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Adolescents, Families, and Cultural Transition: A Treatment Model*

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Change is a natural feature of our world, affecting its physical properties, geography and inhabitants. It is a topic that for years has occupied the minds of poets, songwriters and sociologists, among others. While the rate of change may vary from era to era, change is nonetheless a constant facet of human and societal development.

Although in many ways inevitable, societal change has rarely occurred without challenge from a segment of those affected. Within a given society, there usually are groups who cling to the safety of pre-existing traditions and norms rather than accept the risk and loss of security accompanying the new or the unknown. That such groups emerge is probably in the nature of human social and political organization.

As a society is composed of subgroups which assume different positions (e.g., "pro" and "con") vis-à-vis an evolving process of change, so is an extended family made up of such subgroups. In a sense, the family often isomorphically reflects forces within the larger society; i.e., it is a microcosm of the larger society. When such a family experiences major upheaval—for instance, when one of its contingents moves to a new environment or culture—the intra-system conflict is intensified much as it would be if the same were to occur within a larger social group. Under the stress of moving "forward," the creaks and groans of the slowly advancing social organism become amplified, and the organism may begin to lose its coordination. This asynchrony of either rates or directions of change among the subsystems inevitably leads to conflict. Since the con-

flict arises from difficulties in negotiating transitions, we have called it *transitional conflict* (Landau, 1981; 1982; in press). At such points of transitional conflict, intervention (i.e., "repair" or "readjustment") may be indicated.

THE DEVELOPMENTAL PERSPECTIVE

The implications of change for individual mental health have long been recognized by students of human psychology. In great part, the connection between the two has been drawn by those working in the field of human development. They have come to recognize that the processes of change and development are inextricably linked.

Among the first to identify the connection between change, development and mental health was Sigmund Freud. In particular, he stressed the importance of early childhood development in later emotional adaptation (Jones, 1953). Subsequently, Piaget (1958) pointed out the relevance of childhood cognitive processes for adult functioning. Erikson (1950) further expanded these notions and, in his description of the "Eight Stages of Man," outlined the important points of transition from childhood through old age—a life-cycle formulation. Kubler-Ross (1975) then carried such ideas to their end point in her work on death, terming it "the final stage of growth."

Broadening the development perspective to include a *family* view of the life cycle occurred somewhat later than most of the individually oriented approaches to this topic. The first such work was sociologically based and presented by Reuben Hill and Evelyn Duvall to the National Conference of Family Life in May 1948, (Carter & McGoldrick, 1980). Subsequently, Scherz (1970) drew a comparison between the developmental tasks of the individual and those of the family. She noted that, much as the individual encounters tasks in developmental sequences that overlap and are frequently accompanied by stress, the family also moves through parallel sequential tasks and stress points.

The first explicit application of the family life-cycle paradigm to clinical operations was outlined by Haley (1973) in his book *Uncommon Therapy*, which married the techniques of Milton Erikson to a family life-cycle framework. Later, Sluzki (1979), writing on family migration, linked sound sociological thinking with the clinical implications for families undergoing changes in cultural context. Overall, then, one arm of the psychotherapy field has progressed from a focus on the individual, through a focus on the nuclear and extended family, to an ecosystemic (Auerswald, 1968) and family-in-cultural-context focus.

CULTURAL TRANSITION

"Culture may be defined as the system of social institutions, ideologies, and values that characterize a particular social domain in its adaptation to the environment. It is also implicit in the concept that these traditions and beliefs are systematically transmitted to succeeding generations." (Hamburg, 1975, p. 387)

The rapidity of change in our modern world—and more specifically the threat of cultural migration—commonly leads to an increased intensity of cultural emphasis in a threatened group. It has frequently been surmised that the enormous cultural strength and constancy of the Jews and the Poles emerged from the necessity for them to return to the security of their traditional culture when dangers threatened their group existence.

The threat to the group varies greatly according to the pattern of cultural transition. Where the migration is within the same country, the change may be limited to the loss of family support systems and the alteration of the level of urbanization. When outside influences are responsible for altering an existing culture within the home country, there is more likely to be a certain amount of group and family support as the changes impinge on the community as a whole (Landau, 1982). When, on the other hand, a new country is chosen, an entirely new value system and lan-

guage may have to be contended with, as well as the loss of family support systems and the change in urbanization levels.

Migration may involve many families from a particular country, region, or culture, or it may be an isolated experience for a single family; more frequently it falls between the two extremes (Sluzki, 1979). The resources needed for handling the transition process are obviously vastly different in each case. It is, therefore, useful to ascertain the transitional history of the migrant group before drawing conclusions as to the stresses affecting any individual family. A working knowledge of the group's developmental history and social and cultural norms will help the therapist avoid misinterpreting the family process—such as viewing a family-environment conflict as primarily arising from conflicts within the nuclear family.

The period of time through which change occurs is perhaps the most crucial factor affecting adaptation. Where change occurs over many generations, the adjustment may be scarcely noticeable and may, in fact, be too gradual to be seen in the space of one lifetime, as in the case of rural Africa (Landau & Griffiths, 1981). By contrast, families undergoing cultural migration may face the stresses of both rapid industrialization and urbanization. These are often accompanied by attitudinal changes, mass media inundation, alteration in dependency patterns, gender-role confusion, and increasing occupational demands, in addition to the pressures inherent in entering a new culture.

The factors determining the facility with which each family resolves issues of transition are both intrinsic and extrinsic to the family unit. If the resources of the family itself and the support systems of the community around it are adequate, and more particularly if the other families in that social group are at a similar stage, problems of acculturation are more likely to be satisfactorily resolved—the family adapts positively (Landau, Griffiths & Mason, 1981). If, on the other hand, such resources are not available, the family may encounter a severe crisis—a transitional conflict. If unresolved, this conflict may lead to symptomatology.

Factors Affecting Cultural Transition

Some important factors affecting cultural transition include the following:

REASONS FOR MIGRATION AND REALIZATION OF GOALS

Cultural migration occurs for diverse reasons—for instance, to escape political harassment or the dangers of war. It may be a fleeing from famine and overpopulation or the founding of a penal colony. It may serve in the search for personal fulfilment and betterment of family fortunes. It may even result from a search for diamonds or gold or the glory of pioneering and the excitement of adventure. Or the move may be an attempt to resolve continuing family problems. A major consideration in the adjustment of the family to migration is the extent to which its original expectations compare with the reality.

AVAILABILITY OF SUPPORT SYSTEMS IN THE COMMUNITY AND FAMILY OF ORIGIN

The support systems in the community play an important role in determining the facility with which each family resolves transitional issues. If other families in the social group are at a similar stage of transition, the problems are more likely to be satisfactorily resolved. The attitude of the family of origin and its health and resources are also major determinants in the system's adaptation.

THE STRUCTURE OF THE FAMILY

The structure of the family is an important factor in its adaptation to the new environment. The natural development of the family as a sociological unit follows a pattern from extended to nuclear family and from nuclear family to newly emergent family forms beyond the nuclear family, such as single parent, blended family, etc. (Landau & Griffiths, 1981). Migration moves the family along this pathway at a more precipitate rate than factors such as urbanization and industrialization. An individ-

ual, or a small nuclear unit, moving away from a close traditional extended family into a new culture where nuclear independence is expected, is likely to feel severely threatened. There is a sudden lack of extended-family support at a time when it is most needed. The new isolated unit is also, for the first time, responsible for making and maintaining its own set of rules, which, in view of the new situation and its strange demands, needs to be different from those previously maintained and administered by the hierarchy of the extended family (Landau, et al., 1981).

DEGREE OF HARMONY BETWEEN CULTURES

The relative stress of migration is in part determined both by the country and culture of origin and by the country and culture of adoption. A decision to emigrate from the Far East is likely to be taken by an entire nuclear family, frequently accompanied by one or more members of the extended family. On the other hand, an immigrant from the Western world—usually a male—is far more likely to move alone, followed at most by his immediate family if he has acquired one or, if a bachelor, by creating a nuclear family in the country of adoption. An immigrant from the Middle East may choose either of these alternatives but, if emigrating alone, he often retains far closer links with his family and country of origin than his Western counterpart.

As an example, a Hindu family leaving India in search of greater opportunities in the United States or Great Britain will experience a dramatic transition from the security of a close traditional extended family to the isolation of a nuclear family. It will also be confronted by the totally foreign values of a country with vastly different culture, language, religion, and life-style.

In contrast, the young Anglo-Saxon bachelor emigrating from Great Britain to Australia or South Africa may have only minor difficulty in finding a group with whom he can identify. His problems with language relate to accent only; his religion is no hindrance to the adjustment process; and his family of origin is more likely to accept his decision without question or

threat of permanent mourning. In addition, his facilities for revisiting Great Britain are great, and the stress of cultural migration slight.

When, however, a young Greek or Portuguese decides to leave his homeland in search of financial improvement and educational opportunities for his children, the bereavement is intense. He may well decide to emigrate alone, send for his wife and children later, when possible, and spend the rest of his life in sad exile supporting both his family in the homeland and his nuclear family in the country of adoption. In addition, he may face his own difficulties in the process of adaptation as well as the misery of not being accepted by the citizens of his new home.

INCORPORATION OF TRANSITION AS A DEVELOPMENTAL STAGE: HEALTH OF SYSTEM VS. DYSFUNCTION

Severe crises frequently result from the lack of resolution of transitional issues. The family's healthy adaptation to transitions may be viewed as a successful negotiation of a developmental stage of the family's growth in society, and unresolved transitional conflict may be regarded as leading to dysfunction in the same sense that the unresolved stages of a family's life cycle may result in dysfunction in the system.

Changes Associated with Cultural Transition

The visible markers of a family's ethnic background are its language, religion, education, life-style, and appearance. A family in cultural transition must often confront change in all of these areas.

LANGUAGE

This is an important vehicle of culture and tradition and therefore a major factor in the adaptation to a new cultural environment. The average youth living in a new culture regards dropping the vernacular as modern and westernized. There are many immigrant families of three or four generations in which the older generations

are unable to communicate with the youth because they have no language in common. This leads inevitably to severe transgenerational conflict and the threatened disruption of family integrity and bonding. Unfortunately, it is not uncommon for the first- and second-generation youth to equate the speaking of the traditional language with "lack of education." This increases the transgenerational conflict and also, in some instances, leads to peer-group conflict—on the one side, by those who despise all things traditional and, on the other, by those who regard the aspiration to the new country's ideals as shameful and disloyal to their own identity. For immigrants who do their best to assimilate there frequently remain the problems of non-acceptance because of strange accents or foreign word-order usage.

RELIGION

Religious practices exert a strong influence on families in cultural migration, the older generations tending to adhere to the traditional and the youth forced to choose between identification with families or with peers. In some groups—such as Muslim, Jewish, and Greek Orthodox—schools are provided for religious education after ordinary school hours. Failure to attend results in severe conflict with parents and religious peers. Attendance, however, may result in the children being excluded from extracurricular sports and ordinary social activities with nonsectarian peers. These problems often lead to poor religious identification and severe transgenerational conflict.

EDUCATION

Schooling is a factor that frequently provokes further stress in families in cultural migration. It is not uncommon for the parents of an immigrant family to learn to rely heavily on the better education and adaptation of their offspring, resulting in enormous stress on the functional boundaries of the family. Further transgenerational problems are induced by the parents' feeling of inferiority vis à vis their offspring and peers. The education of the children is often a major reason for the migration itself, and the parents are left feeling confused and ambivalent with the results. The children in turn may be ashamed of their parents' deficiencies, and problems are multiplied.

LIFE STYLE

Major adjustments in life style are frequently necessary and generally take a couple of generations to be adequately resolved. Migrants are prepared for the confrontation with a new language but are rarely aware of the enormous adjustments that are necessary in their daily living. The type of employment available in the adoptive region may be entirely different from that previously experienced. It may, at best, only appear strange because of the new environment and the foreign colleagues' attitudes. A man who is used to leisurely work in Mediterranean olive groves or vineyards needs to make an enormous adjustment to the long hours and customer demands of a busy café. A move from a socialist work-environment to a capitalist system may create great adjustment difficulties.

Apart from the enormous adjustments that may be necessary on the part of the breadwinner(s), the changes in daily living affect every member of the family. Leisure activities and mode of social contact are likely to be very different; an Italian or Greek family used to sitting in the village square in the evening is likely to become progressively more isolated in a Western city. Transgenerational conflict is easily precipitated by the differential rate at which the younger and older groups adopt new behavioral standards and customs.

It may be clear from the above that many variables determine whether the transition is negotiated with relative ease or with extreme difficulty. The following contrasting cases[1] may illustrate:

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[1] The author was the therapist in all the cases described in this chapter. She formerly lived in South Africa, which accounts for the South African locale of some of the cases.

Case A. Mr. James Clark,[2] aged twenty-eight years, decided to emigrate from Great Britain where his family had resided for many generations. He was convinced that, for a steamfitter, South Africa offered better work opportunities and a higher standard of living. He, his wife Anne, and their two sons—Michael, aged five years, and John, aged three years—had lived in a different city from both families of origin for some years. Contact had been limited to letters and phone calls to celebrate major events or to discuss family illness. Visits had been occasional. Both sets of parents were very pleased with the young couple's drive and ambition and encouraged the venture.

On arrival in South Africa the family rapidly found friends and neighbors with whom they could communicate and identify. The only obvious difference between them and their new companions was that of accent. Mr. Clarke was easily accepted at work, as his attitudes were very similar to those of his colleagues, and he was more than happy to join them at the local pub on a Friday night. The Clarkes accompanied their neighbors to the local branch of the Anglican church and within a few months regarded themselves as well settled. They made plans to save for a future trip "home" and were very satisfied with their new position, as were both families of origin.

Case B. For Mr. da Costa, the move from Portugal to South Africa was not nearly as easy. At the age of thirty-two he decided to emigrate in search of financial improvement and educational opportunities for his children, hoping at the same time to be able to offer his parents better support than he had been able to manage in Portugal. He arrived in Capetown with a smattering of English, less education than most South Africans of equivalent socioeconomic position, and very little idea of what to expect in his new country. It had been his first parting from a very close, traditional, extended family and he was desperately lonely as well as feeling very guilty about his parents' opposition to his decision and their prolonged mourning caused by his departure and the imminent loss of their grandchildren.

After a year had elapsed he had saved sufficient money to send for his wife and four children ranging from eleven to three years. Far from life becoming easier, his problems seem to intensify. Mrs. da Costa showed no

enthusiasm for learning English, wouldn't go shopping alone, and was desperately homesick. The children, on the other hand, rapidly learned the language and how to operate the local currency, and within a short time were trying to teach their mother how to behave in her new environment. They were ashamed of her and her unacceptability to their new friends.

Mr. da Costa's response to his children's reactions was to increase discipline and restrict their contact with their peers as he felt they were being adversely influenced. He emphasized the importance of their education and drove them to achieve good positions in their classes. As the rebellion of the children increased, so did the confusion about the correct standards of behavior, and the family system became severely dysfunctional. Both Mr. and Mrs. da Costa missed their large extended family desperately and felt overwhelmed by the enormity of the problems that they were forced to tackle without assistance.

Adolescents in Cultural Transition

There are many areas where transitional conflict plays a major role in the problems confronting the nuclear family. Transgenerational communication difficulties between couples and their elderly parents must be seen in the light of transitional conflict. In the face of rapid sociological and family change, this has become a problem of increasing magnitude. The perennial area of transgenerational conflict is naturally that of adolescence. As Erikson (1975) notes:

"Adolescence has always been seen as a stage of transition from an alternatively invigorating and enslaving sense of an overdefined past to a future as yet to be identified—and to be identified with. It seems to serve the function of committing the growing person to the possible achievements and the comprehensive ideals of a viable or developing civilization" (p. 175).

The broader transitional issues, therefore, should not be disregarded in the face of the obvious personal transitional tasks confronting the adolescent. If one examines the multifaceted problems of the nuclear family, it becomes self-evident that

[2]The names of all families have been changed to maintain confidentiality.

the sociological transitional process plays a major role. Adolescents facing their own (intensive) developmental issues are particularly vulnerable to the stress of cultural transition and the most likely to progress asynchronously vis à vis their families, which results in severe transitional conflict.

Family Reactions Associated with Transitional Conflict

As noted earlier, when the stresses are extreme and the support systems and health of the family insufficient, the family may become dysfunctional. When family members adjust at different rates, the system is severely stressed and transitional conflict may occur; this can be manifested in several forms.

ISOLATION

Isolation is a paramount risk of the migrant family. Fear of the new situation and a longing for the safe and familiar may cause the family to remain separate from its new environment. Differences in language, education, religion, and life style accentuate the difficulties of adjustment, and where a large, close, extended family has been left behind, the stress of isolation may lead to severe problems of acculturation. Isolation may also be ·rpetuated by the well-established culturai groups in the adopted country, which often see the new family as "strange" and therefore one to be excluded.

ENMESHMENT

The threat of the new culture, fear that the family's youth will be lost to it, and the family's unacceptability in its new environment may lead the system to fortify its boundaries with the outside world. The family that continues to impose strict traditional values on its members, and retains its religion and language, is forced to strengthen family bonds in an attempt to cope with the unprecedented stress confronting it. Thus, if problems arise, the family is not in a position to make use of the helping facilities of its new community, nor is it able to adapt to new demands. Under stress the family closes ranks and becomes progressively more enmeshed.

DISENGAGEMENT

In certain instances, individuals in the family become isolated as they no longer accept the family's values and life-style. This leaves them very vulnerable in their new environment. In other cases, the whole family is immobilized, which precipitates the loosening of boundaries to the point of disengagement, ultimately increasing the vulnerability of all its members. ·

TRANSITIONAL CONFLICT: DIFFERENTIAL RATES OF ADJUSTMENT OF FAMILY MEMBERS

The most significant transitional stress occurs when a family member or several members move more rapidly than the others along the transitional pathway. They adapt to the new environment, while others remain resistant to the process of change and struggle to retain the traditional culture at all costs. The resultant conflict of direction precipitates severe problems within the family system. *Recognition of transitional conflict is the key to helping families in cultural transition.* For example, severe sibling rivalry may, on careful assessment, be found to be based on adaptation conflicts. When one spouse is an immigrant or has immigrant parents, the presentation of marital difficulties may signal adaptational stress. The attitudes of an immigrant grandparent may be in serious conflict with those of an adolescent grandchild, who presents the symptom of behavioral disturbance or drug addiction. The resultant conflict may eventuate severe problems within the family. Such transitional conflict is rarely presented directly, and very thorough investigative methods must be employed.

Case C. As an example, Andreas Papadopoulos, aged fourteen, experienced severe schooling difficulties, and the family was referred for therapy. At the initial home visit

it was apparent that his parents and maternal grandparents were rigidly traditional, as were his three older sisters. His brother, eighteen-year-old Philotheos, however, spoke excellent English and had made a reasonable adjustment to the new way of life, except that he and his parents argued continually. Mr. and Mrs. Papadopoulos, threatened by the potential loss of their older son, had responded by attempting to close the family's boundaries; they refused to allow friends to visit the house, as they were bitterly opposed to outside influences. They rigidly enforced Greek tradition and religion.

Andreas was caught in an impossible bind. In order to please his parents he had to achieve well at school, but to do this he had to adapt to the new culture and make friends with his peers, thereby risking alienation from his parents. He had to choose between conflict with his grandparents, parents, and sisters, or with his peers and much admired older brother. Each member of the family was caught in the transitional conflict of the system.

TRANSITIONAL THERAPY WITH FAMILIES IN CULTURAL TRANSITION

The range of cultures confronting the family therapist is vast, and the challenge of acquiring a working knowledge of each group's developmental history and norms is overwhelming. An attempt by any therapist to understand the values, traditions, and language of all immigrant groups, though ideal, is far from practical. Consequently, the therapist may be aided by conceptual schemata and operational principles that allow him or her to be as effective as possible across a wide range of families and ethnic groups. In essence, a therapist can proceed by combining these concepts and principles with the specific cultural information provided by a given family. It is assumed that the family knows more about itself and its culture than the therapist ever could. The therapeutic system is therefore composed of two subsystems of "experts"—the family (on its culture), and the therapist (on the theory and means for bringing about change). The remainder of this chapter will deal with the melding of these two areas of expertise.

There have been several approaches to developing a "culture-free" family therapy. The members of the Milan grop (Selvini-Palazzoli, Boscolo, Cecchin, and Prata) have devised a form of therapy that they believe cuts across cultural differences through recognition of elements universal to family systems (G. Cecchin, personal communication, November 1980). Andolfi (1979), too, uses the technique of a common therapeutic language as a tool. Our own approach takes its direction from a combined assessment of both (a) the relevant migration and acculturation stresses on the family, and (b) the presence of the kind of typical transitional problems described above.

The therapeutic methods presented below were developed more or less independently. However, the techniques, principles, and thinking often include what we later learned were structural, strategic, and experiential features (Landau, in press).

Analysis of the System

Upon encountering a symptomatic adolescent and his or her family, it is important to *establish whether transitional conflict is occurring and also whether this is relevant to the problems presented to the therapist.* Not all immigrant adolescents and their families are in need of therapy, and the therapist must take care not to overinterpret the cultural phenomena present. Many families negotiate the acculturation process with minimal difficulty if the factors affecting adaptation are favorable. On the other hand, *many families experience differential rates of transition among their subsystems, inevitably leading to transitional conflict. In the latter, therapy is usually indicated.*

The transitional techniques outlined below—transitional mapping, link therapy, and transitional sculpting (previously termed "dual sculpting"; Landau, 1982)—may be used either as the total focus of therapy or as part of an overall therapeutic plan. Further elucidation of these techniques will be found in Landau (in press). They are used for both diagnostic

and therapeutic purposes. In treating families and systems the distinction between diagnosis and treatment is blurred. Any intervention has diagnostic value as the therapist observes the response to it. Any diagnostic action, by its nature, conveys a message from therapist to family and is therefore an intervention (Haley, 1970).

Transitional Mapping

Mapping has become a relatively standard practice in both individual and family therapy. It is extremely useful both as a positive reframing of the problem and as a method for assessing cultural transition. Sluzki (1979), working with migrant families, states categorically that "in the course of the first interview, the therapist should establish which phase of the process of migration the family is currently in and how they have dealt with the vicissitudes of previous phases" (p. 389). *A comprehensive map should extend beyond that of the individual's and family's life cycles to include the transitional position of the multigenerational family within its social and cultural context.* This differential map should include the position of each individual, and of the family as a whole, with respect to life-cycle stages, cultural origin, family form, and current status relative to other family members and the community. (A more detailed explanation of the technique, with illustrations, appears in Landau, 1982, and Landau, in press). Factors aiding or hindering adaptation should be considered, as should the rates of adaptation of family members and the system as a whole. *Whenever differential rates of adaptation are found, the influence of transitional conflict may be presumed, and appropriate therapy instituted.*

> *Case D.* Mrs. Como, aged 29, was referred by her general practitioner for treatment of a severe depression. The family map elicited from Mr. and Mrs. Como and their ten-year-old son Reno at the initial family interview revealed that the family move had been instigated by Mr. Como, who had persuaded his wife that there was more opportunity for motor mechanics in South Africa than in Italy. He had adapted extremely well to the move and was anxious for his wife to become more independent both of him and of her own family.

Mrs. Como's family of origin was a traditional one, of close, extended patriarchal structure. Mrs. Como's emigration was the first rupture in her family's stable pattern. The general practitioner had noticed that Mrs. Como was most depressed when her mother from Italy visited her in South Africa and when Mrs. Como visited Italy. Her parents' response to her depression had been an immediate invitation for the young family to return home.

During the initial interview there were signs of marital conflict. Further evidence of dysfunction in the system was the recent change in Reno. His marks at school had deteriorated, and he had lost interest in sports activities. His position on the map had changed: where previously he had been adjusting well to his new environment, he was now spending more and more time with his parents; he was not speaking English to his father unless ordered to do so; and he was spending almost no leisure time with his peers. Mrs. Como's only social contacts were at the Italian Club. The family was becoming progressively more enmeshed.

The mapping showed that Mrs. Como was trying, unsuccessfully, to negotiate *both* separation from her traditional extended family *and* acculturation, while Mr. Como had successfully negotiated the transition already. Reno, too, was caught in the system's transitional conflict, which had caused decompensation at multiple levels evidenced by the changes mentioned above.

Link Therapy

It is commonly the experience of migrant families to move from close traditional extended families into new situations where nuclear independence is either expected or made inevitable by geographic isolation. As noted earlier, when some members acculturate more rapidly than others, transitional conflict develops. Under such circumstances, a therapist faces two dilemmas: (1) whether to attempt to reverse the direction of transition, or pressure the extended family into accepting the inevitability of the transition; and (2) whether to take control of the family's direction, or allow the family to determine its own direction.

Traditional extended families tend to resolve their own emotional difficulties themselves through prescriptions dictated by their culture—usually without recourse to outside agencies (Landau & Griffiths, 1981). A therapeutic decision to work with the more traditional members of the system, therefore, would imply acceptance of their set of values and lead ultimately to abdication by the therapist. Conversely, a decision to work with the most acculturated member would indicate acceptance of the new set of values. The choice of which family members to involve in therapy can, therefore, determine artificially the transitional direction taken by the therapy. It is thus necessary to establish methods of selection that will avoid such artificial momentum to the direction of resolution but that will enable *the family* to resolve the transitional conflict, thereby facilitating further growth and development.

In our initial work we tried network therapy as devised by Ross V. Speck in the mid-1960s (Speck & Attneave, 1973). We found, however, that it frequently failed in the face of resistance from the rigid, senior members of the hierarchical, extended family. An additional problem in working with these families was that many of them came from a lower-income group and could not afford therapy. There was, therefore, a real need to use brief, strategic intervention wherever possible.

It became apparent to us that a single family member could be used to provide the *link* between the family therapist and the rigid structure of the extended family, since extended families commonly deny the therapist adequate entry (Landau, 1981). This method allows us to avoid the issue of defining therapy as "family therapy," in that the whole family does not have to be present at one time. For example, many Greek, Indian, African, and Iranian parents cannot tolerate discussion in the presence of their children, which defies the typical mode of conventional family therapy. By using link therapy families who would not otherwise become involved in therapy can be treated. It is also an expedient form of therapy, using only one therapist and, for the 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 or her own family system* (Landau, 1981; Landau, in press). After initial family assessment, this family member (link therapist) is selected and goes back alone into the family to initiate interventions with the continued guidance and supervision of the family therapist. The link therapist is coached to assist the family in resolving its transitional conflict in a direction of the link therapist's choice.

Selection of the Link Therapist

The link therapist needs to be both acceptable to and effective with the family, as well as available and amenable to the family therapist. In a patriarchal system the most effective link would obviously be a man of some seniority, such as an uncle or older son.[3]

The therapist should avoid the temptation to select the most acculturated member of the family whose life-style and values most closely approach the therapist's. Selection of either the most traditional or the most acculturated member would give artificial momentum to the direction of resolution for the transitional conflict. However, the person initially seeking therapy is usually either an acculturated or an entrenched traditional member. In each case the motivation is clear, and agreement to work with either would predetermine the transitional direction taken. Instead, we have found that the most effective link therapist is a family member whose position has not yet been resolved, one who, caught in the system's transitional conflict, is himself in the process of cultural transition. He is generally not the complainant and may even be a peripheral family member.

Since our initial use of the link technique in transitional extended families, we have

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[3]The link therapist is hereafter referred to by male pronouns, because a male is most commonly selected for this role, in accordance with what is most acceptable, culturally, for a given family.

used it successfully for other transitional situations, one of the prime areas being adolescence. Here the adolescent functions as link. By investing him or her with a specific role in the therapy, one stabilizes the adolescent's typically mercurial view of self as alternating between omnipotence and impotence. By allowing and encouraging him or her to be the link, one avoids suspicion of the coalition between therapist and parent or parents, that he so readily presumes to be present. Other instances in which it is a useful adjunct is in cases of transgenerational conflict, marital conflict, and in transitional nuclear families where therapy with other family members is not appropriate or where they are not available.

NEGOTIATION AND LOGISTICS OF THE CONTRACT

The initial negotiation occurs during the first consultation session or home visit when the link therapist is selected. The therapist explains to the family that there seem to be many difficulties because family members appear to want the family to go in different directions. Some members may want only the traditional language spoken, while others opt for only the new one; some may want to live in nuclear units, while others are trying to keep the extended family together. The areas of conflict are simplified in order to illustrate the directional discrepancy to the family.

The link therapist is invited to attend an appointment with the family therapist in order to talk about what is happening in his family and to determine whether the therapist might be able to assist him in helping the family sort out its difficulties. It is usually a great relief to the link therapist to feel that he is regarded as competent, an aspect stressed during the initial invitation.

Arrangements for payment are worked out by having the link therapist ask his family, "How shall we pay for this?" Allowing him to negotiate the issue with his family is further confirmation of his competence. In private practice, fees may be covered by medical insurance. Where the

family does not fall into this category, the link therapist decides how the clinic fee (usually nominal) will be met.

During the first link session a contract is negotiated for the link therapist to attend four to six sessions with the family therapist over a period of six to eight weeks. Preceding each appointment with the family therapist, the link therapist is encouraged to conduct a weekly session, of at least one to two hours, in the family's home. Arrangements are also made for a family interview three to six months later.

COACHING OF THE LINK THERAPIST

Coaching commences during the first session with the link therapist. The object of coaching is to supervise the link therapist's work with the family. He needs to be encouraged to decide the direction of resolution of the family's transitional conflict. For him to do this, he needs to feel that he is invested with sufficient authority to create change. There is an ambivalent message implicit in this that needs to be reconciled before work can commence.

The coach must work out how to supervise, while still investing the link therapist with confidence and authority. We have found that the most effective method is to take the one-down position, using a lot of gentle humor to make the process enjoyable and to diminish the therapist's authority. Positive encouragement and reframing are used liberally in order to elevate the link therapist. Discussion and supervision are kept as simple and clear as possible.

Case E. The following excerpts from first and second link-sessions are taken from a case discussed briefly in an earlier paper (Landau, 1981).

The Naidoos, an Indian South African family, were referred to a university clinic by a local social welfare agency as a multi-problem, low-income family. Many of the family members had been treated on and off for a number of years by the agency and various other clinics. The eleven Naidoo children ranged in age from twenty-four to four years old. The three oldest were all married sons living with their wives in the family home.

The fourth was a married daughter, the only one living away. Following her were four girls (ages eighteen, sixteen, fourteen, and twelve), a boy of nine, a girl of six, and a boy four.

The major presenting problems were the serious acting-out behavior of the adolescent daughters, one of whom (the sixteen-year-old) had recently produced an illegitimate child. In addition, the daughters-in-law had severe ongoing problems with their mother-in-law, which resulted in their frequent desertion of the family home, with or without their husbands. A further finding was that Mr. Naidoo's authority had been usurped by his wife, and he relied on severe asthma attacks to retain some modicum of control.

The initial family assessment session was held in the home. Over two dozen family members were present, including both parents, nine of the eleven children, several daughters-in-law, a number of grandchildren, and some cousins. The multiplicity and severity of the problems, the checkered therapeutic history, and the complex logistics that were required to gather this clan together on a regular basis indicated that link therapy might be an appropriate option.

The third son, Ganesh (aged twenty-two) had been absent from the initial interview and also appeared to have the least difficulty moving in and out of the traditional extended-family home. He was the only son with steady, gainful employment. He had never needed therapy. As the most transitional and most peripheral member, he was invited, with the family's consent, to be the link therapist.

At the first link session, discussion revolved around the family difficulties:

THERAPIST: What have the problems been in the family?

GANESH: I've had no problems.

THERAPIST: This is the main reason I wanted to meet you. It seems that the rest of the family has had much difficulty and that you haven't, so I thought maybe you would be prepared to help me help the other members of the family. How would you feel about doing that?

GANESH: Okay.

Ganesh then discussed his feelings about being the brother with the greatest strength and the one best able to control his wife. However, he sounded daunted by the magnitude of the family's problems.

GANESH: Too many problems, too many! It's difficult to stay calm, because everyone shouts and swears and there is too much corruption because of my mother letting the girls do just what they want.

THERAPIST: Who is the boss of the house?

GANESH: The head of the house is my father.

THERAPIST: And does he manage?

GANESH: I don't think so.

THERAPIST: Can your father tell your mother what to do?

GANESH: No, she never listens. (*Chuckles*.)

THERAPIST: How would you like to change things in the family?

GANESH: Married ones should live separately.

Ganesh then outlined his ideas and goals. He wanted the family to progress to a point where there was looser bonding of the extended and nuclear units (the constellation most frequently found enroute to nuclearization).

THERAPIST: How can we best help the rest of the family?

GANESH: We have regular meetings and discuss like now, and I go back to them and help my father stop the women from winning all the time.

At the second link-interview, two weeks later, Ganesh explained:

GANESH: I spoke to my father and saw that it wouldn't work, so I called my uncle down and we chatted. I told him of all the carrying on at home and of the corruption. He has a lot of strength and he said that he would help me run the house the right way.

THERAPIST: How are you going to tell the rest of the family?

GANESH: My uncle told them, and my father is very glad because my mother will listen to him.

THERAPIST: Do you think that things in the family will work out?

GANESH: Of course. My uncle gave them all lectures about how to behave, especially the girls. My mother is scared of my uncle, and she was silent as soon as he came. She listened to every word.

THERAPIST: So you are happy about things now?

GANESH: Yes, things are coming straight now.

To the therapist's amazement, Ganesh had elected to call in a traditional authority figure to reestablish the hierarchy of the extended family. Ganesh canceled all further link meetings, and at a follow-up home visit three months later the therapist was told that there were no further problems. It was difficult to believe that there was no further dysfunction of the system. What was evident, however, was that the return of the family to its traditional extended form prevented the necessity for outside intervention, as problems were once more resolved according to strict traditional prescription within the boundaries of the family system.

Case F. The course of therapy was very different with the Casalviere family. They had been referred for treatment by the school psychologist because of the children's bad behavior. Ten-year-old Fabrizio was acting out at school. He was "untidy, rude, and constantly getting into fights." His father had given the teachers permission to discipline the boy as necessary, but they were not able to achieve much change in his behavior. In addition, Felice, fourteen years old, was refusing to speak Italian and becoming very insolent to her parents and grandparents.

At the initial family interview, it was discovered that Luigi Casalviere, an engineer, aged thirty-six, and his wife Tiziana, a housewife, aged thirty-four, had immigrated to South Africa with their three children, including Fabbiola, aged eight, five years previously. Luigi's parents remained in Italy but Tiziana's parents, Mr. and Mrs. Girone, had joined the family in South Africa eleven months before the referral. The additional member of the household was Luigi's brother, Aldo, a thirty-year-old bachelor who had arrived shortly after his brother.

The interview was very strained, with Mr. Girone keeping tight control of all that was said. He kept reiterating that "everything's fine in this house," and made the therapist feel like an unwelcome intruder. Aldo was very polite and obviously intent on not upsetting Mr. Girone. Luigi, on the other hand, made some hard comments about his son, Fabrizio, and seemed less awed by the situation.

Luigi had apparently made a large circle of friends, which he shared with Aldo and with whom he was spending increasing amounts of time away from home. His job was going well, and he couldn't see that there were any problems apart from his children's behavior. Tiziana was relatively silent but looked especially unhappy when Luigi's friends were discussed. She also remarked that the children were forgetting both their Italian and their religion, and that their respect for their grandparents had deteriorated. The latter was stated with an accusing look at her husband. It was evident that the traditional members of the family would sabotage therapy, if given the chance, so the link technique was selected.

Aldo was the most suitable link therapist; he was acceptable to the traditional members of the family, ready to work with the therapist, and in the process of making decisions about his transitional position. The family agreed, rather reluctantly, to allow him to attend the first link session one week later if something could be done about the children.

During the first session Aldo expressed his doubts about carrying any weight with Mr. and Mrs. Girone, but he felt competent to talk to the younger members of the family.

ALDO: The kids are good kids, they listen to their uncle most of the time, and my brother—well, he's okay. But her parents—everything old is good; they don't want to hear.

THERAPIST: I don't know. They seemed pretty fond of you when I saw you all together.

ALDO: Mmm.

The therapist encouraged him to look at how well he got on with the old people, how they shared a sense of humor, and how they all lost patience with Luigi at times. Aldo gradually became aware that he might have some ability to guide their opinions, certainly far more than the therapist—who shared a good laugh with him about that!

Aldo felt that the solution to the family's confusion and conflict was for everybody to learn English better, "but not forget to speak Italian ever," and for Luigi to "make more fuss of Tiziana and take her out more with his friends—She doesn't know them and makes a big noise all the time. If they go out

more, she won't be hearing her mother all the time and then she won't give Luigi such a hard time." He also felt that the children should spend more time with their schoolmates and be more involved in sports.

Aldo undertook to spend at least two hours a week discussing the plans with the family. With some gentle guidance he agreed that he should work with Tiziana and her parents before "interfering" in his brother's marriage. He decided to encourage Mr. and Ms. Girone to get out of the house more and planned to take them to the Italian Club.

At the fifth link-session, seven weeks after the first consultation, Aldo reported that the situation at home had improved considerably. Tiziana was even speaking English to the children on occasion, and Aldo felt that she was not so much under her father's control. Aldo still felt that Luigi ought to take his wife out more and that they were not getting along well enough. He felt, however, that he would like to continue working without the therapist's supervision, and an arrangement was made for a family meeting three months later. The therapist felt that if resolution of the cultural transitional conflict continued and there were still problems in Luigi's marriage, conventional marital therapy could be considered.

The second family consultation was markedly different from the first. Mr. Girone allowed Aldo to say almost as much as he himself, and there appeared to be far less tension (possibly also because the therapist was no longer a total stranger). The most significant change was Tiziana's bright appearance and her active participation in the session. Aldo felt that no further help was required at that stage, but he promised to contact the therapist if he felt it was needed in the future.

The school reported a noticeable change for the better in Fabrizio's behavior, and the parents stated that the problems with Felice and Fabrizio had abated. At telephone follow-up six months later, the school principal stated that all the children were doing fine and that there had been no further difficulties.

The link therapists in transitional families generally elect to move the family along the natural direction of cultural transition, but this is not inevitable. Some choose to return the family to its traditional form, as did Ganesh. *Where this occurs, resolution of conflict tends to be temporary and is superseded by further crises of cultural transition until the* *natural direction is pursued* (Landau, 1981). When the natural direction is followed, as in the case of the Casalviere family, the successful resolution of problems is far more likely to result.

Link therapy may be used in any situation of cultural transition where access to the family as a whole is not feasible or appropriate. It may be used for adolescent difficulties within a culturally transitional family, for a child with problems at school, or for any other instance of cultural transgenerational conflict. In one family where the traditional family members remained in Germany, the son-in-law was sent to do the link work on an intensive basis. He achieved satisfactory resolution of the directional conflict, and the South African part of the family system improved.

We might wonder how this approach differs from that developed by Bowen (1978). The two approaches are similar in that both employ the coaching of one person and both relate to the total family system. One difference is that the Bowen method emphasizes the dynamics within the multigenerational family system, while the link approach stresses a broader system involving the multigenerational family in its socioanthropological context. There are three major operational distinctions, however:

(1) The Bowen approach aims at differentiating the individual from his family system, whereas the link-therapy technique is more *problem-focused* and trains a family member to be the therapist in his own family system.

(2) The tendency with the Bowen approach is to work with the index patient or the person appearing for therapy with a complaint either about him- or herself or about other family members. In contrast, link therapy involves scanning the family system and *selecting a change-agent*. This change-agent is rarely the presenting person. Thus an intermediate step is inserted into the process, whereby the therapist attempts to analyze (e.g., map) the total system, in order to determine both where the members and subsystems lie along the transitional pathway and who might be the most appropriate link therapist. Incidentally, this method also avoids the family's *de facto* self-selection process of

nominating a symptomatic member, or a member most "upset" by the problem; the decision where (and with whom) to intervene is removed from the family, along with its possibly homeostatic—or "no change" —trappings, and is instead made by the therapist.

(3) Link therapy is a much more concentrated paradigm, aimed at rapid resolution and change over a *brief period of time*. A Bowen therapist might meet for sessions monthly or even yearly, whereas the link model usually involves four to six sessions over a period of six to eight weeks, with a follow-up session three to six months later.

Transitional Sculpting

The technique of transitional (or "dual") sculpting was developed for use in families where members in transitional conflict are amenable to and available for therapy. Should the families of, for example, a married couple (i.e., the two sculptors) not be amenable to, or available for, the session—as frequently happens in cases of severe cultural conflict—students, colleagues, or clinic staff may be used to simulate family members.

Transitional sculpting has grown out of the original sculpting technique pioneered and developed by such therapists as David Kantor, Fred and Bunny Duhl, Peggy Papp, and Virginia Satir (Duhl, Kantor, & Duhl, 1973). Hoffman (1981) summarizes the use of sculpting as follows:

> . . . to elicit major coalition formations and homeostatic sequences, so that old patterns can be perceived and played out differently . . . It can also be used by members of a family in therapy as a geospatial metaphor for various aspects of a relationship system: closeness/distance; splits and alignments; the experience of being one up to one down in reference to another. (p. 250)

Transitional sculpting differs from other sculpting in that we use a sculptor from each of the two families (or the two parts of the family) in cultural conflict and assist them in negotiating a joining of the two. Recognition is given to the larger system of the family in its cultural community. The

method is thus an invaluable tool for working with families in cultural transition.

In the case of a couple in marital therapy, each member of the couple would sculpt his and her family of origin. In the case of intergenerational conflict, either a member from each generation might sculpt his or her view of the family, or, with an identified marital problem, the two parents might be the sculptors. In other words, with adolescent-parent conflict, the adolescent and a parent could be the sculptors, or both parents might sculpt. Table 22.1 outlines the various steps.

In transitional sculpting one of the two family members selected as sculptors chooses to sculpt first while the other watches. The sculpting may be either in tableau form (as though posed for a family photograph), or in action—according to the preference of the sculptor. The initial sculpting is nonverbal and as true to life as possible. Once the sculpture is complete, the therapist suggests that the sculptor move into fantasy and alter the sculpture according to his or her own personal desires. The therapist as mentor encourages as much change as possible at this stage. When real family members are used, their reactions to both the original sculpture and the changes are quietly discussed. The procedure is then reversed, with the first sculptor becoming the observer and the previous observer sculpting his or her own family or subsystem (or own view of the same family).

When both sculptors have completed realistic and fantasy sculptings, they are asked to reassemble their original sculptures. Each sculptor in turn is then asked to move into the other's sculpture in the position or role of the original sculptor to experience the feeling created by the other. After discussing their reactions, they are encouraged to make alterations with which they feel comfortable. Each then returns to his or her own sculpture to experience the changes brought about, and again their reactions are discussed. Each is usually able to go much further in fantasy in the other's sculpture than in his or her own, and a depth of experience and insight not found in individual sculpting results.

It is frequently useful at this stage to ask the two sculptors to sculpt, without words, their position relative to each other. Brief discussions may follow, but the positioning itself is nonverbal and the opportunity for negotiation is not given at this stage.

The final stage of the actual transitional sculpting then begins, when the sculptors are asked to negotiate the joining of their two original sculptures. If appropriate, they are given permission to exclude peripheral members of their families. Often a great deal can be achieved during this final phase.

As the sculptors struggle to impose the transitional directions of their choice and become ultimately aware of the opposing forces, they often achieve a profound level of insight. Family members then learn to accommodate and compromise and are also given the opportunity to be creative.

Because the technique of transitional sculpting is a very powerful tool, attention must be paid to the debriefing period, which is critical. Participants are encouraged to discuss and share their experiences of the session. We have found it useful to have audiovisual recordings for this purpose. We have also found it necessary that the initial discussion about the sculpting experience occur during the same therapy session as the sculpting, although it naturally continues beyond this into subsequent sessions.

Case G Eight-year-old Basil Wald was doing very badly at school, and his father was requested to visit the school. Mr. Wald, an accountant, aged thirty-three, whose parents were Jewish immigrants from Central Europe, was alarmed to hear that Basil's behavior was intolerable to teachers and pupils alike, that he was distractible during lessons, violent during breaks, and would have to be removed from the school if matters did not rapidly improve. The school counselor referred Basil and his parents to the family therapist.

At the first family consultation, attended by Mr. and Mrs. Wald and their two sons, Basil and Julian (aged 3 months), it became evident that the family was on the point of dissolution. There had been an underlying, scarcely suppressed, marital strife for many years, which had come to a head with the birth of Julian.⁴ Mr. Wald regarded his wife, a dedicated physiotherapist, aged thirty, as far too independent, a hopeless cook (particularly when compared with his mother, whose main purpose in life was baking and cooking for the family), a careless mother,

TABLE 22.1.
The Procedure of Transitional Sculpting: Sculptors A and B

1. A sculpts	true to life; then according to fantasy	B observes
2. B sculpts	true to life; then according to fantasy	A observes
3. A moves into B's sculpture	true to life; then according to A's fantasy	B observes
B moves into A's sculpture	true to life; then according to B's fantasy	A observes
4. A and B sculpt their own positions relative to each other		
5. A and B create	**the transitional sculpt:** reassemble original sculptures and negotiate joining of the two	

and an undemonstrative wife, who chose to share nothing of her life, verbal or practical, with her husband. Mrs. Wald, the daughter of Irish immigrants, felt that there were no further sacrifices she could make for her husband and his family. Despite her conversion to Judaism she had never felt accepted by her husband's family. She failed to understand his need for her to give up her job and could not bear his continual demands for public displays of affection and the verbalization of every minor situation. It was evident to the therapist that Basil's behavioral disturbance was symptomatic of a stressed parental subsystem and a decision was taken to commence work on the marriage.

Since Basil's problems were the only topic of common interest currently shared by his parents, structural intervention seemed appropriate. However, on the transitional map the cultural conflict was readily apparent, and it was felt that this needed to be resolved before therapy could proceed further. The cultures of Mr. and Mrs. Wald's parents were very different, as were the needs of the couple, neither of whom seemed aware of the origins of their difficulties. As the therapist felt that the transitional conflict was primary to the problems that the family was experiencing, a decision was made to use transitional sculpting.

Since neither of the families of Mr. or Mrs. Wald could be appropriately included in the therapy session, a group of family therapy trainees was invited to participate in the sculpting. The therapist chose to exclude the children from the session, as the major business was between the parents.

Mr. Wald was invited to be the first sculptor. He was instructed to select people from the group to represent the members of this three-generational family of origin and to arrange them as he saw them in relation to each other, making use of space and movement wherever possible, but not speaking other than to inform the therapist of the identity of each member. Mr. Wald arranged his surrogate family in a busy domestic scene

'While the identified patient in this case is not an adolescent, the nuclear and extended family dynamics, and the critical life-cycle event (birth of a new baby), could very easily have occurred in the family of an adolescent (although with the latter, the presenting problem would more likely be an acting-out syndrome, such as running away or violence). As will be shown, the age of the index patient is frequently not central to the theoretical and operational features of the treatment.

with his mother actively involved in food preparation in the kitchen; his father reading the newspaper but observing the family's activities over the top of it from time to time; and he and his siblings sitting comfortably around the dining room table, each busily involved in some separate activity but with intermittent, marked interest in each other. His youngest sister moved repeatedly to the kitchen to participate in mother's activities. Mr. Wald placed his grandparents in a nearby room.

The therapist then asked Mr. Wald to move into fantasy and to alter the family in any way he wanted, pretending that any change was feasible. Mr. Wald's only alteration of the scene was to ensure that his older brother took a greater interest in his (Mr. Wald's) writing, discussing it with him at regular intervals. Despite considerable encouragement from the therapist, he was unable to introduce further changes.

Mrs. Wald, when asked to experience her husband's family as he had arranged it, felt severely constricted and immediately moved both the paternal grandparents, who had been sitting quietly in what appeared to be the living room, away from the sculpture. She informed the therapist that they had both been dead for a considerable time and decided that it was high time they were truly buried, as she felt that their influence over the family was iniquitous. The paternal grandparents had died prior to her husband's birth. She further separated the children, moving the married members of the family away. Her last move was to seat her mother-in-law on a chair near her father-in-law.

When Mr. Wald was asked how he felt about his wife's fantasy, he appeared delighted with the burial of his grandparents but found it extremely difficult to accept the disruption of the sibling generation. He also enjoyed the proximity of his mother and father and expressed surprise that he had felt unable to institute this necessary change. Mrs. Wald was able by her fantasy to help Mr. Wald create changes that he would never had considered.

Mrs. Wald then proceeded to choose and arrange her own family members. The scene was one of amazing activity. Her father paced restlessly up and down, two of her brothers rushed in and out of the tableau with alarming speed, and her mother repeatedly turned toward her father in supplication and then away in despair. Her younger sister lay on the carpet, apparently engrossed in a book, and Mrs. Wald sat at a table involved with her sewing.

When asked to move into fantasy, Mrs. Wald brought one brother back into the family and banished the other. She placed her father firmly in a chair with the newspaper and seated her mother nearby. She tried tentatively to make them touch but was unable to sustain the contact and returned her father's hand to his newspaper.

Mr. Wald, given free reign with his wife's family, reintroduced the missing brother and formed a cozy domestic scene with which Mrs. Wald felt extremely uncomfortable.

The couple was then asked to show the therapist, nonverbally, where they now were in relation to each other. Not surprisingly, they placed themselves at opposite ends of the room and, despite Mrs. Wald's attempts to reach her husband, they remained distant from each other. The therapist realized that her hypothesis that the couple had never really negotiated a marriage was correct. She then requested that the couple, using words where necessary, attempt to negotiate the joining of their two families of origin. They each made vain attempts to introduce their fathers and gave up; they had more success with their mothers, and none at all in a joint arrangement of the family.

The situation was gently interpreted during the session, and the interpretation was continued in the debriefing process. Mr. and Mrs. Wald spent two more sessions working through the video material with the therapist. After considerable debate, they decided they were prepared to put in the work necessary for the continuation of the marriage and committed themselves to marital therapy.

During the ensuing six months, structural family therapy (Minuchin, 1974) was employed in order to stabilize the intergenerational boundary. This was accompanied by marital therapy for the couple. The situation improved remarkably. Basil's behavior at school continued to settle, and his marks became progressively better. The therapist considered using Mr. Wald as a link therapist with his family of origin, but this proved unnecessary as the family opened its ranks to accept Mrs. Wald once the marital situation had improved.

SUMMARY

We have examined some of the specific effects of migration on the family system. It will be evident from the discussion that the larger system of the family in its community must be considered and that a knowledge of culture, tradition, and ethnicity is vital in understanding adolescents and families in cultural transition.

We have used case studies to illustrate the necessity for careful examination of families in order to locate their phase of cultural transition and the presence of conflict. Cultural conflict is usually most intense between parents who retain their traditional values and their children who move more quickly to the values of the new culture. It is all too easy for the therapist to presume that the new or dominant culture of a society must be right for everybody and that the nuclear family structure, or the therapist's own, is the only correct paradigm. Families should be allowed and encouraged to make their own choices, facilitated by the therapist where intervention is appropriate.

The key to treating families in cultural transition is to recognize that their problems arise because different family subsystems adapt at different rates. This notion underlines the framework presented here—a framework that cuts across many dimensions of family functioning, transcends ethnic boundaries, and provides a blueprint for systemic change. The particular therapeutic mode used—for example, link therapy or transitional sculpting—is less important than adherence to this conceptual paradigm. Transitional therapy clarifies the differential rates of adaptation and facilitates the family's resolution of transitional conflict.

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