A Literature Review of Family Therapy

By

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Dedication

To Vela with love, my daughter Lebone who was deprived time with "mum" as I worked on this project and my grandmother Pauline for instilling in me the importance of family.

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I wish to express my sincere gratitude and appreciation to the following people:

- Dr E Oliphant, my supervisor for her guidance throughout this research study. She challenged me to think, risk and understand the research process. Thanks, Dr Oliphant.

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Summary

There is a tendency in South Africa to rely on first world models of family therapy. These models when used in that context are often found to be effective. It is also very significant to note that when applied or used with South African families or rather clients of different cultural groups, the therapist must be aware of their cultural context too. These therapeutic interventions are often criticized for use with third world clients in that they operate primarily within an individualistic paradigm and adopt a eurocentric theory on human reality and also focuses on adapting people to the environment (Hickson, 1990:171). This mode of functioning is often foreign to many black South African families. This also emphasizes the fact that therapy doesn't happen in a vacuum. This means that the social and cultural context of the client is very important and therapists need to recognize this and adapt their therapeutic interventions according to their clients cultural norms.

The purpose of the study is to explore the issue of cross-cultural family therapy in South Africa. The study also examines the importance of culture in therapy. This was a purely literature review study. Data in this study is the literature information that was collected from family therapy books, journals and dissertations.

The research findings of this study reveals that cultural consideration is essential when working with clients. Thus cultural and racial factors are regarded as being very significant in the therapeutic process. They influence the therapeutic intervention that family therapists offer. This is also indicative of the fact that cross-cultural therapy is possible and that therapists should creatively utilize their clients cultural values. Thus Gobodo (1990:93) states that the solution is not to homogenize all cultures into an illusionary melting pot but rather to study and adapt therapeutic interventions cross-culturally.

Opsomming

Daar is 'n neiging in Suid-Afrika om staat te maak op eerste-wêreld modelle van gesinsterapie. Hierdie modelle kan dikwels effektief wees wanneer dit in hierdie konteks gebruik word. Wanneer dit gebruik word met Suid-Afrikaanse gesinne of kliënte van verskillende kultuurgroepe is dit belangrik dat die terapeut hulle kulturele konteks ook in ag moet neem. Hierdie terapeutiese intervensies word dikwels gekritiseer wanneer gebruik word met Derde-wêreld kliënte aangesien dit hoofsaaklik op 'n individualistiese paradigma gebaseer is; 'n eurosentriese teorie van menslike realiteit benut en fokus op die aanpassing van die mens binne die omgewing. Hierdie wyse van funksionering is dikwels vreemd vir baie swart Suid-Afrikaanse gesinne. Hiermee word beklemtoon dat terapie nie in 'n vakuum plaas vind nie. Dit beteken dat die sosiale en kulturele konteks van die kliënt baie belangrik is en dat terapeute dit in ag moet neem en hulle terapeutiese intervensies by die kulturele norme van hulle kliënte moet aanpas.

Die doel van hierdie navorsing is om die kwelpunte in kruis-kulturele gesinsterapie in Suid-Afrika te ondersoek. Die navorsing het die belangrikheid van kultuur in terapie ondersoek en is bloot 'n literatuurstudie. Die data wat in hierdie studie gebruik is, is afkomstig van literatuur in boeke, joernale en navorsingstukke wat handel oor gesinsterapie.

Die navorsing het aan die lig gebring dat kulturele konsiderasie noodsaaklik is wanneer met kliënte gewerk word. Hierdie kulturele en rassefaktore word as uiters belangrik beskou in die terapeutiese proses. Hierdie faktore beïnvloed die intervensie van gesinsterapie. Die bevindinge dui ook aan dat kruis-kulturele terapie moontlik is en dat terapeute hul kliënte se kulturele waardes kreatief behoort te gebruik. Gobodo (1990:93) is van mening dat die oplossing nie daarin lê om alle kulture gelyk stel en in 'n denkbeeldige smeltpot te gooi nie maar om terapeutiese intervensies eerder te bestudeer en kruis-kultureel aan te pas.

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Chapter 1: Introduction

1.1 Introduction

It has been asserted that "knowing thy own culture is perhaps the most difficult aspect of conducting cross-cultural therapy" (Hardy, 1995,235). This statement emphasises the importance of therapists knowing their own culture before they can attempt to work cross-culturally. They need to be comfortable or rather have resolved feelings about their own cultural beliefs so that they can work effectively with clients from similar or dissimilar cultural background. In a multicultural society like South Africa, there is a need to be aware of cultural and language differences.

Becker (1992:14) even states that there is a lack of relevant literature in social work reflecting the specific cultural diversions of our own unique situation. That is, there is still a tendency in South Africa to rely mainly on Western literature and approaches to service delivery, be it with families, individuals and communities. Social workers need to structure their work with families according to their cultural norms. This will make social work intervention more culture sensitive and the practice models that relate to the South African context will be developed too.

Within the broad context of family therapy, the researcher seeks to describe how culturally sensitive the family therapy models are, as methods of intervention practised in South Africa, especially when dealing with individuals or families of different cultures. This is to determine whether cultural values and belief systems of families and individuals are taken into consideration.

1.2 Rationale for the study

It seems that family therapy is practised in South Africa and it is offered to individuals of different cultural groups. Given the cultural diversities of the South African society, the researcher is interested in understanding how this method of practice can be adapted so that it benefits individuals without compromising their values, beliefs and customs. In family therapy, instead of focusing on the individual,

the therapist focuses on the person within his/her family. This requires the therapist to understand the individual family structure, organisation, transactions, and different systems that affect them. The researcher acknowledges that this differs across the different cultural groups, because what might be normal and healthy functioning or organisation in one culture, might not be regarded as normal by another cultural group. Therefore it is of great significance that the therapist understand the social and cultural context to which families belong.

Some of the problems social workers encounter when they apply family therapy methods within a cross-cultural context are:

1. Family therapists find themselves having to adopt the different techniques used in family therapy to different cultural groups. They will sometimes find that they have to negotiate entry into a particular family as this wouldn't be their way of dealing with problems when faced with them, for example within some black families individuals would either seek help from the elders or extended family than use the services of a family therapist.

2. McKendrik (1987:63) also stated that research in the use of family therapy with South African Indians has shown that the family's hierarchical structure may prevent entry of a professional helper. In this situation a link person or a member of the family can be coached to bring about change in the family and this may be more successful.

3. Becker (1991:15) also encourages therapist to be aware of individual cultural beliefs when using genograms. The author observed that African families did not give enough detail of previous generations whereas families from other cultures contained a wealth of family information as held in the family, however within black families there was prohibitive factors in sharing family information. This factor had to do with their own culture. This understanding on the part of the therapist is of significance as he/she will be able to work more effectively with these families. This study aims at helping social workers and therapists in making their practice more appropriate and applicable to client's situation.

1.3 Value of the research study

Mouton and Marais state that a researcher must be able to answer the question "for what purpose will the findings be used" (McKendrik 1987: 253). It is hoped that the findings of the study will facilitate the following:

1.3.1. It will provide a framework of family therapy knowledge.

1.3.2. It will emphasise the need for a more culture sensitive family therapy practice in South Africa as it will highlight the importance of culture in therapy.

1.3.3. It will enhance the accessibility and availability of the service to different communities as it will encourage moving therapy away from the family therapy room (agencies) to the community or clients' homes.

1.3.4. The identification of gaps within the practice of family therapy across cultural groups

1.3.5. It will set a theoretical base for further research within the context of cross-cultural issues in family therapy.

1.3.6. It will also encourage the development of family therapy practice, more relevant to the South African situation whereby it will be based on a second order level. This means that it will be community oriented.

1.4. Objectives and aims of the study

1.4.1. The overall objective of the study is:

- To do an overview of the existing literature on family therapy and cross-cultural therapy.

1.4.2. The aims of the study are:

- To give a description of the different family therapy models and the techniques used.
- To analyse these models address cross-cultural issues in therapy.

1.5. Overview of research Methods

1.5.1. Research Design

A research design is the overall plan whereby research objectives are carried out (Arkava, 1983:26). The type of research design chosen for a particular research project is determined by the rationale, the aims and the goals of the study.

For this research study, qualitative methods will be used to carry out the objectives of the study. Grinnel (1993:77) states that qualitative research is rich in description. Furthermore, the author asserts that qualitative research emphasises discovery more, and formal hypotheses testing less as its studies give rise to new insights. It provides the researcher with research questions rather than hypothesis to be tested. This makes the above study qualitative and descriptive, and these methods (descriptive and qualitative) will be used to gather information that relates to cross-cultural family therapy.

1.5.2. Data Collection Methods

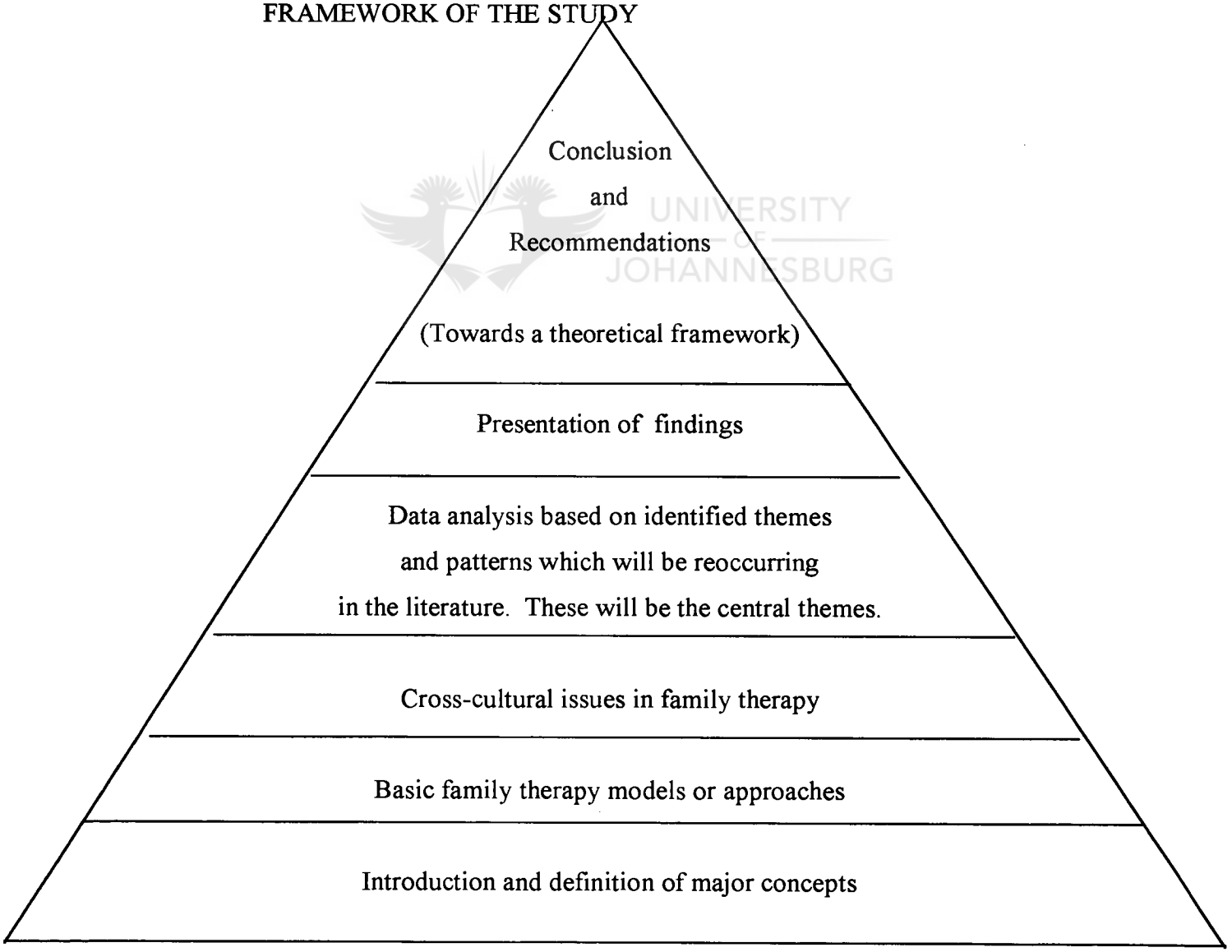
In qualitative research, the investigator usually works with a wealth of rich descriptive data, collected through methods such as participant observation, in depth interviewing and document analysis (Mouton, 1996:169). The use of documents often entails a specialized approach called content analysis which allows the researcher to obtain an objective and qualitative description of content of various forms of communication, usually written materials (like textbooks, newspapers) (Marshall, 1995:85).

For the purpose of this study the content that will be examined is the national and international literature on family therapy and cross-cultural issues as outlined by different authors. It was collected through reading on theory, research studies and documents of various kinds. That means that data was only collected by means of a

literature study in order to develop a solid theoretical framework to be used in understanding family systems within any given cultural context. More details on the research methodology will be outlined in chapter five. This also forms part of a large study done by the social work department at the Rand Afrikaans University on cross-cultural intervention and community upliftment. The department is doing research in Bapong, a disadvantaged country. The research focuses on the empowerment of families. This literature study focuses on the basis from which research will be done.

The data will be presented in the following manner in this research paper. See figure 1.1.

Figure 1.1: GRAPHICAL PRESENTATION OF INFORMATION ABOUT THE FRAMEWORK OF THE STUDY



1.6. Data analysis procedures

Data analysis relates to the order of the findings and how they will be arranged. It is a process in which raw data is reduced to workable, refined data, in this case a theoretical framework. The purpose for which data is collected determines the nature of the data analysis (Stewart, 1990:102). The data will be analysed qualitatively in terms of categories and discrete descriptions whereby data will be graphically presented and reduced to easily accessible and remembered words. Marshall and Ross(1995:112) state that "analysis will be complete when the critical categories are defined, the relationships among them are established and they are integrated into a grounded theory" be based on the conclusions and recommendations provided by the researcher. The procedures of data analysis provided in Marshall and Rossman (1995:113) will be used in the study. This will be explained in more detail in chapter five.

1.7 Definition of Concepts

- Culture

It denotes a group of people who are connected by collectively held set of myths, beliefs, customs, taboos, modes of expression and communication, and practices that determine the manner in which members of the group confront their everyday lives in relation to one another. It is also implicit in the concept that these traditions and beliefs are systematically transmitted to succeeding generations. (Mirkin, 1990:252).

- Ethnicity

It refers to a group of people who are distinguished by a characteristic language, common history and language. Although ethnicity is often a

characteristic of a given culture it is not necessarily a basis for a definition of culture. (Tseng, 1991:2 & Mirkin, 1990:31)

- Family therapy

These are the models that guide therapeutic endeavours with families. They contain implicit and explicit concepts about what makes a family function or dysfunctional, as such they are the expression and consequence of a particular paradigm. (Falicov, 1995:382)

- Therapy

This refers to a relationship between therapist and client, clients and their problems, therapist and their therapy methods including their tools, theories and experience. (Abu-Baker, 1999:55)

- Family

When defined ecologically, it is referred to as a domain of relatedness, a patterned set of powerful and complex life long connections that were first established generations ago. (Mirkin, 1990:31)

- Cross-cultural

This term suggests the necessity of viewing individuals and families within more inclusive systems including those institutions and beliefs that are not commonly utilised by therapists such as extended kin groups, religious organisations, mental health bureacracies and neighbourhoods (Walsh, 982:396)

1.8 Limitations of the Study

The research design and methodology that the researcher used in the study has inherent limitations on their own.

These include the following:

1.8.1 Qualitative research design doesn't come with conclusive results or does not verify data (Grinnel, 1993:136; De Vos, 1998:244). Thus the findings will therefore still need to be investigated and tested later with more precise and complex designs and data gathering techniques associated with a natural science approach, that is quantitative methodology.

1.8.2 Data collected through content analysis or literature review, is open to misinterpretation due to cultural differences. As Marshall (1995:101) puts it, he states that "content analysis can lead the researchers to miss the forest while observing the trees".

1.9 Overview of the Research Report

The study material of this report is presented in the following manner:

Chapter one focuses on the general orientation of the study. The rationale to conduct the study is highlighted as well as the objectives of the study and the limitations of the study. Definition of concepts is also made. On the other hand chapter two describes the main family therapy approaches whilst chapter three deals with the family therapy models and how they address cross-cultural issues in therapy.

Chapter four focuses only on cross-cultural issues to consider in therapy. It is important to note that chapter two, three and four focus on literature only. Chapter fives gives a detailed description of the research design, methodology and structure used to achieve the objectives of the study. It also gives details of data collection

method and data analysis. Chapter six entails the presentation of findings and chapter seven deals with conclusions and recommendations of the study.

1.10 Summary of Chapter

This chapter focused on presenting an introduction to the research. The objectives of the study were formulated, concepts were defined and limitations were also outlined. A brief summary of the research methods (research design, data collection methods and data analysis procedures) were also outlined.

Chapter 2: Literature Review

2. Introduction

The theory held by the therapist will determine the kind of data that is to be considered significant, particularly in terms of such variables as beliefs about human nature, how behaviour is formed and changed and what constitutes functional and dysfunctional (Sherman, 1995:5). Theory will suggest whether to emphasise patterns of organisational structures, communication, beliefs, thought processes and behavioural skills or habits. The operative theoretical principle is that "the subjective view or meaning given to a situation depends on the point of view brought to the situation, the point of view in turn depends upon the place held by the person in the situation and the meaning of the place depends - in part - on the cultural and personal values, privileges, demands and social roles assigned to the place which then influences both the view and the point of view" (Sherman, 1995:5).

Thus different theories in family therapy are discussed below and the significance of culture in therapy is also explored.

The theory of family therapy is predicated on the fact that man is not an isolate. He is an acting and reacting member of social groups, that is, his experience is determined by his interaction with his environment (Minuchin, 1994:12). The family is regarded as a highly significant factor in the transmission of information, attitudes and ways of perceiving the world. Family members assimilate and store this information, becoming part of their approach to the current context with which they interact. A family is a natural social group which governs its members response to inputs from within or without. Its organisation and structure screen and qualify family member's experience.

2.1 Family life model

2.1.1 Family functioning, structure and organisation

The family life model outlined by Minuchin (1991), looks specifically at family

functioning, structure and organisation. It is very helpful in understanding these factors. Minuchin (1991:46), states that family functions serve two different ends. One is internal whereby it has to fulfil the psychosocial protection of its members and the other one is the external function. The latter view suggests that the family has to accommodate society and ensure some continuity to its own culture.

The family is also viewed as a system operating with specific social contexts that include three components. Firstly, the structure of the family is that of an open socio-cultural system in transformation. Secondly, the family undergoes development moving through a number of stages that require restructuring. Finally, the family adapts to enhance the changed circumstances to maintain continuity and enhance the psychosocial growth of each member. The family as a system operates through transactional patterns that regulate family member's behaviour maintained by the universal rules of governing the family organisation and the natural expectations of particular family members. The origin of these expectations is buried in years of implicit and explicit negotiations among family members.

The pattern remains as a matter of accommodation and functional effectiveness. However, disequilibrium occurs when these patterns are challenged or have to change. Thus often the system offers resistance to change beyond a certain range and maintains preferred patterns as long as possible. The family structure must be able to transform itself in ways that meet the circumstances without losing the continuity that provides a frame of reference for its members (Minuchin,1991:52).

The family system differentiates and carries out its functions through subsystems. Each individual belongs to a different subsystem in which he has different levels of power and where he learns differentiated skills. In different subsystems, he enters into different complementary relationships.

A man can be a son, a brother, a husband, a father, etcetera. Subsystems have boundaries, these define who participates and how they participate. For effective family functioning, boundaries must be clear so that the family members are able to carry out their functions without undue interference. However, they must allow

contact between the members of the subsystem and others. The clarity of boundaries within a family is a useful parameter for the evaluation of family functioning.

A system towards the extreme disengaged end of the continuum tolerates a wide range of individual variations in its members. Stresses in one family member do not cross over its inappropriately rigid boundaries. Only a high level of individual stress can reverberate strongly enough to activate a family's support system. At the enmeshed end of the continuum the opposite is true. The behaviour of one member immediately affects another and stress in an individual member reverberates strongly across the boundaries and is swiftly echoed in other subsystems. Both types of relating cause family problems when adaptive mechanisms are evoked. The enmeshed family respond to any variation from the accustomed with excessive speed and intensity. The disengaged family tends not to respond when this is necessary. A therapist often functions as a boundary maker, clarifying diffused boundaries and opening inappropriately rigid boundaries. It is significant that one is aware that both terms of boundary functioning refer to a transactional style not to a qualitative difference between functional and dysfunctional.

2.2 Values and principles of family therapy

Freeman (1992) outlines the principles of family therapy, furthermore, the author looks at the values, exploring the processes involved in family therapy. This will be looked at in detail below. The role of the practitioner is also discussed.

In family therapy an individual family member's problem is regarded as being contributed and reinforced by other family member's response to it, it is thus the task of the practitioner to understand the functional nature of the problem and how the family reinforces it as a way of problem solving.

The therapist should also determine which unit within the family has the greatest potential for change. The parental system is the most powerful one in the family and thus the therapist can intervene at this level. It is significant to note that change will not be sustained in a family unless the most powerful members of the family are willing to sustain it.

Families maintain a balance between individual autonomy and family solidarity. However, some families have difficulties with this, that is, they might become over involved with each other, more especially the family member regarded as the dysfunctional one and this can lead to other members being on the periphery. It is the responsibility of the practitioner to realign family boundaries and help family members support individual growth and development of its members. Family therapy sessions must also be made safe for all members and respect individual differences. Thus, it is the job of the practitioner to join with each family member around his concern and to help make it safe for them. This is significant as members are often scared that they will be a scapegoat or be held responsible for the problems experienced. When they realize that the therapist is not going to judge them, they will begin to relax and involve themselves in a positive way in the process.

In practice, family therapy sessions should also allow members to experience each other differently. The therapist should help the members identify their losses if they were to respond differently. He/she helps them understand that their old responses stem from ambivalence and anxiety rather than dysfunction and illness and that gradually change will occur. The main focus in therapy is the process rather than the content of the stories that family members tell the therapist. When looking at the process, the therapist should be alert to how individual members within the family use conflict to maintain emotional distance, that is, how family members deal with conflict or their problems that is important, not the content or the conflict itself.

Family members are seen as experts in the family system approach. The therapist helps the family develop its own way of discovering how it wants to move from point A to point B. Thus he/she helps the family assume the expert role. It is also significant to redefine problems and the therapists does this by helping the family gain a broader, more sophisticated definition of themselves as a system, that is the therapist is guided by the family's perception of the problem. He/she however helps the identified client and the family by facilitating the transformation of the family system. To achieve this he/she has to intervene so as to unbalance the system.

It is also essential that family members are helped to understand that current concerns have historical significance and in turn implications for future generations. This information though significant, does not reach back far enough in helping us understand family structure, function and development. To understand a family's problem, its developmental history is also important in achieving this. Thus where necessary, the extended family might have to be involved in therapy. This includes grandparents, uncles, aunts, and in-laws. By doing this, new energy is brought into the sessions and information too, which in turn helps broaden and deepen family understanding. This principle guides the practitioner in his/her work with families. They also show that a therapist can intervene on an individual or even group level with family members. The significant others in the same family life are also not excluded.

2.3 Family therapy: Different theoretical perspectives

2.3.1 Introduction

Family therapy consists of a number of different approaches ranging from those relying on psychodynamic or behavioural formulations to those which embrace systems theory. However, most theorists agree that a family is a system and thus took up concepts from the general systems theory whereby a system is an organization of elements greater than the sum of its parts (Nelson, 1983:4). The family is regarded as the unit of treatment and it is seen as a gestalt which means that whatever occurs to one member will filter down to the entire family and change in one part of the family system will bring about change in other subsystems.

System's boundaries may be more or less permeable. Importantly, systems tend to maintain equilibrium in their functioning by counteracting any influence towards change. Patterns in the family reflect family norms or rules. When some members threaten to defy a rule, others may invoke homeostatic mechanisms to restore system balance. The major family treatment models in use today consider the above factor in assessing family functioning, that is, they give attention to family members as individuals, the family as a system and the family's environment. The models also

overlap in the type of goals set for family treatment and interventions used, from asking questions to assigning tasks.

No major family treatment model disputes the fact that family member's functioning can be influenced by their physical characteristics, personalities, past experiences, interaction patterns in the family and the environment. What differs is the relative emphasis the model places on these factors and by implication, which factors each model considers likely to be most powerful in maintaining any problems seen. Figure 2.1 gives a summary of the different models and the concepts they emphasize.

Figure 2.1: CONCEPTS AND INTERVENTIONS ASSOCIATED WITH THE LEADING FIGURES IN THE FIELD OF FAMILY THERAPY

Model	Leading figure	Concepts Ephasized	Goals	Unique Interventions
Structural	Minuchin	Hierarchy, Boundary Subsystem, Alignment, Coalition	Strengthen parental sub-system, realign coaltions.	Joining Enactments Unbalancing
Strategic	Haley	Symptoms as messages	Interrupt promblematic sequences	Directives
	Mental Research Institue (MRI)	Solutions as problems utopian thinking.	Second order change of unsuccessful solutions	Reframing Paradox
Experiential	Satir	Self concept Communication Family rules	Relieve family pain	Sculpting acceptance Communication skills

Adopted from Hanna and Brown, (1999:6)

2.3.2 Structural family therapy

Minuchin developed the structural model of family treatment. He suggested that families can be understood by examining such factors as their environmental context,

life cycle stage and structure or organization - in particular, which family members are dominant, who sides with whom and who is too close or too distant (Nelson, 1983:6). Family members are seen as relating according to certain arrangements which govern their transactions. These arrangements though usually not explicitly stated or even recognized, form a whole, that is, the structure of the family. The task of the family therapists is to probe the structure and to locate areas of possible flexibility and change (Minuchin, 1991, 91). His input highlights parts of the family structure that have been submerged, that is, the goals of therapy aim more for changed family alignments, closeness and distance and allocations of power. Families might respond differently to this. If the family does not reject the therapist's intervention, there will be an increase of stress in the system. Thus homeostasis of the family will be unbalanced opening the way for transformation (Minuchin, 1991:92). The therapist joins the family to modify or to repair the family's own functioning so that it can better perform these tasks. The therapist does not educate nor socialize the family system.

- **Family alliances**

Within the family, there are various types of alliances. The structure of the family encourages three main alliances being the spouse, sibling and parent/child alliance. There are however also extra familial alliances with the above being intra familial alliances. An alliance permits one to talk to another about a concern or idea that could not be easily shared with others. It makes one feel that he/she belongs and is accepted by another (Freeman, 1992:44). On the other hand alliances can be maladaptive. Minuchin (1991) refers to these as stated boundaries. Collisions, coalitions or triangulation's are regarded as maladaptive alliances as they cause family members to turn against each other as a way of coping with discomfort in relationships. In contrast, adaptive alliances help family members to learn about different aspects of themselves. When engaging a family in therapy, the therapist forms functional alliances with the family members.

2.3.3 Strategic family therapy model

In strategic family therapy, emphasis is not on a method to be applied to all cases, but on designing a strategy for each specific problem. The principal contributors to this type of practice are the communication theorists of the Mental Research Institute (MRI) in Palo Alto including Don Jackson, Paul Watzlawick, Gregory Bateson and Jay Haley (Hanna and Brown, 1999:11). A symptom is viewed as a form of communication. That is, strategic therapists view all behaviour as communication, and a symptom is a communicative act between two or more family members that symbolizes some problem within the interpersonal network (Hanna and Brown, 1999: 11). The presenting problem is redefined from an individual condition to a behavioural or interactional difficulty that can be alleviated. Sequential patterns of behaviour are also looked at.

Goals of therapy are primarily to prevent the repetition of sequences and to introduce more complexity and alteration (Madanes, 1981: 21). Therapist helps the family to interact differently and problem behaviours are relabled to have more positive meaning. Other times, strategic therapists use paradoxical directives on the assumption that clients are ambivalent about change, even though they are distressed about it (Hanna and Brown, 1999:14). Therapy focuses on solving the presenting problem, it is not growth oriented. That is, to the strategic therapist change occurs not through insight and understanding but through the process of the family carrying out directives issues by the therapist (Goldenburg and Goldenburg, 1991:191).

2.3.4 Experiential Model of the family therapy

Carl Whitaker and Virginia Satir, through very different in personal style, best represent the distinguishing characteristics of an experiential approach (Hanna and Brown, 1999:18). These therapists place more value on an emotional expression as part of the growth process and they focus on the subjective needs of the individual in the family and work to facilitate a family process that addresses the individuality of each member. That is these clinicians believe that all individuals have the right to be themselves, however, family and social needs may often suppress the individuality

and self expression by which a person becomes fully understood and known to the family (Hanna and Brown, 1999:18).

Goldenburg and Goldenburg (1991:116) states that the experiential model emphasizes the here and now situation. More importantly, is that the interactions among family members and with the therapist are confronted in an effort to help everyone involved in the encounter, develop more growth enhancing behaviour. Rather than offer insight or interpretation the therapist provides an experience - an opportunity for family members to open themselves to spontaneity, freedom of expression and personal growth. In addition to modeling and teaching, the therapist facilitates the family's process during the session so that effective communication can occur (Hanna and Brown, 1999:20).

Nelson (1983:6) asserts that Satir's family treatment strategies are of teaching family members communication skills such as how to listen and ask questions, reinforcing any strengths they showed and exercising "ghosts" from their past, thereby changing destructive family interaction patterns and enhancing self esteem. Family members' communication patterns are regarded as primarily as a way to ensure that family members' valid needs are met. According to Hanna and Brown (1999:20) Satir emphasizes nurturance, whereas Whitaker makes liberal use of confrontation and modeling with frankness. On the overall, within this model change occurs through increased intimacy and through interactions that help family members resolve their hurt and anger toward each other with warmth and respect.

2.3.5 Summary of the models

From the above discussions, it seems that all models assume that people can begin to change when they are clear where the problems lie. They also suggest that change occurs at least partly, as family members can be induced to try acting in different ways, thus learning different modes of functioning or interacting by experiencing them. To promote a greater client self-awareness as well as to help clients experience change. But Satir utilizes more such interventions, especially communication exercises and family homework tasks. Minuchin makes extensive use of moving clients around in sessions and giving them tasks.

2.3.6 Integrated approach to family therapy

The integrative framework for assessment tries to discern whether any of the difficulties outlined by the structural theorist, communication and crisis theorists are apparent in a family scene, that is, it uses all the family treatment models (Nelson, 1982:34). In the integrative approach an assessment of a range of factors possibly contributing to clients problems are suggested. After a family has identified the problem with which they want help, the practitioner tries to determine what the family members are having to cope with in terms of their own needs, feelings, dysfunctional influences of the past, demands from each other and possible stresses from themselves physically or in their environment. The significant question is how they are coping with all this as a family and as individuals. To ascertain this, the practitioner evaluates strengths and resources in the situation and discusses with the clients what they are willing to work on in the treatment and watches their response to intervention throughout the case.

Integrative models combine the best elements from other approaches and also account for structure, gender, race, culture, transitional issues and individual experience (Hanna and Brown, 1999:21). As leaders such as the Milan team from Italy and Michael White from Australia began to introduce concepts related to the uniqueness of each persons world views, others joined these discussions and introduced further concepts related to social construction theory. Constructivists suggest that the family's view of the problem may be the most important to consider, since it may be restraining them from more effective solutions (Hanna and Brown, 1999:21). To the constructivist the question of which view (family therapy model) is correct becomes irrelevant, instead they ask which view is most helpful to the family. An additional integrative model, cognitive behavioural family therapy, attempts to balance traditional behavioural methods for change with an equivalent emphasis on acceptance of elements that cannot be changed (for example, developmental histories, traditions, values) (Hanna and Brown, 1999:22).

Intervention in the integrative approach may be undertaken at times with people in the clients interpersonal environment such as the extended family, friends and

neighbours. Practitioners may also intervene with agencies or institutions that have power to affect clients lives by giving services, withdrawing privileges for example through school suspensions. Relationship skills are also emphasized. These are the skills of warmth, empathy and genuineness (Nelson, 1982:44). Their translation requires that the practitioner's expert knowledge and self awareness be brought to bear especially in work with families. Practitioners should be able to sense when their negative feelings towards the clients or their own needs to be kept from them seeing or affirming clients' strengths.

Within the integrative approach, assessment is done by looking at issues like the client's functioning in various life circumstances, abilities to relate, socio-cultural background and their ages. Both action orientated and knowledge oriented intervention strategies are wed in the integrative approach according to what clients need to learn. Non-paradoxical tasks can be given to clients. They consist of asking clients to interact in regard to some matter in a new specified way to try to handle it differently. Paradoxical interventions can be used too. In this instance, clients are encouraged not to change their functioning (Nelson, 1983:49). Practitioners should however be cautious when using the latter as they can backfire, thus they should not use them unless they are skilled in their use or are supervised.

Communication exercises and role plays can also be used. Action oriented interventions that can especially be used to influence client's family organization include, when the practitioner sees some family members for separate sessions, asking some to leave the therapy room, to sit apart from others or to observe others through the one way mirror and otherwise changing seating arrangements during the sessions. The latter is often done to reinforce healthy family alliances or closeness.

2.4 **Goals in family therapy**

Often when family members come for therapy their complaints center around one member. As already mentioned, the therapist's task is to help the family develop broader goals and also expand its perception of the problem from an individual focus to a group interactional level. It is enlightening for the therapist to ask each member to explain how he/she sees the problem. This process provides an opportunity for

each member to express related difficulties and this may bring additional goals into focus.

Freeman (1992:20) outlines the major long term goals of family therapy. They are the following:

1. Reframe the problem from an individual concern to a family focus,
2. Improve family members' ability to deal with and accept differences,
3. Improve individual and family problem solving abilities,
4. Decrease the need for scapegoats,
5. Develop an intra-observational capacity of its own internal function,
6. Improve autonomy and individuation,
7. Develop a balance between individual autonomy and family solidarity,
8. Expand the boundary of the family to include important extended family members as resources for the family,
9. Work through the family's unfinished business, and
10. Become the family's own resident expert.

2.5 Family therapy process

In family therapy, the practitioner focuses on the whole system but should at no time lose the individual. The practitioner should also have a working knowledge of how the system that the family depends on in the community influences them, as they serve as resources for the family making the family's job easier or, as barriers adding to the family's difficulties (Freeman, 1992, 20). The therapist should also employ a set of theoretical assumptions to guard his/her assumption. The family as an open system becomes more complex and organized over time. This assumption stresses that families are complicated systems that grow and develop over time. This requires the family to expand both its functions and structure. It needs to adapt, adjust and grow. It is the therapist's role to help the family realize that it is always changing and that change itself is natural.

Transitional points in the family often require the negotiation of new family rules. Problems of transition may be produced by the developmental changes in family

members and changes in family composition (Minuchin. 1991:65). Thus, the family needs to modify its rules to accommodate these changes. A family adapts to stress or change in a way that maintains family continuity, while making restructuring possible. If a family responds to stress with rigidity, dysfunctional patterns occur and thus the family will have problems that might eventually bring them into therapy.

A family should not be viewed solely as a reactive system that sends off change, but rather as a proactive system that has the potential for finding its own answers and developing its own strategies. Drawing on the family's resources highlights and reinforces the family's positive growth potential (Freeman, 1992:28).

It can be safely assumed that a family that has been together over time has learned something about how to manage its affairs. This assumption directs the therapist's role in relation to the family. Thus, therapists should look into the family's strength and other resources that can be called into action from the family gestalt (Freeman, 1992:29). Individual dysfunction is a reflection of an active emotional system. Therefore, the family can deal with this by using its own internal resources and come for therapy if this familiar method of problem resolution has failed.

2.5.1 Family Therapy Process

2.5.1.1 Tools in family therapy (The use of Genogram)

The family as a complex and multi-generational system must be seen in the context of the extended family and the community as a whole. A genogram or family map is often helpful as it provides a quick survey of the structure, function and development of the family field (Freeman, 1992:33). It allows for the understanding of the problem in a historical perspective or how the family evolves over time. In constructing a genogram it is important to obtain history of the developmental changes within the family such as births, deaths, marriages, moves, etcetera. Every significant developmental change has an impact on each member of the family and a potential for adding to unfinished business. Freeman (1992) adds that the genogram allows the therapist to understand the parents or family as emotional people in their own right, gives the therapist an idea of how the parent's history influences their views of

themselves in the world, helps the therapist develop hypotheses about why a particular problem is affecting the family at a particular time and it identifies multi-generational themes that are being played out in the present.

2.6 Cross cultural perspective to family therapy.

A cross-cultural perspective suggests that the family must be viewed within a number of more inclusive and abstract contexts, especially that of its culture. Sherman (1991:211) defines culture as the sum total of ways of living developed by a group of human beings to meet biological and psycho-social needs and the groups values, norms, beliefs, attitudes, folkways, behaviour styles and traditions which are those elements necessary for its survival as a group. Not all members of a culture agree to the same extent about the validity of the values and attitudes of their background, and not all families from the same background or even individuals from the same family behave in the same manner. This difference requires innovative differentiation of treatment plans and intervention of suitable techniques for purposes of diagnoses and change. This also implies that models of family therapy needs to be adapted to the clients situation.

It is however significant to note that culture, as the beliefs and values, functions as a homeostat maintaining within limits the relationships between individuals in their social context, so that individuals can function within the constraints of the material context (Walsh, 1982, 390). Thus culture provides the rules for successful solutions in the social group. The therapist must be sensitive to the family's choice of modes, the content of its interactions and its values and beliefs, all of which compose the family culture maintained by myths and the ideology of the family. In therapy, cultural values can be used as a stimuli for change rather than as impediments to it and it is unfortunate that most therapists ignore the fact that culture is influential in therapy.

Walsh (1982:402) states that problems (whether physical or mental) can neither be diagnosed nor treated without some understanding of the frame of reference and the norms of the person seeking help. Culture determines whether a symptom is labelled a problem and also what is considered normal or not, that is normality is regarded as

an approximation of what is acceptable in a given social and historical context. Thus, the therapist should enquire about the cultural premises of the family and the degree to which these traditions are observed, if this is not obvious from the family's interaction as the members describe their lives together. In cross cultural perspective, the goal of therapy should be altered to be "the most probable means of eliminating the structural dysfunction, especially concerning violations or confusions of hierarchies to solve the core problem of dependence - autonomy using the traditional belief of family members as a means to change" (Walsh, 1982:396). At times the dissonances are at the level of belief between the family and its socio-cultural context, for example, beliefs about appropriate behaviour in school.

A cross cultural perspective suggests the necessity of viewing individuals and families within more and more inclusive systems including those institutions and beliefs that are not commonly utilized by therapists such as extended kin groups, religious organizations, mental health bureaucracies and neighbourhoods. This necessity is both an essential aspect of the problem and a potential solution. This also makes therapy more complex, perhaps challenging the therapist to confront their own basic premise (being their own culture) that it can affect change.

2.6.1 Impact of culture in therapy

Family therapists are often cautioned to be aware of certain societal and cultural myths that might impede family growth. Myths are regarded as well integrated beliefs that are shared by all family members concerning their role and status in the family and they are usually unchallenged by family members (Sherman, 1991:192). One such myth is that people can be considered completely independent and disconnected from their family of origin. While it is desirable for people to accept responsibility for themselves, they cannot be understood outside the context of their familial relationships (Sherman, 1991:196).

Doing therapy with families from different cultural groups is often difficult, though not impossible. There are paradigms that attempt to describe ethnic differences. They however only manage to give a simplified picture of culture. Thus they should only be used as frameworks within which to expand clinical sensitivity and

effectiveness (Walsh, 1982:406). In other words paradigms are not used as truths but rather as maps that guide us. It is also impossible to learn about cultural aspects of family functioning culture by culture, because there are too many cultures and too wide a variation within each for this to be a useful approach. Moreover each family is a unique culture as each family's interaction creates the context for individual family member's own unique solutions to universal problems, and its cultural context provides the broad outlines for the defined as normal (Walsh, 1982:395).

Another common problem for practitioners centers around cross cultural standards for normal relationships between males and females or between parents and children which are often dissonant with a therapist's own basic premises. This can carry between cultures and subcultures, for example, from equality and complementary relationships between the sexes to extreme dominant submissive relationships. Thus, working with individuals not from the same cultural background forces the therapist to confront their own premises about the normal. Cultural dissonance might interfere in the relationship between a family and a therapist if they are not discussed openly, for example, the therapist who is a woman meeting a family in whose traditional culture, a man is regarded as dominant and wise. This does not however mean that the therapist must accept the families values, but he must acknowledge them and work out mutually agreeable goals and rules for working together (Walsh, 1982, 395).

The therapist also needs to be aware that an overly strict adherence to a particular way of doing things under the supposition that the custom has a universal value can make an ethnic group resist change and thereby impede its own development. This emphasis on culture's influence in therapy does not imply that it is the only or even the most important contextual factor to be considered in assessing problems and behaviour. Social class and economic factors are also extremely important.

2.6.2 Techniques

Cultural traditions can also be used to bring about positive therapeutic change. Family members are enabled to understand how their idiosyncratic interpretation of their culture affects their functioning and to assist them in seeing their cultural differences as a strength rather than as a liability. Sherman (1991) identifies some of

the techniques that can be used when cultural factors are affecting the therapeutic process. The therapist uses linking to get through a rigid structure. He/she does this by engaging primarily only one family member in the therapy who then through training and coaching from the therapist learns to function as a therapist for his own family. Sculpting is a non-verbal technique whereby one family member acting as a sculptor arranges all the members including himself into a living sculpture which gives a family's interrelationships. It can be used when there are language barriers between the therapist and the family or with those families who use verbalizations as a defense (intellectualizing) or as a weapon (blaming, criticizing).

One of the other useful techniques used by the therapist is that of reframing traditional values and basic premises of family members within the context of contemporary culture, so that individuals can retain their traditional values and be adaptive in a contemporary culture at the same time (Walsh, 1982:394). For those families who regard therapy as a sign of weakness, believing they should be able to resolve their own problems, the therapist can explain how the family's seeking therapy actually shows how strong and independent minded they are as a family. It should be pointed out to them that it takes real courage to be able to admit to themselves and to a stranger that they can benefit from some guidance in formulating solutions to their problems. (This is often an issue to some individuals from other cultures).

2.7 Summary

A highly skilled, sensitive, empathic therapist can transcend religious, ethnic and racial differences and enter the family system by recognizing the universality of the turmoil, pain, indecision and repressed or exploding longings in whatever verbal or non-verbal ways they are expressed (Gurman, 1982). This makes cross-cultural consultation possible. However, since the patient's emotions may be communicated through different masks and gestures in various cultures, it is incumbent upon the therapist consultant to learn the characteristics applicable to the particular sub cultural group to which his/her clients belong. It is also significant to note that functioning without some knowledge and sensitivity to ethnic differences is to remain ignorant of an important aspect of any family context. So, by remaining open to new experiences, and often avoiding negative stereotyping and also by realizing the

relativity of ones own values one can be free to examine the values of others and to develop paradigms for organizing and exploring necessary ethnic information.

Chapter 3: Cross-cultural Issues in Therapy

3.1 Introduction

This chapter examines cross-cultural issues in family therapy with the main emphasis on the extended family structure that is found among the Black population of South Africa. However a comparison will also be outlined between them and the White and Asian/Indian population. Different subsystems within this family structure will also be looked at, together with the role of a family therapist working with these kinds of families or rather a multicultural therapist, be it a white/black therapist. Different schools of thought regarding cross-cultural issues in therapy will also be explored, together with the major family therapy models and how they can be adopted/made relevant in working cross culturally.

3.2 Different Schools of Thought Regarding Cross-cultural Family Therapy

Improvement in the process of psychotherapy lies in creating a shared language of negotiation and respect which in turn allows for the appropriate use of a problem-oriented family therapy model. Incorporation of cultural variables in therapy is very significant, however complex and can be approached in many ways that is, there are various schools of thought regarding the relevance of culture in family therapy. These include the Universalists (Pragmatists), Particularists, ethnic focussed (mystics) and the multi dimentionalists (Falicov, 1995:372). Pragmatists believe that therapy is a universally applicable coping and stress relief modality. The assumption of universality is grounded in the belief that there is only one humanity and only one psychology (Seedat, 1991:141). Families are regarded as sharing basic similarities like the concept that all children need love, discipline (parenting everywhere involves various combinations of nurturance and control). Other similarities relate to the life cycle transitions, triangulation and multi-generational transmission progress. This view has little time for contextual variables such as race, gender and ethnicity. Friedman (1994) even goes further by stating that these social science categories are an irrelevant distraction from the basic process that all emotional systems have in

common with all protoplasm since creation (Falicov, 1995:372).
This view has consequences as it attributes failures not to mysterious cultural factors but to ideology and to deficient skills of observation, joining and negotiation and such deficiencies are remediable. Thus this approach maintains that if standard concepts are used, all families are intelligible and thus amenable to similar treatment. This position lacks the perception that what a particular school of thought considers universal and tacitly normative may be local knowledge or beliefs based on the cultural norms developed or invented by a specific subgroup for example white male professionals.

Within the particularists position each family is regarded as unique and the view that the therapist should be more aware, respectful, and inquisitive about the singularity of families and individuals is reinforced. The word culture is tied up to the internal beliefs of each particular family rather than to the connection between the family and the broader socio-cultural context (Falicov, 1995:374). This approach makes the families' interior solely responsible for all family distress that is it ignores social change and social inequalities and the impact it has on family life. The Ethnic focussed approach (Mystics) on the other hand emphasises the regularities of thoughts, behaviour, feelings, customs and rituals that stem from belonging to a particular group (Falicov, 1995: 374). Thus a range of special skills derived from cross-cultural psychology is regarded as a prerequisite for successful therapy. Failed therapy with such people especially if black is unhesitatingly attributed to the therapist's inadequate training in cross-cultural psychology and to important (though undermined) cultural factors (Seedat, 1991:141).

Its limitations are that it assumes that ethno-cultural groups are more homogenous and stable than they actually are. Ethnic values are strongly modified by educational level of the people, social class, religion and state of acculturation, (Falicov, 1995:375). This approach has however been influential in developing a sensitivity to cultural differences and is helpful in working with specific ethnic populations. The multidimensional approach regards every person as being raised in a number of cultural subgroups and thus draws selectively from the groups relative influence (Falicov, 1995:376). All these approaches (except for the universalistic) have one

thing in common, which is the recognition of cultural belief system as having an influence in the therapeutic process. Thus they regarded therapy as an encounter between the therapists and the families cultural and personal constructs that is therapy doesn't happen in a vacuum, it happens in social and cultural context encounters. Thus a therapeutic relationship is influenced by the degree to which therapists and clients know themselves, the openness of the therapist to know their clients as they are, rather than as social or personal prejudice depicts them, therapists investment in learning about their client's social norms and social systems and finally the therapist's and client's acquaintance with the larger systems to which each party is connected. (Khawla, 1999: 55). The adoption of a cultural lens is a profound change in epistemological understanding about their understanding of families' culture. Thus this chapter is devoted to examining cross cultural counselling and the different family therapy models that can be applied cross culturally, the family subsystems in different cultural groups and the role of the family therapist who works in a cross cultural setting.

3.3 The Social Context of a Family

3.3.1 Family and culture

Culture refers to a unique style of life patterns shared by a group of people. The value and belief systems function as the core of the culture, (Tseng, 1991:1). Thus culture denotes a group of people who are connected by a collectively held set of myths, beliefs, customs, taboos, modes of expression and communicational practices that determine the manner in which members of the group confront their everyday lives in relation to one another. Within a cultural group there are different ethnic groups which are distinguished by characteristics like language, common history and customs, for example Zulu, Tswana, Sotho. The family is the basic socio-cultural unit through which culture is transmitted from generation to generation (Tseng, 1991:1). It is the nest for the growth of an individual, the resource for social support and the institution through which culture is transmitted. Culture is also not static, it is continuously evolving.

Within a given community (black/white) there is tremendous cultural diversity. However, one must acknowledge a certain level of cultural similarity. There are also significant urban versus rural differences (Boyd-Franklin 1989:6). The emphasis in African culture (blacks) was on the survival of the tribe rather that the individual, the nuclear family or even the extended family. Mashamba (1998:59) gives an illustration of the structure of the Tsonga family, whereby marriage is not solely based on personal feelings and mutual love, but rather on the mutual acceptance between the family of the wife and that of the husband. This structure emphasizes extended family relations. In traditional life the individual did not or could not exist alone i.e. the essential tenet of the traditional African's view of her/him-self is "I am because we are and because we are, therefore I am" (Boyd-Franklin, 1989:8). Concepts so central to Western therapy of differentiation, clearly defined boundaries, separation and individuation are often very new ideas to such families. In this research a family will be looked at from various dimensions including individual members of the family, the subsystems of the family, the life cycle of the family, the interaction patterns of the family as a group, effectivity, boundaries, task performance, role patterns and the family as a system. This is based on the systems theory as a family is often viewed as existing in a system which comprises of intra-psychic, interpersonal, intra-family and extra-family perspectives which interact and are interrelated as a whole system (Tseng, 1991, 3). In other words the family is understood within the network of each system inwardly and outwardly in ecological and dynamic ways. Both marriage and family are cultural patterns and as such they differ in form and function among societies. The major emphasis in this research study is on the culture of black families, however, comparisons are made with other cultural groups that exist in South Africa.

3.3.2 Extended versus Nuclear family

In order to provide a culturally relevant assessment and treatment or intervention for families of different cultural backgrounds, it is essential to understand the cultural aspects of the family system and function. Cross-cultural studies of family offer as many different family patterns as the human imagination can create. These different family patterns are not just interesting products of human investigation, they are

solutions to different sort of problems with which people must cope (Tseng, 1991:3). Moreover we are able to construct theoretical concepts which are appropriate whilst working with families of diverse cultures. Thus it is essential to extend our orientation and understanding of family dimensions by considering cultural aspects of the family system. Otherwise we might suffer from "cultural myopia", being shortsighted in terms of our views and orientation towards the cultural dimensions of the family (Tseng, 1991:4).

Within black families, strong kinship bonds and extended family relations has repeatedly been recognized as a strength. Black families have historically taken in other children and the elderly and doubling up has been a common practice. As a result of those kinship bonds many black families have become extended families in which relatives of a variety of blood ties have been absorbed into a coherent network of mutual emotional and economic support (Boyd-Franklin, 1989:16). Tseng (1991:14) describes an extended family as a family where already married or unmarried siblings (and their children if any) are living in the same household (usually with the presence of their parents). Thus this includes aunts, uncles, cousins, grandparents etcetera. living in the same household. Within an extended family the newly weds often find that they are a part of a family group even before they have children of their own since their marriage takes place within the context of a pre-existing family group which includes the parents/parents-in-law and siblings (brothers/sisters-in-law) (Tseng, 1991:77).

Within an extended family structure, there is role flexibility which has probably developed as a response to economic necessities. It is pointed out that the high percentage of women who have had to work to help the family has forced the typical black family to be unusually versatile in the assuming and fulfilling of family roles (Boyd-Franklin:1989, 16). Older children often stand in as parents and caretakers, mothers fill in the shoes of both parents or trade traditional roles with the fathers, etcetera. Such role flexibility is more likely to cope with changes in circumstance. Family members are apt to be more generally capable when not restricted to what is usually a sex stereotyped, narrowly defined role and thus this should be viewed as a strength. When black families are viewed from this perspective one can recognize the

extent to which a variety of adults and older sibling/children participate in the rearing of any one black child. This model can help the family therapist formulate ways to employ family strength, thus lessening the negative impact of a deficient view of black family structure.

It will be a misconception to represent most black families as living continuously with extended family members. A large number of black families function along nuclear lines as independent single family household with either a mother, father and children or a single parent with children (Boyd-Franklin, 1989:45). Within this family structure too one finds that contact with extended family members is often kept. However, in some families it is often found that they have established or recreated new networks through friends or joining a church etc. Thus "emotional cut offs" can occur when a family or individual severs its relationship with the extended family members (Boyd-Franklin, 1989, 45).

Living arrangements are extremely varied and often extremely changeable in black extended families manifesting what Minuchin (1991) has described as "permeable boundaries". For example a relative may live with the extended family during times of trouble and move out again when he/she is "back on his/her feet." Family therapists must recognize this permeability if they are to understand the true nature of the interactions in this families. Family reunions have also served a function of bringing together the extended family members who may not see each other regularly such as nuclear families who stay far away from their extended families. The family reunions are often special joyous occasions that provide a very welcome emotional and spiritual refeulling for all generations. They bring together the young, middle and older generations and give all a sense of roots and continuity. Family reunions can take many forms. Weddings and funerals provide impromptu reunion's in which connections are renewed and maintained, while once a year or every few years some families gather in a central convenient location or return to their hometown. It is very significant for the therapist to be aware of this. In some families where geographic distance has created isolation, the ritual of a reunion can sometimes be prescribed or recommended (Boyd-Franklin, 1989, 50).

3.3.3 Reciprocity and role confusion

Reciprocity or the process of helping each other and exchanging and sharing support, as well as goods and services is a very central part of a black extended family's life (Boyd-Franklin, 1989:43). This can take the form of taking care of a relative's child with the understanding that the same help will be returned when needed, or emotional support and knowing that a relative can be counted on "to share the burden" in times of trouble. Boyd-Franklin (1989:43) cautions that although extended families have been a source of strength for black people it would be a serious error to assume that it always functions as a support within a given family. Emphasis on the strength or the positive functions of the extended family is not intended to obscure the fact that the extended family network may also have some negative and dysfunctional consequences. Thus within this reciprocity system an imbalance that can sometimes result in the overburdening of one or more individuals can occur. For instance an individual can occupy an overly central and dependent position whereby she/he acts as a family "switchboard" through which all messages are conveyed. In such families the extended family may exist in structure but the exchange of the support is imbalanced to the extent that one member may become "burnt out". It is therefore essential that the therapist explore not only the question of whether the extended family support system exists, but also whether it functions in a supportive reciprocal way.

Just as there is considerable diversity among black nuclear families there are many different types of extended family structures. It is thus important for the therapist to understand how these structures and roles interplay when they are functional and how they become problematic and dysfunctional when they are confused and unclear. It would be a great disservice to black families that we treat if we so glorify the strengths that we could not recognize problems when they appear. (Boyd-Franklin, 1989: 51). While role flexibility is clearly a strength in many families it can lead to role confusion and boundary problems in some of the black families. This "adaptability of family roles" has emerged because of economic realities faced by many black families, thus this role flexibility developed as a survival mechanism.

As already mentioned the extended family structure found in many black families is often vulnerable to boundary and role confusion. Roles constantly evolve and change as individuals mature and grow (Boyd-Franklin, 1989:72). The role of the grandmother in black families is one of the most central ones and it can also be one of the most complex and problematic. For the grandmother in black families, change of roles, doesn't often happen, as she has to take care of grandchildren and sometimes even raise them as her own, especially when a mother is a teenager. Thus the grandmother role in many black families is particularly susceptible to role overload and burn out. As often the grandmother makes important decisions in a child's life including whether or not he/she should not receive therapy.

3.3.4 The family life cycle

Families exist in an environment, which alters continuously and demands that families have the ability to make continual changes. Thus a family can be seen as an organic entity which maintains some form of identity and structure whilst at the same time is continually evolving and changing. (Dallos,1991:10). Apart from day to day variations and adaptations necessary for family life it is also evident that families may be faced at times with massive demands for change such as when people arrive (births and marriages) and depart (leaving and death). The family life cycle is used to understanding individual and family age appropriate behaviour. The family life cycle transitions are used to recognize crisis points and re-negotiation of rules precipitated by additions, losses and changes of status among family members (Falicov, 1995:382). It suggests an image or norm of what people believe family life should be like. Inherent in this image are beliefs about the form that the family should take, how a family should develop, solve problems, communicate with each other, how family members should feel about each other and when it is appropriate for children to leave and start a new family of their own (Dallos, 1991:13).

Problems in families often associated with critical periods of change and transitions are as follows:

1. The courtship period

2. Marriage and its consequences
3. Childbirth and dealing with the young
4. Middle marriage difficulties
5. Weaning parents from children
6. Retirement and old age (Dallos, 1991:8)

Thus the family is regarded as being under great pressure at these stages to change and reorganize itself without disintegrating. Carter and McGoldrick (1980) offered some elaboration's on the above model and proposed a two dimensional model - with the vertical flow in a system being patterns of relating and functioning that are transmitted down to generations in a family. These are the attitudes, taboos, expectations and all the loaded issues within which we grow up. The horizontal flow includes both the predictable developmental stresses (life cycle transitions) and those unpredictable events, the slings and arrows of outrageous fortune that may disrupt the life cycle for example untimely death, chronic illness (Dallos, 1991:8).

It is often assumed that the life cycle stages and transitions are culture free as it has universal themes (birth, marriage, raising children, death). Within some cultures there are longer stages of over dependence between parents and young children and often it can be mistaken as overprotection by a therapists trained in dominant Western culture. Absence of the empty nest can be observed in families whereby members stay together (extended family structure). There can also be a lack of individual or marital crisis at the time of middle age perhaps due to a less romantic view of marriage and a different conception about the meaning of middle age and old age (Falicov, 1995:382). We should thus be wary when we uncritically use developmental norms of clinical theories or our own personal maps. It is also important to note that life cycle demands of black families are often complex and overwhelming due to the role flexibility and permeable boundaries. This life cycle is further complicated by the role of the elderly in black families. Particularly in poor black families, older individuals often experience an increase rather than a decrease in responsibility in later life for example a grandmother raising grandchildren as her own children.

Roles within a family evolve and some families might experience difficulties in

particular modal points or life cycle junctures where roles may be changing, for example when a young teenager of 15 has a baby, when she turns 30, her child is 15 and she may want to take on more responsibility. However she might find that neither her child nor mother will accept a redefinition of her role. To use a metaphor of the train track of life the therapeutic task is to help derailed families get back on track and proceed with life cycle issues appropriate to each family member. In families where the roles have never evolved, the therapist's task is to help the family construct the track, build the structures or clarify the roles and boundaries that will allow the family to grow and thus move forward with their lives (Boyd-Franklin, 1989:74).

3.3.5 Organizational structure of the family

The organizational structure of the family group as a whole varies among different families, in maintaining its organization and performing its functions. Some families are over-structured while others are disorganized, some pathologically integrated while others are detached and fragmented as a group (Tseng, 1991:87). Research has also revealed significant differences between the ethnic groups in most family interactions such as power distribution, parental coalition, closeness, clarity of self disclosure and responsibility (Tseng, 1991:89). This indicates a need to establish a culturally relevant family interaction profile, so that normal interaction in families outside the mainstream would not be misinterpreted.

3.3.6 Hierarchy and power distribution

Within the black community an individual is seen as a product of all generations of his/her family from the beginning of time. Family members are taught to respect elders, authority, status and clear expectations from other members (Mirkin, 1990:335). Interdependence and obedience are valued. The authority and power to make major decisions in family matters is explicitly given to a particular family figure. Within the Tsonga family, the head of family followed by his married sons in accordance to their age. Women do not have recognized status (Mashamba, 1998:61). For instance when things go wrong in a marriage, the difficulties may be repaired by other adult mediators or confidants.

A distinction can also be made between the Patriarchal system and Matriarchal system. These concepts significantly describe power relations in any given cultural setting. The Patriarchal system refers to a family in which the authority is customarily delegated to the male figure for example father, grandfather, and uncle. Whereas in a matriarchal system the mother or grandmother has the privilege of making major decisions in the family (Tseng, 1991:16). However as pointed out by anthropologist "no true matriarchal societies exist and chances are good that none have ever existed"(Tseng, 1991:16). Thus black matriarchy has been regarded as a myth as egalitarian decision making patterns predominate in black families too. This implies an equal and complementary distribution of power and authority between husband and wife, that is in practice many family decisions are found to be made jointly by both parents. However the importance of the male figure (father/uncle) within a black family should never be ignored in other words the power that he has. The role of the grandmother is also very significant. Treatment will not be effective without the permission of the leaders in the vertical hierarchical structure, therefore the therapist should acknowledge their power in decision making and engage them in therapy with all possible means (Mirkin, 1990, 347).

3.3.7 Family values and rituals

Family values concern how events and experiences need to be interpreted, believed and performed in certain ways in relation to family life. The process through which a family and family members develop their value orientations emerges out of multiple factors such as environmental, educational, and experiential (Tseng, 1991, 93). Parents serve as carriers, monitors, developers, reinforcements and interpreters of their children's values. Children in turn merge their experiences with the expectations of their parents and significant others to mould a set of values that will later be passed on to their own children. Family rituals are repetitious highly valued symbolic occasions observed by the family.

They are considered a part of the family culture through which enduring values, attitudes and goals are transmitted (Tseng, 1991: 96). The value system of the family will determine what is regarded as a problem, what measures or solutions are to be

applied and how it is communicated (whether openly or not).

3.3.8 Family stress

This refers to any strains, burdens, problems or conflicts, which cause considerable discomfort tension or frustration for family members. Family stress results in family dysfunction and requires great effort by the family to remove or solve the problem (Tseng, 1991:104). Certain types of family stress are more or less culture related and family coping patterns vary for each family. The family's vulnerability to crisis depends on the interaction of their stress with both existing resources and the family perception of the crisis, in other words the spectrum of stress as perceived by families varies among different ethnic cultural groups (Tseng, 1991:165). For example the stages through, which a dying person passes have been postulated by Kubler Ross (1969), denial, anger, bargaining, depression and acceptance. However various mechanisms exist among different groups, that is in spite of these universal patterns, the reaction to death experienced by the dying person as well as the members of the family vary according to the prevalent cultural attitudes towards death and the process of mourning and the culturally patterned behavioural response to death.

Thus it is significant to expand our knowledge and understanding of the cultural aspects of the family system.

3.3.9 Normality and dysfunction

Concepts of pathology and normality must be considered cautiously when we work cross culturally. As professionals we tend to utilize our professional knowledge and concepts to judge the health of a family. For example individualism is healthier than enmeshment, mutuality is more mature than isolation, and flexibility is more adaptive than rigidity. Some Western family therapists also believe that certain family attributes such as being open in the expression of affection, having respect for subjective views and encouragement of personal autonomy are desirable for psychological health in family systems (Tseng, 1991, 172). These views however may not be applicable to families of other cultures. In other cultures (black South

Africans) sharing and collectiveness are always valued and concealing of private affection is more or less emphasized. Thus what is healthy and desirable functional family behaviour may be subject to cultural variation and therefore require careful definition.

3.3.10 Communication patterns

Cultural traditions greatly affect the extent to which families feel comfortable about revealing their private lives to outsiders (Tseng, 1991, 86). Within other cultures (Caucasians) they find it relatively easy to discuss their problems with outsiders while others with less ease or even the most strain (Asians, Africans). This shows that there are different rates at which families feel ready to disclose their internal lives and private feelings to therapists. Moreover, owing to the family communication style and family hierarchy, parents will abstain from disclosing their feelings in front of children. Children will also refrain from saying anything negative about their parents (Mirkin, 1990, 343). Children are not involved in family problem solving and decision making in the Tsonga family (Mashamba, 1998:65). It therefore is important at the beginning of the therapeutic relationship to avoid direct confrontation, to demand greater emotional disclosure or to discuss culturally taboo subjects. Mashamba (1998:65) also states that in the culture family problems and secrets are not disclosed to outsiders but are discussed at home by family members.

3.3.12 Cohesion

The degree to which family members are connected to each other within a family is addressed as cohesion (Tseng, 1991, 79). The spectrum of cohesion can range from disengaged or separated to connected or enmeshed (Minuchin, 1991). There however is a need to clarify and distinguish between culturally sanctioned intra family closeness and dysfunctional enmeshed family structures. Research has shown that within the Indian community cohesiveness is perceived within the family system meanwhile within the U.S. community (mainly white) self decisiveness emphasized (Tseng, 1991:79). This indicates that the importance of family cohesion and individual autonomy varies in different cultural groups. The degree to which

boundaries are emphasized between family members is also culture specific. Within a family that culturally values individualization and autonomy, there is a frequent emphasis on each family member having his or her own boundary, speaking up for his/herself and protecting his/her own territory both psychologically and physically. However within a family which culturally values group togetherness the boundary between family members is not essential. One family member may speak up for another and anyone overly concerned with his/her individual rights or territory would be seen as acting disgracefully (Tseng, 1991, 79).

3.4 Summary

This section has specifically focussed on the family as the socio-cultural unit through which culture is transmitted from generation to generation. It was also established that families do not exist in a social vacuum and that the structure of any given family is partly determined by culture in which it exists. The essence of family life is recognized as being complex and changing. What has also become clear is that the efforts to work with families must take into account the fact that culture which manifest in people's norms, values, behavioural patterns and ways of living, represent people's adaptation to the political, economic and social realities of their lives. Understanding this realities and the culture developed is critical because the goal of helping families must include assistance in coping with these realities. Creative use of the clients cultural strength is also essential and should be respected too including "the strengths such as the support from extended family members and siblings, the strong sense of obligation, the strong focus on educational achievement, the work ethic, the spiritual beliefs and their survival" (Mirkin, 1990, 348).

The next section will look at cross-cultural counselling using the different models of family therapy. Emphasis is on how these models can me made relevant to families from different cultural backgrounds. The role of the multicultural therapist will also be examined and recommendations regarding cross-cultural counselling (counselling families from different cultural groups of the therapist) will also be given.

Chapter 4: Major Family Therapy Approaches: Implications for Cross-cultural Therapy

4.1 Introduction

Many contemporary American family researchers and therapist have described and emphasized various aspects of important function that a family needs to perform (mainly the American family). These are clear communication clear role reciprocity mutuality clear generational boundaries clear perception individuality and stability, (Tseng, 1991, 211). These important aspects of family function bring to mind the proverb in which many blind persons describe various parts of an elephant - depending upon the part they touched. All of these aspects are perhaps correct in their own way and all are very important for the (American) family. At another level however if viewed by outsiders from a different cultural background or who work with families of diverse origins, the elephant described by these family clinicians and researchers is merely one kind of elephant. It is an American elephant that is the psychologically healthy family desired in contemporary American society.

It does not sufficiently and relevantly describe another kind of elephant, specifically the functioning family of different cultures. There are many varieties of elephants that exist in this world which can be described (by other groups of blind persons) in different ways. For instance additional important factors are: maintaining the sense of family and emphasizing family loyalty (rather than individualization or self-autonomy), keeping and fulfilling the obligation between husband and wife (rather than affection), providing for the continuation of multiple generations of family (rather than the family of your own generation) and stressing hierarchical structure of family and valuing harmony among family members (rather than the psychological needs of an individual). These aspects can be described and emphasized by different groups of family therapists and

researchers (another group of blind persons) for another kind of elephant which may be components of the desirable healthy family for another culture (Tseng, 1991, 211). In summary the profile of the normal and healthy family for each socio-cultural setting needs to be defined not only to meet the universal ideals for the psychological life of the family but also conceptualized and modified in culturally relevant ways based on (some) of these culturally adjusted profiles of the functioning family. Therapy can be directed and developed towards culturally appropriate ultimate conditions for the family (Tseng, 1991, 212).

In the area of culture oriented family therapy, the therapist should not be preoccupied with any particular modes of family therapy but rather should learn how to select a culturally relevant approach in treating certain types of family cultural groups or specific problems that they may have (Tseng, 1991, 97). The issue of whether there is any particular fitness between family types and choice of treatment has not yet been thoroughly examined particularly from a cross cultural perspective. However, there are some suggestions derived from clinical experience for example families that emphasize hierarchy in its organization lend themselves to structural family therapy. Thus the structural family therapy model will be one of the approaches examined in this chapter together with the Bowenian model of family therapy, multi-systems approach and the paradoxical, strategic and systemic approaches as outlined by Boyd-Franklin (1989). Thus a multi-cultural family therapist must be willing and able to be flexible and draw from the work of many different schools of family therapy.

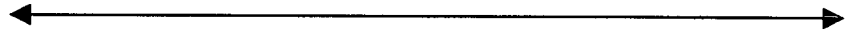
4.1.1 Structural family therapy

It contains many of the strategies that are most effective at engaging and changing their familial structure and it is a primarily problem solving model. It helps the family to prioritize and clarify its problems. With its focus on change it directs the energy of the family towards the future and improvement rather than the past and blame. For black families who may feel powerless to change their lives, this

approach provides a sense of empowerment and accomplishment as each problem is resolved and the family is restructured. The use of family prescriptions and tasks serves an educative function and provides strategies for change. The emphasis on clear treatment contracts at the end of the initial sessions is also important when one considers that treatment process is so new for many black families. The model quickly engages the family in an interaction process with each other and with the therapist. It is also particularly effective in engaging the peripheral members of the extended family in treatment, it helps dismantle the resistance of many black families.

The concept very significant in this model is that of "boundaries", which are the rules that define who participate and how (Boyd-Franklin, 1989, 53). These rules dictate who is in and who is out of an operation and defines the roles that those who are in will have, vis-a-vis each other and the world outside in carrying out that activity (Boyd-Franklin, 1989, 123). The concepts enmeshment and disengagement are related to boundary issues. Within the enmeshment continuum, boundaries among some or all of the family members are relatively undifferentiated, permeable and fluid. At the disengaged end the family members behave as if they have little to do with one another, because within their families their boundaries are so firmly delineated, impermeable and rigid that the family members tend to go their own ways with little overt dependence on one another.

enmeshed/normal/disengaged



The vast majority of families generally fall within the normal range while the cultural norms among black families tends to fall more within the enmeshed range. Normal in this context refers to what is commonly regarded as acceptable behaviour by a group of people.

Normal functional black families often have very close relationships with a great deal of interaction and reciprocity. However this is a very vulnerable area in

black extended families because this closeness often results in the roles and boundaries becoming very blurred. At the other end of the spectrum, there are black families who are disengaged, for example a child may be raised in a large family and extended family but he/she may be essentially ignored. No one seems to notice his/her until there is a crisis.

Another significant concept within this approach is that of a "parental child". With all available adults working the care of younger children falls to the oldest child, placing the child in the parental role (Boyd-Franklin, 1989:77). This is often common in black families. In functional families where this role works well the parent or parental figures delegate to this child certain responsibilities for the care of younger children when they are not home and thus assume their responsibilities when they return Here the boundaries of the child's responsibilities are clear and well defined. The parental child family structure becomes dysfunctional when the parent/s abdicate their responsibilities and place unreasonable responsibility on the child in this position, this means that the parent overly relies on the child as his/her "right hand man". The therapeutic goal in such situations is to realign the family in such a way that the parental child can still help his/her parents, that is the parental child has to be returned to the sibling subgroup though he maintains his position of leadership and junior executive power (Boyd-Franklin, 1989, 77). Thus it is the therapeutic task to recognize and support the strength and stability that role flexibility has provided in many black families without perpetuating the role confusion to which extended family system is particularly vulnerable.

Coalitions and alliances in black families are often cross-generational and may include key individuals who are outside of the family but who are very involved and often consulted on key issues. Alliances refer to a pattern of family members working together on something of shared interest and coalition is a process of joint action against a third person (Boyd-Franklin, 1989, 124). The issue of power is often complicated in black extended families as it might include another

relative or non-blood relative who has a considerable decision making power in a family. Power is the relative influence of each family member on the outcome of an activity. Thus the person who has the power in the family might be an uncle, aunt or grandmother. From a therapeutic perspective this creates a complex situation as these individuals often do not appear early in the treatment process and are often not mentioned. The therapist may proceed to have many family therapy sessions with a mother and her children and may even begin to see initial changes, which can be sabotaged later by a very powerful family member who has never been involved in the process. These powerful family members can also have a great deal of influence over the family's continuation in treatment. Therefore therapists must begin to explore early in family therapy session who the decision makers are. The following questions are very helpful in assessing the power relations in the family for example to whom do you listen to when you need advice, who did you speak to before you made the decision to come for therapy and did anyone disagree with you.

4.1.2 The Bowenian model of family therapy

This model has two major strengths that can be useful to therapists working with black families. It provides strategies for exploring extended family dynamics particularly in the mid-phase of family therapy and it provides a theoretical framework that can be useful in generating hypothesis about family dynamics (Boyd-Franklin, 1989, 125). The fact that this approach is historically focussed may raise anxiety and cause families to flee before trust can be developed - that is why it is only really useful in the mid-phase of therapy. In contrast to this, the structural approach establishes a problem to work on, and a contract between the therapist and the family to solve the problem together. Once the initial problem has been addressed the therapist has some credibility with the family and the establishment of trust has begun. Thus in the mid-phase of treatment with black families once trust has been established the therapist often learn for the first time

the "real" family structure of the family. It is during this phase that one often becomes aware of, for example a sibling been raised by other family members.

Bowen's theory relies on the use of the family tree, later called a genogram and it is used to help the family map its family organization and membership with the therapist. This process should never be conducted in an initial session with a black family but should be delayed until trust is clearly established. Attempts to gain this information prematurely will often prove futile and incomplete. However a wealth of information about a family can be gained from this process. When using a genogram with black families one should note that black families are often complex in organization and frequently have permeable boundaries, that is family members may live together and apart at different points in their lives. Because of the process of "informal adoption" extended family members will often raise children during times of crisis.

Concepts of differentiation, family projection process, multi-generational transmission process, family emotional cut off, and extended family are also significant to Bowenian theory (Boyd-Franklin, 1989, 126). It's not unusual in black families that enmeshment and blurring of boundaries to occur due to the complex nature of the extended family. In the more enmeshed black family this lack of differentiation of self can be exaggerated. The therapeutic task is to help family members differentiate and still remain connected to the family and extended family. Differentiation can often be viewed as desertion in some families, thus emotional cut offs can result. This often occurs to young black adults who are going beyond their families in terms of education and social class. The Bowenian technique of coaching can be useful in helping the individual to resolve these issues and this is done by coaching the client to handle her issues directly with his/her family.

4.1.3 Paradoxical, strategic and systemic approaches

A paradox is primarily a clinical tool for dealing with resistance and circumventing a power struggle between the family and the therapist (Boyd-Franklin, 1989, 128). It can be used with resistant black families. However, it is neither always necessary nor always desirable. Careful consideration of when or how this type of strategy should be introduced into the process is very important in the clinical application of this approaches in general. These techniques are particularly problematic in the beginning of family therapy process. They should be introduced once the family has been introduced to the treatment process and a degree of trust has been established. Paradoxical approaches can be divided into three. They are as follows, 1. Redefining the symptom, 2. Prescribing and 3. Restraining. The process of redefining the symptom can be particularly useful in the process of reframing a negative interaction in a positive way, for example, when working with an overprotective mother or parent one can modify this by saying that "they love their child very much and thus their concern about him/her". Paradoxical letters can also be written to other people in the family who are important but resistant for coming to therapy. Madanes also have developed techniques of strategic family therapy based on the techniques of Milton Erickson which are "goal orientated and are directed towards alleviation of specific dysfunctional aspects of the family" (Boyd-Franklin, 1989, 128). According to this approach the identified patient is viewed as having the symptom to protect the family.

Most black South Africans come from the lower income group and can't afford therapy or cannot afford or arrange to be in therapy sessions together. Therefore there is a real need to use brief, strategic intervention wherever possible. The principle of working with the extended network applies whether one is actually working with the entire network, which we frequently do, or whether one is with a part of the network from a systems perspective. It is apparent that a single member could be used to provide the link between the family therapist and the

rigid structure of the extended family as the extended families commonly deny the therapist adequate entry (Mirkin, 1990, 263). For example many families (African) cannot tolerate discussion between parents in the presence of their children in the typical mode of conventional family therapy. By using link therapy families that would not otherwise become involved in therapy may be treated. It is also an expedient form of therapy using only one therapist and for greater part of the therapy only one family member. Link therapy involves the training and coaching of a family member to function as a therapist to his/her own family symptom. The link therapists need to be both acceptable and effective with the family as well as available and amenable to the family therapist.

The wider the group participating in the selection of the link therapist the more successful the therapy is bound to be. The link therapist will often make an appointment with the therapist in order to discuss what is happening in the family. Then he/she will have to go back to his/her family to initiate interventions and he/she does this through the guidance and supervision of the family therapist (Mirkin, 1990, 263). This means that the link therapist is encouraged to decide the direction of resolution of the family's conflict through supervision. One of the inherent benefits of the link therapy model is that of non interference in the family value system.

It is evident that within the strategic family therapy approach, emphasis is not on a method to be applied to all cases, but on designing a strategy for each specific problem for example link therapy. Goals of therapy are primarily to prevent the repetition of sequences and to introduce more complexity and alteration (Madanes, 1981, 21). Therapy focuses on solving the presenting problem, it is not growth oriented. Since in strategic therapy, a specific therapeutic plan is designed for each problem, there are no contra indications in terms of client selection and suitability.

4.1.4 Multi-systems approach

As already stated, effective therapy with families from different cultural groups requires flexibility that allows us to draw from different systems theories and incorporate them into a overall treatment plan. It is also important that we intervene at a variety of systems levels such as the individual, family, extended family, community and social services (Boyd-Franklin, 1989, 134). This means that the therapist must be able to intervene at multiple levels and in multiple systems to provide cross cultural counselling effectively. The multiple systems approach allows the therapist to provide treatment successfully at whatever level or levels (i.e. individual, family, community, etc) that are relevant to the situation at hand. It highlights and explores ways in which each system level contributes to the problem that a particular family is struggling to resolve. The therapist often help the families in therapy establish clear boundaries between the different system levels and construct ways in which each level involved can be a support rather than a hindrance.

AXIS, One of the multi-systems approaches (Boyd-Franklin, 1989) examines the basic components of the therapeutic process which are also significant in working cross culturally. These include the process of joining, engaging, assessing, problem solving and interventions designed to restructure and change family systems.

- **Joining**

The therapist initial task is to put the family at ease. It is very important to convey to each family member that his/her input is valued. "Respect is also an important ingredient in this process and thus it is often important to ask family members how they would like to be addressed." (Boyd-Franklin, 1989, 135). It is also important that the family therapist contact family members directly and not simply send messages through other family members. This will often encourage

the other family members to come to the sessions. Joining should be accomplished before the therapeutic agenda is pursued. It is pointed out that if the mother is designated as the spokesperson for the family, it is also important to seek out the father's opinion. It is also important to join with the extended family who might enter the therapeutic process later. Another important aspect of joining is the willingness to include those who bring the family in. It is often common that family therapist would invite the family in for a session and leave out a friend or neighbour who had brought them in. With all families, but particularly black families it is necessary to find out who these people are and their contribution to the presenting problem. Joining is very important as the therapist is also working at establishing trust with the family. It is also important to note that if the therapist joins with one side of the family he/she risk sabotage whether direct or indirect by the unjoined members (Winek, 1997, 530).

- **Initial assessment phase**

In a multi-systems approach this phase is observational. In order to form a hypothesis the therapist might consider the following questions internally and test them out by observing them, for example how family members sit themselves, who is the family spokesperson, who has the power in the family, how do they communicate, do they allow each other to speak or they constantly interrupt one another, and also whether this is the whole family or if other key members are missing (Boyd-Franklin, 1989, 140). From this hypothesis the therapist looks at what might need to be restructured in the family. The therapist needs to ask how the family feel about being in therapy and how other members of the family feel too.

How the family defines the problem is also essential. The therapist should not only be aware of the functional description of the problem/symptom but also how it is maintained within the system (Winek, 1997, 530). The therapist must also use their relationship with clients to explore what they (families) perceive as

dysfunctional for them within their context. This is based on the assumption that clients know what is wrong or what does not work, but they are stuck as to how they should go about making things work. The therapist's exploration of the clients construct is very essential, thus therapists need to understand their clients cultural belief system. This can be found in literature which therapists need to familiarize themselves with. However this standard cultural patterns should be treated as an ideal type which is tested with the client before acting on it that is one will need to compare the ideal type with the information given to her by the client. If the cultural ideal is verified along the dimensions tested we know to work with the client within a more standard or normative context (Winek, 1997, 531). If not then we can further hypothesize that the family culture may be on of the sources of their difficulties.

- **Problem solving**

The process is cyclical as it doesn't occur once throughout the treatment (Boyd-Franklin, 1989, 140). Often at this stage the therapist has gained credibility and there is a sense of trust between him/her and the family. The problems also gets addressed and solved. The family members get involved in the process of therapy as they are being encouraged to interact with each other or even enact their family drama. Often families fail to see the connections between talking about their problems and actual change that is they expect "quick fix solutions". It is also always important to bear in mind that the concept of therapy in black families is a new one as they have often relied on traditional sources of help, for example extended family members, tribal chiefs. The use of family prescriptions and tasks can be very effective with them as they continue the therapeutic impact or process beyond the session. When family therapy process is brought into the home it causes other family members who may never come into the office to become curious about it and often indirectly they engage in this process. Tasks and prescriptions are important regardless of whether they are carried out or not. It is also important that these techniques of change (providing insight, prescribing,

reframing, enactment, role plays) employed with clients should be consistent with their personal map and behavioural repertoire. Thus Constantine (1980) remind us that "one can only take in what is in one personal map, and one can do only what is in ones repertoire". (Winek, 1997, 533). However one can also work with families to expand their map or repertoire.

4.2 Goals in cross cultural family therapy

When the socio-cultural system of a group of people has been rapidly destroyed, the family within that system will suffer from loss of their cultural roots, resulting in deterioration of the family as a whole (Tseng, 1991, 202). For example within the Apartheid system, most black parents were separated from their families as migrant labourers in the cities. Thus, they lost cultural methods for organizing their families and subsequently experienced confusion over how to perform parental role. Children also dissociated themselves from parents both cognitively and emotionally and often were unsure of their identity and direction in life. Thus, treatment or therapy within this context needs to focus on the restoration of the families' cultural system and the parents' basic confidence and ability to organize and lead the family as well as enhance the establishment of a restored family identity within the ethnic or cultural identity.

Within a family system, a great gap can be observed regarding opinions, beliefs and attitudes of family members, that is either between parents and children or spouses. The goal of family therapy is then , to promote the exchange of different points of view and to enhance cultural empathy and cultural translation. This is often evident in situations where there is inter-cultural marriage or a generation gap between parents and their children. For example with the transformation process that has occurred in South Africa, children of different cultural and racial groups interact on an equal level and thus they learn about each others culture. This often can result in children having different views or opinions about each other and a different way of doing things as compared to their parents. In addition

to this, it should be stated that the goal of therapy for most family circumstances is to promote communication and enhance mutual understanding (Tseng, 1991, 208). The therapist should also help the family expand its perception of the problem from an individual focus to a group interactional level. It is enlightening for the therapist to ask each member to explain how he/she sees the problem. This process provides an opportunity for each member to express related difficulties and this may bring additional goals into focus (Freeman, 1992,20).

Tseng (1991) has modified and expanded the goals of family therapy to meet cultural application. They are as follows:

Goals of therapy	**Therapeutic strategies**
1. Supporting adaptive mechanism	- Increased use of existing coping patterns.
2. Expanding emotional experience.	- Promote communication, reinforce appropriate emotional experience.
3. Development of interpersonal skill	- Improve communication.
4. Reorganize the family structure	- Clarification of boundaries
5. Increase insight	- Increase awareness of behaviour patterns and the nature of problems
6. Appropriate mastery of developments tasks	- Stimulate development progress
7. Cultivate family culture	- Re-establish set of beliefs and rules to be observed in the family
8. Enhance socio-cultural function of the family	- Build adequate social extra family network
9. Re-establish cultural identity for families	- Search for and establish sense of belonging to and identification with a particular group (page 207)

4.3 Role of the Family Therapist Working Cross-culturally

4.4 Introduction

Effectiveness in providing services to a multicultural population relies heavily upon the sensitivity, understanding and respect of the helping professional towards the particular culture presented by the family or individual clients (Fang, 1998, 74). The acquisition of culture specific knowledge of traditional values, beliefs and practices regarding the family seeking help and their communication style is extremely important in the development of cultural competency. The cultural values of family and other selected virtues offer fundamental guidelines for the family therapy process. It has also been argued that perhaps most significant for family therapy is the way in which the founder (being therapist) of each system function as "culture carriers" to shape the family's image of itself and its map of family reality (Winek, 1997:524). This means that progress in therapy is related to the therapist's ability to understand the family culture and to effect change within that culture. Winek (1997:524) states that stagnation and premature termination is often observed as the clients response to the therapists who with missionary zeal, try to impose their constructions and interventions on the clients.

4.4.1 Therapist's use of self

The most important process in working with black families or families from different cultural groups is joining with them. This refers to initiating a therapeutic relationship with the family. Thus, it is essential that therapists must explore their own stereotypes (both positive and negative) about those families (black families in this instance). For a therapist who want to work effectively he/she must do some "soul searching" (Boyd-Franklin, 1989, 98). It is only when therapists are sensitive to their own issues that they can be aware of them and thus can give their attention to the families that they are treating, that is the therapist's

use of self is his/her most powerful tool in treatment of individuals from different cultural groups. It is very important that the therapist explore his/her own cultural identity (or lack of it) family values, beliefs and prejudices.

A family therapist also constantly needs to examine and evaluate how his/her own cultural and personal belief system may affect his/her treatment of the family. Therapists need to consider whether they are biased, restricted or even liberal in helping the family, selecting the direction for solving the problem (Tseng, 1991, 197), that is therapists will consciously and subconsciously hold certain values and opinions towards various life issues, (divorce, discipline, abortion, marriage) directly or indirectly influencing the course of therapy. For example a therapist who is orientated towards divorce or separation he/she can find herself leading the client to that direction. Thus, as a rule a thumb it is best to explore the value system held by the family and the cultural background within which the family is going to live and function. Based on these considerations, transactions between the values of the therapist and of the family will occur in the course of the family therapy and an appropriate therapeutic direction will emerge too.

The phenomenon of "cultural transference" needs to be addressed. This is basically our views, attitudes and expectations towards another group which are often influenced by preexisting cultural views, attitudes, whether right or wrong, towards a particular group (Tseng, 1991, 195). Based on the concept of extended family relationships that is so prevalent in black families, it is not uncommon for them, in order to familiarize themselves with the therapist so that they can feel comfortable, to address him/her as uncle or aunt X, rather than Doctor X. In this case the therapist needs to feel comfortable accepting a pseudo kin relationship rather than the strictly professional one. This flexibility will certainly enhance culturally sanctioned ways to establish and maintain rapport with clients. However, the therapist should manage not to lose the expected position as a knowledgeable expert who can actively make wise suggestions for solving problems. Therapeutic success is the function of the therapist's ability to

understand the construction system of their client. This is based on the second order cybernetics position that problematic phenomena arises out of the process of social interaction (Winek, 1997: 526). This can be distinguished from the first order cybernetics' position which rises out of an objective empirical epistemology where families are seen as having difficulties due to deviation from normality.

4.4.2 Issues for white and black therapists

Research has shown that racial and cultural factors may impede the clinical process. Mirkin (1990:290) regard race as a biological, not a cultural designation. Between the therapist and the client there should be clear communication both verbal and non verbal. In a process developed for learning cultural sensitivity people should examine their experiences in relation to ethnicity, race and other areas of difference in order to discover how they have reacted to having or lacking power (Mirkin, 1990: 303). It is clear that many white therapists have never thought about what it means to be white and are sometimes even resistant to confronting it, and they use many avoidance strategies including a focus on their own ethnicity. Upon further examination, feelings related to great discomfort are identified such as guilt, fear, anger, shame, embarrassment and pain (Mirkin, 1990, 304).

Avoidance and ignorance of the meaning of the white identity, more especially in South Africa, given our history on separate development (apartheid), will hamper the white helper in efforts to engage clients and to help them cope with their realities. This often also fosters defensiveness and projection. Guilt and other feelings distort perception and push whites to behave in ways that relieve their own consequent discomfort (Mirkin, 1990:304). Such responses along with other personal needs can press whites to misinterpretation, misunderstanding and even misbehaving in clinical encounters. Acknowledging one's feelings about being white is important so that they can be controlled and not interfere with the goals

of therapy. A positive sense of the meaning of being white is critical, not only for effectively assisting blacks but also for one's own self esteem.

Generally black therapists will be more sensitive to the cultural nuances of their black clients (Gobodo, 1990, 96). However, breakdown in communication sometimes occurs in a culturally homogeneous therapeutic environment, but the problem is even worse or exacerbated when the cultural background of the therapist and that of the client differs. It is possible for a black therapist to use his/her own culture bound values on his/her clients and this may alienate the clients. Thus, it is conceivable that a black therapist may be psychologically removed from what the patient represents in terms of his/her own culture so that the nature of the relationship belies the conventional wisdom that optimum results are best achieved in a culturally or racially homogeneous therapeutic setting (Gobodo, 1990, 96). This also makes it clear that a white therapist may engage in therapy with a black client in a manner that defies our usual day to day racial biases and tensions, that is, a white therapist may be able to empathize and share in his/her black client's existential world just as much as or sometimes even more than a black therapist.

However, there will always be issues that a white therapist will have to deal with when working with black families. Many white therapists come to their work with black families with little or no first hand experience of black families. Some are often afraid of making a mistake or saying the "wrong things" to black families, that they even adopt a very tentative, subservient or humble role. This is neither necessary nor helpful and it conveys to the family a lack of confidence on the part of the therapist. There is also often a belief among family therapists that black families are not appropriate for therapy (Boyd-Franklin, 1989, 100). This is a variation of blaming the victim response. Therapists must thus explore their own views in this regard. In order for therapists to develop a therapeutic alliance with black families, it is also very important that they must be willing to extend themselves and establish a human bond or connection. Thus, Hunt (1987) states

that it is not what you know but who you are and how to use the information about a person's cultural characteristics that eventually allows the client to trust you (Boyd-Franklin, 1989, 101).

Parham (in press) goes further and suggests that a black-white therapeutic relationship is determined by the patient's level of identification with his/her cultural group (Gobodo, 1990, 97). For a black family whose view is dominated by Eurocentric determinations, a white therapist would present less social distance with them than a black therapist. By extrapolation a black therapist who shares in this Eurocentricism may benefit the patient equally. In the final analysis it does not matter what a therapist's (black or white) position really is, the responsibility is his/hers to have the sensitivity and readiness to adapt accordingly. It would also be counterproductive for us to be culturally sensitive therapists and end up using this sensitivity to impose stereotypes on an individual. Therefore it is necessary for both black and white therapists to recognize culture but to also be aware of individual dynamics and differences within each culture.

4.4.3 Value related issues in cross cultural therapy

There is no one set of values that is common to all black families. The most important lesson to be learned by therapists is that all therapy is a process of the negotiation of values and beliefs (Boyd-Franklin, 1989, 101). It is the ultimate sign of disrespect to any person or a family to assume a knowledge of his/her beliefs and values without asking for clarification. Similarly it is the greatest acknowledgement of the dignity of a person or family to ask them to tell or teach us about themselves and things that are important to them.

The values that families have, frame the entire process of therapy. They are the social standards by which the therapists define problems, establish criteria for evaluation, fix parameters for technical intervention and select therapeutic goals (Boyd-Franklin, 1989:109). Families direct their actions and define, interpret and

judge a social phenomenon based on those values that they have, whether they be moral or not. Thus, the therapists must be able to engage the family in accordance with their value system, which include personal style, educational level and social standard. By simply learning how to extend social greetings or demonstrate etiquette in accordance with the families ethnic or cultural background, the therapist will show respect and understanding of the ethnic or cultural backgrounds of the family. This will also assist the therapist in establishing rapport with the family more rapidly. The tendency by many therapist to address families on an informal first name basis as a way of making them feel at ease, can be regarded as offensive to many black families, particularly older and more traditional family members (Boyd-Franklin, 1989:110). Thus, it is usually helpful to start with a more formal introduction and allow the family to guide you by indicating their preference.

It is also important and useful for the therapist to recognize the hierarchical patterns of the family, that is, therapists must try to comply with and utilize this system. In dealing with families where traditionally great respect is given to the father's authority (black families) it is important to begin by paying respect to him and addressing questions to him, invite him to start conversation or ask his permission to start dialogue with other family members. Such rituals are important even if the father doesn't seem authoritarian. Furthermore, it may be therapeutic to repeatedly support the family's authority figure if they emphasize the importance of such family authority. It is important to note this, as after all the person with more authority is the one who ultimately makes the final decisions regarding the family. Thus, if the therapist does not handle him/her correctly the co-operation of the entire family could be lost (Tseng, 1991, 176).

4.5 Some Other Considerations in Cross-cultural Therapy

4.5.1 Expectations of families in therapy

Therapy for many black families is new as they have always relied on their natural or family resources and support system. Thus, many of them enter therapy with very unclear notions as to the process of therapy or very different expectations from those of the therapist as to what the process will provide (Tseng, 1991 and Boyd-Franklin, 1989). It is therefore essential that expectations are clarified and intentions for carrying out family assessment and intervention is explained. Boyd-Franklin (1989:119) suggests that it will be useful to ask the family members directly what they expect from the process. However, this can create some problems as in many situations in which the family may want one thing (fix the child) the therapist may view the problem differently (this is a family problem). This impasse is common in therapy. In order for this dilemma to be resolved, a negotiation process must occur between the therapist and the family. The inevitable points of difference, particularly in cross cultural racial therapy must be addressed through this process, that is, cross cultural and cross racial differences are most successfully negotiated if the therapist (of any race) views family therapy as a negotiation process in which the family is asked for their expectations of treatment, these values are clarified and the therapist is clear on his/her own goals and values. The process can then be negotiated from a position that conveys respect for the family's belief system.

Based on various cultural systems, the role of the therapist is also viewed differently by people of various cultural groups. For some it is essential that the therapist maintain an image of authority and power as a leader who meets their cultural expectations, for others it is preferable to demonstrate egalitarian and democratic leadership in dealing with the family situation (Tseng, 1990, 178). As a therapist it is thus better to learn beforehand the ordinary cultural expectations

of the authoritative figures of the family concerned and an attempt to carry out the culturally relevant role as a therapist from the start.

4.5.2 Communication Patterns

These are moulded by cultural systems in terms of the channel of communication to be used, the language expression and the way in which the meanings are transmitted (Tseng, 1991, 176). Thus, culturally appropriate patterns should therefore be observed and respected within a transcultural setting. Language is alone a cultural medium of communication. The meaning surrounding the use of a particular language in a consulting room is a cultural statement and may include or exclude one of the two people from the cultural experience of the language used. Needless to say, we are all aware of the central role of verbal interaction in therapeutic situations and its importance in building rapport. Beside the communication problems that results from specific language usage, black people may lack the prerequisite verbal skills necessary for talk therapy not because of the limitations of their language, but because of the subtle variations in the way language is used (Gobodo, 1990, 94).

Moreover, a majority of white therapists do not know any African languages. Thus, this also creates a barrier with those black clients who are not eloquent in either English or Afrikaans, as they have been the major medium of communication in South Africa. However interpreters can often be used, though this is problematic too because it is often difficult to translate both words and emotions.

The kind of subjects that can be revealed to outsider and the way disclosures (expressiveness of the family) are made are also related to cultural practices. In the process of exploring family life certain rules need to be observed in dealing with some private matters, for example questions about the death of an ancestor can place other family members in an embarrassing and difficult situation as it is a

private matter, thus one must learn subtle ways of inquiring about such matters (Tseng, 1990:177). In dealing with families that customarily respects parental authority it is very important not to let the parents disclose their shortcomings or faults in front of their children. Those disclosures will hurt their image as authoritative figures. It is also undesirable to force them to reveal their private feelings towards each other in the presence of the children as it may embarrass them. The family therapist need to be attuned to all these patterns of communication found in the family.

4.5.3 Gender and age issues in therapy

The age and gender of the therapist is also of considerable concern in situations dealing with families of certain ethnic culture background. This can pose a problem too, when working with very traditional black families as the older people are the ones usually regarded as being wiser. Strong sexual stereotypes in certain cultures makes it extremely difficult for a woman therapist especially a young one to do family therapy (Tseng, 1991:195). She may however be accorded a certain measure of politeness. The tremendous resistance that she might experience from both the husband and wife might be for different reasons. For example, the husband based on his cultural expectation that only a man can take a superior role, might feel very threatened or even defeated. He can feel like a failure as he has a woman guiding him in terms of how to solve his family problems. On the other hand the wife may feel threatened by the woman therapist and regard her as a "potential rival for her husband" (Tseng, 1991:95). Mashamba's study (1998:71) reveals that gender of the therapist causes more problems than age, when working with Tsonga families. This is based on the notion that females are inferior to males and they may not be counsellors nor provide solutions to problems. That is, their words do not have the same value as that of men. The therapist must be aware of these issues that might enter the therapeutic situation in subtle ways.

4.5.4 Strategies used in cross-cultural therapy

Role playing is one therapeutic technique which can be utilized to induce practical and concrete changes in behaviour among family members. When applying any therapeutic exercise which may produce strong "cultural resistance" careful thought must be given beforehand to issues such as whether or not such a therapeutic maneuver is suitable for application, whether its meaning has been carefully explained to the family members and whether they understand its importance. For a family that emphasizes hierarchy and formality it might be rather difficult for the parents to act out (role play) informal and strange behavioural roles which do not respect hierarchy (Tseng, 1991, 201)

- **MAKING USE OF EXISTING FAMILY SYSTEM**

Within families of different cultural systems there are always unique aspects that can be used to advantage in therapy. For example in the African culture a parent can be addressed as Ntate (father), tlhogo ya lelapa (literary meaning house head). Thus every change in naming implies a corresponding change in relationship and circumstances. The family therapist can selectively utilize specific kin terms in family sessions to signify the different roles and relationships which exist or ought to be changed within a family.

- **UTILIZATION OF CULTURALLY SANCTIONED FAMILY COPING PATTERNS.**

The family strengths and coping mechanism which already exist, can often be successfully utilized in family therapy. For example utilization of the power of myth, magic and family ritual for families who are accustomed to this orientation has been proposed. This view has been supported by the experience of working with families of certain cultural groups (Tseng, 1991:202). For a black family which is oriented to the existence of a supernatural being and which highly values

the influence of ancestors, praying to ask for their guidance throughout the therapeutic process can be adopted. Thus in such folk family therapy, certain essential rules and rituals are observed in contrast to contemporary family therapy, that is, folk family therapy does not hesitate to make use of the family members orientation to supernatural powers (Tseng, 1991, 202). This can be applied with those black families that function in this mode. As part of the therapeutic process at the beginning and end of each session all the family members can pray together to God or ancestors for enhancing their family strength to face and deal with problems.

It should be stated that the goal of therapy for most family circumstances is to promote communication and enhance mutual understanding. Cultural Time Out for a family or some family members can be permitted when the nature of their stress and its subsequent problems is directly related to them experiencing exhaustion from constant and long term compliance to a particular set of rules and ways of life which are too restrictive (Tseng, 1991, 209). Thus, the goal of therapy is to reserve a place for cultural islands so they can take a retreat or vacation. Families lives sometimes are greatly restricted by rules, concepts and patterns of life which leave only limited ways to cope with their problems. Under these circumstances it is therapeutic to help family members recognize the existence of alternatives and widen their access to other resources. Occasionally we can all be so trapped in our own vision of life and value system that we are unable to receive different attitudes or views. In this situation bringing in opposite but functional ways for consideration will not only neutralize the family's extreme position and attitudes but will provide and opportunity for them to re-examine their orientation and belief system (Tseng, 1991, 209). Thus the purpose of family therapy from a cultural perspective can be described as working on the cultural system of the family in various ways with the aim of promoting the function of the family.

4.6 Summary

From a practical point of view we are required to treat many families from different subcultures and cultures. Theoretically we have been given an opportunity to examine how our own concepts of family functioning and strategies for intervention can be applied trans-culturally, mandating that we develop a clinical knowledge base and skills for broader usage and culturally relevant applications. The issue of whether there is any particular fitness between family types and choice of treatment has not yet been examined or established, though suggestions derived from clinical experience have been made. For example, families that emphasizes hierarchy, lend themselves to structural family therapy. Thus, it is essential for the competent family therapist to recognize the cultural dimensions of a family system and must also possess rudimentary cultural knowledge of the family so that a culturally relevant family assessment can be performed based on a culturally appropriate understanding of family problems. Culturally suitable therapy can then be performed to work towards the psychologically and socio-culturally functioning families.

As professionals we do not only have responsibility to our clients but to society as a whole and we can do this by accepting and respecting the diversity of human nature. Kruger (1983) has even gone further by calling for the "Africanisation of the white South African". He states that both white and black worlds can benefit significantly from each other without sacrificing each ones identity. Thus it is not the differences in themselves that prevent us from helping our clients but it is our attitudes of acceptance and respect of one another's differences. By doing the latter we are legitimizing and validating true humanity of the other and this is an important starting point in therapy and it is a new task for family researchers and therapists in South Africa.

Chapter 5: Research Methodology

5.1 Introduction

Research design is the blueprint or detailed plan for how a research study is to be conducted. This includes operationalising variables so that they can be measured, selecting a sample of interest to the study, collecting data to be used as a basis for testing the hypothesis or research question and analyzing the results (Grinnel, 1993:94). Thus, a research design tells how data will be collected and analyzed in an attempt to achieve research goals. This chapter describes the research methodology that was used to refine the data. The methodology consideration of data collection, data recording and data analysis is outlined.

5.2 Research Design

The use of either qualitative or quantitative research methods is not based on the idea that which method is unequivocally better than the other, but on the question of under which condition each method is better than the other as a research strategy (Cresswell, 1994:21). For the purpose of this study, the researcher decided on qualitative methods, to gather and analyze data. That is, this study is qualitative in nature using a literature survey as a basis for data collection. The main aim of a qualitative study is not to explain human behaviour in terms of universally valid laws or generalizations, but rather to understand and interpret the meaning and intention that underlies everyday human action (De Vos, 1998:240). In other words qualitative research aims to understand social life and the meaning that people attach to everyday life. Creswell (1994:146) states that the characteristics of a qualitative research problem are that the concept is "immature" due to a conspicuous lack of theory and previous research, a need exists to explore and describe the phenomena under study. Thus, qualitative research is regarded by many social scientists as being inherently exploratory and descriptive. This means that an attempt is made to achieve new insights into a situation or phenomena in order to develop a hypothesis (Grinell, 1993:136). The

qualitative researcher embarks on a voyage of discovery rather than one of verification so that the research is likely to stimulate new leads and avenues of research that the qualitative researcher is unlikely to hit upon, but which may be used as a basis for further research (De Vos, 1998:244).

This study is qualitative, as there has not been much research regarding cross-cultural issues in family therapy, more especially relating to the South African situation. Through the study, new insights emerged regarding this phenomena. The study is also descriptive as the researcher was only interested in "the process, meaning and understanding gained through words" or information gathered (Creswell, 1994:145). De Vos (1998:248) also emphasizes the significance of qualitative research for the caring professions specifically for social work. He states that it is essential that theory and practice are integrated in such a way that professional research enhances the effectiveness and raises the standards of professional practice (De Vos, 1998:248).

5.3 Data Collection Method

Data was collected through a qualitative method namely, a literature survey. De Vos (1998:390) states that literature review usually consists of examination of selected empirical research, reported practice and identified innovations relevant to the particular concern under study. It provides better insight into the dimensions and complexity of the problem. The researcher gathered literature information through reading on theory, research and documents (articles, biographies, mini-dissertations) of various kinds. This sensitized the researcher in terms of what was happening with the phenomena under study. This included existing theories on family therapy and the cross cultural and transcultural issues thereof.

The method of data collection used in the study is theoretical sampling, as data was collected from different literature. In theoretical sampling the researcher jointly collects, records, codes and analyzes data and constantly decides what data

is to be collected next and where it should be collected (De Vos, 1998:254). The researcher did this by gathering the data from books, research documents and articles. This means that in theoretical sampling data is systematically collected and analyzed until the sample has been theoretically saturated and thus the relationship between the concepts and categories is well established and validated. This will be shown during data analysis procedures. The data in chapters two, three and four was used to analyze information and to arrive at specific theories.

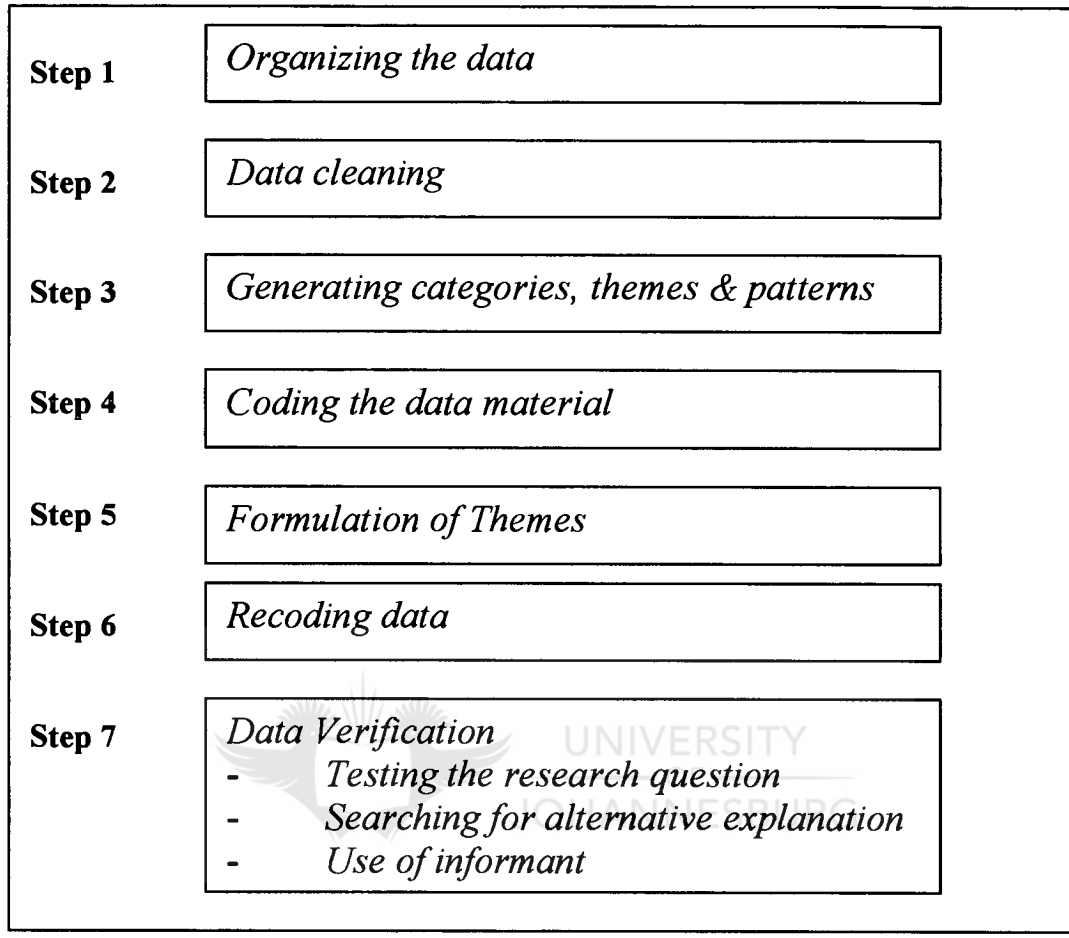
5.4 Data Analysis

The data analysis in this study was guided by the fact that the research is qualitative in nature. Marshall and Rossman (1995:111) states that qualitative data analysis is a search for general statements about relationships among categories of data. The researcher adopted the following procedures in data analysis:

- Organizing the data
- Generating categories
- Testing the research question against the data
- Searching for alternative explanations of data
- Writing the report or conclusion (Marshall and Rossman, 1995:113)

Figure 5.1

Graphical presentation of the Data Analysis Process



5.4.1 Organizing the Data

Data should be organized before it is analyzed. This is a process of "reading, reading and reading once more through the data" (Marshall, 1995:113). As this is a literature study, this meant that the researcher had to read through all the literature that was collected. This was to ensure that the researcher becomes familiar with the data in intimate ways. During this reading process, the researcher listed the data that was available, performed minor editing necessary to make the notes retrievable and generally cleaned up what seemed overwhelming and unmanageable information. The researcher had to structure the process of data collection by means of a systematic process.

5.4.2 Generating categories, themes and patterns

At this stage there was raw data mass, in the form of transcripts and edited notes from the literature collected. The researcher had to identify ways of converting data into specific units of information that could be analyzed. Salient themes, recurring ideas or language and patterns were identified. Marshall (1995:115) states that this process entails uncovering patterns, themes and categories and imposing meaning on the data collected. The researcher developed a classification system from the literature data that was collected. This was divided into categories which were outlined by making a list of reoccurring topics from the data. These topics were classified into two categories, which are as follows:

CATEGORY 1: FAMILY THERAPY APPROACHES
CATEGORY 2: CROSS-CULTURAL ISSUES IN FAMILY THERAPY

All data material falling in the first category were denoted by number 1, and number 2 represented the data that fell under the second category. The researcher labelled the data as she read through it. The researcher then established that both categories needed further classification, giving rise to two subcategories, with one in each category and they are:

SUBCATEGORY 1.1: TECHNIQUES IN FAMILY THERAPY

SUBCATEGORY 2.1: ROLE OF MULTICULTURAL FAMILY THERAPY

The list of topics according to categories is as follows:

▲ Category 1: Family Therapy Approaches

- Structural family therapy
- Communication approach
- Multisystems approach
- Strategic and paradoxical approaches
- Bowenian model of family therapy

■ Subcategory 1.1: Techniques in Family Therapy

- Role plays
- Genograms
- Link therapy

▲ Category 2: Cross Cultural Issues in Family Therapy

- Definition and meaning of family
- Therapy and culture

■ Subcategory 2.1: Role of the Multicultural Family Therapy

- Therapists' use of self
- Self awareness
- Cultural homogeneity

Table 5.1

Schedule of Categories

CROSS-CULTURAL FAMILY THERAPY

Family Therapy Approaches		**Cross Cultural Issues in Family**	
	Techniques in Family Therapy		**Role of Family Therapist**
Structural Family therapy	- Role plays	- Definition and	- Therapist use of self
Communication approach	- Genograms	meaning of family.	- Self Awareness
Multisystems approach	- Link therapy	- Therapy and culture	- Cultural homogeneity
Strategic & Paradoxical approaches	- Redefining symptom		
Bowenian model of Family therapy	- Coaching		

5.4.2.1 Coding Data Material

Goode and Hatt (1981:135) define coding as an operation by which data is organized into classes and a number or a symbol is given to each according to class in which it falls or in this case categories. Coding is therefore a process of dividing data into parts by a classification system.

With the list that the researcher had, she went back to the data collected and identified the material which related to each topic. Thus, codes were developed for each and every topic in the categories by abbreviating each topic resulting in a brief and easily remembered word. This process is regarded as "fitting the codes to data" (Goode and Hatt, 1981:328). This meant that the material coded had to be relevant to a particular category with which it has been identified.

Patterns and relationships among categories were identified. The researcher did this by firstly searching for patterns or what seemed to be recurring throughout the literature and then drew linking lines among.

The codes of categories are as follows:

CATEGORY 1

▲ FAM/THER/APP		Family Therapy Approaches
- STR/FT	:	Structural family therapy
- COMM/APP	:	Communication approach
- MUL/SYS/APP	:	Multisystems approach
- STRA/PAR/APP	:	Strategic and paradoxical approaches
- BOW/MOD/FT	:	Bowenian model of family therapy

SUBCATEGORY 1.1

■ TECH/FT	:	Techniques in family therapy
- RL/PLS	:	Role plays
- Gen	:	Genograms
- L/T	:	Link therapy
- R/def/sym	:	Redefining the symptom
- Coa	:	Coaching

CATEGORY 2

▲ C/C/I/FT	:	Cross cultural issues in family therapy
- Def/MEA/FAM	:	Definition and meaning of family

- THER/CULT : Therapy and culture

SUBCATEGORY 2.1

- R/M/C/F/T : Role of a multicultural family therapist
- THER/U/SELF : Therapist use of self
- S/AWE : Self awareness
- CULT/HOMO : Cultural homogeneity

Figure 5.2

Schedule of codes and categories

CROSS-CULTURAL FAMILY THERAPY C/C/F/T

Family Therapy Approaches		**Cross-Cultural Issues in Family Therapy**	
	TECH/FT		**R/M/C/F/T**
- STR/FT	- RL/PLS	- DEF/MEA/FAM	- THER/U SELF
- COMM/APP	- GEN	- THER/CULT	- S/AWE
- MUL/SYS/APP	- L/T		- CULT/HOMO
- STRA/PAR/APP	- R/def/sym		
- BOW/MOD/FT	- Coa		

5.4.2.2 Formulation of Themes and Patterns

Themes were formulated from topics within the developed categories. This was the recurring patterns from different literature that the researcher gathered. Here under are the topics within which themes were formulated:

1. Description of Family Therapy Approaches

- Structure and hierarchy within families
- Communication patterns or styles
- Multisystems intervention
- Use of paradox and strategic family therapy
- Bowenian model of family therapy

1.1 Techniques in family therapy

- Role plays
- Genogram
- Link therapy
- Redefining the symptom
- Coaching

2. Cross Cultural Issues in Family Therapy

- Definition and meaning of a family
- Therapy and culture

2.1 Role of multicultural family therapist

- Therapists' use of self
- Self awareness
- Cultural homogeneity

5.4.2.3 Recoding Data

This step is about recoding the existing material. The researcher went back to the edited literature notes, read the material to verify that the data material was correctly placed. Through this the central themes were also identified, and

they formed the basis for the conclusion that the researcher came to. They are as follows: meaning of family, cultural influence in therapy, family therapy approaches and the role of the therapist in cross-cultural therapy. They were each discussed in detail and what they mean to the study in chapter six.

5.4.3 Data Verification

5.4.3.1 Testing the Research Question

Part of this phase is to evaluate the data for their informational adequacy, credibility, usefulness and centrality (Marshall and Rossman, 1995:116). This means that the researcher looked out for any information that opposed what was gathered from the central themes identified.

5.4.3.2 Searching for Alternative Explanations

As categories and patterns emerged, the researcher engaged in the critical act of challenging the very patterns that seemed so apparent. The researcher did this by searching for other plausible explanations for the data, which was either confirming or differing with the data that was recorded. Thus, the final report written was based on the most plausible explanation that emerged.

The researcher also used an "informant" to check the data collected. The informant was a social worker who has had knowledge and experience of working with clients from different cultural groups. She read thoroughly, through the study, including all the literature chapters, the chapter on research methodology, together with the one on the presentation of findings and the conclusions that the research came up with. This was to ensure that the conclusions reached were accurate. The informant involved in the study had no interests or benefits whatsoever in the study. Based on this, it can be concluded that the informant was objective and reliable. Creswell (1994:158) regards this process as "member checks".

5.4.4 Summary

This chapter focused on the methodology used in the research process. It gave an explanation of qualitative research as a method used to gather and analyze data. An elaboration of both exploratory and descriptive research design was also done. It was also shown throughout this chapter that this was a literature review study, whereby data was solely collected by gathering literature information from books, journals and dissertation. Then, this was analyzed based on the categories that were developed and the recurring themes and patterns.

Chapter 6: Findings, Conclusions and Recommendations

6.1 Introduction

Although there are different or rather opposing views (Pragmatists and Mystics) regarding the extent at which culture is important in therapy and how it affects the therapeutic process, from the literature that has been studied, it is quite evident that cultural issues are very significant in therapy and should thus be considered. It is acknowledged that although there are universal processes that families go through, their culture frames their point of view and how they perceive their problems and also regarding problem solving. It is however important to note that culture is not solely responsible for what goes on in therapy. The skills of the therapist, the therapeutic approach and its techniques are important too. The data collected from the literature will be analysed based on the above points including the concept of what a family is and how culture influences the therapeutic process.

6.1.1 Meaning of a family

Families do not exist in a vacuum. This has been made clear from the literature collected. They exist in a system which include the intra-psychic, interpersonal, intra-family and extra-family. All these systems interact and are interrelated in order to make up the whole system. Family life is also not static, as it has been shown. The environment in which families live in, alters continuously and demands that they have the ability to make continual changes or even adapt. The therapist while helping the family with these life demands, needs to understand that the structure of any given family is partly determined by the particular culture in which it exists. It is important to recognise that a family is a cultural pattern which will differ in form and function within societies. These cultural patterns found in families are the solutions to the different sorts of problems with which people must cope. For example within other societies individualism within a family system is more emphasised than collectiveness. Hence the distinction between extended versus nuclear family.

Furthermore, it is evident that traditional families rely mainly on their natural resources for support (the elders) or to solve their problems than going for therapy, for example Mashamba (1998:75) states that within a traditional Tsonga family, a family member or elderly person who will initiate the problem solving process of inviting other family members to come and discuss the issue. Thus each family has a way in terms of which events and experiences need to be interpreted and performed, that is, there are culture preferred patterns for families to cope with problems and the literature supports this. Therefore, when working with families from a different cultural background than ours it is very important to establish a culturally relevant family interaction profile so that normal family interaction outside the mainstream would not be misinterpreted. This will also ensure effective therapeutic intervention.

Most black families tend to exist within an extended family structure (though some exist within the nuclear system) and even if they don't live together in one household, contact with the extended family is often maintained. Thus this family structure needs to be recognised or the therapist must be aware of it and also the strengths that it has. For example there is often role flexibility within this structure whereby family members are not limited to a particular role. However, it is equally important for the therapist to understand when this structure and the role interplay within it, can be functional or dysfunctional, that is, although extended families can be very supportive, they can also be dysfunctional whereby members are constantly intruding in other family member's life's

Since it has been established that a family is a socio-cultural unit (i.e. it exists within its own culture), the concepts of pathology and normality must also be cautiously considered when working cross culturally. This is based on the fact that what is healthy and desirable functional family behaviour is subject to cultural variation and therefore requires careful definition. In other words, the profile of a normal and healthy family must be conceptualised and modified in culturally relevant ways based on the culturally adjusted profiles of the functioning family. For example the extent to which families feel comfortable to reveal their private lives to outsiders varies among the different cultural groups. The life cycle demands of black people are also

very complex and thus the therapists need to be aware of this when working cross culturally. As it has been stated many black families might not experience the crisis at a particular development stage as outlined by this model. For example the absence of the "empty nest" in many black families. These considerations are thus very important in cross-cultural counselling.

6.1.2 Cultural influence in therapy

It has been made clear that culture is maintained and transmitted within a family, and thus represent people's adaptation to the political, economic and social realities of their lives. In the therapeutic encounter, cultural values offer fundamental guidelines to the family therapy process as they eventually influence this process. Thus, cultural beliefs can either impede the therapeutic process or can be utilised effectively to enhance it. Cultural sensitivity is therefore very important in a cross cultural setting.

Literature also supports the fact that cultural considerations are necessary in carrying out any form of psychological treatment including family therapy. The significance of examining how family therapy can be modified and conducted in a culturally relevant way that is meaningful and effective in terms of the cultural background of the family and the social setting within which it is going to live and function has been emphasised too.

6.1.3 Family therapy approaches and techniques in cross cultural therapy

It has been acknowledged that concepts, theories and methods of Western psychology are inappropriate to the life style and reality of black people. This is mainly because they emphasise individualism and independence, including the denial of dependency and this differs with the African culture, which promotes and rewards dependency or collectiveness and so only leaving initiative to the elders and caretakers. Although the criticism of the Western model on this issue is fully understood and reasonable, these models can also often be adapted cross culturally. Therapists should thus, learn to

select a culturally relevant approach in treating certain types of families or specific problems that they might have. In other words they must be flexible and draw from the work of many different schools of family therapy.

The models as discussed in both chapter two and three (i.e. structural, Bowenian, strategic, systemic, communications, multi-systems, family therapy) become part of the therapeutic armamentarium of any therapist but especially a multi-cultural family therapist. This means that a therapist working cross culturally should be broadly trained and conversant with more than one school of therapy, using theory and techniques most efficacious to meet whatever problem a family presents. The issue of fitness between family types and family therapy models have not been thoroughly researched or examined. Thus, there is no conclusive evidence stating that certain families will benefit from a particular model. However, from clinical experience, suggestions have been made and each model has a place in cross cultural therapy, for example brief strategic interventions like link therapy can be utilized whereby a single member of the family can be used to provide the link between the family therapist and the family especially in those families that deny the therapist adequate entry into their system. Thus the whole family doesn't physically have to be at the sessions. On the other hand the multi-systems approach can be very helpful as it allows intervention on a variety of systems levels such as the family and the church. Thus the therapist can utilize these systems effectively so that they can be a support rather than a hindrance to the family.

Based on this, it is quite evident that cross-cultural family therapy is possible. The responsibility lies with therapists to adapt interventions to their clients' construct and the family therapy modes can be used as guidelines throughout this process. Activities that the therapist engages the family in (for example role playing/sculpting) and even the techniques that he/she applies will also need to be thoroughly thought through. As therapists we need to question whether the techniques we use are relevant and useful to these families. For example genogram may bring painful experiences forth, that may even be or not be helpful to the presenting problem and this might make the family terminate therapy. Thus it is very important that the

therapist knows how and when to apply some of these techniques as they can be very effective tools too in cross-cultural therapy. For example it would be appropriate to introduce them later in therapy when rapport has been established.

6.1.4 Role of the family therapist in cross cultural therapy

Effectiveness in providing services to a multi-cultural population relies heavily on the sensitivity, understanding and respect of the helping professional towards the particular culture presented by the family. Literature supports this as it is stated that therapeutic success relies heavily on the therapist's understanding of the construction system of the client. A human bond or connection between the therapist and the family he/she treats is also very important. The therapist needs to establish this too. It is thus not only the skills and knowledge of the therapist that are essential, it is the "use of self" too, that is fundamental, together with the sensitivity and readiness to adapt accordingly.

Self-awareness regarding cultural issues has also been emphasised in cross-cultural therapy. Therapists should examine and evaluate how their own cultural and personal beliefs may affect their treatment of families. This is very important, as literature showed that culturally unresolved therapists often experience considerable difficulty demonstrating sensitivity to clients from similar or dissimilar background. For example an African therapist who rejects his/her heritage may express inappropriate affects towards any aspect of the client's background that appears unequivocally African, that is the therapist's unresolved cultural issues can become a major organizing principle in therapy. Hence the importance of self-awareness regarding own cultural beliefs.

Regarding the issue of therapists seeing clients from the same cultural background as them, it has been found that communication breakdown occurs even in a culturally homogeneous setting. Thus it doesn't matter whether the therapist is black or white, what is important is how he/she adapts accordingly and how he/she negotiates the helping process with the clients. It is thus possible for a white therapist to empathise

and share in his/her black clients' existential world just as much as or sometimes even more than a black therapist. However, it has been acknowledged that a white therapist will always have cultural and racial issues that he/she will need to deal with in a cross cultural therapeutic encounter, for example the issue of how clients feel about being seen by him/her might need to be dealt with.

6.2 Conclusion

There is no conclusive research to date that suggests that one therapeutic modality is better than another for treating individuals from diverse cultural backgrounds. Until such research is done therapists will have to combine their clinical skills with their knowledge of the client's culture to determine the advantages and disadvantages of one modality over the other. This may include helping families structurally, at times strategically and at times promoting new modes that were not present in the family's repertoire or behaviours. Thus the importance of the issue of flexibility versus rigidity. What is of great significance is the therapist being knowledgeable about the families culture and lifestyle so that he/she can provide a culturally responsive form of treatment. This includes knowledge of the culture, the formulation of culturally relevant, consistent strategies, credibility (being the client's perception of the therapist as an effective and trustworthy helper) and giving (the client's perception that something was received from the therapeutic encounter) are all important and necessary in providing more adequate services to the culturally different.

It might seem like it is suggested that therapists must become chameleon- like experts at shifting cultural lenses. This change is neither desirable nor possible. No one therapist can master all primary cultural norms, let alone cultural nuances. Even if the therapist understands the culture of the clients he/she sees, it is not necessarily a smooth transition from understanding to being able to work successfully with the clients with whom he/she is presented. As it has been stated in literature, all humans, regardless of culture, need to love and to be loved, to feel important and to relate to loved ones. The task of the multi-cultural therapist is to discover how these common needs are expressed in different cultures. What, intervention strategies will be more effective with which group, remains an open question.

Culture is what makes people and this has been made evident in the literature collected. Treatment or rather intervention needs to consider this, so that as therapist we can provide an effective service to families. The "belief that African culture is obsolete per se, and education and enlightenment have come and now we share the same value system as the whites of this country is incorrect and misguided. This attitude ignores the fact that no matter how civilized one can claim to be, we will still be regulated by the ethos of our original culture" (Gobodo, 1990, 96).

6.3 Recommendations

- Based on the information gathered from literature and the main points that seemed to be emphasised by most authors, the researcher came up with the following recommendations:

- Therapists need to change the idea of therapy as it is traditionally conceived (A multi-cultural family therapist should keep in mind that therapy is a Western method of helping used mainly with white middle class and upper class. In many cultures a respected elder serves as a family guru) and embrace additional styles of intervention, for example using preventive, psycho-educational and social skills training programmes especially with those families that do not regard themselves as having problems, but could benefit from enrichment and social skills training programmes. Training can be done by the authority figure in the family with the guidance of the therapist.

- To meet the demands of our South African society (as we are a multi-cultural society) it is imperative for universities to do research on how they can train students in cross cultural issues so that it can enhance their ability to offer effective and relevant therapeutic services to their clients.

- A process oriented course in cross cultural issues should also be developed in order for students and therapists to examine their own feelings, values and biases and how

these might influence the cross cultural therapeutic relationship. These courses should not only focus on awareness of cultural differences, but on sensitivity too i.e. trainees should be provided with meaningful cultural experiences.

- Collection of data on diverse cultural groups, especially South African families and how they problem solve in their families.

- Research on the fitness between family therapy models and particular, cultural groups that is a South African perspective, as most research is not South African. From this we may be able to develop a model that we can use in our situation.

- Evaluation of the effectiveness of services that we give to families from diverse cultures, this includes whether they are compatible with their repertoire.

- Finally, it is recommended that the research be used as part of the Bapong Research project as the basic framework for the development of qualitative data-ollection instruments.

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