

# ETHNICITY IN FAMILY THERAPY: A COMPARISON OF BRIEF STRATEGIC THERAPY AND CULTURE-FOCUSED THERAPY

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*Many people of different ethnic groups enter therapy today, and therapists must choose among different ways to approach their problems. This article provides a brief, strategic family therapy approach that can be an alternative to a culture-focused therapy. The culture-oriented therapist focuses on understanding cultural premises and attempting to do therapy within the world view of clients. The strategic approach emphasizes the structure of the family and offers techniques that can be used whatever the culture. Ways of dealing with ethnicity are presented here, with a focus on problems of violence and alternate belief systems. The strategies emphasized are (a) minimizing ethnic issues as much as possible and dealing with the case in terms of the social context and family structure, (b) focusing on ethnicity as the basic therapy approach, and (c) combining the two approaches (structural and ethnic).*

Today, therapists must not only learn to understand the variety of personalities and psychopathologies entering therapy; they must also deal with a surprising variety of ethnic groups. Many urban areas are now made up of a collection of minorities. With more than a hundred cultures migrating to the United States today, many of them with families in crisis, a therapist must deal with but cannot be expected to understand all of the customs, styles, symbols, and standards of behavior, especially beliefs and practices relating to health and illness.

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I would like to thank Jay Haley for the opportunity to observe his training and supervision and for discussions on ethnicity.

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Therapists cannot be totally understanding of every culture and must decide what ethnic material is relevant to therapy. Should academia focus on training therapists in ethnic differences as a priority? Can a therapist bring about therapeutic change with a client without working in his or her belief system? Does ethnicity count when it is the court, not culture, that dictates how a person should behave in his or her family, for example, in relation to domestic violence? The court system is designed to enforce the rules of the dominant culture, even though today it is sometimes not clear who is dominant. Should therapists share in social policy advocacy?

To make the problem more complex, therapists are not from a single cultural group. When I observed cases at a family therapy institute in Washington, D.C., and other programs with Jay Haley supervising, it was not unusual to see trainees from around the world take on cases from around the world. On a typical day, I observed German, Philippine, Argentine, Puerto Rican, and Israeli trainees dealing with Central and South American, African American, and Japanese families. The Washington area may be unusual in its proliferation of racial and cultural groups, but therapists everywhere today must deal with cases of cultures different from their own. As an anthropologist working as a mental health consultant in the United States, Puerto Rico, and Brazil, I have always thought it important to describe cultural differences in detail, assuming that such information will enhance communication between health professionals and their clients (Richeport, 1975, 1984, 1985a, 1985b, 1985c, 1988). However, observing this family-oriented, directive therapy afforded me another point of view. Although it would be ideal for therapists to be experts on different cultures, as well as experts in all other areas of therapy, is it practical? This article attempts to contrast therapy that focuses on a cultural fit with a more directive, strategic approach.

Ethnicity was defined by Weidman (1978) as follows: "Ethnic affiliation is based primarily upon enculturation into a culturally provided cognitive and behavioral meaning structure which is transmitted in an enduring way from generation to generation." It "can be determined by taking into consideration linguistic terms, marriage patterns, ethnic friendship networks, socialization in established ethnic enclaves, and self definition in certain instances" (Weidman, 1978, pp. 16-17). Ethnicity differs from race, which "is a category of persons who are related by a common heredity or ancestry and who are perceived and responded to in terms of external features or traits." Ethnicity refers to "a shared culture and lifestyles" (Wilkinson, 1993, p. 19), often crossing racial boundaries.

### A BRIEF DIRECTIVE APPROACH

The directive family approach was developed by Jay Haley (1963, 1967, 1973, 1985, 1987, 1994, 1995) and others, and much of it was based on the work of Milton H. Erickson. The therapy minimizes a focus on ethnicity as an essential factor for bringing about change in therapy. Haley (1996) concentrates on the structural changes in the family. These changes can be similar across ethnic groups. Therapists with this approach focus on

immigration issues more than cultural differences. They encourage families into mainstream society through actions, not through reflection on their roots. The therapy is not an insight or ideology changing therapy but a problem-solving therapy.

Therapy with different groups in the immigration situation makes it possible to think about what cultures have in common in reactions to social change. Repetitive patterns can occur that are related more to migrating reactions than to ethnic beliefs. For example, a wife can arrive in the United States and become more upwardly mobile than her husband when she can get a job and the husband cannot. The hierarchical status of the husband becomes uncertain and sometimes leads to a depressed husband or a violent one, who is brought into therapy. This sequence is common in a variety of quite different cultures. Coalition situations are evident across cultures. In most cultures, a mother-in-law or grandparents have power to disrupt a marriage. One of the opportunities brought about by this situation is that we can determine what seemingly different cultures have in common from a structural view. For example, an East Indian man and a Nicaraguan man with quite different belief systems both beat their wives and were arrested and court ordered to therapy. In both cases, the family had moved to the United States and the wife found work and began to assert herself more like an American woman. The husband, unable to find work and finding his status demeaned, beat up on the wife. When arrested, he learned that it is against the law in this culture to beat one's wife. During therapy, the therapist's task is not to understand the cultural differences but to know how to intervene so that the violence ends and the problems are handled differently. A goal can be to bring about a rise in the husband's status and for the wife to have a richer life than she had in the past as she obtains the rights expected for women in America, her adopted country.

Another age-old difficulty is the generation gap created by migration situations in which children become ashamed of their parents and become more influenced by their peers and teachers. Parents are unable to discipline their children and may resort to abuse. The differences between abuse and discipline are not uniform across cultures. Not only can cultures be different from each other, but within any culture there are intraethnic variations such as differences in religion, social class, and gender. It is difficult for therapists to be knowledgeable about all of these differences.

Haley considers courtesy and respect minimum requirements for therapy. Haley (1996) also believes that therapists must adapt to certain basic premises of a culture. If a husband will not sit down with his wife and treat her as an equal, the couple can be seen separately and their problems worked out. The goal is not to make members of the client family behave like members of the ethnic group of the therapist but to respect the clients' culture and still resolve their problems. One can ask the family how a particular issue would be dealt with in the country of origin.

#### A CULTURE-FOCUSED APPROACH

I am using the term *culture focused* to refer to a variety of approaches that train therapists in cultural sensitivity. The use of a culture-focused

approach is often preferred by therapists and their teachers (Falicov, 1995; McGoldrick, 1996; Paniagua, 1994). It can be supported as a valid way but not the only way to deal with different cultures. Studies in mental health centers have shown that therapists and other workers in the centers who receive cross-cultural training have better client outcomes and lower recidivism rates (Lefley, 1984). Today, many people believe that the best choice when dealing with this issue is to make a cultural match of clients and therapists. The "Just Therapy" team in New Zealand advocates this position, which offers the therapist a power base in the community as a social change agent. This view is supported by the belief that there is a strong relationship between ethnicity and emotional stability. Within a sociohistorical context, it is thought best for the therapist to immerse himself or herself in the belief system of the client. Clients learn to become more sensitive to their problems, develop self-acceptance, and learn to solve problems more effectively within the ideology of their particular culture. This view, referred to as culture-focused therapy, has been used with a variety of clients. For example, Klein (1982) described an "ethnotherapist" working with Jewish clients performing dramatic group encounters in which body image and feelings of oppression are related to ethnicity. Clients might be encouraged to campaign for Soviet Jewry or children of the Holocaust, thus reconnecting them with their roots. Negative feelings and stereotypes about oneself and one's ethnic group are expressed and explored. Therapists working with African Americans might explore how racism has produced their anxiety and rage (Hines & Boyd-Franklin, 1982; Paniagua, 1994). Methods may include using acculturation scales to assess clients' adaptation (Paniagua, 1994), encouraging clients to resort to their native language when discussing more emotionally laden issues (Santiago-Rivera, 1995), using folktales (Constantino, Malgady, & Rogler, 1986) and proverbs (Zuniga, 1991) in the client's native tongue to explore cultural themes, and generally trying to get inside the heads of clients in order to understand their frames of reference (Soo-Hoo, 1995). Therapists are trained in a multidimensional comparative framework in which they write their own migration narratives to heighten empathy for immigrants (Falicov, 1995).

### *Alternate Belief Systems*

Alternate belief systems refer to nonmainstream sources of treatment. Cultural problems of immigrants entering the United States may involve some type of belief in spirit possession, which is one issue that illustrates dealing with different ethnic groups. Spirit possession is the most common explanation of problems throughout the world. Healing through spirit possession is practiced around the world. Specialists, or mediums, act as intermediaries between the living and the dead. Often they divine and heal through possession trances. Anthropologists differentiate ritual possession from sick possession (Richeport, 1975, 1985b, 1985c, 1988).

Ethnicity issues can involve problems that come up in relation to alternate belief systems and violence. In this article, I illustrate different strategies used in cases I have observed, particularly from the view of brief strategic family therapy.

### *A Central American Family*

*Problem.* A young Central American couple presented the problem of violence by the husband. The couple accepted the idea that the husband has an *espíritu burlon*, a mischievous spirit that causes him to act violently. Juan and Rosa, in their late 30s, had been in Washington, D.C., for 8 years. They were sent to therapy by the court. Rosa had a part-time job, and Juan was unemployed. They had two young children. Privately, Rosa reported that Juan threatened to hurt her and "to take her eyes out." Rosa is made even more fearful by the three dots that Juan has on his forearm, which, for her, reinforces his alliance with malevolent forces. Rosa is also upset with Juan's extramarital affairs, and she says she wants to separate. During the birth of their first child, Juan was with a girlfriend.

*Goal of Therapy.* The goal of the therapy was to prevent any future violence and bring about a more amiable relationship between the couple.

#### FOUR ALTERNATIVES FOR DEALING WITH AN ALTERNATE BELIEF SYSTEM

Therapists may choose among four alternatives when dealing with a case involving an alternate belief system. These may not be mutually exclusive. First, the therapist can minimize the alternate belief system and treat the case structurally. Second, the therapist can use aspects of the alternate system to further therapeutic goals. Third, the therapist can refer the client to a healer in the local healing system. Finally, the therapist can collaborate with the healer. In the case just described, the first alternative was chosen.

#### *Minimization of the Alternate Belief System*

*Interventions.* The supervisor of the case was unsure how to read the violence threat and consulted the Hispanic therapists behind the mirror. (The therapy was done in a room with a one-way mirror; a training group behind the mirror took turns going in to see families). They felt it was dangerous for Juan to remain in the house. The therapist was empathic with both the husband and wife and discussed with them their past and present difficulties. The strategies suggested to the trainee included persuading one of the spouses to move out of the house for 1 week. Juan moved out. It was suggested they get help from a family member. The wife's mother was brought in. Her contribution proved counterproductive because she was so critical of Juan. The positive attributes of each spouse were to be emphasized. They reviewed why they were attracted to each other in the beginning. Juan was to take Rosa out for the evening. It was suggested that the therapist arrange for them to have a fond farewell, since they were going to separate.

Not only was the supernatural explanation of Juan's behavior ignored, other cultural variables were also ignored, including the Hispanic value

of *respeto*. This term corresponds with the English word *respect*, which means deference to authority (Paniagua, 1994). The very fact of bringing Juan to a therapy session to discuss his personal life with a therapist—and a female therapist at that—defies the essence of his masculinity. The therapist assumes the male role as authority in the family and tells him what to do. The therapist ignores paralinguistic and nonverbal behavior. For example, the therapist might have misinterpreted Juan's lack of eye contact with her as resistance; in reality, however, when a man makes eye contact with a woman, this may denote a pass. Suggestions to the wife also violated basic traditional values of submissiveness, obedience, and dependence such as the directive to accompany her husband to a bar, which she refused.

In summary, the therapy plan opted for thrusting the family into mainstream American reality in which they must deal with the legal system that sent them for therapy. The therapy sessions gave them the opportunity to rehearse new behaviors and to challenge major cultural patterns, such as machismo, by minimizing them. Juan's resorting to witchcraft was interpreted as an attempt to exert power over his wife in this low-status relationship in which he found himself as a migrant in the United States. Even though the therapeutic goal was to increase his self-confidence, and use of the client's belief in witchcraft might have served that goal, the priority was to end the violence. No use of his alternate belief system was attempted.

#### *Use of Aspects of the Alternate System*

*Problem.* An East Indian couple believed that an evil spirit was following them around and had taken control of them. They demonstrated this to Milton H. Erickson in a table-tipping session. Erickson, who did not believe in spirits, knew more about table tipping than they did, having studied it in relation to hypnotic phenomena. In the process of coaching them in the correct way to do table tipping, he helped them discover weak, good spirits. Although weak, these spirits, together, exceeded the strength of the evil spirit. Mirroring the couple's belief in spirits, Erickson was able to acknowledge and use features of that belief system to change the meaning of the spirits from evil to good (Richeport, 1985a). Haley has reported that, in cases of 'ataque' (a transient hysterical, seizurelike state among Puerto Ricans), a young psychiatrist at Bellevue Hospital who did not believe in spirits learned enough Spanish to perform a spiritist ritual that led to prompt discharge of several patients.

*Problem.* In another case treated in the directive family-oriented approach, a South American mother had a 21-year-old son who was diagnosed as autistic even though he went to school and drove a car. She interpreted her problems as due to a Cuban "witch." The mother had never returned to her native country, and her family have never met her son. Since she believed that a shaman in her homeland could cure her son, the goal of therapy was to have the mother and son return to visit

their family. The strategy to accomplish this goal became to suggest that the mother return to her country to find a powerful native healer to counteract the black magic. In the directive approach, the spiritual was used only to bring about an interpersonal solution. There was no exploration of the belief system as a cause of the problem, just as there would be no exploration of the past to explain the present.

When the belief system is very strong, such as in the case of an East Indian woman who interpreted her suffering as a result of *karma* (past lives), Haley has recommended entering the client's system by doing a past life regression under the therapist's control. When therapists use alternate belief systems, there is no discussion or insight offered to the client. Haley (personal communication, January, 14, 1995) describes utilization as paradoxical in that what one wants to change is elaborated on.

### *Referral of the Client to a Healer in the Local Healing System*

*Problem.* In Bali, a case from my fieldwork with Haley involved a 15-year-old boy brought to a "balian" (healer) because he was suffering from seizures for which the doctors had found no physical cure. The balian suggested that the boy, Nyoman, and a family member live with the balian's family so that he could observe the seizures. Nyoman's father had died, and Nyoman remained in the household of his father while his mother remarried and lived with her new husband's family. The balian performed many rituals with the boy. He also referred him to a medium with whom he collaborated on cases. Possessed by the spirit of Nyoman's dead father, the medium revealed that the family had not performed the correct house ceremony when they moved. The balian arranged to perform the correct ceremony, which required extensive preparations and required the entire family to attend, including Nyoman's mother. Haley interpreted this case in the same way he interprets most problems. Through bringing the family together, the problem could be resolved, and the elaborate rituals could lead to interpersonal solutions.

*Problem.* A man brought his wife to a faith healer in New York and said his wife had an affair and he did not want to kill her. Could something be done? Haley uses this case to illustrate the adeptness of faith healers in creating an ordeal to resolve the bitterness after one spouse has had an affair. The healer saw the wife alone. He then reported to the couple that she did not have the affair. A spirit of the man's first wife had the affair. The problem was to do something to prevent this from happening again. The healer provided a ritual. The couple were to take a bus to another state and go to a particular town. They were to walk 1 mile to a particular tree and go through a ceremony to exorcize the spirit. Then they had to walk back to the bus and go back to New York. According to Haley (1995), the spirit was used to save face, and the travel and ceremony solved the problem because the investment was large enough to get over the bitterness.

### *Collaboration With a Healer*

In many countries, therapists who understand their culture use informal healers as resources (for case examples, see Harwood, 1977, 1981; Lambo, 1966; Richeport, 1979, 1985b).<sup>1</sup>

*Problem.* There may be problems when therapists and healers collaborate. Haley (personal communication, February 1, 1995) has pointed out that, when one brings healers into a session, one gives them a great deal of power. This was true in the Juan and Rosa case, and so the witchcraft was ignored. Montalvo and Gutierrez (1989) strategically use humor to show the misuse of cultural beliefs in cases of spirit explanations.

### PROBLEMS OF VIOLENCE

In the following cases I observed, the primary problem was violence. There was no alternate belief system involved. The three families—Spanish, South American, and Japanese—were all in court-ordered therapy. The main interventions ignored cultural variables and dealt with the cases structurally via use of cultural patterns as a minor strategy. This directive approach is compared with a more culture-focused approach.

#### *A Spanish Family*

*Problem.* A working-class mother from Spain beat her teenage daughter for dating. The family believed in the custom of virginity at marriage.

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<sup>1</sup>An example of collaboration between therapist and healer is the case of a Puerto Rican client, Paul Lebron (pseudonym), a 25-year-old schizophrenic (chronic undifferentiated type). His psychosis was manifested in the belief that he was possessed by a demon that he first saw when he was 6 years old. His mother took him to a spirit medium, who advised that he be taken to a doctor. She, however, relied on spirit mediums until he was 23 years old, when she took him to a psychiatrist. Paul used the spiritist explanation to explain his feelings of detachment, handwashing compulsion, and refusal to touch people. He dichotomized the forces within himself into good and bad, with himself in the middle trying to keep the bad from predominating. To prevent the bad from taking over, he walked compulsively for hours and therefore could not hold down a job.

After 2 years of psychotherapy, the psychiatrist felt he could produce no change and referred Paul to Dr. Hilton Lopéz for hypnotherapy. Paul continued to see spiritists at the same time. Paul returned to work and college. Dr. Lopéz decided that, despite his progress, and since Paul was seeing mediums anyway, he would use a medium as a consultant to help banish Paul's demon.

Dr. Lopéz called on Carmen, a former patient whom Lopéz had guided into replacing unwanted spirit possessions with spirit mediumship, which brought her prestige. Lopéz directed the interaction and then transferred direction to Lao-tzu, Carmen's spirit guide. Lao-tzu located the "evil" in Paul's left hand and the "good" in Paul's right hand. Paul appeared very expectant as Carmen clasped his hands together and then tore them apart sharply. Paul began to tremble in a contest between his possessing entity resisting departure and Carmen's "vital fluid" working to push out the entity. Lao-tzu told Paul that he was "good, intelligent, and a normal man."

Dr. Lopéz resumed the direction of the interaction. As he thanked Lao-tzu for coming, Carmen, slowly recovering from trance, asked what happened. Lopéz used the remainder



The girl reported her mother to the authorities, and the mother was arrested. The court ordered the mother on probation for 8 months before a hearing would be held. The family was court ordered to therapy, each member with a different therapist. Although the family had been in the United States for 10 years, the parents did not speak English, while the daughter spoke English perfectly. The girl was placed in a foster home that offered her many material things her parents could not. This made the parents feel even more inadequate. In the sessions, the girl would yell at the parents, tell them she hated them, and threaten suicide if forced to live with them.

*Goal of the Therapy.* The goal at first was to get the daughter back home with her parents. The goal changed to having the daughter establish an amiable relationship with the parents without living with them and helping the parents survive a relationship contrary to their culture.

*Interventions.* There was division among the trainees regarding this case. The Hispanic trainees felt sympathy for the parents. They objected to a system in which a foster home would be selected that was of a higher class than the home of the real parents. One young trainee sympathized with the daughter, who was trying to Americanize. It was suggested that the foster parents be made godparents or members of the extended family, a tradition common in the family's country. The sessions consisted of listening to the parents talk about their humiliating visits with their daughter and complimenting them in their efforts. The court had disempowered these parents, and the strong values of parental respect and obedience were lost. There was no effort to have the daughter accept her roots or a discussion of ethnic values and traditions. The therapist encouraged the mother in her part-time work and schooling.

The goals achieved were that the mother and father got along better, and the mother began to work part time. The daughter continued a relationship with the parents that was more amiable since she was not threatened with moving back with them.

*A Culture-Focused Approach.* In spite of the recalcitrance of the daughter, an ethnically oriented therapist might have attempted to thrash out cultural issues, particularly the preservation of the honor of the family through the daughter's virginity at marriage, parental obedience, chaperonage, proper dating practices, and religious orientation. Recognizing the family's communication patterns of men with men and women with women, effort would have been made to have a male therapist talk to the father and respect him as head of the household (Moitza, 1982). The daughter might have been encouraged to learn more about her roots and to meet people from her ethnic group while living in the foster home.

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of the time to reinforce the idea of the expulsion of the demon. Since then, Paul has been working full time and has girlfriends.

### *A South American Family*

*Problem.* A young man in his early 20s was court ordered to therapy for repeated possession and dealing of marijuana. He would be imprisoned if this happened one more time. His mother, who spoke only Spanish, and the eldest son, who translated for her, came to therapy. The goal was to get the boy off marijuana. The intervention was to have the family come up with a strong consequence if the youth relapsed. Once the family realized that they could do something, they had a lengthy discussion of what to do if the youth relapsed. They decided that the consequence would be to ostracize the son from the family for 3 months and to shun him if he took drugs again. The son has not gone back to drugs. The therapist did not need to understand the strong bond of a Latin American family and the difficulty it has in banning a member. The goal of therapy, regardless of ethnic group, was for the family to take charge of its member and make a serious consequence rather than have the community do so.

*A Culture-Focused Approach.* In contrast to this directive approach, culturally focused therapy would have explored the importance and positive functions of a close-knit family. It would have emphasized the values of forgiveness based on a religious charity ethic. In keeping the communication style of this ethnic group, the therapist might have been authoritarian and told the family exactly what to do rather than letting them decide.

### *A Japanese Family*

*Problem.* A Japanese brother and sister were court ordered to therapy after he beat her. They lived together, and the parents sent him money from Japan to go to school. He was depressed. He failed at school. The sessions consisted of Hiroshi's complaints against Toni, his elder sister, because she would come home from her bartending job and talk on the phone. He said he needed to relax and to sleep and that she kept him awake. He also complained that she drank too much. Toni insisted that she was a "strong" drinker, but it was not explored whether she meant that she was a heavy drinker or that she could hold her liquor.

*Goal of the Therapy.* The goal was to negotiate the house rules so that the siblings could get along better. Two interventions were used to accomplish this goal. First, each would think positively about the other. Toni admired Hiroshi's attention to details and perfectionism, and Hiroshi complimented his sister on her friendliness and that she was not detail oriented. Second, the therapist concentrated on their relationship, not on her drinking problem, and on having them equally negotiate the house rules. In one session, however, the therapist asked Toni to give up drinking for 2 days. The two ended up getting along much better, and the physical abuse ceased.

*A Culture-Focused Approach.* An ethnically oriented therapist would respect cultural patterns of shame, indirect communication, and hierarchy. Recognizing the basic communication styles of an Asian family, a culture-oriented therapist would explore the brother's definition of abuse. In this family, the brother, although younger, should have held the higher status, and he probably did not think that beating his sister was abuse. Values of respect and obedience might be explored. An authoritarian approach would have to be used rather than asking the siblings to equally negotiate the house rules. In order to prevent loss of face, they would be encouraged to talk indirectly through the therapist and not directly to each other, which might have been more shameful. A therapist familiar with Japan might have recognized Hiroshi's symptoms of a classical Japanese neurosis and recommended the culture-specific Morita therapy (Reynolds, 1976).

## DISCUSSION

This article has described a brief strategic, family-oriented approach that can be used as an additional way of working when dealing with ethnic groups. The cases illustrate that the differences between the approaches are greatest in the initial stage of therapy when therapists formulate strategies that ignore cultural issues for the most part and concentrate on family structure and strategies to bring about behavior changes. According to Haley, if one avoids cultural immersion, one can be briefer. The following discussion refers to the premises and techniques used in the initial phase of therapy that have proven to be successful in many cases I have observed.

### *Challenging Ethnic Values*

In family-oriented strategic therapy, patient expectations, cultural mores and values, paralinguistic cues, and traditional hierarchies might all be minimized. The therapist implicitly challenges a central culture pattern such as Hispanic machismo, the Mediterranean "virginity complex," and Asian loss of face. Because these patterns were maladaptive in a new country and brought the family to the attention of the authorities, a therapy approach was used that did not involve discussion of these insights but created directives to change them. In addition, this directive approach has the premise that just because one understands a problem, a belief, a culture, or a symptom, that does not mean it will disappear.

Therefore, this therapy does not help people become more aware of anything, including their roots. According to Erickson (Haley, 1985), "I think therapy is primarily a matter of getting people to function adequately within a reality framework. The reality framework is that of eating and living and responding today, in today's realities, in preparation for tomorrow" (p. 8). Several of Erickson's cases show the maladaptive behavior of hanging on to old ways. He would engage in an acculturation therapy and might even recommend that the client not see any member of

his or her ethnic group (Richeport, 1985a; Zeig, 1980). Margaret Mead discussed families who preserve a timeless continuity with the past and do not change, which causes a great deal of stress (Danna, 1980).

### *Practicing Alternate Roles*

A directive therapy approach provides families the opportunity to practice alternate roles, in a concerned, supportive setting, that are more compatible with everyday reality. Juan must listen to a female authority talk about his personal life and endure his wife criticizing him in front of strangers. In doing so, he is rehearsing an alternate role that is more adaptive in the United States. Rosa rehearses being more equal with her husband, which is acceptable in the United States but not as acceptable in her own country. The Japanese siblings practice being equals who negotiate house rules. These new behaviors are given a trial run as the family walks through assignments in the sessions, and the behaviors can later be transferred to everyday life. Erickson (1967) commented on the power of rehearsal resulting from the belief that an action has already been achieved by symbolic actions. It provides a "new psychological orientation of compelling force, affecting a new organization of thinking and planning" (p. 1389).

### *Use of the Culture*

A knowledge of the culture increases options in terms of planning strategies for problem solving. Therapists must have knowledge of cultural complexities if they want to use the very behaviors that are maladaptive. Rather than ignoring the behavior, it is paradoxically made use of. Making foster parents godparents in the Spanish family or performing a ritual to exorcize a spirit are examples of using behaviors to further therapeutic goals. Although it is not practical for therapists to understand the culture of the hundreds of groups migrating today, utilization is a powerful approach. Erickson encouraged therapists to learn anthropology and to use beliefs and practices as he himself did. In the case of a Prussian soldier who was the victim of a stroke and who was paralyzed and unable to speak, Erickson called him a "dirty Nazi pig," among other insults. Although seeming harsh, he was familiar enough with the Prussian culture to know that this would make a proud and self-inflated Prussian so angry at him that he would overcome an 8-year paralysis and begin talking again, as he did (Haley, 1973).

In spite of the directive approach's lack of focus on ethnic issues, paradoxically, it is an approach that can be seen as more culturally congruent than other approaches that have focused on ethnicity issues. This can be seen in the following attributes that fulfill the expectations of many cultural groups: (a) The family and/or social network is included in the therapy; (b) therapy does not stress exploration or insight; (c) it is action oriented rather than discussion oriented; (d) the therapist maintains a position of expertise and authority; and (e) the client receives concrete

advice. The therapist maintains a posture of courteous concern. The goal of the therapy becomes acculturation of the family to new rules and to giving up their maladaptive ways.

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