'Not-Knowing' and 'Assumption' in Canadian Social Services for Refugees and Immigrants:
A Conversational Inquiry into Practitioner Stance

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Abstract

This paper forms part of a shared inquiry into the suitability of a 'not-knowing' stance (Anderson, 1997; Anderson & Gehart, 2007; Anderson & Goolishian, 1992) for social service practitioners working with newcomers to Canada. Not-knowing can be described as a collaborative, dialogic way of being, a learner's attitude, and an alternative to practitioner approaches characterized by expert-led, pre-figured treatment strategies. Featuring a spoken conversation between five persons, four of whom have refugee or immigrant status, this paper creates a visceral contrast between social service practices of not-knowing and practices of assumption; it explores a sample of published criticism against not-knowing and offers a respectful response; and, it connects not-knowing with life experience prior to arrival in Canada. Using storytelling, metaphor, and conversation, the text that follows sounds a passionate, multi-voiced, multi-cultural call for not-knowing in human service work with newcomers to Canada.

Keywords: not-knowing, practitioner attitude, social services, immigration, refugee.

Context

We used to meet weekly, early Saturday mornings, in a brightly lit classroom near the kitchen, down the circular hallway, beside the snow-filled courtyard at the University of Manitoba Inner City Social Work Program campus. As participants in a Fall term course, we had our assigned roles—one instructor and fifteen students—but the diversity of cultural and regional representation within the group made learning implicit in nearly every interaction; each Saturday morning we were all teachers, all students. Conversation before class and during the break often seemed to take on a spirit of its own as we discussed social work education, country of origin, constraints and possibilities in our agency work, new local eating establishments, job hunting, and, more seriously, tragedy and atrocity in students' home communities in remote, rural Canada and around the world.

Our work together was conceptual and propositional but also personal.

Our course focus was *Counseling Theory,* more specifically, Social Construction approaches to counseling: Narrative therapy, Brief Solution Focused therapy, and the Postmodern Collaborative approach. Our work together was conceptual and propositional but also personal. A central project of the term required course participants to begin to articulate their own preferred approach to counseling practice, drawing on lived experience, cultural and community beliefs and practices, as well as formal and informal classroom presentations, practicum placements, and literature from the field and beyond. As the course instructor, my goal was to co-create an inclusive dialogic forum where we could question and possibly improve practies prevalent within Euro-North American counseling culture.

On this particular spring evening, months after the conclusion of our course, our class meets again, but this time as a group of five. I invited four course participants to join me in a *shared inquiry* (Anderson, 1997, pp. 112-122) into a topic passionately discussed at various junctures throughout our course—the Collaborative practitioner stance of *not-knowing.* Along with other students in the course, I noticed that these four students immediately embraced not-knowing, making frequent reference to not-knowing throughout the course in written work, class discussion, and presentations. They connected the concept with life experience in their countries of origin. I was intrigued and wanted to learn more about their response together with them. Months after the conclusion of our course, I suggested we meet. Each person invited readily accepted my invitation to form a small social inquiry group. Together we agreed that each participant was free to withdraw entirely and at any point in our process. We decided

to meet first for a single, video-recorded conversation and then for an additional time to discuss revisions; however, one meeting led to others, including a local conference workshop presentation at the University of Manitoba (Strangers in New Homelands, 2010).

We, the authors, would like to introduce ourselves: Sally B. Wai came to Canada as a refugee from Sierra Leone, West Africa, in November, 2002; Susan Rodriguez immigrated to Canada from the Philippines, December, 1993; Carmen Barros immigrated to Canada from Chile, South America, in 1981; and, Omar Adan immigrated to Canada from Somalia in 1995. I, Jan DeFehr, am Canadian-born, raised in a small town in Manitoba.

Authorship within this inquiry project includes and privileges our living speech, coherent with the oral cultures represented amongst us. My four colleagues lead our spoken conversation—featured prominently throughout this text—as persons with firsthand, intimate knowledge of refugee and immigrant life in Canada. At the suggestion of the group, I assumed most of the writing and transcribed the recording. Each of us participated in reading and revising our written text.

This evening is special because our meeting forms a small homecoming; Omar, Carmen, Susan, and Sally are now B.S.W. graduates of the Inner City Social Work Program, University of Manitoba. As our group members begin to arrive, we exchange exuberant hugs and hellos while setting up a makeshift table for food and drinks. Shifting from an animated conversation of job-hunting strategies and stories, we turn our attention to the question inspiring this evening's gathering: How might the practices and premises of not-knowing discussed throughout our course contribute to human service work with newcomers to Canada?

Our inquiry process is situationally-driven (Shotter, 1993, p. 45; 2008, pp. 31- 48; in press) rather than methodologically-driven;...

The following text evokes moments from our evening conversation, along with my response as I view the recorded conversation and continue to engage with it. Italics will indicate transcribed conversation; brief, narrative detail is set within brackets. Since we are in dialogue, rather than 'interview' mode, we proceed tentatively, feeling and sensing 'how to go on' this informal research project, just as we do within the social inquiry comprising our everyday collaborative practices. Our inquiry process is *situationally-driven* (Shotter, 1993, p. 45; 2008, pp. 31- 48; in press) rather than *methodologically-driven;* we conduct ourselves in response to the conversation's felt 'requirements', doing "what the occasion calls for, and in the manner called for" (Anderson, 2007, p. 52), rather than following the static directives of a systematic research tradition.

Beginning

Jan: So, I don't know where to begin...

Susan: (joking) Let's start from the beginning. (group laughs)

Carmen: I think we talk about not-knowing because we have a lot of experience working with people coming from other countries. (pauses) I think that's the main thing. You respect the person more when you don't assume anything. That's what was in my mind. (pauses) Just by looking at someone you'll never, never guess they've been through so much.

Jan: So you connect not-knowing with respect.

Carmen: I do. I think it's respect to their life, to their life experience.
"Just by looking at someone you'll never, never guess." I am aware of the truth of Carmen's words. Events that rupture and sever and 'cast long shadows' are commonly part of refugee and immigrant experience. Just by looking at the robust company around me this evening, I would never guess, as Carmen says. "We are always linking back," Susan tells me in a later spoken conversation (personal communication, September 30, 2009), as she describes her on-going relationship with life and loved ones in her country of origin.

Sally: The way I see it—when you meet someone for the very first time, and the counselor tells you, "I know how you feel," that just throws me back because you don't know how I feel. Let me tell you how I feel. Give me the

opportunity to tell you my feeling. You've just seen me for the first time—not because you've read things in books— 'this is how people behave who come from war or when they're traumatized'. Coming from the not-knowing, you learn so much. I will be able to tell you how I feel, or how things really have been. If you take the position of assumption, because you have a PhD, or Masters, or read something—you think you know—then why should I tell you? (pauses) So that's why I'm so interested in coming from the not-knowing. Because if you take the position of student to learn from the client, especially new immigrants and refugees—(voice trails off). You do not know.

Jan: *As though it makes a space. You said if you take the position of assumption, then there is no room for a conversation.*

Sally: *Absolutely, there's no room.*

The remainder of our evening conversation echoes and expands these beginning comments. Susan also shares her disbelief when she hears practitioners say, "I know where you're coming from." She later describes the Philippines as incredibly complex and diverse, a country of over four hundred languages and dialects. She speaks of the multiple identities of each person.

Susan: *(gesturing to the building around her) Here we talk about different backgrounds, diversity, intercultural, multicultural; we talk about being holistic. Being holistic is not about talking about the individual as one category, it's very broad.*

Omar: *What I need is someone who genuinely wants to know—not a person who thinks, "the reason you're doing 'this' is because of 'this'." We want people to know us and give us a chance and then we can tell our story. One thing often happens with newcomers—you don't tell everyone. You went through a lot of stuff and you're very selective what you tell to whom. It takes a long time. If this person* (the practitioner) *wants to know, they have to take time. 'Tell me, teach me. I value your story'. Just be curious. Say, 'why do you do that'?*

Carmen compares this incremental learning process as similar to finding a friend. "You have to trust," she says. "It won't happen in one session or one hour. Sometimes we don't even open ourselves to ourselves."

Sally: *Listening is one of the vital parts of not-knowing. Because just by your listening you start to get knowledge... but if you are going to 'lead' this person (your client) or give advice... you are missing out... Just active listening goes a long way.*

I sense that the listening Sally and the others seem to long for is not the listening of one-sided professional assessment and intervention, but rather, the listening of conversational partners intertwined a shared quest for transformation, hope, and practical understanding.

Omar: *I want to add that four of us have something in common: We are all immigrants. Somehow this idea appealed to us—so why? Why is it? I think there is something about this—I don't know what it is, but it appeals to us.*

Omar articulates the stance of the not-knowing practitioner further:
'I want to help you, but you tell me how I can help you. Tell me your story, in your own way. I'm not going to rush you or correct you'. I think that's a big thing for us—that's huge for us.

Sally: *(turns to Jan) Omar is actually right. In the whole class, we (the immigrants or refugees) were most interested in not-knowing. At one point in our lives as immigrants and refugees maybe we were not listened to. If service providers could come from a stance of not-knowing, so many things could be done differently.*

Jan: *You're saying we (Canadian service providers) are trained to 'know.'*

Omar: *Yes, yes.*

Jan: *There's a lot of pressure to have the answer. If someone presents a dilemma—*

Sally: Yes, we are trained to have all the answers to every problem. We have solutions. Problem solving. If this is the problem, ABCD is the solution—that's how we're trained.
But it does not work in all cases—it does not work.

Origins of Not-Knowing Stance

Harlene Anderson and Harold Goolishian, innovators of the Collaborative approach to therapy practice, first introduced the term 'not-knowing' in the early nineties. Anderson (Malinen, 2004) describes the origins of the term as both experiential and philosophical: "The concept of not-knowing came out of our practice and teaching experiences" (p. 71). Looking back on the emergence of the term, Anderson reflects:

> Our colleagues would say, "yes, but don't you really think so and so about this client"? We would simply reply that we did not know. We often suggested that perhaps the client is the person they should be asking that question, not us. So it was out of these kinds of experiences, coupled with our philosophical premises that led us to the concept of not-knowing (2004, Malinen, p. 71).

Early use of the term seemed to acknowledge the limitations of abstract, theory-driven, professional knowing. But not-knowing did not only imply an *absence* of knowing in professional practice; rather, it seems not-knowing made possible a fuller *presence* of the client in social service contexts: "… For us what was most important was to invite the client's expertise" (Malinen, 2004, p. 71).

> What we are interested in… is sincere and complete attention to the uniqueness, social context, and history of each person's concerns and ideas about what needs to be different. In our experiences, we have found that exploring and hearing about clients' situations from a learning, or not-knowing, position creates an environment in which their concerns are expressed and talked about in new ways that lead to new outcomes, including new views of themselves and their situations (Anderson & Levin, 1997, p. 278).

Questions from the not-knowing practitioner emerge from a shared search for practical understanding,…

Not-knowing practitioners do not aim to denigrate professional knowledge, or 'mute' their own voices, stories, preferences, and political commitments in practice, but rather, they "offer their knowledge and voice, including their professional and personal experiences, values, and biases; their questions, comments, opinions and suggestions in a tentative manner…" (Anderson & Burney, 2004, p. 90), recognizing that professionals, however accomplished, cannot know best how others should live their lives. Questions from the not-knowing practitioner emerge from a shared search for practical understanding, different in effect from questions as "tool" or "technique" designed to steer therapeutic dialogue in a pre-determined strategic direction.

> For instance, instead of trying to collect the client's narrative and place it on our therapists' theoretical and experience maps to make sense of it (i.e., edit and interpret it) from our therapists' logic and expertise, we were engaging in it and trying to understand it from the client's perspective (Anderson, 2005, p. 502).

This dialogic effort to understand leads to new understandings, new possibilities, new relationships, and new priorities in a practitioner's work.

Criticism In Response to Not-Knowing

Susan: The not-knowing position as a counselor makes sense, but it is a challenge for all counselors, especially social workers.

Jan: Because we're trained to know and teach people how they should live their lives?

Omar: One of the criticisms is, how can you un-know what you already know.

The premise and practice of not-knowing continues to be provocative and controversial within the psychotherapy profession. Family therapy historian and practitioner, Lynn Hoffman (1993), notes the major shift brought about by the not-knowing stance:

> The change from a hierarchical to a collaborative style… is a radical step. It calls into question the top-down structuring of this quasi-medical field called mental health and flies in the face of centuries of traditional western practice… To challenge these elements is to challenge the whole citadel (p. 4).

Fourteen years later, Hoffman (2007) concludes that the stance of not-knowing was met with "the scorn and derision of many in the field. But this simple concept made a difference in basic stance that was extremely powerful (p. 67)."

The writing that follows offers a multi-voiced sample of current criticism regarding not-knowing. Following a brief response, our text moves on to voice the evaluative concern of my four conversational partners as they respond to what they regard as "a stance of assumption" characterizing their experience of Canadian social services for immigrants and refugees.

Not-knowing as constraining the practitioner and frustrating the client.

Belgian family therapist and educator, Peter Rober (2005), suggests that not-knowing invites a "disproportionate focus on the client's expertise" (p. 478), devalues the experiences and knowledge of the practitioner, and inevitably reduces the dialogic potential of the conversation, demonstrating "… an underlying individualistic perspective on the therapeutic relationship" (p. 478). Olga Sutherland (2007), a family therapist and social researcher in Canada, articulates a similar concern, noting, "there is potential for a not-knowing stance to constrain therapists' responsiveness in relation to clients" (p. 200). Sutherland questions, "Can clients become informed in the context of therapists' ongoing attempts to be informed by clients?" (p. 200). Criticizing not-knowing as an "agenda" brought into therapeutic conversation from the 'outside', Sutherland suggests practitioners of not-knowing can be too *knowing* about not-knowing; clients do not always want to be positioned as experts on their lives (p. 200). Michael Guilfoyle (2006) similarly questions the practical 'do-ability' of not-knowing in a society that constructs the psychotherapy client as subordinate and the practitioner as superordinate. Guilfoyle not only suggests this positioning resists alteration, but he further asserts that attempts to alter the therapist-client hierarchy may confuse and annoy clients:

> It is likely that all experienced collaboratively oriented therapists have faced clients who, preferring clear and knowing expert interventions, are frustrated at the therapist's attempts to alter the more well-known configuration of the therapeutic relationship. Thus, despite our attempts to position the client as collaborator, it may transpire that the client, supported by a host of cultural discourses that affirm his or her resistances in this regard, experiences such positioning as untenable, and perhaps even as a misrepresentation of his or her life situation and of the help that is needed…. In other words, one's images of collaboration may correspond more with one's wishes than the actual empirical therapeutic encounter (p. 95).

In line with Guilfoyle's comments, Megan Murphy, Wan-Juo Chen, and Ron Werner-Wilson's (2006) study of "'master' therapists' use of power in conversation" concludes that very little variation exists between Anderson, who professes a not-knowing stance, and other therapists who call for a much more expert-led therapeutic process:

> It is clear that in sessions with all therapists in this study, conversation power primarily flows from therapist to client(s)… All therapists appear to take on the therapist role, regardless of their stance on power issues (p. 481).

Response.

Ironically, in Murphy, Chen, and Werner-Wilson's study purporting to measure which master therapists "used great power to control the therapeutic conversation" (p. 482) and who "used less over all power" (p. 482)—as though "power" can be quantified and counted like beads on a string—the actual participants in the therapy conversations—

the clients and practitioners—are entirely excluded from offering their evaluation of a therapist's use of power in the session. The study's conclusions rest on the codification procedures of two undergraduate students working off of written transcripts of the therapy conversations, a process that examines *words only*, apart from crucial contextual factors, such as non-verbal expression, gestures, eye contact, intonation, intention and manner of the therapist. But context matters crucially in conversational interchange: question-answer interactions in formal, expert-led assessment contexts feel and function differently from question-answer pairings spontaneously emerging within a mutual search for understanding. The same can be said for interruptions or "talk-overs." As Wittgenstein (1953) suggests, the particular social surroundings of our words—in their situated *use*—determine meaning (p. 94).

Criticism stressing not-knowing as inhibiting the practitioner somehow misses the longstanding Collaborative therapy emphasis on conversational partnership (Anderson, 2003, p. 131), *shared* inquiry, *mutual* influence, dialogic, multi-voiced process (Anderson 1997; Anderson & Gehart, 2007) *withness,* (T. Andersen, 1995; Hoffman, 2007), *joint action* (Shotter, 2008; Shotter & Katz, 2004), mutual responsivity (Bakhtin, 1981; 1986; Seikkula & Arnkil, 2006; Seikkula & Trimble, 2005), and the continued emphasis on *dialogic* conversation and collaboration at the core of Collaborative therapy literature. A collaborative, multi-voiced process crucially depends on the full participation of all present: dialogic collaboration invites more, not less, of its participants. Anderson continually clarifies that not-knowing, as she sees it, is about *how* we relate to what we think we know—it is about practitioner intent and manner (Malinen, 2004, p. 72). Not armed and "ensconced" in knowledge (Anderson, 1997, p. 135), not-knowing practitioners demonstrate "poised resourcefulness" (Shotter, 2009, pp. 9-10) as they orient themselves attentively within the living, dynamic complexity within each interactive moment. Concerned with social transformation, and the betterment of their clients' lives, practitioners of not-knowing also risk irrevocable change. Hoffman (2007) describes this quality of responsive engagement as an intimate solidarity requiring the practitioner to "jump, like Alice, in the classic tale, into the pool of tears with the others" (p. 66). While critics equate not-knowing with a restraining of practitioner involvement, Hoffman describes the not-knowing practitioner as courageously and fully present.

Stance of Assumption

      Unpalatable sameness.

Russian dialogist, Mikhail Bakhtin (1986) writes of the value of 'contrast' in furthering practical understanding (p. 162), and, with this in mind, we now turn to explore a contrast emerging early on in our group conversation. Sally contrasts the practitioner stance of not-knowing with what she calls a practitioner "stance of assumption." I am drawn to the brief stories illustrating a stance of assumption that emerge in our inquiry group conversation towards its conclusion. I am especially moved by Susan's account of immigrant and refugee social services in Canada as characterized by an alienating sameness—a comment I recalled her making months ago in the context of our course at the Inner City Social Work campus:

Susan: It's like services offered in different agencies—they are similar, the kinds of services they give—it's like food being served in the plate, you have no choice, you have to eat it, you have no choice. The services are the same. When you talk to the counselor, (she gestures to her page of notes as though she is a 'knowing' counselor) it's already there—they just have to follow it.

Jan: Are you saying it's (the service) pre-made, pre-fabricated, it's a program—it's ready to go, and you don't participate in creating it, or making it appropriate?
Sally gestures and laughs in support as I speak.

Susan: (clarifying) We're dealing with professional people who think they know everything—they put together these programs which are not palatable to all the clients.

Jan: That's a metaphor I remember you using in class. I remember you spoke of human service delivery as "unpalatable food"—I think you were speaking particularly of counseling.

Susan: Yes.

Jan: 'We have this for you, take it, because we know what's best for you, we've studied your kind of person."

Susan: (lamenting) What can you do? You want to say something. As a person.

Jan: (pauses) As a unique person.

Susan: Yes. Is that being practiced?

My conversation partners describe further the difficulty a knowing, expert "stance of assumption" causes in the lives of new Canadian immigrants and refugees. Omar speaks of practitioners with university degrees who "miss the knowledge the client has." Carmen speaks of examples she has seen of children from refugee camps placed in schools with Canadian age-peers who have little in common with them. She notices that when the refugee students begin to fail in school, professionals often assume "cognitive delay."

Carmen: Because we don't know the life experience of the child, or the history, we make this mistake. Assuming— thinking that we know this person in front of us—(pauses) it's not like that. There's so many cases—it shocks me that people think they will have an answer. And they don't.

Jan: The assumption that the answer to the dilemma can come from the Professional, the Textbooks, the Research—

Carmen: ...the answer is (assumed to be) simple—but it's not simple.

Jan: ...or singular.

Carmen: ...or singular.

Omar: You don't fit the box—the professional's theories, training. The kid is assumed to have the problem...no one will sit down and listen to his story. (Omar describes "the box" he is expected to fit as a black, Muslim man in Canadian society.) There are a lot of stereotypes out there. So, I come in...I am supposed to be this, and this, and this— (voice trails off). You are supposed to fit in that box, supposed to be abusive to your wife. When they know you, they are surprised. How can I get comfortable with a counselor that has all these assumptions? (pauses) We want people to at least know us. And give us a chance and then we can tell our story.

Jan: ... in the way you want to tell it, using the words and terms that are important for you—

Omar: When you see a therapist, that person is supposed to help you make sense of things and move on, but if that person sees things as black and white, you're not going to go anywhere. You'll feel more victimized. (Susan nods.)

Sally: (cautions) If you don't comply with what's expected—the stereotypes—

Omar: Denial!

Sally: Yeah, you're "in denial." It's sad, but a reality—in Winnipeg, the reasons why most refugees and immigrants don't want to go for family services is because of the assumptions they have about them. That's why they don't access these services.

Jan: ...because they are seen negatively and misunderstood—

Sally: That's it. If you look around, how many refugees and immigrants access the food bank? You will see very few.

Frightening formality.

The conversation moves on to explore differences in Canadian helping services, and "help" as it is constructed 'back home'. Carmen notes that in Chile, people do not generally go to see a therapist or counselor. If they do, others "will think you're crazy—there's something wrong with you, you are sick in your mind," she says. The group speaks of

the cold formality of social support here in Canada. Omar remembers the 'feel' of social support in Africa, his country of origin:

Omar: *You have all these people around you, your grandma, etc. When you come here, (to Canada) you don't have that, you have a different culture. Five days per week working—you can't see anyone. Who are you going to tell your problems? You have to talk to a stranger.*

Jan: *You book an appointment.*

Omar: *Yes.*

Jan: *Sit in an office.*

Omar: *Yes, and you have issues of language.*

Carmen speaks of how people learning a new language in a new homeland feel perpetually inadequate.

Carmen: *As soon as someone treats you as inferior, you act that way.*

Jan: *So when you're talking to an 'expert', you find yourself, automatically becoming-*

Sally: *(interjects) an idiot. (group laughs)*

Jan: *I was going to say, a 'non-expert'—but, yes. (more laughing)*

Carmen: *You already feel you're in that position just because you don't know the language. You feel—*

Omar: *(interjects) inadequate.*

Carmen: *Yes. So the last thing you want is to feel that way again.*

Diagnosing, pathologizing, and medicating persons new to Canada.

Susan describes risks in speaking with professionals.
Susan: *In my mind, I know how I feel. When I talk to the doctor about it, it becomes different. Know what I mean? (laughs along with the others) They will give you* Tylenol*!*

Susan's words remind me that psychiatric terms like "depression" or "anxiety" are often foreign to persons new to Canada.

Susan: *I remember one of my classmates saying the term depression is not popular in her country—also mine. As soon as we arrive here there are so many problems. We become "depressed" and the doctor will prescribe. But back home, we are so busy—we do not have pills for depression. Many immigrants have this "disability." But, coming from our backgrounds—war, exploitation, abuse, I believe the pills are not the way—but if they prescribe, you will take it.*

These words stay with me, long after our conversation: "If they prescribe, you will take it." I think back to a play I saw performed at the Winnipeg Fringe Festival in the summer of 2009, written by one of our local playwrights, Steven Ratzlaff (2008). In this production, James, a prison inmate, announces to Heidi, his long-term prison psychiatrist, "I'm not taking any more drugs, I'm finished with all that." Heidi replies, "Look, I understand." James counters, "No, you don't." Heidi seems bewildered. "You told me," she says, and certainly he did, over many sessions. James then responds, "You weren't listening. You were observing symptoms" (p. 18). The play concludes quietly with the administration of the medication and James' complicated consent. With this scene in mind, I join my conversational partners in their alarmed concern. I repeat Susan's words, "…coming from our backgrounds— war, exploitation, abuse, I believe pills are not the way…"

Omar continues our group conversation classroom, offering an illustration from his work.
Omar: *We had this client that was always a crisis. He used to say, "Omar, if you knew what I went through." "What did you go through?" He wouldn't say. For almost two years. Then we had a meeting.*

Omar then shares aspects of the tragic history of the child. We sit in a stunned silence for a moment.

Omar: *What does the system think? That he's the problem—the child is the problem, not what he went through.*

Sally says no one wants to listen. "All they want to do is assess his behavior." As the playwright seems to understand, listening as an analytical observation of symptoms, and listening to better understand, can be two very different practices, inviting different possibilities and constraints.

Susan adds to our collective protest. She describes another scenario of a girl, a newcomer to Canada, who "just cries and does not speak." Eventually, she is brought to the Manitoba Adolescent Treatment Centre (MATC) where she is referred to psychiatry.

Susan: *So they tell her she has Post Traumatic Stress Disorder. They add the word 'disorder' (laughs incredulously) and it (the client's response to overwhelming life experience) becomes pathologized. She has a psychiatrist, a physician, a counselor, a regular visit to MATC—she's fed up with too many people talking to her as if they know everything.*

Sally: *Me too.*

Lack of listening.

Sally narrates the story of a different girl, new to Canada from Africa. Sally speaks of the girl's experience of violent exploitation with one of the leaders in her community in her country of origin. Sally claims that at one point she was called on to help out with a critical incident involving the girl in her workplace. Sally says she sat down and began interacting with her.
Sally: *(as if speaking to the distressed girl) "I'm from West Africa, how about you."*

They began to share stories and listen to one another.

Sally: *(continuing) "Ten years in a refugee camp—went from camp to camp. Did they steal your rations? Someone was stealing mine."*

The conversation between Sally and the girl began to address the girl's immediate dilemma. Sally described her role as a listener, a fellow refugee, and a "sister." Sally says she was also able to share information the girl needed about Canadian realities. Sally continued to listen to this girl, conversation after conversation, over time.

Sally: *No one wanted to listen to her. Now, she is in university. And she keeps calling me "Auntie." In Africa, you are everyone's Auntie and Uncle, (laughs) you don't have to be biologically. That's how we are—it's a community—we're used to that. That is why not-knowing is so important to us. Because in our society, we, the younger people, do not know…The elders pass their knowledge on to us. If you say you don't know, then someone can tell you. So it's a whole school—a whole school of thought.*

Somehow it seems the practice of not-knowing is present in Sally's homeland, but she cannot readily find this kind of stance with social service practitioners in Canada. The conversation continues to articulate the contrast she experiences. Sally mentions the pressure to look directly into professionals' eyes, even into her elders' eyes, a requirement she is not used to in her first homeland. She speaks of the strangeness of professional social services office seating:

Sally: *It's like we are behind a bar. You are afraid. You don't know what to say. You don't know how they are going to interpret or perceive you.*

Jan: *Are they going to be straight with you how they are assessing you—or will they hide their response.*

Omar: What are they writing—

Susan: (squints as if deep in thought with hand under chin, playfully illustrating her mocking) The Thinker; the Genius.

Jan: Oh yes—at work!

Sally: (appalled) Instead of interacting with you, they've already started putting marks (on their records)—come on.

Omar, Carmen, and Sally speak of clashes between oral cultures and cultures more oriented to print. They tell me talking, sharing, and telling stories are more important for them than books and documents.

Omar: Stories handed down, like the Aboriginal people (in Canada), that's how we have learned about our culture. Omar speaks of the way talking together is prized in Somalia, his country of origin. I give you my word. We don't take minutes.

Jan: We (as professionals) think we must try to stay ahead of the client, being the guide.

Omar: Isn't this what we talked about in class—the pressure to know?

Jan: (agreeing) Most counseling in North America is an expert-driven process.

Carmen: You don't need the title of expert if you are just talking with people.

Jan: Yeah, it gets in the way.

Sally: When you are the expert, you have the power. So you want to show the client you are the authority—that's how I see it. As far as I am concerned, the client is the expert—she knows what has happened to her. You may have your academic knowledge. But if the client wouldn't come talk to you, you wouldn't be in that seat.
(Susan nods in agreement) But the actual expert is the client. Listen to her. Let the clients talk to you, tell you—

Jan: And then that person hears the power of their own voice and the wisdom of their own community…

I notice the time and realize we will soon need to conclude our evening dialogue. Feeling a little rushed, I become eager to hear of any exceptions to the assumptive practitioner stance my inquiry colleagues describe. Surely someone in our group could speak appreciatively of at least some of the social service practitioners they encountered as new Canadians. As a Canadian social worker myself, I am sympathetic to the harsh conditions many of my social work colleagues endure—massive caseloads, bureaucratic complexity, overwhelming need, and limited resources.

Jan: Did any of you have any people in Canada that showed a not-knowing stance?

Sally: (pauses) No.

Omar: Like a therapist or something?

Jan: Not necessarily a therapist—a neighbor—?

Omar: I think so. (voice trails off)

Sally: I went to church. I'm a refugee. I'm just three weeks in Canada (back then). And that's when I got my help. The door was slammed in my face (in other efforts to get help). I pray that nobody goes through that.

Susan: There was this crisis shelter.

But, Susan says, the directive to file a restraining order was wholly incongruent with her country of origin's customs. She had no snow-boots and needed to get downtown in Winnipeg's dangerously cold winter temperatures using public transportation to file the legal protection order by herself.

Susan: (sincerely) These people are counselors, and of course they are a big help.
But Susan goes on to explain that the counselors did not understand the complexity of her situation.

Carmen: (again underscores her former experience of community interdependence) We are used to relying on the people around us back home, the person who sells bread—and when you're here—no one. People are very individualistic here—just look after yourself.

We end our evening conversation with some silliness as Omar spontaneously picks up the video camera and 'interviews' each of his newcomer colleagues, asking for name, date arrived in Canada, and other details. Playfully, Sally, Carmen, and Susan are measured in their cooperation with his questions. But just prior to this, Susan begins the following interchange, and we end our paper with the following words:

Susan: Acting like you know everything is a kind of prejudice—discrimination. It involves racism.

Omar: Someone who knows everything—in my country, we have a saying—is like a goat sucking its own milk.

Jan: Great metaphor.

Omar: (gently, as if speaking to practitioners everywhere) Yeah. So, know your stuff, but walk on the earth.

Jan: (to everyone) Thank you for talking with me tonight.

Postlude

Our evening conversation comes to a close, but the dialogue into not-knowing continues—in the literature, in university classrooms, in human service agencies, and most importantly, in each interactive moment between practitioner and client. How can we meet with persons who have immigrant and refugee status in ways that respect and honor their unique life experience, their communal contributions and accomplishments, their relationships, abilities, and aspirations? Our spoken conversation this evening invites us to meet our clients as fellow learners, as active listeners who will not correct or rush the stories we hear. Our group interaction suggests professional helpers do well to follow the example of trustworthy friends and caring "aunties," "uncles," "sisters," and "grandmas." Rather than adopt "a stance of assumption" that requires practitioners to perform as authoritative leaders, analysts, diagnostic experts, or elite strangers-behind-desks, we can come alongside one another, like the "bread seller" and the community "elder," meeting persons new to Canada as hospitable neighbors and fellow members of the community.

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