

GLOBAL
EDITION

Family Therapy

History, Theory, and Practice

SIXTH EDITION

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Sixth Edition

Global Edition

FAMILY THERAPY

HISTORY, THEORY, AND PRACTICE

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occurring in African American families in the 1970s were financial improvement and social upward mobility. Employment and educational opportunities, previously closed because of racial barriers, opened. Housing and social options became more available. The opposite side of the trend toward upward mobility was the poverty and hopelessness of the African Americans left behind, especially in inner-city ghettos. These African Americans tended to be poorer and less educated and have less opportunity to advance. Unemployment rose in general among African American men from the late 1950s on because of the elimination of many suitable jobs (Gaston, 1996). The consequence was that a large economic underclass of African Americans developed. Within this class there was a loosening of family ties because of the stress and strain associated with single parenting, high unemployment, and living below or near the poverty level.

These external factors influence the inner realities affecting family dynamics today. Such stress within any group takes its toll on family life and individuals within these families.

WORKING WITH AFRICAN AMERICAN FAMILIES Although African Americans have high utilization rates for individual therapy, the concept of family therapy is still relatively new in this context (Willis, 1988; Wilson & Stith, 1991). “African Americans are often strangers in an alien land of therapists, many of whom have not received or are not invested in training about African American cultural realities” (Burton, Winn, Stevenson, & Clark, 2004, p. 405). Traditionally, African Americans have relied on extended family networks to take care of their needs. African American men have, as a group, been particularly reluctant to share their most intimate thoughts and feelings, because of socialization patterns that have taught them not to share pain and frustration (Peterson, 2000c).

Psychoeducation, especially with single-parent African American women, can be effective (Lee, 1995). However, in treating African American families, there is “no prescriptive approach” that can be applied universally in the helping process (Newlon & Arciniega, 1991, p. 192).

Furthermore, family therapists, regardless of their cultural heritage, must be attuned to African American experiences and perceptions. To be successful, family therapists need to understand the historical and social background of African American families in the United States and how it affects the therapeutic relationship (Awosan & Sandberg, 2011). They must also appreciate the issue of trust that arises between African American families and non-African American family therapists (Willis, 1988). An important point for family therapists to comprehend is that many African American families first need to perceive treatment as a form of social support that can benefit them. Then they can more readily accept it.

Working with African American families requires that therapists have an understanding of multigenerational family systems (Hines, Garcia-Preto, McGoldrick, Almeida, & Weltman, 1992). Therapists must also be sensitive to the importance of respect for elderly family members. Often therapeutic work is begun with African American families because therapists have emphasized to older family members that therapy can be of value.

Therapists must assure African American families that through the therapeutic process they can learn how to handle many of their problems. Through “education about various issues (e.g., parental rights in educational systems) and concrete skills training,” confidence and competence may be enhanced in African American families so they can advocate on their behalf (McGoldrick, Preto, Hines, & Lee, 1991, p. 561). Lee (1995) describes how single African American mothers may be empowered to effectively deal

with their children and extreme environmental hardships through helping these women foster a positive culture identity in their children. In addition, these women can be assisted by helping them to appreciate parenthood from an Afrocentric perspective.

Furthermore, in working with African American families, therapists need to address social and institutional issues that have adversely affected African Americans. These include working in an outreach fashion to marshal support of institutions, such as governments and churches, that can lend support to African American families and help change detrimental policies affecting these families. The presentation of positive role models of African American families can also make a difference (Stovall, 2000).

Other guidelines besides those just given include addressing the family's concern about having a non-African American therapist (if that is the case); not assuming familiarity with the family in first sessions; joining with the family before gathering sensitive information; conducting home visits if needed; acknowledging strengths, successes, and resources; and using appropriate metaphors and scriptural references when warranted (Bean, Perry, & Bedell, 2002).

Family Reflection: Barack Obama became the first African American president of the United States in 2008. Since then, much has been written about him and his family, especially the ways he relates to his wife, Michele, their two daughters, and even their dog, Bo. How has the Obama family changed the stereotypes of African American families you may have had? How do you think it may influence African American families in the future?

Asian American Families

In 2011, Asian Americans constituted about 5% of the population of the United States, or close to 14 million people (U.S. Census Bureau, 2012a). By 2020, they are projected to number about 20 million. Asian Americans trace their cultural heritage to countries such as China, Japan, Vietnam, Cambodia, India, Korea, and the Philippines, as well as the Pacific Islands. The backgrounds of Asian Americans are diverse, “with as many as 32 different Asian ethnic groups now identified in the U.S.” (Cheng, 1996, p. 8). They differ in regard to language, history, and socioeconomic factors. Yet Asian Americans share many cultural values, such as a respect and reverence for the elderly, extended family support, family loyalty, and a high value on education (Olson, 2000). They also place strong emphasis on self-discipline, order, social etiquette, and hierarchy (Hong, 1989; London & Devore, 1992).

There are a number of philosophies and ethics among Asian Americans. Chinese and Japanese values governing family life are often “influenced by Confucian philosophy and ethics, which strongly emphasize specific roles and proper relationships among people in those roles” (Ho, 1987, p. 25). Three main relationship roles that are stressed within the family in this tradition are father/son, husband/wife, and elder/younger siblings (Keyes, 1977). In these relationships, there are feelings of obligation and shame. If a member of a family behaves improperly, the whole family loses face. Buddhist values also are prevalent in many Asian American families. These values stress harmonious living and involve “compassion, a respect for life, and moderation of behavior; self-discipline, patience, modesty, and friendliness” (Ho, 1987, p. 25). Still other Asian Americans, such

as those from India, are influenced by Hinduism and collectivist family values, which stress that individuals within families make sacrifices on behalf of the family, as the welfare of the family is more important than individual needs and self-identity (Khanna, McDowell, Perumbilly, & Titus, 2009). Muslim and Christian philosophies and values govern Asian American family life as well.

As Asian American families have moved into mainstream American society, they have had to contend with a number of problems that are both unique and universal to other families. For instance, like other families, Asian American families have had to face the fact that, geographically and emotionally, families are moving further apart. This is a trend in American society that places more emphasis on the individual than the family (Sue & Morishima, 1982). Substance abuse, once rare among some Asian American populations, is on the rise (Mercado, 2000). Unique to Asian American family culture is the reality that “parents can no longer expect complete obedience, as families become more democratic and move away from the patriarchal system of the past” (London & Devore, 1992, p. 368). In many ways, Asian American families and other U.S. families appear to be similar, but the dynamics underlying them differ substantially. For example, such a difference may be evident in a case where a young Asian student seeks career counseling because he has difficulty in figuring out his major and his career path because of a conflict between family loyalty and individual desire.

WORKING WITH ASIAN AMERICAN FAMILIES In working with Asian American families, therapists must take acculturation into account. First-generation Asian American families, for instance, may need assistance from family therapists in learning how to interrelate properly to other families and societal institutions. They may also face problems involving social isolation, adjustment difficulties to a particular location, and language barriers (Hong, 1989). The role of the therapist in such cases is primarily educational and avocational rather than remedial. It is directed toward outreach efforts (Cheng, 1996).

On the other hand, many established Asian American families need help in resolving intrafamily difficulties, such as intergenerational conflicts, role confusion, and couple relationships (Kim, 2010; McGoldrick et al., 1991). There may be an **acculturation gap** (i.e., different rates of acculturation) between immigrant parents and United States–raised children that “complicates the normal generation gap, resulting in greater misunderstandings, miscommunications, and eventual conflicts among family members” (Lee, Choe, Kim, & Ngo, 2000, p. 211). In these cases, therapists work according to both specific cultural norms and universal treatment model procedures.

Most Asian American families are reluctant to initiate family therapy, and if therapists are to be of assistance to these families, they must do the following:

- Familiarize them with therapy and educate them about its value.
- Establish rapport quickly through the use of compassion and self-disclosure.
- Emphasize specific techniques families can use to improve their relationships and resolve their problems.

Problematic to Asian American families, and all recognizable ethnic minority families, is **racism**, which may disrupt their internal family dynamics, as well as outside relationships (Sue & Sue, 2013). In such situations, family therapists work not only to address societal changes, but also focus with family members on assessing the values and skills

within the family for dealing with prejudice and discrimination. This type of work utilizes family cultural strengths and family therapy strengths.

In working with families of Asian origin, therapists need to recognize that they may be most effective if they are knowledgeable about Asian philosophers, such as Lao Tzu and Confucius. They are also usually at their best when they seek “to create a safe and nurturing environment that mirrors a supportive and caring family and where each participant is respected, and without fear, can explore relevant problems and concerns” (Cheng, 1996, p. 8). Kim, Bean, and Harper (2004) lay out other guidelines for working with Asian American families in general and Korean Americans in particular. Among these are the need to assess support available to the family, assess past history of immigration, establish professional credibility, be problem focused/present focused, be directive in guiding the therapy process, and provide positive reframing that encourages the family.

CASE ILLUSTRATION

The Guptas

Naina and Anil Gupta were born to Indian parents and raised in the U.S. Their 25-year-old son, Rajeev, has also been brought up there. The Guptas are extremely upset because Rajeev wants to marry his Irish girlfriend instead of an Indian girl they have chosen for him.

Naina and Anil had an arranged marriage themselves and are sure that Rajeev would be happier if they arranged his marriage for him. Rajeev says he wants his parents to be involved in his life, but he does not share their belief that he needs to marry someone from a similar cultural background. He does not identify with his Indian heritage as he has been to India only on holidays and does not connect with his cultural roots. He is firm about his decision to marry his girlfriend and feels no obligation to support his parents' ideas of arranged marriage.

The parents want you to “talk some sense” into Rajeev since he is not engaged yet. You feel trapped in wanting to advocate both for the parents and their cultural heritage, and for Rajeev and his freedom of choice. What could you say to the Guptas as a family?

Hispanic/Latino American Families

“The term Hispanic, or Latino, refers to people who were born in any of the Spanish-speaking countries of the Americas (Latin America), from Puerto Rico, or from the United States who trace their ancestry to either Latin America or to Hispanic people from U.S. territories that were once Spanish or Mexican” (Cohen, 1993, p. 13). One in every six residents of the United States is of **Hispanic/Latino** origin, with a combined population of 50 million (U.S. Census Bureau, 2011c). The U.S. Census Bureau (2012a) indicates that Hispanics/Latinos have become the nation's largest minority (17.6%), which is growing rapidly, especially among younger generations. More than 25% of children younger than 5 years of age are Hispanic/Latino (U.S. Census Bureau, 2009), and in 2008, 18% of people ages 14 to 17 years in the United States were of Hispanic origin (U.S. Census Bureau, 2009). Regardless of age, the majority (76%) of Hispanic/Latino American families trace their ancestry to Mexico, Cuba, or Puerto Rico.

Considerable diversity exists among Hispanics/Latinos and their families. Most wish to be in the mainstream of society in the United States. As a group, Hispanics/Latinos also tend to be family oriented, with children being at the center of the family and parents “typically assuming complementary roles in the disciplining (i.e., fathers) and nurturing (i.e., mothers) of their children” (Madden-Derdich, Estrada, Updegraff, & Leonard, 2002, p. 251). Differences in distinct groups of Hispanics/Latinos, however, mean that each family is unique, sharing both common and special qualities when compared with others.

As a group, Hispanic/Latino families have the following difficulties:

- They are at higher risk for living in poverty than non-Hispanics/Latinos (Mimura, 2008).
- They lag behind non-Hispanics/Latinos in earning high school diplomas and college degrees. (Stanard, 2003).

Hispanic/Latino families have a number of assets and strengths. “Hispanics come to the United States from collectivistic cultures” that “view their accomplishments as being dependent on the outcomes of others” (Carlson, Kurato, Ruiz, Ng, & Yang, 2004, p. 114). Among these are cultural values and scripts such as “*dignidad* (dignity), *orgullo* (pride and self-reliance), *confianza* (trust and intimacy), and *respeto* (respect)” (Johnson, 1995, p. 319), as well as “*simpatia* (smooth, pleasant relationships), *personalismo* (individualized self-worth) . . . *familismo* (family relations), *marianismo* (female self-sacrifice), and *machismo* (male self-respect and responsibility)” (Carlson et al., 2004, p. 114).

WORKING WITH HISPANIC/LATINO FAMILIES As a group, Hispanics/Latinos tend to seek out psychiatrists, clergy, and psychologists more frequently than they do marriage and family therapists (Bermudez, Kirkpatrick, Hecker, & Torres-Robles, 2010). Yet, marriage and family therapists are an excellent source of help for this population since the family plays such a central part in Hispanic/Latino culture. In working with Hispanic/Latino families, it is essential for family therapists to develop a basic knowledge about cultural traditions before attempting to employ treatment modalities (Maldonado, Ascolese, & Aponte, 2009). Traditional rituals, such as religious festivities, Quinceañeros (celebrations at which a daughter is presented to society as a woman), engagements, weddings, and funerals, are highly valued in Hispanic/Latino culture and bring families together (Ponce, 1995, p. 7). Hispanic/Latino individuals are also “interested in getting to know someone as a person rather than assessing a person based on external factors such as occupational or socioeconomic status” (Cooper & Costas, 1994, p. 32). As a group, Hispanics/Latinos tend to be “physically expressive, such as gesturing with their hands and face (e.g., eyes/eyebrows and mouth) while they talk” (Ponce, 1995, p. 7).

This type of cultural information can be obtained through specific academic courses, as well as through direct observation, interactions with Hispanics/Latinos, and continuing education opportunities. Educational information helps therapists learn as well as, if not better than, case-by-case supervision (Inclan, 1990). No matter what kind of approach the family therapist employs, several unique factors must be taken into consideration when helping Hispanic/Latino families.

The first factor is external. A disproportionate number of Hispanic/Latino families live at or below the poverty level (Garza & Watts, 2010; Facundo, 1990). More than 40% of Hispanic/Latino children live in poverty, with the proportion of Puerto Rican children especially high (57%). Stress related to economic factors and working conditions often

contributes to intrafamily difficulties. Serving as an advocate and a resource is a crucial role family therapists sometimes need to play in helping poor Hispanic/Latino families help themselves.

Another area that family therapists need to address with Hispanic/Latino families relates to **acculturation**, for they seek to fit into the larger U.S. culture as rapidly as possible (LeVine & Padilla, 1980; Olson, 2000). However, family members may do so at different rates. For instance, school-age children may become “Americanized” at a faster and easier rate than grandparents. The older Hispanic/Latino family members may fear the loss of their children and traditions to a new culture and, hence, may become isolated and depressed because of rapid changes and loss (Baptiste, 1987). In working with Hispanic/Latino families, therapists should consider how the pressure for acculturation may contribute to family turmoil, especially as it relates to family loyalty (Hines et al., 1992). Language factors, especially bilingualism, must also be explored (Sciarra & Ponterotto, 1991).

Another consideration in treating Hispanic/Latino families involves outside sources and internal beliefs. An institution that encompasses both of these helpful dimensions is the Catholic Church, especially for Mexican Americans and Puerto Ricans (Johnson, 1995). Historically, the Catholic Church has provided social, economic, and emotional support to Hispanic/Latino families when few other community services have been available.

A fourth area that needs to be addressed in Hispanic/Latino families is the family hierarchy and roles. “By accepting therapy, the Hispanic father may feel . . . humiliated and shown to be ineffective” (Santisteban & Szapocznik, 1994, p. 21). From the point of first contact, the therapist “must send the message that the father is a central figure in the family” (p. 21). Similarly, Hispanic/Latino women may present themselves as self-sacrificing and victims of other family members. The therapist will do best not to immediately challenge this assumption but rather to redirect this behavior “to fit the needs . . . of getting other family members into therapy” (p. 22).

The length of treatment and its focus must be considered when working with Hispanics/Latinos. Because Hispanic/Latino families are accustomed to being treated by physicians, they generally expect mental health services to be similar (Maldonado et al., 2009). Family therapists therefore need to be active and employ direct and short-term theories. **Filial therapy**, a structured child-centered play therapy in which parents are taught to respond to their children on an emotional level, is one such effective therapeutic intervention (Garza & Watts, 2010).

Family Reflection: The Hispanic population in North America is growing rapidly. Hispanics are more likely to use counseling services when they feel understood (Kossack, 2005). If you are not Hispanic, jot down 10 words you would use to describe Hispanics and their families. If you are Hispanic, jot down 10 words you would use to describe non-Hispanic families. What unique words are on your list? What cultural stereotypes are among your words? How accurately do you think your list is representative of the traits of either Hispanic or non-Hispanic families?

American Indians and Alaska Natives Families

Approximately 3.6 million American Indians (AIs) and Alaska Natives (ANs) live in the United States (1.2% of the population) (U.S. Census Bureau, 2012a). They are an extremely diverse group, belonging to 557 federally recognized and several hundred state-recognized