of a position and the nontaking of one by a therapist. The term was first used by Seamus Heaney in the foreword to an issue of the Irish journal *The Crane Bag*, edited by Hederman and Kearney (1977).
4. The names of all family members have been changed.
5. Philip Kearney worked with us until 1995 and collaborated in the development of the ideas and practices outlined in this chapter.
6. The area in which this family lived had been originally built as a barracks for the British Army in the last century. During the 1960s, this housing had been demolished, at which time the families were abruptly dispersed, disrupting their community identity and sense of place. Some of the original families were rehoused here in what is now an area constructed of concrete blocks, courtyards, and towers.

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