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## Family Therapy and the Multicultural Perspective

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LOYOLA UNIVERSITY OF CHICAGO

FAMILY THERAPY  
AND THE  
MULTICULTURAL PERSPECTIVE

A THESIS SUBMITTED TO  
THE FACULTY OF THE SCHOOL OF EDUCATION  
IN CANDIDACY FOR THE DEGREE OF  
MASTER OF ARTS

DEPARTMENT OF COUNSELING AND EDUCATIONAL PSYCHOLOGY

BY

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## CHAPTER 1

### INTRODUCTION TO THE PROBLEM

Studies of the utilization of mental health services by minority groups have shown that minorities were under-represented in the population that made use of mental health facilities (Atkinson, Morten, & Sue, 1989; Ho, 1987; Pedersen, 1988; & Segal, Dasen, Berry, & Poortinga, 1990). These findings set off a series of new studies to look into the reasons for this under-utilization. One of the most important findings of this second group of studies was that many minority clients found counseling irrelevant to their way for life, and inappropriate to their needs (Atkinson et al., 1989).

Researchers then began to look at the theories that were popular in counseling to see if they were valid for use with cultures other than the White European-American culture. They found that some of the basic theories of behavior were not relevant to all peoples (Segal et al., 1990). Furthermore, it was found that some of the therapeutic goals stressed in major theories, such as independence and self-determination, were contrary to the beliefs of many cultures. Many cultures stress harmony with the family and obedience to elders over individualism (Atkinson et al., 1989; Ho, 1987; McGoldrick, Pearce, &

Giordano, 1982; & Segal et al., 1990).

These discoveries fostered a multicultural revolution that had three basic aims. First, to find or develop psychological and behavioral theories that would explain cultural differences (Mannino & Shore, 1984; & Stachowiak & Briggs, 1984). Second, to find or develop counseling techniques that would make counseling more relevant to minorities (Atkinson et al., 1989; Ho, 1987; McGoldrick et al., 1982; & Sue & Sue, 1990). And finally, to help counselors to become more sensitive to cultural differences (Atkinson et al., 1989; Dillard, 1987; McGoldrick et al., 1989; & Pedersen, 1988).

Researchers have studied both individual and family theories, but Sue and Sue (1990) believe that it is important to focus on family therapy because of the emphasis that many of the minority cultures place on family. Studies of American minority cultures showed that many of these cultures, including many Asian, Hispanic, and Native American cultures, place stronger emphasis on the family than on the individual. The importance of the family to these cultures makes family therapy an appropriate form of counseling for these different types of people.

Many studies have shown that culture and cultural differences have a impact on a family and can cause problems. If a problem involving culture is not addressed as a cultural problem, and only the symptom is dealt with,

the cultural problem can manifest itself repeatedly in different symptoms (Ho, 1987; McGoldrick et al., 1982; & Pedersen, 1988)

There are two ways to evaluate the cultural sensitivity of a theory. The first is to look at the theory in terms of its ability to explain cultural difference and how culture affects families (Mannino & Shore, 1984; & Stachowiak & Briggs, 1984). The second is to look at the therapeutic techniques proposed in the theory and to evaluate their appropriateness for families in different cultures (Atkinson et al., 1989; Dillard, 1987; Ho, 1987; McGoldrick et al., 1982; & Sue & Sue, 1990). The purpose of this study was to evaluate the ability of four family therapy theories to explain cultural differences and how culture affects the family.

### Methodology

This study was accomplished through a review of literature in the fields of family therapy and multicultural counseling. The information on multicultural family therapy was obtained through author searches on the most often cited literature in the multicultural field.

The family theorists were chosen to represent as wide a spectrum as possible of the different styles of family therapy. All the family therapies chosen are similar in that the theorist insists that the family be treated as a unit. The most recent publications of the theorists



involved in this analysis were read, along with several summaries of each of the theories that had been widely cited in the family therapy literature. The theories were then evaluated according to Bronfenbrenner's ecological model of human development and their appropriateness for use in the multicultural field.

### Organization of the Chapters

The chapters of this work are organized as follows. Chapter 2 contains a brief history of both family therapy and multicultural counseling. Also in Chapter 2 Bronfenbrenner's ecological model of human development is presented. Bronfenbrenner's model is the basis of the analysis of the family therapy theories' ability to explain the affects of culture on a family.

In Chapter 3 the analysis of the four theories is presented. This chapter will look at four theories of family therapy to analyze their ability to incorporate cultural factors into therapeutic practices. The first part of each section on the theories will be a brief summary of the theory including five major points: (a) what is a healthy family; (b) what is dysfunction; (c) how does dysfunction occur; (d) how is dysfunction eliminated; and (e) what is the therapist role in the process. The second part of each theory section will be an analysis of the ability of the theory to account for cultural differences. The chapter concludes with a brief summary of the findings.

Chapter 4 has two parts. The first part is a summary of some new family therapy theories that have been created to be culturally sensitive. The second part consists of advice from prominent multicultural researchers to family therapists on how to be culturally aware.

## CHAPTER 2

### FAMILY THERAPY, MULTICULTURAL COUNSELING, AND BRONFENBRENNER

#### A Brief History of Family Therapy

Family therapy is a relatively new branch of the field of psychotherapy. It has finally reached its prominence in the field and gained wide acceptance. Family therapy is not just another treatment method but a new concept of change (Haley, 1971b). Foley (1989) defines family therapy as the effort to change the relationships in a family to reestablish accord among the members of the family.

The family therapy movement did not begin with one "founder" or prominent theory. It began in the early 1950s in many different places with many different therapists who began to see whole families as opposed to individuals (Foley, 1989; Goldenberg & Goldenberg, 1991; & Haley, 1971a). For almost a decade these different practitioners developed their theories with little or no input from other practitioners. There were no journals or conferences devoted to family therapy and it was not until the early 1960s that the first family therapy conferences took place, and the individual founders were able to get together to compare notes (Gurman & Kniskern, 1981).

Family therapy has roots in many fields, but grew mostly out of the field of psychiatry. Many early theorists, including Freud, Adler, and Jung, proposed ideas that were later elaborated in family therapy theories (Gurman & Kniskern, 1991; & Foley, 1989).

Freud first saw the influences of the parents on the child in looking at the case of a phobic child. Freud wrote that the father's actions had much to do with the development of the child's phobia's. Although Freud believed that a person's parents had a great affect on one's life he still treated people individually (Foley, 1989). Freud placed more emphasis on the influence of the unconscious and instinctual aspects of the personality on behavior than on the family's affect on an individual.

Alfred Adler was one of the first theorists to challenge Freud's views (Gurman & Kniskern, 1991). He proposed that people were influenced not only by their instincts but, more importantly, by their social environment. Adler also placed much emphasis on the influence of siblings on a person's development (Foley, 1989).

Jung proposed that not only did the parents have and impact on a child's development, but the relationship between the parents was also seminal to the child's development (Gurman & Kniskern, 1981). Yet, he too continued to work with individuals, not families.

Despite the fact that these theorists acknowledged the influences of the family on an individual, they continued treated people individually. It was not until the mid 1950s that families were treated as a unit.

In the 1950s there began to be an shift toward studying objects in their natural environments, and looking at the environments themselves (Haley, 1971). Some in the field of psychology and psychiatry were beginning to notice the profound affects that families had on their members. Much of the work with family therapy began with practitioners who were working with schizophrenics. Harry Stack Sullivan was one of the first to document that the relationship between a schizophrenic child and his or her mother was very important. He began to look at schizophrenia from a psychological rather than a physiological point of view. His work influenced others working with schizophrenics, and they began to look at the entire family and not just the individual patient (Foley, 1989).

For reasons unknown many practitioners from a variety of locations and perspectives began to address whole families as a unit, and look at other factors, besides what Freud called the Psyche, that could influence behavior (Gurman & Kniskern, 1981). These practitioners had no contact with each other and each started these changes independently.

The first books on the subject of family therapy

appeared in the late fifties and early sixties. These publications brought together previously isolated practitioners. Among those considered as founders of the family therapy movement are John Bell, Nathan Ackerman, Murray Bowen, Christian Midelfort, Lyman Wynne, Theodore Lidz, and Carl Whitaker. Two groups of researchers were also prominent in the foundation of family therapy, the Palo Alto Group and the Philadelphia Group (Gurman & Kniskern, 1991).

Although the theories that have stemmed from these individuals and groups varied greatly, most were founded on the belief that a problematic individual was only the symptom of dysfunction in a family. During the 1960s the family therapy field expanded, practitioners traded ideas and findings, and new people came into the field (Gurman & Kniskern, 1991).

The different family therapies can be grouped into four categories. The first is the Object-Relations group. These theories focus on family of origin problems that carry over into current family problems. Second is Bowen's Family Systems Theory. Bowen states that people are involved in complex systems and perform certain roles and functions in these systems. The third group consists of the Structural theories. These theories basically state that individual pathology stems from an imbalance within the family. The final group is the Strategic/Communication theories.

Strategic therapy proposes that family problems stem from boundary problems, and problems in communication (Foley, 1989; & Gurman & Kniskern, 1991).

Family therapy had gone from being a radical approach to being an accepted and popular form of therapy. The field is still developing as ideas are proposed and research continues.

### A Brief History of Multicultural Counseling

Multicultural counseling has become a force in the field of counseling over the past thirty years (Pederson, 1991). Over time the idea of what it is or should be has changed and is still changing (Pedersen, 1991). Early researchers defined multicultural counseling as any counseling relationship in which the therapist and client differ in cultural background (Atkinson et al., 1989).

The multicultural movement began to grow in the 1960s. There were two factors that contributed greatly to the surge of the multicultural movement. First, the late 1950s and early 1960s were a time of civil unrest in the United States. Minority groups were beginning to demand equal rights under the law, and much attention was being given to the minorities of the United States and their differences from the White majority (Pedersen, 1988).

Second, at this time psychologists around the world were beginning to move out of the laboratory and work out in the field collaborating with anthropologists to study human

behavior. They began to question the cross-cultural value of popular psychological theories. They were finding that some of the most basic theories of behavior might not be relevant to all peoples of the world (Segal et al., 1990).

Researchers began to look at patterns of utilization of mental health facilities and many found that the minority groups under-utilized the mental health system (Atkinson et al., 1989; & Pedersen, 1988). In the 1970s this under-utilization became an important issue in the field of counseling.

Studies were conducted to determine the causes of the problem. The major findings of these studies were threefold. First, that many groups found counseling irrelevant to their way of life and inappropriate for their needs; second, that many minority clients terminated after the first session of counseling for a variety of reasons, the most prominent that they did not feel comfortable with a white counselor (Atkinson et al., 1989); and third, because of cultural differences, what one group considered pathological behavior another might consider adaptive and acceptable. Researchers were finding that there were few universals in acceptable behavior across cultures (Pedersen, 1988).

These findings were consistent with the research that was going on in the new field of cross-cultural psychology. The researchers in that field found that the theories that



had developed mainly in American and European Universities were not always applicable to non-European cultures (Segal et al., 1990).

Armed with this new knowledge, researchers and practitioners set about to find ways to make theory and therapy more relevant to people in other cultures. In the United States the field branched off in many directions.

The field of minority counseling focused on finding counseling methods that were appropriate for the members of minority groups in the United States. Some minority theorists focused only on non-white groups, and some included other special interest groups, such as gays and lesbians, the aged, and women (Atkinson et al., 1989). Many of these groups, including gays and women now have their own fields of study.

Others in the field of multicultural counseling looked at primarily ethnic differences. They looked at all groups, white and non-white, to find the differences in culture of all the varied ethnic groups in the United States (McGoldrick et al., 1982).

From this research in both minority and ethnic groups came a plethora of "how to" books dealing with minorities. This so called "cookbook" method was popular for many years as a way to prepare counselors to work with different populations (Speight, Meyers, Cox, & Highlen, 1991). This

training was considered necessary for therapists because they often had no previous contact with other cultures (Atkinson et al., 1989). Along with helping counselors to learn about other cultures, training programs made efforts to recruit prospective counselors from different ethnic populations (Atkinson et al., 1989; & Pedersen, 1988).

Karrer (1989) gives a brief summary of the stages of growth that the multicultural movement went through. She describes the first stage as discovery. In this stage the field "discovered" cultural differences, and approached them in the "cookbook" format, with broad statements such as: "Chinese families tend to ...." In this stage, within group differences were largely ignored.

The second stage Karrer (1989) calls transitional. In this stage the focus was shifted from between group differences to the interaction of culture and ethnicity. In this stage researchers also began to look at the impact of the counselor's cultural background as well as the client's.

In the most recent stage there has been a split in thinking that is best described by the two extremes on the multicultural continuum. On one end is a type of thinking called universal. The universalists believe that there are enough similarities across cultures that people from different cultures can interact fruitfully in a counseling relationship. The other end of the continuum is relativism, which states that the only way to truly know a culture is to

be a part of it, and one must know the culture of the client to provide effective counseling. This stance implies that a person can be helped only by someone from the same culture (Hodes, 1989). Most research is being done on the premise that the truth of the matter lies somewhere in the middle of this continuum.

Currently the field has been undergoing some changes. One of these changes has to do with the definition of multicultural counseling. Speight et al. (1991) claim that if multicultural counseling is defined as any counseling relationship where those involved are from different culture, one pretty much covers all counseling relationships. Very rarely are all the members involved in a counseling process from the same cultural background, even if they are of the same race. So much diversity has been found, that multicultural counseling may not be a separate field but an integral part of every counseling relationship. Other researchers have cautioned those working in the field to become not so involved in determining a person's cultural heritage, that they overlook other factors in a client's life (Montalvo & Gutierrez, 1983).

#### Bronfenbrenner's Ecological Model

Seeing culture as a dimension of the counseling process is vital to providing full services to clients. The need is much more pronounced in a country such as the United States that is composed of people from numerous cultures.

Despite the common thought that the United States is a melting pot, the people in the United State have, in fact, not developed a common culture, and there are still many groups that differ from each other culturally (Atkinson et al., 1989; McGoldrick et al., 1982; & Pedersen, 1988). Because of these differences, counselors and therapists need to be knowledgeable about different cultures.

Knowledge of culture and its affects on an individual or group can help a counselor in a number of different ways. First, it can help the counselor understand some of the reasons for a family's functioning and problems. Second, it can help the counselor put the behavior of an individual or family into perspective to see how it fits into the individual or family as a whole (McGoldrick et al., 1982). Third, knowledge of culture can also help to keep a counselor from misdiagnosing a problem in an individual or family (Atkinson et al., 1989; McGoldrick et al., 1982; Pedersen, 1988; & Walsh, 1983). If culture has an influence on the behavior of families then how do we incorporate that into our therapy?

The first step is to look at how and how much culture can influence a family. It has been suggested that to see how culture influences a family or individual, one should use an ecological model that can explain the multiple influences that can effect an individual or family. (Ho, 1987; McGoldrick et al., 1982; Mannino & Shore, 1984;

O'Connor & Lubin, 1984; Stachowiak & Briggs, 1984).

Bronfenbrenner (1979) proposes an ecological model of human development that describes how the different levels of the environment impact human development. This model can also be used to look at the cultural aspects of the environment and how they impact on the family (Garabino, 1977; & Garabino & Ebata, 1983).

Bronfenbrenner (1979) describes our environments as "a nested set of structures, each inside the next" not unlike Russian dolls. He breaks down the environment into four structures. The smallest structure he calls the microsystem. He defines the microsystem as "a pattern of activity, roles, interpersonal relationships experienced in a given setting" (Bronfenbrenner, 1979). Individuals are involved in many microsystems, which include family, school, work, and peer groups.

The next level in the mesosystem. The mesosystem is the level in which there is interaction between two or more microsystems; for example, the family and a child's school or peer group. It is within the mesosystems and microsystems that individuals make most of their transactions.

Bronfenbrenner (1979) calls the next level the exosystem. The exosystem contains settings that do not involve a person on a daily basis, but affect his or her life in some manner. In the example of the child this could

be his or her parent's work place or the local school board.

The final and largest structure is the macrosystem.

The macrosystem refers to consistencies, in the form and content of lower order systems (micro, meso, and exo) that exist or could exist, at the level of the subculture or the culture as a whole, along with any belief systems underlying such consistencies (Bronfenbrenner, 1979).

The macrosystem consists of those elements that make up culture.

Bronfenbrenner states that these structures all impact on each other and none is stagnant or unchanging. This is a departure from previous theories that spoke of physical and social environments as unchanging structures.

Bronfenbrenner also states that human development is affected by all these structures, and that to study human development we must look at all these levels and not just an individual in his or her immediate environment.

Bronfenbrenner's work has been used as a conceptual model for many cross-cultural studies, especially in the areas of child rearing and child maltreatment (Belsky, 1980; Garabino, 1977; & Garabino & Ebata, 1983). Garabino (1977) states that the ecological model is good for cross-cultural studies because it acknowledges that humans are affected by many factors from their environment, not just a few.

The ecological model is a good basis of comparison for family theories and their ability to assess the cultural dimension, because it clearly defines the different levels that need to be looked at in assessing the family situation.

With this model, family therapy theories can be analyzed to see if they have enough scope to incorporate all factors that influence a family, or if they look only at certain structures and not others.

## CHAPTER 3

### THE THEORIES

This chapter will look at four theories of family therapy to analyze their ability to incorporate cultural factors into therapeutic practices. The first part of each section on the theories will be a brief summary of the theory including five major points: (a) what is a healthy family; (b) what is dysfunction; (c) how does dysfunction occur; (d) how is dysfunction eliminated; and (e) what is the therapist role in the process. The second part of each theory section will be an analysis of the ability of the theory to account for cultural differences.

The four theories discussed are similar in the way that they work with the family as a whole, as opposed to types of family therapy that examine family of origin relationships and yet work with only one client and not his or her entire family. The four family theories to be looked at in this paper all postulate that the symptoms of an individual in a family are a manifestation of a dysfunction in the entire family. The four theories to be dealt with in this paper are, Haley's Strategic Family Therapy, Minuchin's Structural Family Theory, Bowen's Systems Theory, and Whitaker's Symbolic-Experiential Therapy.



## Haley's Strategic Family Therapy

### The Theory

Haley's Strategic Family Therapy, is also called Problem Solving Therapy. The goal of the therapy is to solve the problem that the family presents. If the therapy achieves this goal, it is successful; if it does not, therapy is a failure (Haley, 1987).

Strategic Family Therapy is not concerned with healthy families. Haley made no intense studies to see what makes a family healthy. He justified this stance by his belief that healthy families have not, nor will they ever need to look at their motivations or look for insight into their familial functioning. These types of behaviors occur only after a problem occurs. A healthy family is not in need of problem solving and therefore is not a concern of this theory (Mandanes, 1991).

According to Strategic Family Therapy family problems arise when a family is unable to adjust to transitions in life (Mandanes, 1991). Common transitions are marriage, the birth of a child, adolescence, emigrating, etcetera. Families that are dysfunctional cannot get past a certain stage, and problems develop due to lack of changes. Haley (1971a) proposes, as do a majority of family therapists, that the symptom which develops is an indication, not of dysfunction in the identified patient, but of a problem in the family as a whole.

Haley (1987) identifies the symptom as a way for the family to maintain some sort of homeostasis. Homeostasis cannot be maintained in a functional manner because the family is stuck at a transitional stage. Usually the child that is bearing a symptom is part of a relationship triangle in which the child participates and functions as the go between for the adults. Haley states that if a child presents with a symptom, the therapist can be fairly certain that there are at least two adults involved (Haley, 1987; & Mandanes, 1991).

As the name of the therapy suggests, Problem Solving Therapy is very goal oriented. The therapist and the family set goals and all the work done is to achieve those goals. In this type of therapy the therapist is very directive. He or she sets tasks for the family to accomplish; through these tasks, the family will then change and be able to move on beyond that transitional stage at which they were stuck (Haley, 1987). Haley insists that the problems of a child or family member cannot be considered apart from the function that they serve in the family (Mandanes, 1991).

Triangles are one of the main themes in Problem Solving Therapy. Haley calls them the building blocks of the family. Normally the family will consist of sets of interlocking triangles (Mandanes, 1991). Haley (1987) admits that sometimes one part of the triangle will be outside the family, such as a school or a job. Even so he

discourages therapists from working with a system that they cannot change. The therapist must work with the social unit that he or she can change and nothing else.

### Analysis

Haley (1987) seems rather insistent about working solely with the family and not attempting to change other social units. He does admit that at times these social units affect the family but he does not elaborate on how this occurs.

In one section, when briefly describing normal families, Haley states that their hierarchy and structure are within the standards of the culture (Mandanes, 1991). Unfortunately this description of a normal family fails to acknowledge some of the problems that families might have when immigrating and coming into a new culture.

For example, an Asian family comes to the United States. Several years later their eldest daughter starts to have problems at home. It may be that she is chafing at the restrictions placed on her by her father's culturally appropriate hierarchy or structure. Then where is the problem? Do we say that the parents failed to make the transition to American cultural standards and by doing so invalidate their culture of origin? Or do we say the opposite, that the daughter failed to maintain the cultural standards with which she was raised?

Neither explanation is suitable. There are some

situations that need other explanations. Also, it is possible to find socially approved hierarchies that are by no means healthy to the family. Haley is probably correct in saying that the therapist must choose a unit with which he or she can effect some change, but his theory does not seem to take into account the many different influences on a family. Its primary interest is with the microsystem and somewhat with the mesosystem, but does not really deal with the impacts of the exo and macrosystems. When Haley talks about transitions he focuses on those that occur in the microsystem of the family, marriage, birth, death. He does not discuss transitions that could occur outside of the family, such as economic hardship in the community or adaptation to a new culture.

The main problem one researcher, Ho (1987), finds with using the Strategic approach in a multicultural setting is that the focus on the therapy is on change alone and not on the reasons behind the behavior. In multicultural counseling the reasons behind the behavior may indeed be more important than the behavior itself. If that aspect of the client is ignored, some problems may be unmanageable.

If the reasons behind the problem are cultural, and are ignored, the problem is likely to manifest itself in new symptoms later on. Since Haley largely ignores the causes of problems it is more likely that a therapist using his techniques will miss the influence of culture on a family

problem and the symptoms will only be temporarily relieved. Although Strategic Therapy may be good for working in many situations, it seems that, as far as the multicultural arena is concerned, it is not adequate.

### Minuchin's Structural Family Theory

#### The Theory

Minuchin's theory is founded on the belief that each family is made up of certain structures, and that these structures regulate the interactions between the members of the family (Minuchin, 1974). It is the structures that determine the health of the family system. If the structures in the family are good, then the family will function adequately; if the structures are not good, then the family will have problems. Family structures are defined as the codes and rules that determine the behavior of each member of the family (Colapinto, 1991). If the structures of the system are not functional, they do not accomplish their purpose.

For example, one important structure in a family is the parents. If the parental structure is dysfunctional it can be seen through certain symptoms, such as older siblings taking on the role of parent. A structure itself does not show its function or dysfunction, but symptoms in a family will communicate the dysfunction of a particular structure (Colapinto, 1991).

A dysfunctional family will usually call for help

because of one particular member, usually a child, who is having problems (Minuchin, 1984). In most cases the problems of the child signal a troubled structure and more problems within the family. Unlike Haley (1987), who likes to deal with the presenting problem first and foremost, Minuchin (1974) likes to begin by taking the pressure and the blame off the identified patient. He states that, in refocusing the problem, the family is no longer focused on the one child, and the structure of the family is altered. An immediate benefit of this method is the easing of the pressure that was placed on the identified patient as the "problem" in the family (Minuchin, 1974).

The first step for the therapist in the family therapy process is to determine the overall structure of the family. This is done through interview and observation of the family during the session. Once the overall structure of the family has been determined, the therapist joins that structure to effectuate change (Minuchin, 1974). Minuchin (1984) believes that it is easier to change the structure from the inside than from the outside.

Depending on the nature of the structural problems, the therapist will then make adjustments. There can be many different types of structural problems in a family. The boundaries between roles may not be strong enough, as in the case of the child acting as the parental figure. One part of the family may have too much power, such as one child who

tantrums and thereby gets what he or she wants. The family may not be well organized, and have a multitude of role confusions (Colapinto, 1991). The list goes on, but it is sufficient to say that once the therapist has found the dysfunctional structure, he or she will then set up an appropriate intervention (Minuchin, 1974).

Changing the structure in a family sets up a chain reaction in the family. The relationships in the family will change, and the experiences of the individual in the family will also change, thus eliminating the symptom (Minuchin, 1974).

### Analysis

Minuchin's theory, like Haley's, focuses primarily on the microsystem. The structures that he works to change, the parental structure, sibling structure, role structures are in what Bronfenbrenner would call the microsystem. Bronfenbrenner defines the microsystem as "a pattern of activity, roles, interpersonal relationships experienced in a given setting" (Bronfenbrenner, 1979). Minuchin's definition of structure, the codes and rules that regulate behavior (Colapinto, 1991), is similar to the definition of the microsystem. A structure could be considered the regulator of the microsystem. What Minuchin defines as structures incorporate the same or smaller units as Bronfenbrenner's microsystems. Minuchin does not really work with units larger than microsystems.

Minuchin uses the concept of an ecosystem, but in the context of the family's immediate environment. He does seem to allow for more cultural differences in families, but in doing some cross cultural studies, he focuses more on the similarities between cultures in an attempt to find "normal" functioning, than on the differences between cultural groups (Minuchin, 1984).

Advocates of the multicultural perspective have stated that Minuchin's therapy is better at ferreting out cultural problems than other therapies because of the way it looks at the structure of the family (Ho, 1987 & McGoldrick et al., 1982). McGoldrick et al. (1982) state that as long as the therapist keeps an open mind about what is good and bad in a family according to their culture, the Structural approach is good for working in a multicultural setting.

Sue and Sue (1990) describe the case of a young Native American boy who was ordered by the courts to remain with a responsible adult as a condition of probation. When his counselor found out that he was moving from home to home, proceedings to revoke probation were started. The counselor did not know that in many Native American cultures it is common for families to be more structurally open. The biological parents do not have sole responsibility for the welfare of the child. The responsibility is spread out over a number of relations and friends. Failure to take into account this cultural difference in family structure could



have caused much damage to the client and his family.

Ho (1987) agrees with the McGoldrick et al. (1982) analysis because the Structural approaches look at the entire family functioning and not just certain parts. The therapy works also with some of the how's and why's of behavior, rather than just trying to change the interactions. Multicultural researchers tend to agree that Structural Family Therapy can account for and work with cultural problems, even though Minuchin himself does not discuss cultural differences in his theory.

The theory does not, however, provide an explanation of how culture affects a family. There are no concepts that are like the exo and macrosystems. So, although multicultural advocates agree that a culturally sensitive therapist can use Minuchin's techniques with different cultural groups, it does not give an adequate explanation of the phenomena of culture and its affect on the family.

### Bowen's Systems Theory

#### The Theory

Bowen began to work with families in the mid-1950s when he was working with schizophrenic children. He noticed that there was a different kind of emotional bond between schizophrenic children and their mothers. He described it as an emotional "stuck-togetherness" (Kerr, 1981). He started from that point to look at the relationship between the child and the mother, and found

that he had to look at the entire family to understand the causes of the child schizophrenia.

Bowen's theory is based on the idea that one can only describe the functioning of an individual in relation to his or her place in a system (Bowen, 1978). A system, according to Bowen, is in a network of relationships that are interlocking. This network then forms an emotional unit. There are, according to Bowen, many different levels of systems. There are family systems, community systems, peer group systems, etcetera. An individual is bound to a system, by his or her ways of thinking, feeling, and behaving (Kerr, 1981).

Bowen (1978) states that there are two major forces in a system. The first pulls members of the system to function as a unit, and is called fusion. The second force is toward autonomy, and moves the members to be individuals. Each system needs to have a good balance of both autonomy and fusion.

Problems arise when there is an unbalance in the system (Bowen, 1978). Certain life events push system members in different directions. The system needs to change over time to allow normal growth in its members. It is considered normal and healthy for family members to exhibit more or less autonomy or fusion over the course of life. A young child is normally more fused with his or her parents, and an adolescent tends more toward autonomy. Dysfunction in a

system arises when it fails to adapt to new situations (Friedman, 1991).

Bowen (1978) believes, as do the other theorists discussed in this work, that a symptomatic person is not the problem in a family. The problem is within the family system and the behavior of the identified patient is the symptom of that systemic problem.

The therapists role, according to Bowen, is one of an objective and neutral observer and aid to the family. The therapist remains outside the system and evaluates it on certain criteria. These criteria include: the current stressors, the relationship systems including triangles and power, differentiation of the member (levels of autonomy versus fusion), adaptive level of the family, and the stability of the family (Kerr, 1981).

Work is then done on the problem areas. The goal of therapy in general is differentiation. Differentiation is defined as the process that one goes through in life to become a complete and separate entity. This is not to be confused with autonomy or independence. A differentiated person can and does interact with other people but is able to tell the difference between his or her own internal drives and those from the outside (Bowen, 1978).

The therapist is an important element in the therapeutic process. Even though he or she does not enter the system, the therapist serves as a model of

differentiation for the clients. The therapist changes the family, in a sense, just by "being", not being reactive or judgmental. He or she is indirectly teaching the family or client a new way of thinking. There are not many specific techniques that Bowen espouses; but, instead, he focuses on the relationships, more of a teaching method or objective working through of problems (Bowen, 1978).

### Analysis

Although Bowen's theory has been praised as one of the few theories that are applicable to multicultural counseling (McGoldrick et al., 1982; & Ho, 1987), Bowen himself is skeptical on the issue of culture. He believes that culture is not the cause of problems, but only the vehicle through which they are expressed. He feels that to blame one's cultural background for a problem is a copout and denial (Friedman, 1991). He believes that it is more important for the therapist to be differentiated than to be knowledgeable in different cultural idiosyncrasies (Bowen, 1978).

Two things can cause difficulty if one take this stance. First, seeing the influences of culture is not the equivalent of blaming a cultural background. Knowing something is there and working with it is very different from blaming all of one's problems on it. Second it is probable that one can be differentiated and yet have problems related to culture. Acculturation is a good example. An immigrant may know which drives are internal

and which are external and still be faced with the uncertainty of how to deal with a new culture.

The ability of Bowen's theory to account for culture in a system, as with Minuchin's theory, is found in its tendency to look at all the factors influencing a person and not just a few of those factors. Despite Bowen's objections, the theory can be used to explain some cultural influences on families.

Bowen's idea of different levels of systems resembles, to a great extent, Bronfenbrenner's levels. Bowen, in his theory, talks about the importance of interaction between systems and the impact of one system on another. His ideas can easily be expanded to explain the dynamics of the culture and the family.

### Whitaker's Symbolic-Experiential Family Therapy

#### The Theory

Whitaker's approach to family therapy stems from two major work experiences. Whitaker started out, as many family therapists, working with neurotics and schizophrenics (Roberto, 1991; & Whitaker & Bumberry, 1988). Whitaker started to work with the entire family after he found that patients who had shown great improvement while in the hospital had relapses shortly after being returned to their families (Whitaker, 1989).

Whitaker also spent time working with World War II

veterans. Through his work with the veterans, he developed his therapy style, wherein the therapist is not distant but shares his or her own experiences with the family (Roberto, 1991; & Whitaker, 1989). These two experiences greatly influenced Whitaker's style.

Whitaker's main goal in therapy is to help the family to begin to identify areas of problems in the family's functioning and then to aid the family in working through these problems (Roberto, 1991). Whitaker wants to help the family to work as a team on their problems and to take responsibility for the changes that they need to make (Whitaker & Bumberry, 1988). Whitaker believes that the family must grow together and make the changes as a unit, so that the changes will be effective and have a chance at being permanent (Whitaker & Bumberry, 1988).

Whitaker (1989) states that a healthy family is one that can tolerate and nurture eight different dialectics. These dialectics, sometimes viewed as opposite traits, are, according to Whitaker, complementary to each other, not opposing, and are necessary to have a good balance of each for healthy growth. An example of one of Whitaker's dialectics is belonging and individuating. These are the pulls to and away from the family. To develop properly, a child growing up must have a balance, which changes over the years, of both belonging and individuating. If a child does not have this healthy balance, problems will develop

(Whitaker, 1989). This dialectic bears a resemblance to Bowen's (1978) ideas of fusion and autonomy.

Whitaker and Bumberry (1988) state that the healthy family is a family in motion. It is constantly moving, changing, or, as Whitaker says, becoming. Health is not a state that one reaches but a constant state of becoming.

In an unhealthy family there is no growth. The family is functioning to maintain a status quo and is not growing. Some characteristics that an unhealthy family can exhibit are: rigid roles and rules, change is seen as dangerous, and contact outside of the family is discouraged (Roberto, 1991; & Whitaker & Bumberry, 1989).

The symptoms of an unhealthy family often manifest themselves in an individual family member or several members in different manifestations. The identified patient usually diverts the attention of the family from the real problem to himself or herself to relieve the tension in the family. Usually a family will come in complaining about a problematic individual who turns out to be just the symptom bearer of a larger family problem (Whitaker, 1989; & Whitaker & Bumberry, 1988). Symptom bearers can be divided into three different categories: (a) individuals who are driven crazy; (b) individuals who feel that they are going crazy; or (c) and individuals who act crazy (Roberto, 1991).

Whitaker's theory distinguishes between structural problems and affective process problems. Structure is

defined as relational boundaries, roles, allocation of privileges, and responsibilities (Roberto, 1991). Affective processes are described as the emotional dynamics of a family or system (Roberto, 1991).

A family can have either structural problems, process problems or both. Structure in a family can be overly rigid or fused. Roles can be undefined or not stable. An example of process problems is a family having trouble with change or other emotional problems such as intimacy or parental empathy (Roberto, 1991).

Whitaker (1989) sees therapy as enabling the family to grow and to accept this growth. He begins therapy by establishing his relationship with family. He calls it a metaposition, and defines it as a foster parent or coach relationship. He is there, willing to help and guide the family, but is not and will not ever be a member of the family (Whitaker & Bumberry, 1988).

Whitaker's primary method of change is what he calls confusion. With confusion he can disrupt the family's old ways of dealing with problems and help them to develop new ones (Roberto, 1991; & Whitaker & Bumberry, 1988). Whitaker likes to begin with the father of the family, because he believes that in our culture the father is the more emotionally distant of the parents. Often the father is seen as a nonmember of the family, someone who just comes to visit mom after he is done with his life outside the home.



Challenging this view is the first major disruption that Whitaker uses in the family (Whitaker & Bumberry, 1988).

Whitaker then expands on the presenting problems. He does not believe that the problems that the family presents with are the only, or even the primary problems, in the family system. Often the presenting problem is a symptom of a larger family problem. The problems are expanded to include the entire family, and the focus is put on the entire family to solve the problems (Roberto, 1991; & Whitaker & Bumberry, 1988).

Whitaker (Whitaker & Bumberry, 1988) believes that all families have the ability to change, that it only takes courage on the part of the family and therapist to seek and effect the changes necessary. Whitaker believes that it is of primary importance for the family to see themselves and be able to effect change and not to see themselves as incompetent. Once the primary goals of therapy have been accomplished: (a) the therapist has established his or her role in therapy; (b) the old ways of functioning of the family have been disrupted and; (c) the family sees itself as being able to effect change, the therapist can begin to assist the family in finding alternate ways of functioning (Whitaker & Bumberry, 1988).

Whitaker stresses that it is the family that must find its own alternate ways of functioning (Roberto, 1991). He states that the therapist does not have all the answers and

that the family must find their own way. The therapist must not impose his or her way of living on to the family (Whitaker & Bumberry, 1988).

Whitaker states that one of the biggest problems in helping families is trying to decide what aspect of the family's living is healthy and what aspects are not. Whitaker says that we, as therapists, can start with our own conception of healthy and unhealthy, but we must not be limited to it. He admits that we have only one frame of reference in which to judge others and that it is like looking at the world through tinted glass. If we realize this fact and know that it is happening, then we can begin to accept that others have different ways of functioning. As Whitaker says, "You don't have to experience the world in the way that I do in order for me to consider you 'sane'" (Whitaker & Bumberry, 1988).

### Analysis

Unlike the three previous theories, Whitaker's theory is not mentioned to any great extent in the Multicultural literature. No analysis has been presented on the adequacy of this theory in terms of multicultural theory, despite the fact that Whitaker seems to give some weight to culture.

If one looks at Whitaker's theory from the ecological perspective, he does seem to focus in the microsystems and mesosystems more than the other systems. He uses similar ideas to Minuchin in describing the structure of the family

as roles and relations. As with Minuchin, these structures are, in most cases cited by Whitaker, are in what Bronfenbrenner calls the microsystem. Whitaker focuses not only on structure but on the affective process in the family, but again these are the affective process that take place mainly in microsystems. He does use the word "system" to describe the family and its functioning but does not describe any systems other than the family (Roberto, 1991; Whitaker, 1989; & Whitaker & Bumbery, 1988). The focus on the structure would seem to make it as acceptable to multicultural advocates as Minuchin's theory.

As with Minuchin's theory, it falls short in explaining the affects of a culture on the family. Whitaker takes great pain to emphasize the importance of being culturally unbiased, yet he gives no explanation of cultures impact on a family. He also stresses that there are many different ways of living and that they all have some validity. Sue and Sue (1990) give an example of a Hispanic girl who is having trouble in school. The school counselor was upset by the parents lack of concern for the girl and the fact that a brother-in-law (the girls's godfather) was coming to the parent conferences. The school counselor failed to recognize the importance that godparents have in Hispanic cultures and succeed in alienating the family with her refusal to work with the godfather. Whitaker would agree that this counselor failed to go beyond her own culturally

bound ideas of family structure. Unfortunately this validation of other cultures is not an explanation of its affects.

Little mention is given to structures outside of the family that may have an impact on the family. This lack of explanation leaves some holes in an otherwise culturally sensitive theory.

### Summary of Findings

Three out of the four family therapy theories that were analyzed in this paper did not have adequate explanations of the affects of culture on a family. Of the four, only Bowen's Systems Theory accounted for culture. Each of the other three did not have enough scope to account for culture.

The fact that the theories do not account for cultures influence does not exclude them from being used effectively in a multicultural setting. Multicultural advocates have stated that a culturally aware theorist can use three out of the four effectively. These three are Minuchin's Structural Therapy, Bowen's Systems Therapy, and Whitaker's Symbolic Experiential Therapy. Only Haley's Problem Solving Therapy fails to pass the multicultural test (Ho, 1987: & McGoldrick et al., 1891).

The key to using these therapies successfully is the therapist being culturally sensitive. If the therapist has the knowledge he or she can successfully diagnose culture

related problems and find suitable interventions. The problem that lies in using theories that do not account for cultural influence is that a non-culturally sensitive therapist will not automatically notice cultural problems.

If one takes Bronfenbrenner's model or Bowen's theory it is immediately apparent that there is more to a family than just the immediate members and immediate environment. The scope of these theories allows the therapist to see beyond the family acknowledging that there are outside influences. On the other hand if one uses Minuchin's or Whitaker's theories it may never occur to the therapist to look beyond the family for the cause of their symptoms.

It is therefore vital that all therapist become culturally aware. This includes not only awareness of different cultures but awareness of one's own cultural identity as well. Only then can each individual therapist lessen the risk on missing culture related problems.

## CHAPTER 4

### THE FUTURE OF MULTICULTURAL FAMILY THERAPY

The evaluation the four family therapies has shown that they are, in one case, not very useful from a multicultural standpoint, in the other cases they are useful but, only if modified from the theorists purpose. Unfortunately, of all the prominent theories of family therapy, the four examined in this paper were the most widely analyzed (Ho, 1987; & McGoldrick et al., 1982). So the question becomes, "What next?" Some researchers in the multicultural field have suggested a few possibilities.

#### Other Therapy Suggestions

McGoldrick et al. (1982) suggest four alternatives to traditional family therapy. These consist of the interdisciplinary approach, Network Therapy, the Transactional Field Approach, and Value Orientation Theory. These theories are offshoots of traditional family therapy and the ecological approach.

The interdisciplinary approach is an eclectic approach that allows the therapist to choose the types of interventions that he or she feels are best in each situation. There are no set rules or techniques. The only

guideline is that the therapist should be open to all cultural differences and have cultural self knowledge as well (McGoldrick et al., 1982).

Network Therapy proposed by Speck and Attneave, and Pattison (cited in McGoldrick et al., 1982) looks at the dysfunction in the nuclear family and how it might be perpetuated by elements outside of the family, in their network. Therapy is the process of bringing those elements together and giving the family a new support system in the network. In doing so, it changes the network that was once reinforcing a problem into a network that will be supportive.

Transactional Field Approach, proposed by Spiegel and Papajohn (cited in McGoldrick et al., 1982), is an approach that looks at the transactions between a person and his or her environment. A transaction is an event that takes place between systems but has no cause. The transactional fields, Spiegel's term for ecological niche, are the locations at which these events occur. Spiegel and Papajohn propose that there are six fields, all interacting with one another in some manner. The fields are the Soma, the Psyche, the Group, the Society, the Culture, and the Universe. Looking at transactions eliminates the blame systems that we create for ourselves. The symptom is then looked at in terms of the function it serves in the transactional field.

Value Orientation Theory focuses on families going

through the process of acculturation. It states that we cannot make illnesses out of differences in culture. Each family needs to be looked at from the view point of their culture of origin and not from the values of host culture. The theory states that for families who are going through acculturation, culture should be the first topic discussed. Value Orientation Theory uses Kluckhohn's model to evaluate the culture of origin in relation to the host culture (McGoldrick et al., 1982).

Others have also proposed new theories based on an ecological model. Like the four above mentioned theories, they combine traditional family therapy, mostly systems theory, with the ecological approach. Some of the most prominent are the ecological systems approaches (Ho, 1987; Mannino & Shore, 1984; McGoldrick et al., 1982; O'Connor & Lubin, 1984; & Stachowiak & Briggs, 1984).

Mannino and Shore (1984) state that Ecological Systems Therapy is based on community and systems models of therapy. They make the distinction between looking at systems and looking at ecology. Ecology includes systems thinking, but goes beyond it, to include physical as well as social structures. The Ecological theories state that Family and Systems theories have focused too much on interaction alone. They have ignored the personality of the individual, interpsychic motivations, and the physical and social environments. The Ecological framework attempts to take



into account all these factors.

Stachowiak and Briggs (1984) give a brief outline of Ecosystemic Therapy. In Ecosystemic Therapy the therapist looks at the person and their environment and then decides at which level the person is having problems. The problem is then treated at the appropriate systems level: physiological, individual psychology, individual/physical environment, dyadic relationship, family system, or extended family and social network, depending on the case. In Ecosystemic Therapy change is produced by altering negative behavior cycles using the systemic properties of the person-environment context, finding the function of the symptomatic behavior and replacing the behavior with another that serves the same function yet is not destructive to the client.

These theories are new to the field and time and trial will tell whether or not they are truly effective within the multicultural setting. Each of these new theories gives a broader explanation of family functioning than some of the more established family therapies. The search to find ways to help troubled families continues.

#### Suggestions For Practitioners

Research continues in the multicultural field and new methods and theories are being developed. In the absence of a body of strong therapy theories, multicultural scholars give some advice and some warnings to practitioners and trainees (Ho, 1987; McGoldrick et al., 1982; Montalvo &

Gutierrez, 1983; Pedersen, 1988; & Stachowiak & Briggs, 1984).

The advice consists of telling therapists to become more culturally sensitive. This cultural sensitivity includes knowledge not only of other cultures but a strong knowledge of one's own cultural background. Many researchers believe that knowledge of one's own background is as important as knowledge of other cultures, and may be even more important (Ho, 1987; McGoldrick et al., 1982; & Pedersen, 1988).

One effective way to gain knowledge of other cultures is to read some of the many "cookbooks" of therapy for people of different cultures. These books can be extremely useful in giving a therapist information on different cultures. The therapist must keep an open mind to within group differences and watch out for stereotyping, but if one keeps that in mind the "cookbooks" can be a great source of information.

There are also handbooks to help therapist become more culturally aware, these give information not only on different cultures, but methods that therapist can use to explore their own cultural background. Once a therapist has developed cultural sensitivity then he or she be surer of not missing cultural problems in his or her clients (Pedersen, 1988).

In addition to becoming more culturally sensitive the

therapist needs to be able to place culture in proper perspective. Theorist warn those in the field not overgeneralize the affects of culture. Bowen (1978) and others (Montalvo and Gutierrez, 1983; Ponterotto & Casas, 1991; & Stachowiak & Briggs, 1984) argue that one cannot always blame culture for problems. Families can use culture as a defense or to misdirect the therapist. Therapists need to be able to distinguish between a problem that involves culture and one that does not. The best way to use culture, state Montalvo and Gutierrez (1983), is to have the family teach the therapist the ways of the culture and then the therapist can decide if the behavior of the family is functional in their culture or if the problem has anything to do with culture at all.

There is a current movement that advocates multicultural training be included in all training programs for therapist. Until that time it is the ethical responsibility of the individual therapist to obtain the necessary information to provide the best service possible for the clients.

## REFERENCES

- Atkinson, D. R., Morten, G., & Sue, D. W. (1989). Counseling American Minorities: A Cross-Cultural Perspective (3rd ed.). Dubuque, IA: Wm. C. Brown Publishers.
- Belsky, J. L. (1980). Child Maltreatment: An Ecological Integration. American Psychologist, 35(4), 320-335.
- Bronfenbrenner, U. (1979). The Ecology of Human Development. Cambridge, MA: Harvard University Press.
- Bowen, M. (1978). Family Therapy In Clinical Practice. New York: Jason Aronson.
- Colapinto, J. (1991). Structural Family Therapy. In A. S. Gurman & D. P. Kniskern (Eds.), Handbook of Family Therapy (Vol. 2) (pp. 417-443). New York: Brunner/Mazel.
- Dillard, J. M. (1987). Multicultural Counseling. Chicago: Nelson-Hall.
- Foley, V. D. (1989). Family Therapy. In R. J. Corsini & D. Wedding (Eds.), Current Psychotherapies (pp. 455-502). Itasca, IL: F. E. Peacock Publishers.
- Friedman, E. H. (1991). Bowen Systems Therapy. In A. S. Gurman & D. P. Kniskern (Eds.), Handbook of

Family Therapy (Vol. 2) (pp. 134-170). New York:  
Brunner/Mazel.

Garabino, J. (1977). The Human Ecology of Child  
Maltreatment: A Conceptual Model for Research.  
Journal of Marriage and the Family, 39(4), 721-  
735.

Garabino, J., & Ebata, A. (1983). The Significance of  
Ethnic and Cultural Differences in Child  
Maltreatment. Journal of Marriage and the Family,  
45, 773-782.

Goldenberg, I., & Goldenberg, H. (1991). Family  
Therapy: An Overview. Pacific Grove, CA:  
Brooks/Cole.

Gurman A. S., & Kniskern, D. P. (Eds.). (1981).  
Handbook of Family Therapy. New York: Brunner/Mazel.

Gurman A. S., & Kniskern, D. P. (Eds.). (1991).  
Handbook of Family Therapy (Vol. 2). New York:  
Brunner/Mazel.

Haley, J. (1971a). Approach to Family Therapy. In  
J. Haley (Ed.), Changing Families: A Family  
Therapy Reader (pp. 227-236). New York: Grune &  
Stratton.

Haley, J. (1971b). Family Therapy a Radical Change. In  
J. Haley (Ed.), Changing Families: a Family  
Therapy Reader (pp. 272-284). New York: Grune &  
Stratton.

- Haley, J. (1983). Problem Solving Therapy (2nd ed.). San Francisco, CA: Josey-Bass.
- Ho, M. K. (Ed.). (1987). Family Therapy with Ethnic Minorities. Newbury Park, CA: Sage Publications.
- Hodes, M. (1989). Annotation to Culture and Family Therapy. Journal of Family Therapy, 2, 117-128.
- Karrer, B. M. (1989). The Sound of Two Hands Clapping: Cultural Interaction of the Minority Family and the Therapist. Journal of Psychotherapy and the Family, 6(2), 209-237.
- Kerr, M. (1981). Family Systems and Therapy. In A. S. Gurman & D. P. Kniskern (Eds.), Handbook of Family Therapy (pp. 226-264). New York: Brunner/Mazel.
- Mandanes, C. (1991). Strategic Family Therapy. In A. S. Gurman & D. P. Kniskern (Eds.), Handbook of Family Therapy (Vol. 2) (pp. 396-416). New York: Brunner/Mazel.
- Mannino, F. V., & Shore, M. F. (1984). An Ecological Perspective on Family Intervention. In W. A. O'Connor & B. Lubin (Eds.), Ecological Approaches to Clinical and Community Psychology (pp. 75-93). New York: John Wiley and Sons.
- McGoldrick, M., Pearce, J. K., & Giordano, J. (1982). Ethnicity and Family Therapy. New York: Guildford Press.

- Minuchin, S. (1974). Families and Family Therapy.  
Cambridge, MA: Harvard University Press.
- Minuchin, S. (1984). Family Kaleidoscope. Cambridge,  
MA: Harvard University Press.
- Montalvo, B., & Gutierrez, M. (1983). A Perspective  
for the Use of Cultural Dimension in Family  
Therapy. In J. C. Hansen & C. J. Falicov (Eds.),  
Cultural Perspectives in Family Therapy: Family  
Therapy Collections (Vol. 6) (pp. 15-32).  
Rockville, MD: Aspen Publications.
- O'Connor, W. A., & Lubin, B. (Eds.). (1984). Ecological  
Approaches to Clinical and Community Psychology.  
New York: John Wiley and Sons.
- Pedersen, P. (1988). Handbook for Developing  
Multicultural Awareness. Alexandria, VA: American  
Association for Counseling and Development.
- Pedersen, P. (1991). Multiculturalism as a Generic Approach  
to Counseling. Journal of Counseling and Development,  
70(1), 6-12.
- Ponterotto, P. G., & Casas J. M. (1991). Handbook of  
Racial/Ethnic Counseling. Springfield, IL: Thomas.
- Roberto, L. G. (1991). Symbolic-Experiential Family  
Therapy. In A. S. Gurman & D. P. Kniskern (Eds.),  
Handbook of Family Therapy (Vol. 2) (pp. 444-476).  
New York: Brunner/Mazel.
- Segal, M. H., Dasen, P. R., Berry, J. W., & Poortinga,

- Y. H. (1990). Human Behavior in Global Perspective. New York: Pergammon Press.
- Speight, S. L., Meyers, L. J., Cox, C. I., & Highlen, P. S. (1991). A Redefinition of Multicultural Counseling. Journal of Counseling and Development, 70(1), 29-36.
- Stachowiak, J., & Briggs, S. L. (1984). Ecosystemic Therapy: A Treatment Perspective. In W. A. O'Connor & B. Lubin (Eds.), Ecological Approaches to Clinical and Community Psychology (pp. 7-23). New York: John Wiley and Sons.
- Sue, D. W., & Due, D. (1990). Counseling the Culturally Different: Theory and Practice. New York: John Wiley & Sons.
- Walsh, F. (1983). Normal Family Ideologies: Myths and Realities. In J. C. Hansen & C. J. Falicov (Eds.), Cultural Perspectives in Family Therapy: Family Therapy Collections (Vol. 6) (pp. 1 -14). Rockville, MD: Aspen Publications.
- Whitaker, C. A. (1989). Midnight Musings of A Family Therapist. New York: W. W. Norton & Co.
- Whitaker, C. A., & Bumberry, W. M. (1988). Dancing With the Family: A Symbolic-Experiential Approach. New York: Brunner/Mazel.



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FAMILY THERAPY AND THE  
MULTICULTURAL PERSPECTIVE

Abstract

The Multicultural movement has gained much strength over the past decade and has moved from being an obscure idea to being a force in the field of counseling. Because of the ideas that multiculturalism proposes, our theories, especially those in the area of family counseling need to be examined to see if they can account for cultural differences. Four prominent family therapies will be examined; Strategic Family Therapy, Structural Family Therapy, Systems Therapy and Symbolic-Experiential Therapy. The scope of these theories will be compared to a model of human development proposed by Bronfenbrenner, which is widely used in the multicultural field.

## VITA

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The thesis is, therefore, accepted in partial fulfillment of the requirements for the degree of Master of Arts.

12-7-92

Date



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