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Therapy with Families in Cultural Transition

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The great aim of culture [is] the aim of setting ourselves to ascertain what perfection is and to make it prevail.

—Matthew Arnold

Change is a natural phenomenon affecting the physical properties, geography, and inhabitants of our world. Perhaps it is in response to the potential threat implicit in this exciting challenge that so many people through the ages have clung to the safety of the traditions and norms created by their own group rather than risk the insecurity of the unknown. As the face of our world has altered, however, so has there been an inexorable transition of its peoples, some of whom have been transformed by forces far beyond their control.

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). All the families discussed in the other chapters of this book, by contrast, have faced the stress of rapid industrialization and urbanization with accompanying attitudinal changes, mass media, alteration in dependency patterns, gender role confusion, and increasing occupational demands. They have, in addition, been precipitated into new and different cultures within the space of one or two generations.

Therapists are well aware of the need to understand the life cycle factors involved in treating adolescent problems, the mourning process, the empty nest, and other intrafamilial changes (Carter & McGoldrick, 1980). An understanding of the relevance of the broader transitional issues and the position of the family system in its community is also necessary. The author and colleagues have worked intimately and at length with many diverse

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cultural groups coexisting within the same environment. To our surprise, we eventually began to notice that for all groups, the problems and clinical patterns originating in exposure and adjustment to a new culture differed only in cultural form and presentation. It became apparent that it was necessary to consider the specific stress of migration, the reactions and family patterns arising as a result of it, and possible techniques and modes of therapy to aid in its resolution.

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 diminish the risk of misinterpretation of the family process.

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 Poles was based on their being forced 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 loss of family support systems and alteration of the level of urbanization. Where, on the other hand, a new country is chosen, there may be the question of an entirely new value system and language in addition to the above factors. 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).

Factors Affecting Cultural Transition

Several such factors are important, as follows.

Reasons for Migration and Realization of Goals

Migration occurs for diverse reasons, and the adjustment of the family depends on the extent to which its original expectations of the migration compare with its reality.

Availability of Support Systems: Community; 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 its new environment. The natural development of the family as a sociological unit follows a pattern from extended to nuclear family and from nuclear to newly emergent family forms beyond the nuclear family (Landau & Griffiths, 1981). Migration moves the family along this pathway at a more precipitate rate than factors such as urbanization and industrialization. An individual, 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, Griffiths, & Mason, 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. A man from the Western world, by contrast, is far more likely to move alone, followed at most by his immediate family if he has acquired one or, if a bachelor, creating a nuclear family in his country of adoption. An immigrant from the Middle East may choose either of these alternatives but, if emigrating alone, often retains far closer links with his family and country of origin than his Western counterpart.

A Hindu family leaving India in search of better opportunities in the United States or Great Britain will experience the forces of 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 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. 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 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. He may face both his own difficulties in the process of adaptation and the misery of lack of acceptance by the citizens of his new home.

Incorporation of Transition as a Developmental Stage: Health of System versus 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 family life cycle may result in dysfunction of the system.

Changes Associated with Cultural Transition

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

Typical Problems Associated with Cultural Transition

Where the stresses are extreme and the support systems and health of the family insufficient, the family may become isolated, enmeshed, or disengaged. When family members adjust at different rates, the system is severely stressed and transitional conflict may occur.

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. The differences of language, education, religion, and life-style accentuate the difficulties of adjustment, and, where a large extended family has been left behind, the stress of isolation may lead to severe problems of acculturation. Isolation may also result from the strangeness of the new family and its exclusion by the well-established cultural groups in the adopted country.

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 close its boundaries to 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. 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 and ultimate 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 with behavior disturbance or drug addiction. The resultant conflict may precipitate severe problems within the family. Such transitional conflict is rarely presented directly, and very thorough investigative methods must be employed.

As an example, Andreas Papadopoulos,^{1,2} aged 12, 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, 18-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 by refusing to allow friends to visit the house as they were bitterly opposed to outside influences. They rigidly enforced Greek tradition and religion.

Young 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 much admired older brother and peers. Each member of the family was caught in the transitional conflict of the system.

Therapeutic Techniques 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 diverse circumstances, given limited knowledge. In the remainder of this chapter a model for interventions of this kind will be presented.

The members of the Milan group (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 (Cecchin, 1980). Andolfi (1979), too, has a technique of using a common language as a therapeutic tool. In our management of families in cultural transition, the emphasis is on the assessment of the relevant migration

1. All the names of actual families described in this chapter have been changed to maintain confidentiality.
2. The author was the therapist in all the cases presented in this chapter.

and acculturation stress and the presence of typical transition problems as described above. If we approach and analyze the family system in its larger social context, we obtain a leverage that can then be used to effect change. The therapeutic methods used were developed more or less independently. However, the techniques, principles, and thinking often include what we later learned were structural, strategic, provocative, and experiential features (Landau, in press).

Analysis of the System

In a society composed of many different immigrant groups, it is valuable to establish at the outset whether transitional issues are relevant to current difficulties. It is obviously essential to *establish whether transition is in progress and whether transitional factors are relevant to the problems presented to the therapist*. Not all immigrant 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 dual sculpting—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 and is extremely useful in the assessment of 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 cycle to include the transitional position of the multigenerational family in society.* This differential map should include the position of each individual and the family as a whole in life cycle stages, cultural origin, family form, and current status relative to other family members and the community. An example of a

family transitional map is given in Figure 26.1, and a fuller explanation of the technique appears in Landau (in press). The role of 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.*

Mrs. C, aged 29, was referred by her general practitioner for treatment of a severe depression. The family map elicited from Mr. and Mrs. C and their 10-year-old son, Reno, at the initial family interview revealed that the family move had been instigated by Mr. C, 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. C's family of origin was a traditional one, of close extended patriarchal structure. Mrs. C's emigration was the first rupture in her family's stable pattern. The general practitioner had noticed that Mrs. C was most depressed when her mother from Italy visited her in South Africa and when Mrs. C 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 sporting 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, not speaking English to his father unless ordered to do so, and spending almost none of his leisure time with his peers. Mrs. C's only social contacts were at the Italian Club. The family was becoming progressively more enmeshed.

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

Link Therapy

A number of the families discussed in the chapters of this book have moved from close traditional extended families into new situations where nuclear independence is either expected or made inevitable by geographic isolation.

When some members acculturate more rapidly than others, transitional conflict develops. There are two therapeutic dilemmas: (1) whether an attempt should be made to reverse the direction of transition or whether the extended family should be pressurized into accepting the inevitability of the transition;

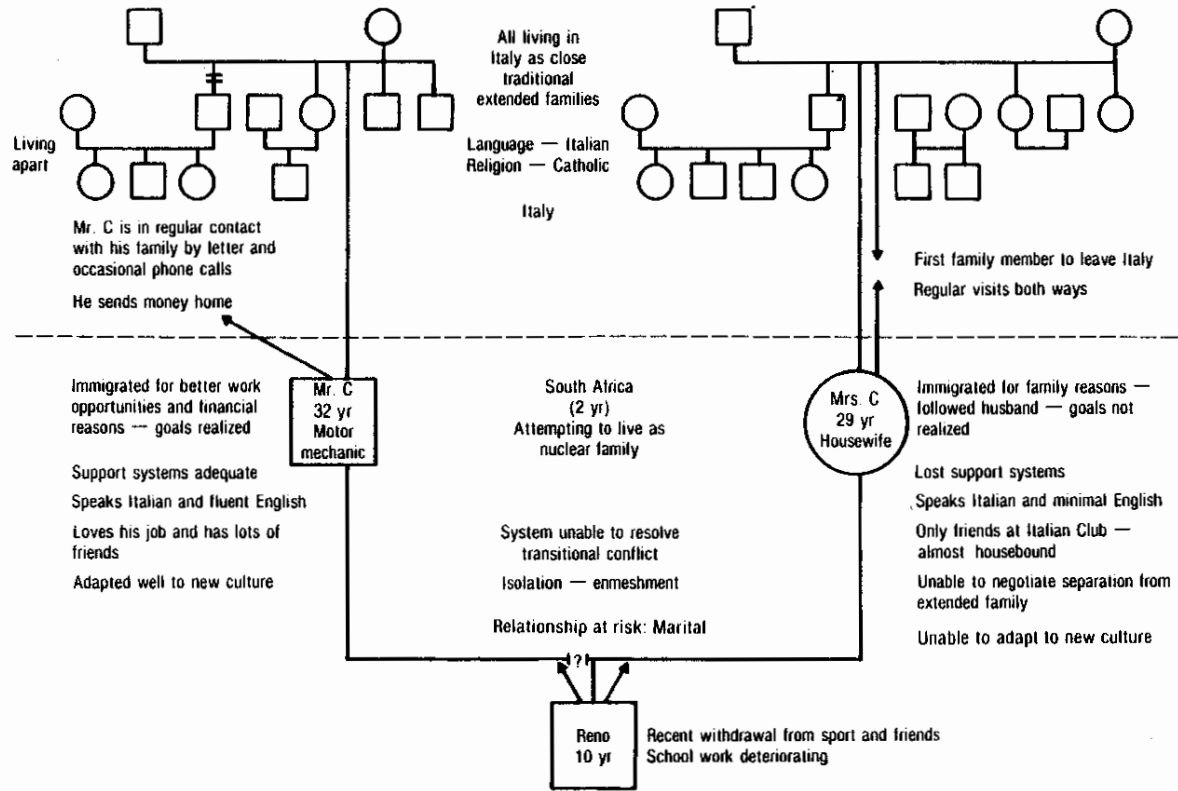


FIG. 26.1. C family transitional map.

(2) whether the therapist should take control of the family's direction or allow the family to determine its own direction.

Traditional extended families resolve their own emotional difficulties by traditional prescription within the family boundaries and without recourse to outside agencies (Landau & Griffiths, 1981). A decision to work with the more traditional members of the system, therefore, would imply acceptance of their set of values and would lead ultimately to abdication of 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, artificially determine the transitional direction taken by the family. It is thus necessary to establish methods of selection that will avoid artificial momentum 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, 1974). We found, however, that it frequently failed in the face of resistance from the rigid hierarchical members of the extended family. An additional problem in working with these families was that many of them came from the 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 generally 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 families cannot tolerate discussion between parents in the presence of their children in the typical mode of conventional family therapy. By using link therapy families who would not otherwise become involved in therapy may 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, 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 of the transitional conflict.

The person seeking therapy is usually either an acculturated member 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 member of the family.

NEGOTIATION AND LOGISTICS OF THE CONTRACT

The initial negotiation occurs during the first consultation 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 choose 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 to sort out its difficulties. It is usually a great relief to the link therapist to feel that he is regarded as competent, an aspect that is 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 or two

3. The link therapist is hereafter referred to by male pronouns, as a man is usually selected for this role.

hours, in the extended 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 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.

The following extracts from first and second link sessions are taken from a case discussed in an earlier paper (Landau, 1981).

The link therapist, Ganesh, aged 22, was the third son of a multiproblem traditional Indian family that had been referred to the university clinic by the local social welfare agency. Ganesh and his wife moved regularly out of the family home and back again, but they had never come for therapy themselves. Ganesh had not been present at the initial family interview and appeared not to be too stuck in the family system.

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 hadn'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 of how he would like the family to progress to a point where there was looser bonding of the extended and nuclear units (the constellation most frequently found en route 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.

The course of therapy was very different in the case of the Casalviere family.

The Casalviere family had been referred for therapy because 10-year-old Fabrizio was behaving very badly at school. He was "untidy, rude, and constantly getting into fights." His father had given the teachers permission to discipline the boy as was necessary, but they were not able to achieve much change in his behavior.

At the initial family interview it was discovered that Luigi Casalviere, an engineer, aged 36, and his wife, Tiziana, a housewife, aged 34, had immigrated to South Africa with their children (Felice, 14; Fabrizio, 10; and Fabbiola, 8) five years previously. Luigi's parents remained in Italy but

Tiziana's parents, Mr. and Mrs. Girone, had joined the family in South Africa 11 months before the referral. The additional member of the household was Luigi's brother, Aldo, a 30-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 son. 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 their respect for their grandparents. 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, was ready to work with the therapist, and was 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 can really be done about Fabrizio."

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 this brother's marriage. He decided to encourage Mr. and Mrs. 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 transition 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 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 principal agreed to contact the therapist if there were any further problems. At telephone follow-up six months later the 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, 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 appropriate. It may be used for a child who presents with problems at school, for adolescent difficulties within a family, or for any 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 they 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 both the multigenerational family and its socioanthropological context. The major distinction, however, is that 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 to his own family system.

A further difference is that 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.

Dual Sculpting

The technique of dual sculpting was developed for use in families where members in transitional conflict are amenable to and available for therapy. Where the families of the two sculptors are not 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.

Dual sculpting has grown out of the original sculpting technique pioneered and developed by such therapists as Virginia Satir, David Kantor, Fred and Bunny Duhl, and Peggy Papp (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 the reference to another. (p. 250)

Dual 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, and dual sculpting is therefore 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 transgenerational conflict, a member from each generation would be invited to sculpt his or her view of the family. Where adolescent-parent conflict occurs, the adolescent would be one of the sculptors and the parent the other. Table 26.1 outlines the various steps.

In dual sculpting one of the two family members selected as sculptors chooses to sculpt first while the other watches. The sculpting may be either in

TABLE 26.1. The Procedure of Dual 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	<i>The dual sculpt</i> Reassemble original sculptures and negotiate joining of the two	
6. Debriefing		

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 gently discussed. The procedure is then reversed with the first sculptor becoming the observer while the previous observer sculpts his or her own 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 positions relative to each other. Brief discussions may follow this, but the positioning is nonverbal and opportunity for negotiation is not given at this stage.

The final stage of the actual dual sculpting is then started, with the sculptors being asked to negotiate the joining of their two original sculptures. They are given permission to exclude peripheral members of their families if this is appropriate. 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, a profound level

of insight is often achieved. Family members learn to accommodate and compromise and are also given the opportunity to be creative.

Because the technique of dual 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 therapy sessions.

Eight-year-old Basil W was doing very badly at school, and his father was requested to call at the school. Mr. W, an accountant, aged 33, whose parents were Jewish immigrants from Central Europe, was alarmed to hear that Basil's behavior was intolerable to the 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. W 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 underlying, scarcely suppressed, marital strife for many years, which had come to a head with the birth of Julian. Mr. W regarded his wife, a dedicated physiotherapist, aged 30, 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, and an undemonstrative wife, who chose to share nothing of her life, verbal or practical, with her husband. Mrs. W, 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 verbalization of every minor situation. It was evident to the therapist that Basil's behavioral disturbance was symptomatic of a stressed parental system 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. W'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 system was experiencing, a decision was made to use dual sculpting.

Since neither of the families of Mr. or Mrs. W 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. W was invited to be the first sculptor. He was instructed, with as little use of language as possible, to select people from the group to represent the members of his three-generational family of origin. He was invited to arrange the members of his surrogate family as he saw them in relationship 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. W arranged his family in a busy domestic scene 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 comfortably arranged 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.

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

Mrs. W, 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 deceased for a considerable time and decided that it was high time that 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. W 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 take 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 the necessary change. Mrs. W was able by her fantasy to help Mr. W create changes that he would never have considered.

Mrs. W 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. W sat at a table involved with her sewing.

When asked to move into fantasy, Mrs. W 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. W, given free reign with his wife's family, reintroduced the missing brother and formed a cozy domestic scene with which Mrs. W felt extremely uncomfortable.

The couple was then asked to show the therapist, nonverbally, where they now were in relationship to each other. Not surprisingly, they placed themselves at opposite ends of the room and, despite Mrs. W'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. W spent two more sessions working with the therapist through the video material. After considerable debate they decided they were prepared to put in the work necessary for continuation of the marriage and committed themselves to marital therapy, which was greatly facilitated by the experience of dual sculpting.

During the ensuing six months structural family therapy (Minuchin, 1974; Minuchin & Fishman, 1981) was employed, and the situation improved remarkably. Basil's behavior at school continued to settle and his marks became progressively better. The therapist considered using Mr. W as a link therapist with his family of origin, but this proved unnecessary as the family opened its ranks to accept Mrs. W 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 in this chapter 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 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, dual sculpting—is less important than adherence to this transitional paradigm. *Transitional therapy clarifies the differential rates of adaptation and facilitates the family's resolution of transitional conflict.*

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