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CHAPTER 1

Overview: Ethnicity and Family Therapy

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Prejudice is a burden which confuses the past, threatens the future, and renders the present inaccessible.

—MAYA ANGELOU (1986, p. 155)

The future of our earth may depend on the ability of all [of us] to identify and develop new . . . patterns of relating across difference. The old definitions have not served us, nor the earth that supports us.

—AUDRE LORDE (1995, p. 502)

Ethnicity refers to a common ancestry through which individuals have evolved shared values and customs. It is deeply tied to the family, through which it is transmitted. A group's sense of commonality is transmitted over generations by the family and reinforced by the surrounding community. Ethnicity is a powerful influence in determining identity. A sense of belonging and of historical continuity are basic psychological needs. We may ignore our ethnicity or deny it by changing our names and rejecting our families and social backgrounds, but we do so to the detriment of our well-being. The subject of ethnicity evokes deep feelings, and discussion frequently becomes polarized or judgmental. According to Greeley (1969), using presumed common origin to define "we" and "they" seems to touch on something basic and primordial in the human psyche. Similarly, Levine (personal communication, 1981) has observed: "Ethnicity can be equated, along with sex and death, as a subject that touches off deep unconscious feelings in most people."

The concept of a group's "peoplehood" is based on a combination of race, religion, and cultural history and is retained, whether or not members realize their commonalities with one another. The consciousness of ethnic identity

varies greatly within groups and from one group to another. Those who have experienced the stigma of prejudice and racism may attempt to “pass” as members of the more valued majority culture. In groups that have experienced prejudice and discrimination, such as Jews and African Americans, family members may absorb the larger society’s prejudices and become conflicted about their own identity. Family members may even turn against each other, with some trying to “pass” and others resenting them for doing so. Those who are close enough in appearance to the dominant group’s characteristics may experience a sense of choice about what group to identify with, whereas others have no choice because of their skin color or other physical characteristics. Examples of ethnic conflict include some group members’ attempts to change their appearance through plastic surgery or other means to obtain “valued” characteristics. Other examples would include an African American accusing another of being “an Oreo,” meaning that he or she has “sold out” to the White culture. Families that are not of the dominant culture are always under pressure to give up their values and conform to the norms of the more powerful group. Intrafamily conflicts over the level of accommodation should be viewed not just as family conflicts, but also as reflecting explicit or implicit pressure from the dominant culture.

FACTORS INFLUENCING ETHNICITY

Ethnicity interacts with economics, race, class, religion, politics, geography, the length of time since migration, a group’s specific historical experience, and the degree of discrimination it has experienced. Generally, people move closer to the dominant value system the longer they remain in the United States and the more they rise in social class. Families that remain within an ethnic neighborhood, who work and socialize with members of their group, and those whose religion reinforces ethnic values, will probably maintain their ethnicity longer than those who live in heterogeneous settings.

The impact of war and political oppression can also greatly affect a group’s historical traditions, as in Central America, Southeast Asia, and the former Soviet Union. The degree of ethnic intermarriage in the family also plays a role in the evolution of its cultural patterns (McGoldrick & Garcia-Preto, 1984; Crohn, 1995).

Therapists need to be as attuned to migration stresses and ethnic identity conflicts as they are to other stresses of a family’s history. Many Americans have experienced the complex stresses of migration; they may be “buried” or forgotten, but they influence the family’s outlook, if sometimes subtly, as they try to accommodate to a new situation. Many immigrant groups have been forced to abandon much of their ethnic heritage and thus have lost a part of their identity. Families will be more vulnerable the more they have

repressed their past. The effects of this may be all the more powerful for being hidden.

Some families will hold on to their ethnic identification, becoming clan-ish or prejudiced in response to a perceived threat to their integrity. Others use ethnic identification to push for family loyalty: They might say, “If you do that, you’re betraying the Jews.” For other groups—for example, Scots, Irish, or French Canadians—such an emotional demand for ethnic loyalty would probably not hold much weight.

Most of us are somewhat ambivalent about our ethnic identification. Even those who appear indifferent to their ethnic background would be proud to be identified with their group in some situations and feel embarrassed or defensive in others. Those most exposed to prejudice and discrimination are most likely to internalize negative feelings about their ethnic identity. Often ethnicity becomes such a toxic issue that people’s response is not even to mention it, for fear of sounding prejudiced, although it may be a major factor in their response to a situation.

In the years since the first edition of *Ethnicity and Family Therapy* was published, our awareness of cultural diversity in our society and world has changed profoundly. We have been witnessing some devastating and amazing transformations in ethnic group relationships in South Africa, Northern Ireland, the Middle East, the former Soviet Union, and elsewhere, while the United States is being transformed by rapidly changing demographic realities.

We are experiencing the greatest rise in immigration in 100 years. More than one million legal and undocumented immigrants are arriving annually, most from Asia and the vast Hispanic world (“What Will the U.S. Be Like When Whites Are No Longer the Majority,” 1990; “The New Face of America,” 1993). With streams of new immigrants expressing their unique cultures, American society has become characterized by unparalleled diversity. Asians, Latin Americans, and other newcomers have become “the new face of America.”

Geographic regions vary in the impact of this. In the Pacific region, for example, one-fifth of Americans are foreign born, although in the Midwestern farm belt, this is true of only one person in 50. But overall, during the past decade, African Americans have increased by 13% and now comprise 12% of the population; Latinos have increased by 53% to become 9%; whereas Asians have doubled to become about 3% of the population. Only about 75% of Americans are non-Hispanic Whites (Roberts, 1995).

Asian-born Americans now outnumber European-born ones. In Los Angeles four in 10 residents are foreign born; in New York, three in 10. By the end of the next century, White Americans will be a minority.

Concomitantly, there has been a rapid rise of multicultural consciousness in the United States. The 1990 Census listed 95 racial and ethnic categories and subcategories including White (53 groups), Black, American Indian, Eskimo (or Aleut), and Asian (or Pacific Islander), with 11 Asian and 15 Hispanic sub-

categories. Indeed, the shift in ethnic identification is so dramatic that more people said they were Cherokee than could possibly have been the case; 1.8 million people said they were Native American, but some claimed they were from "Arabic," "Polish," "Hispanic," or "Haitian" tribes (Roberts, 1995).

The changing ethnic demographics are having a significant impact on all aspects of our society. Of new workers entering the workforce, 80% are women, minorities, or new immigrants. This reality in the context of a growing global economy and the presence of many international corporations helps explain the upsurge in business literature on managing a culturally diverse workforce (Thomas, 1991; Jamieson & O'Mara, 1991; Thiederman, 1991). More than five million children of immigrant parents will enter public schools during the 1990s; about 3.5 million will come from homes where English is not the first language. Today, more than 150 languages are represented in America's schools. Multicultural education, although controversial, is increasingly being included in school curricula (Banks, 1991).

For many decades, large cities were the main places where many different faces of Americans were visible. Today, however, America's suburbs, smaller cities, and even small towns are hardly as homogenous as they once were ("Melting Pot Moves to the Heartland," 1995). Mental health professionals everywhere are being challenged to develop treatment models and services that are more responsive to ethnic, racial and religious identities.

Diversity's impact has become perhaps the major theme of the arts in America today. Writers such as Amy Tan, Richard Rodriguez, Gay Talese, Anne Koopman, Edwige Denticat, Toni Morrison, Maxine Hong Kingston, Alice Walker, Mary Gordon, Helen Barolini, Eva Hoffman, Thomas King, Lisa See, and Chang-rae Lee are recounting their ethnic roots in growing up in America. Similar ethnic expressions are seen in film, theater, TV, and music.

Concomitantly, there has been a growing realization since this book's first edition that a positive sense of ethnic and racial identity is essential for developing a healthy personal and group identity, and for effective clinical practice.

Elaine Pinderhughes's pathbreaking *Understanding Ethnicity, Race, and Power* (1989) has elaborated brilliantly a broad-based, multicultural perspective, clarifying the primary role of power in organizing ethnic and racial relationships. She described the comprehensive model she has developed for mental health training. *The Influence of Race and Racial Identity in Psychotherapy* (Carter, 1995) has elaborated the fact that race is not a "special issue," but rather a pivotal factor in therapy. *The Social and Political Contexts of Family Therapy* (Mirkin, 1993) explores the effects on families of poverty, gender, migration, displacement, and the threat of nuclear holocaust. *Women in Context* (Mirkin, 1995), a model for family therapy texts, integrates ethnicity, race, class, and sexual orientation into the formulation of every topic. Other important books have laid the groundwork on particular issues or groups, including *Minorities and Family Therapy* (Saba, Karrer, & Hardy, 1989); *Family Therapy with Eth-*

nic Minorities (Ho, 1987); *Family Ethnicity* (McAdoo, 1993); *Black Families in Therapy: A Multisystems Approach* (Boyd-Franklin, 1989); *Working with West Indian Families* (Gopaul-McNicol, 1993); *Asian Americans* (Uba, 1994); *Women of Color* (Comas-Díaz & Greene, 1994); *Cultural Perspectives in Family Therapy* (Falicov, 1983); and *Expansions of Feminist Theory through Diversity* (Almeida, 1994). These authors and many others have been contributing to our cultural knowledge. Several more important texts that we know of are due soon, including *Clinical Guide to Working with Asian American Families* (Lee, in press) and *Hispanic Families in Therapy* (Falicov, in press). Yet there has been very little systematic integration of material on ethnicity in any mental health professional training. It remains a "special issue," taught at the periphery of psychotherapy training and rarely written about or recognized as crucial by therapists of the dominant groups. For this perspective to become truly integrated into our work we will need a transformation of our field, which has barely begun (McGoldrick & Green, in press).

THE CHANGING FACE OF THE UNITED STATES ETHNICALLY

Ethnic identity has always been a central component of American life. Its salience is probably related to the fact that White ethnic groups are slowly becoming a minority of the population in the country. Ethnic distinctions among European Americans are fading, whereas other ethnic groups become more prominent. Indeed, one researcher has suggested that a new ethnic group, Euro Americans, is forming (Alba, 1990). We believe that this eventuality is far off, for ethnicity changes only gradually, in many ways much more slowly than we might think.

Yet our country has been largely defined by those seeking change from their ancestors' cultures. As Tataki (1993) states:

Indians were already here, while blacks were forcibly transported to America, and Mexicans were initially enclosed by America's expanding border. The other groups came here as immigrants: for them, America represented liminality—a new world where they could pursue extravagant urges to do things they had thought beyond their capabilities. Like the land itself, they found themselves "betwixt and between all fixed points of classification." No longer fastened as fiercely to their old countries, they felt a stirring to become new people in a society still being defined and formed. (p. 6)

The fluidity of cultural identity has always been an American trait. But a conservative backlash against multiculturalism has been developing, illustrated by the rise of White extremist skinheads and neo-Nazi groups that foster racial

and ethnic hatred; the increase in racial- and religious-bias crimes, committed primarily by young people; and the new anti-immigrant nativism.

Multiculturalism has been criticized as corrupting our educational institutions (Bloom, 1987; Schlesinger, 1995). They fear that it will destroy national cohesion, that *E Pluribus Unum*—"out of many, one"—is becoming *E Pluribus Plurimus*.

But diversity has always been central to American life; it is embedded in the Founding Fathers' ideology, which provided explicitly for protecting minority views, respecting the persistence of democratic disagreements and minority viewpoints, so that the dominant group does not impose its own culture and values on all other groups (Schwarz, 1995).

Respect for ethnic diversity has flourished during certain periods in American history and been stifled at others. The Founding Fathers, after all, did not include African Americans in their definition of minority, and the Naturalization Law of 1790 restricted citizenship to Whites (Tataki, 1993). Many times, the majority group has asserted its power through an assimilationist "melting pot" ideology, and we have remained ambivalent about the value of ethnic pluralism.

Yet ethnicity remains a major form of group identification and a major determinant of our family patterns and belief systems. The American premise of equality required us to give primary allegiance to our national identity, fostering the myth of the "melting pot," the notion that group distinctions between people should ultimately disappear. The idea that we were all equal led to pressure to see ourselves as all the same. But the melting-pot idea never worked. We have not "melted."

OUR COMPLEX AND EVOLVING ETHNIC IDENTITIES

Every family's background is multicultural. All marriages are to a degree cultural intermarriages. No two families share exactly the same cultural roots. Understanding the various strands of a family's cultural heritage is essential to understanding its members' lives and the development of the particular individual as well. The multiple parts of our cultural heritage often do not fit easily into a description of any one group.

As family therapists, we work to help clients clarify the various facets of their identity to increase their flexibility to adapt to America's multicultural society. We help them appreciate and value the complex web of connections within which their identities are formed and which cushion them as they move through life.

Our clients' personal contexts are largely shaped by the ethnic cultures in which they live and from which their ancestors have come. As Paolo Friere (1994) has described:

No one goes anywhere alone, least of all into exile—not even those who arrive physically alone, unaccompanied by family, spouse, children, parents, or siblings. No one leaves his or her world without having been transfixed by its roots, or with a vacuum for a soul. We carry with us the memory of many fabrics, a self soaked in our history, our culture; a memory, sometimes scattered, sometimes sharp and clear, of the streets of our childhood. (p. 32)

Of course, each of us belongs to many groups. The sense of belonging is vital to our identity. At the same time the profound differences among us culturally must also be acknowledged. We need to balance validation of the differences among us and appreciation of the common forces of our humanity. It is only when the exclusion of outsiders becomes primary to group identity that one's group identity reflects something dysfunctional—namely a negative identity: defining oneself as part of a group that excludes others.

Those of us born White, who conform to the dominant societal norms, probably grew up believing that "ethnicity" referred to others who were different from us. We were "regular." As Tataki (1993) has pointed out, we have always tended to view Americans as European in ancestry.

We need to develop an open, flexible social system with flexible boundaries—so that people can define themselves by the groupings that relate to their heritages and practices and go beyond labels such as "minorities," "Blacks," "Latinos," or "Americans." Our very language reflects the biases embedded in our society's dominant beliefs. The term "Latino," for example, refers simultaneously to Taino Indians, Cubans of Spanish origin, Chinese who settled in Puerto Rico, families from Africa whose ancestors were brought to Latin America as slaves, and Argentinean Jews, whose ancestors lived in Europe for over 1,000 years until the 1930s or '40s. The term "minority" peripheralizes groups whose heritage is different from the dominant groups. The term "Black" obliterates the ancestry of Americans of African heritage altogether and defines people only by their color. And the fact that there is no term "United Statesan" to describe people of the United States, but only the inaccurate term "American," which makes invisible Canadians, Mexicans, and other Americans, is a serious handicap to our even discussing these issues.

Individuals should not have to suppress parts of themselves in order to "pass" for normal according to someone else's standards. Being "at home" is about people having a sense of being at peace with who they really are, not fitting them into rigidly-defined group identities, which strains their basic loyalties. As family therapists, we believe in helping clients understand their ethnicity as a fluid, ever-changing aspect of who they are. The character Vivian Twostar in *The Crown of Columbus* (Erdrich & Dorris, 1991), describes the complexity this always entails:

I belong to the lost tribe of mixed bloods, that hodgepodge amalgam of hue and cry that defies easy placement. When the DNA of my various ancestors—Irish

and Coeur d'Alene and Spanish and Navajo and God knows what else—combined to form me, the result was not some genteel indecipherable puree that comes from a Cuisinart. You know what they say on the side of the Bisquick box, under instructions for pancakes? Mix with fork. Leave lumps. That was me. There are advantages to not being this or that. You have a million stories, one for every occasion, and in a way they're all lies and in another way they're all true. When Indians say to me, "What are you? I know exactly what they're asking and answer Coeur d'Alene. I don't add, "Between a quarter and a half," because that's information they don't require, first off—though it may come later if I screw up and they're looking for reasons why. If one of my Dartmouth colleagues wonders, "Where did you study?" I pick the best place, the hardest one to get into, in order to establish that I belong. If a stranger on the street questions where [my daughter] gets her light brown hair and dark skin, I say the Olde Sodde and let them figure it out. There are times when I control who I'll be, and times when I let other people decide. I'm not all anything, but I'm a little bit of a lot. My roots spread in every direction, and if I water one set of them more often than others, it's because they need it more. . . . I've read anthropological papers written about people like me. We're called marginal, as if we exist anywhere but on the center of the page. We're parked on the bleachers looking into the arena, never the main players, but there are bonuses to peripheral vision. Out beyond the normal bounds, you at least know where you're not. You escape the claustrophobia of belonging, and what you lack in security you gain by realizing—as those insiders never do—that security is an illusion. . . . "Caught between two worlds," is the way we're often characterized, but I'd put it differently. We are the catch. (pp. 166–167)

Erdrich and Dorris offer a brilliant expression of our multifaceted identities, comprised of complex heritages, judgments about what is possible or preferable in a given context, and other people's projections onto us. They also illustrate what those who belong have to learn from those who are marginalized.

If we look carefully enough, we are all a "hodgepodge." Developing "cultural competence" requires us to explore and question the dominant values and the complexity of cultural identity.

We are all migrants, moving between our ancestors' traditions, the worlds we inhabit, and the world we will leave to those who come after us. For most of us, finding out who we are means putting together a unique internal combination of cultural identities. Maya Angelou (1986), who as an African American naturally found it hard to feel culturally at home in the United States, went to live in Africa. She hoped in some way to be home and found there that who she was could not be encompassed by that important part of her heritage:

If the heart of Africa still remained elusive, my search for it had brought me closer to understanding myself and other human beings. The ache for home lives in all of us, the safe place where we can go as we are and not be questioned. It impels

mighty ambitions and dangerous capers . . . We shout in Baptist churches, wear yarmulkes and wigs and argue even the tiniest points in the Torah, or worship the sun and refuse to kill cows for the starving. Hoping that by doing these things, home will find us acceptable or that barring that, we will forget our awful yearning for it. (p. 196)

Those who try to assimilate at the price of forgetting their connections to their heritage are likely to have more problems than those who maintain their heritage.

The work of Klein (1980) with Jews, Cobbs (1972) with Blacks, and Giordano and Riotta-Sirey (1985) with Italians, demonstrates that when people are secure in their identity, they act with greater flexibility and openness to those of other cultural backgrounds. However, if people receive negative or distorted images of their ethnic group, they often develop a sense of inferiority, even self-hate, that can lead to aggressive behavior and discrimination toward outsiders.

ETHNIC DIFFERENCES IN MENTAL HEALTH

Almost all of us have multiple belief systems to which we turn when we need help. Besides medical or psychotherapeutic systems, we resort to religion, self-help groups, alcohol, yoga, chiropractors, crystals, special foods, and remedies our mothers taught us or those suggested by our friends. Various factors influence which solutions we will rely on at any given time.

Many studies have shown that people differ in the following:

1. Their experience of pain.
2. What they label as a symptom.
3. How they communicate about their pain or symptoms.
4. Their beliefs about its cause.
5. Their attitudes toward helpers (doctors and therapists).
6. The treatment they desire or expect.

Yet a group whose characteristic response to illness is different from the dominant culture is likely to be labeled "abnormal." For example, one researcher found that doctors frequently labeled Italian patients as having psychiatric problems, although no evidence existed that such disorders occurred more frequently among them (Zola, 1966). Another classic study (Zborowski, 1969) found that Italian and Jewish patients complained much more than Irish or Anglo ones, who considered complaining to be "bad form."

A high level of verbal interaction is expected in Jewish, Italian, and Greek families, whereas Anglo, Irish, and Scandinavian families have much less intense interaction and are more likely to deal with problems by distancing.

Therapists need to take these potential differences into account in making an assessment, considering carefully their own biases and their clients' values.

Certain common ethnic traits have been described as typical for families of one or another group. For example, Jewish families are often seen as valuing education, success, family connections, encouragement of children, democratic principles, verbal expression, shared suffering, and having a propensity to guilt and a love for eating. Anglos have been characterized as generally emphasizing control, personal responsibility, independence, individuality, stoicism, keeping up appearances, and moderation in everything. By contrast, Italian American families are generally described as valuing the family more than the individual; considering food a major source of emotional as well as physical nourishment; and having strong traditional male-female roles, with loyalty flowing through personal relationships. African Americans are often described as favoring an informal kinship network and spiritual values. Their strength to survive is a powerful resource, and they tend to have more flexibility in family roles than many other groups. In Hispanic cultures, family togetherness and respect, especially for elders, are valued concepts. People are appreciated more for their character than for merely their vocational success. They may also hold on to traditional notions of a woman's role as the virgin and the sacrificial sainted mother, who tolerates her husband's adventures and absence with forbearance. Chinese families stress harmony and interdependence in relationships, respect for one's place in the line of generations, ancestor worship, saving face, and food as an emotional and spiritual expression. For Asian Indians, purity, sacrifice, passivity, and a spiritual orientation are core values, and death is seen as just one more phase in the life cycle that includes many rebirths.

It would require many volumes to consider any single ethnic group in depth. Indeed, most groups are themselves combinations of multiple cultural groups.

ETHNICITY AND FAMILIES

The definition of "family" differs greatly from group to group. The dominant American (Anglo) definition focuses on the intact nuclear family, whereas African American families focus on a much wider network of kin and community. For Italians, there is no such thing as the "nuclear" family. To them, family means a strong, tightly knit, third- or fourth-generational network, which also includes godparents and old friends. The Chinese include in "family" all their ancestors and all their descendants, which also reflects a different sense of time than is held in the West.

Studying ethnicity helps one appreciate differences in groups' attitudes toward many core values in the United States. For example, in the world of psychology, the dominant assumption is that talk is good and can heal a per-

son. Therapy has even been referred to as "the talking cure." But consider the different value cultures place on talk.

- In Jewish culture, articulating one's experience may be as important as the experience itself, for important historical reasons. Jews have long valued cognitive clarity. Clarifying and sharing ideas and perceptions helps them find meaning in life. Given the anti-Semitic societies in which Jews have lived for so long, with their rights and experiences so often obliterated, one can understand that they have come to place so much importance on analyzing, understanding, and acknowledging what has happened.
- In Anglo culture, words are used primarily to accomplish one's goals. They are valued mainly for their utilitarian value. As the son says about his brother's death in the movie *Ordinary People*: "What's the point of talking about it? It doesn't change anything."
- In Chinese culture, families may communicate many important issues through food rather than through words. They generally do not accept the dominant American idea of "laying your cards on the table."
- Italians often use words primarily for drama, to convey the emotional intensity of an experience.
- The Irish, perhaps the world's greatest poets, use words to buffer experience—using poetry or humor to somehow make reality more tolerable, not to tell the truth, but perhaps to cover it up or embellish it. The Irish have raised poetry, mystification, double meanings, humorous indirection, and ambiguity to an art form in part, perhaps, because their history of oppression led them to realize that telling the truth could be dangerous.
- In Sioux Indian culture, talking is actually proscribed in certain family relationships. A woman who has never exchanged a single word with her father-in-law may experience deep intimacy with him, a relationship that is almost inconceivable in our pragmatic world. The reduced emphasis on verbal expression seems to free Native American families for other kinds of experience of each other, of nature, and of the spiritual realm.

Cultural groups also vary greatly in the emphasis they place on various life transitions. The Irish and African Americans have always considered death the most important life cycle transition. The Irish place most emphasis on the wake, whereas African Americans spare no expense for a funeral. Italians, Asian Indians, and Poles tend to emphasize weddings, whereas Jews often pay particular attention to the Bar or Bat mitzvah, a transition from childhood that other groups do not mark at all. Families' ways of celebrating these events differ also. The Irish tend to celebrate weddings (and every other occasion) by

drinking, the Poles by dancing, the Italians by eating, and the Jews by eating and talking.

Occupational choices, as well, reflect both personal necessity and group values. The Irish are overrepresented in politics and police work; Jews, in small businesses, medicine, and, above all, the mental health field; Germans, in engineering; Greeks and Chinese, in the restaurant business; and Koreans, in food stores.

Ethnic groups' distinctive problems are often the result of cultural traits that are conspicuous strengths in other contexts. For example, British American optimism leads to confidence and flexibility in taking initiative. But the same preference for upbeatness may lead to the inability to cope with tragedy or to engage in mourning. Historically, the British have perhaps had much reason to feel fortunate as a people. But optimism becomes a vulnerability when they must contend with major losses. They have few philosophical or expressive ways to deal with situations in which optimism, rationality, and belief in the efficacy of individuality are insufficient. Thus they may feel lost when dependence on the group is the only way to ensure survival.

Concomitantly, groups vary in what they view as problematic behavior. The English may be concerned about dependency or emotionality; the Irish about "making a scene"; Italians about disloyalty to the family; Greeks about any insult to their pride, or *filotimo*; Chinese about harmony; Jews about their children not being "successful"; Puerto Ricans about their children not showing respect; Arabs about their daughters' virginity; and African Americans about testimony or bearing witness.

Of course, they similarly vary in how they respond to problems. The English see work, reason, and stoicism as the best response, whereas Jews often consult doctors and therapists to gain understanding and insight. Until recently, the Irish responded to problems by going to the priest for confession, "offering up" their suffering in prayers, or, especially for men, seeking solace through drink. Italians may prefer to rely on family support, eating, and expressing themselves. West Indians may see hard work, thrift, or consulting with their elders as the solution, and Norwegians might prefer fresh air or exercise. Asian Indians might focus on sacrifice or purity, and the Chinese, on food or prayer.

Groups also differ in attitudes toward seeking help. In general, Italians rely primarily on the family and turn to an outsider only as a last resort. African Americans have long mistrusted the help they can receive from traditional institutions except the church, the only one that was "theirs." Puerto Ricans and Chinese may somatize when under stress and seek medical rather than mental health services. Norwegians, too, often convert emotional tensions into physical symptoms, which they consider more acceptable—thus, their preference for the doctor to the psychotherapist. Likewise, Iranians may view medication and vitamins as a necessary part of treating symptoms. Many potential patients experience their troubles somatically and strongly doubt the value of

psychotherapy. And some groups tend to see their problems as the result of their own sins, actions, or inadequacy (Irish, African Americans, Norwegians) or someone else's (Greeks, Iranians, Puerto Ricans).

Cultures differ also in their attitudes about group boundaries. Puerto Ricans, Italians, and Greeks all have similar rural, peasant backgrounds, yet important ethnic differences exist among these groups. Puerto Ricans tend to have flexible boundaries between the family and the surrounding community, so that informal adoption is a common and accepted practice. Italians have much clearer boundaries within the family and draw rigid boundaries between insiders and outsiders. Greeks have very definite family boundaries, are disinclined to adopt children, and have deep feelings about the "bloodline." They are also strongly nationalistic, a value that relates to a nostalgic vision of ancient Greece and to the country they lost under hundreds of years of Ottoman oppression. By contrast, Italians in the "old country," defined themselves first by family ties, second, by their village, and, third, if at all, by the region of Italy from which they came. Puerto Ricans' group identity has coalesced only within the past century, primarily in reaction to experiences within the United States. Each group's way of relating to therapy will reflect its differing attitudes toward family, group identity, and outsiders, although certain family characteristics, such as male dominance and role complementarity, are similar for all three groups.

MIGRATION HISTORY

The reasons for migration include what the family was seeking (e.g., adventure or wealth) and what it was leaving behind (e.g., religious or political persecution, or poverty). A family's dreams and fears when immigrating become part of its heritage. Parents' attitudes toward what came before and what lies ahead will have a profound impact on the expressed or tacit messages they transmit to their children.

Families that have already migrated tend to adapt more easily. Those who come as refugees, fleeing political persecution or the trauma of war and who have no possibility of returning to their homeland, may have very different adaptations to American life than those who come seeking economic advancement with the idea of returning to their homeland to retire. In this regard, Coco Fusco's (1987) *English Is Broken Here* gives a remarkable illustration of the particular problems of Cuban immigrants over the past three decades:

Americans often ask me why Cubans, exiled or at home, are so passionate about Cuba, why our discussions are so polarized, and why our emotions are so raw after thirty-three years. My answer is that we are always fighting with the people we love the most. Our intensity is the result of the tremendous repression and

forced separation that affects all people who are ethnically Cuban, wherever they reside. Official policies on both sides collude to make exchange practically impossible. (p. 3)

Adaptation is also affected by whether one family member migrated alone or whether a large portion of the family, community, or nation came together. Families that migrate alone have usually a greater need to adapt to the new situation, and their losses are often more hidden. Frequently, educated immigrants who come for professional opportunities move to places where there is no one with whom they can speak their native language or share family customs and rituals. When a number of families migrate together, as happened with the Scandinavians who settled in the Midwest, they are often able to preserve much of their traditional heritage.

When a large part of the population or nation came together, as happened in the waves of Irish, Polish, Italian, and Jewish migration, many Americans reacted to these large groups with prejudice and discrimination. The newest immigrants threatened those who came just before, who feared the loss of their tenuous economic security.

Family members vary in how much of their heritage they retain, although clearly the impact of the past diminishes as they have new experiences. They differ in the rate at which they learn English. The language of the country of origin will serve to preserve its culture. It is important to learn what language(s) were spoken while the children in the family were growing up.

The East and West coasts, the entry points for most immigrants, are likely to have greater ethnic diversity and ethnic neighborhoods, and people in these areas are more often aware of ethnic differences (in the East more than the West). The ethnic neighborhood provides a temporary cushion against the stresses of migration that usually surface in the second generation. Those immigrant families who moved to an area where the population was relatively stable, for example, the South, generally had more trouble adjusting or were forced to assimilate very rapidly.

When family members move from an ethnic enclave, even several generations after immigration, the stresses of adaptation are likely to be severe. The therapist should learn about the community's ethnic network and encourage the rebuilding of social and informal connections through family visits or letters or creating new networks.

RACE AND RACISM

Race is an issue of political oppression, not a cultural or genetic matter. As Ignatiev (1995) puts it: "No biologist has ever been able to provide a satisfactory definition of 'race'—that is, a definition that includes all members of a given

race and excludes all others" (p. 1). Clearly, categorizing people by race serves to reduce all members of one group into an undifferentiated social status, beneath that of any member of another group regardless of class (Ignatiev, 1995).

Although racism may be more subtle and covert today, the politics of race continue to be complex and divisive, and, unfortunately, Whites remain generally unaware of the problems our society creates for people of color. Racism and poverty have always dominated the lives of ethnic minorities in the United States. Race has always been a major cultural definer and divider in our society, since those whose skin color marked them as different always suffered more discrimination than others. They could not "pass," as other immigrants might, leaving them with a noticeable "obligatory" ethnic and racial identification.

Racial bigotry and discrimination continue to be a terrible fact of American life, from college campuses to corporate boardrooms. Although conditions have improved from a generation ago, when Blacks were not permitted to drink from the same water fountains as Whites or to attend integrated schools, we still live in an essentially segregated society. The racial divide continues to be a painful chasm, creating a profoundly different consciousness for people of color than for Whites. People find it even more difficult to talk to each other about racism than they do about ethnicity. Each new racial incident ignites feelings and expressions of anger and rage, helplessness and frustration. Exploring our own ethnicity is vital to overcoming our prejudices and expanding our understanding of ourselves in context, but we must also take care in our pursuit of multicultural understanding not to diminish our efforts to overcome racism (Katz, 1978).

The invisible knapsack of privilege (McIntosh, in press) of all White Americans, just by the color of their skin, is something that most White ethnics do not acknowledge. Although there is a rapidly increasing rate of intermarriage among European groups and Whites with people of color, the percentages of the latter is still small. And the level of segregation in the United States between European Americans and people of color, especially African Americans, remains a profound problem in our society, and one that most Whites do not notice.

Thus, most family therapy has been developed and conducted by White Americans for other White Americans, without reference to people of color. Their invisibility in the literature is an issue for therapists that they, for the most part do not realize, just as White families often do not realize their racism unless they are confronted by it if their daughter dates an African American, or if they should have to work closely with a person of color in the workplace. Otherwise, Whites tend to remain oblivious to their hidden relationships with people of color, unaware of the profound ways that minorities support the lives of White families in our society: as housekeepers and nannies, as nursing staff when we are in need of health care, in hotels or other public facilities, where people of color tend to be the invisible, support workforce—those who clean

the building, wash the dishes, and so forth. We who are White therapists have a long way to go to expand our consciousness of the way the field itself keeps people of color invisible. Family therapy treats race and ethnicity as a "special issue," not a basic factor. This is a reflection of the problem for White ethnics in recognizing their true relationship to other cultural groups. As patriarchy, class hierarchies, and heterosexist ideologies have been invisible structural definers of all European groups' ethnicity, so have race and racism been invisible definers of European groups' cultural values.

CLASS

Class increasingly organizes the United States in very insidious ways, including structuring the relationships among ethnic groups, often pitting less powerful groups against each other, or members of a less powerful group against themselves. The distance between the very rich and everyone else has been increasing dramatically in the last two decades. The wealthiest one million people in the United States make as much money as the next 100 million put together. And the share of wealth of the top 1% of the population (40% of the nation's wealth) has doubled since 1970 (Thurow, 1995). Twenty years ago, the typical CEO made 40 times the amount of the typical American worker. Now that ratio has swelled to 190 times as much (Hacker, 1995). Inequalities in earnings between the top 20% of wage earners and the bottom 20% have doubled in the last two decades (Thurow, 1995). Derrick Bell (1993), has suggested that intergroup conflicts, especially racial conflicts, are promoted by those at the top to keep everyone not at the top from realizing their shared interests, because, if they did, it would create a revolution. It is much safer for the dominant group to promulgate the myth that it is the Black man we really have to fear, rather than the power structure that holds our dominant class in place.

Class intersects powerfully with ethnicity and must always be considered when one is trying to understand a family's problems. The influence of class on the status position of groups in the United States is extreme. Of the 1,000 people who have ever appeared on *Forbes* magazine's list of the 400 richest people in America, only five have been Black (Hacker, 1995).

Some maintain that class, more than ethnicity, determines people's values and behavior. Class is important, but not all differences can be ascribed to class alone. Ethnic distinctions generally play a less powerful role among the most educated and upwardly mobile segments of a given group, who tend to dissociate themselves from their ethnic roots. This may create hidden problems in a family, pitting one generation against another, or one segment of a group against another.

Upward mobility is part of the "American dream." While you cannot change your ethnicity, changing class is indeed the expectation of our society.

You may deny your gender or culture, you may not conform to stereotypic patterns of your gender or cultural group, but you cannot change who you are on these dimensions. Yet changes in class, which are among the most profound we experience, are generally not talked about, even within the same family. Silence about class transitions can become quite painful. Parents and children may end up in different socioeconomic groups if the children are either successful or disabled.

Groups also differ in the extent to which they value education or "getting ahead." Family members may feel compelled to make a choice between moving ahead and loyalty to their group, which can be a source of severe identity or intrafamilial conflict. For important historical reasons, certain groups, such as Irish, Italians, Poles, or African Americans, may have a distinct ambivalence or discomfort about moving up in class, while others embrace it wholeheartedly.

THE FAMILY LIFE CYCLE

Migration is so disruptive that it seems to add an entire extra stage to the life cycle for those who must negotiate it. Adjusting to a new culture is not a single event, but a prolonged developmental process that affects family members differently, depending on their life cycle phase.

When individuals immigrate during the young adult phase, they have the greatest potential for adapting to a new culture in terms of career and marital choice, but they may also be most vulnerable to cutting off their heritage.

Families that migrate with young children are often strengthened by having each other, but they are vulnerable to the reversal of hierarchies. Parents may acculturate more slowly than their children, creating a problematic power inversion. When children interpret the new culture for their parents, parental leadership may be threatened, as children are left without effective adult authority to support them, and without a positive ethnic identity to ease their adaptation to life in this new culture. If the parents are supported in their cultural adjustment, through their workplace or extended family and friends, their children's adjustment will go more easily, since young people generally adapt well to new situations, even when doing so involves learning a new language. But in adolescence, when the children are drawn toward their peer culture, problems may surface. Coaching the younger generation to show respect for their elders' values, even while holding different values themselves, is usually the first step in negotiating such conflicts.

Families migrating with adolescents may have more difficulty, because they will have less time together as a unit before the children move out on their own. The family struggles with multiple transitions and generational conflicts at once. Families' distance from the grandparents in the old country may be particularly distressing as they become ill, dependent, or die, and their children

may experience guilt or other stress in not being able to fulfill their filial obligations. At times adolescents develop symptoms in reaction to their parents' distress.

Families with young adult children are less likely to migrate seeking a better way of life. More often, if families migrate at this phase, it is because circumstances in the country of origin make remaining there impossible. Migration at this phase may be especially hard, because it is much more difficult for the parents to adapt to a new language, job situation, relationships, and customs. Again, if aging parents are left behind, the stresses of migration will be intensified.

This phase may be more complex if children date or marry individuals from other backgrounds. This is naturally perceived as a threat by many, if not most, parents, since it means a loss of the cultural heritage in the next generation. One cannot underestimate the stress parents experience in their children's intermarriage when they themselves have lost the culture in which they grew up.

Migration in later life can be especially difficult because families are leaving a great deal of their life experience and sociocultural resources behind. Even those who might migrate at a young age have a strong need to reclaim their ethnic roots at this phase, particularly because they are losing other supports. For those who have not mastered English, it can be extremely isolating to be dependent on strangers for health care services when they cannot communicate easily.

When immigrants are older and live in an ethnic neighborhood, acculturation conflicts may be postponed. The next generation, particularly during adolescence, is likely to reject their parents' "ethnic" values and strive to become "Americanized." Intergenerational conflicts often reflect the value struggles of families in adapting to the United States. The third and fourth generations are usually freer to reclaim aspects of their identities that were sacrificed in previous generations because of the need to assimilate.

Families from different ethnic groups may experience diverse kinds of intergenerational struggles. British American families are likely to feel that they have failed if their children *do not* move away from the family and become independent, whereas Italians generally believe they have failed if their children *do* move away. Jewish families often foster a relatively democratic atmosphere in which children are free to challenge parents and discuss their feelings openly. Greek or Chinese families, in contrast, do not generally expect or desire open communication between generations and would disapprove of a therapist getting everyone together to discuss and "resolve" their conflicts. Children are expected to respect parental authority, which is reinforced by the distance parents maintain from their children.

Family life cycle phases vary among different groups. For example, Mexican Americans see early and middle childhood as extending longer than the dominant American pattern (Falicov, 1980). Adolescence is shorter and leads

more quickly into adulthood than in the dominant American structure, courtship is generally longer, and middle age extends into what Americans generally think of as older age.

Any life cycle transition can spark ethnic identity conflicts, because it puts a person in touch with his or her family traditions. A divorce, marriage, childbirth, illness, job loss, death, or retirement, can exacerbate ethnic identity conflicts, causing people to lose a sense of who they are. A therapist who tries to help families preserve cultural continuities will assist its members in maintaining and building upon their ethnic identity.

INTERMARRIAGE

Intimate relationships between people of different ethnic, religious, and racial backgrounds offer convincing evidence that Americans' tolerance of cultural differences may be much higher than most people think (Crohn, 1995; Alibhai-brown & Montague, 1992; McGoldrick & Garcia-Preto, 1984; Petsonk & Remsen, 1988; Schneider, 1989). Intermarriage is occurring at triple the rate of the early 1970s. More than 50% of Americans are marrying out of their ethnic groups; 33 million American adults live in households where at least one other adult has a different religious identity. Intermarriage greatly complicates those issues that partners from a single ethnic group face. Generally, the greater the cultural difference between spouses, the more trouble they will have in adjusting to marriage.

Knowledge about ethnic/cultural differences can be helpful to spouses who take each other's behavior too personally. Typically, we tolerate differences when we are not under stress; in fact, we may find them appealing. However, when stress occurs, tolerance for differences diminishes. Not to be understood in ways that confirm with our wishes and expectations frustrates us. For example, when upset, Anglos tend to move toward stoical isolation to mobilize their powers of reason. In contrast, Jews seek to analyze their experience together. Italians may seek solace in food or in emotionally and dramatically expressing their feelings. Members of these groups sometimes perceive each other's reactions as offensive or insensitive, although, within each group's ethnic norms, such reactions make perfect sense. Much of therapy involves helping family members recognize each other's behavior as largely a reaction from a different frame of reference.

Many cultural and religious groups have long had prohibitions against intermarriage, which is seen as a threat to group survival. Until 1967, when such laws were declared unconstitutional, 19 states prohibited racial intermarriage. Until 1970, the Catholic Church did not recognize out-marriages, unless the non-Catholic partner promised to raise the couple's children in the Catholic faith. Many Jewish groups have also feared that intermarriage would threaten

the group's survival. In earlier generations the intermarriage rate in Jewish families was very low, but the rates have increased dramatically for the current generation. According to the 1990 National Jewish Population Study, 52% of new marriages were to non-Jews. Extended families may negatively stereotype a new spouse when they feel threatened, to assure themselves of their superiority. In response to this issue, there have been a number of books to guide couples in dealing with issues from a religious and ethnic perspective.

The likelihood of ethnic intermarriage increases with the length of time individuals have lived in this country, as well as with higher educational and occupational status. In a nationwide survey of Catholics, 80% reported their parents were from the same ethnic background, but this was true for only 55% of the respondents.

Couples who choose to "marry out" are usually seeking to rebalance their own ethnic characteristics, moving away from some values as well as toward others. The extended families may stereotype the new spouse negatively, which is often a self-protective maneuver to reassure themselves of their superiority. During courtship, a person may be attracted precisely to the loved one's differentness, but when he or she is in a marital relationship the same qualities can seem grating.

Consider an Anglo-Italian couple in which the Anglo husband takes literally the dramatic expressiveness of the Italian wife, while she finds his emotional distancing intolerable. The husband may label the Italian "hysterical" or "crazy" and in return be labeled "cold" or "catatonic." Knowledge about differences in cultural belief systems can help spouses who take each other's behavior too personally. Couples may experience great relief when they can come to see the spouse's behavior as fitting into a larger ethnic context rather than as a personal attack. Yet cultural traits may also be used as an excuse for not taking responsibility in a relationship: "I'm Italian. I can't help it" (i.e., the yelling, abusive language, impulsiveness); or "I'm a WASP. It is just the way I am" (the lack of emotional response, rationalization, and workaholism); or "I can't help being late. We Puerto Ricans have a different conception of time."

THERAPY ISSUES

Appreciation of cultural variability leads to a radically new conceptual model of clinical intervention. Helping a person achieve a stronger sense of self may require resolving cultural conflicts within the family, between it and the community, or in the wider context in which the family is embedded. A part of this process involves identifying and consciously selecting ethnic values we wish to retain and carry on. Families may need coaching to distinguish deeply held convictions from values asserted for emotional reasons.

What is adaptive in a given situation? Answering this requires appreciation of the total context in which behavior occurs. For example, Puerto Ricans may see returning to the Island as a solution to their problems. A child who misbehaves may be sent back to live with an extended family member. This solution may be viewed as dysfunctional if the therapist considers only that the child will be isolated from the immediate family, or that the living situation in Puerto Rico may be inadequate to meet the child's needs. However, rather than counter the parents' plan, the therapist might encourage them to strengthen their connectedness with family members in Puerto Rico with whom their child will be staying, for they will be using a culturally sanctioned network for support.

The therapist's role in such situations may be that of a cultural broker, helping family members to recognize their own ethnic values and to resolve the conflicts that evolve out of different perceptions and experiences.

Often it is very difficult to understand the meaning of behavior without knowing something of a client's value orientation. Clients may not talk openly in therapy for many different reasons. Black clients may be uncommunicative, not because they cannot deal with their feelings, but because the context involves a representative of a traditional "White" institution that they never had reason to trust. The Irish client's failure to talk might have to do with embarrassment about admitting feelings to anyone, especially to other family members. Norwegians might be withholding out of respect and politeness, which involves not openly stating negative feelings they have about other family members and may have nothing to do with either the therapy context or guilt about "unacceptable" feelings.

There are many examples of such misunderstood behavior. Puerto Rican women are taught to lower their eyes and avoid eye contact, which American therapists are taught to read as indicating an inability to relate interpersonally. Jewish patients routinely inquire about the therapist's credentials, which many groups would perceive as an affront, but is for them a needed reassurance. Iranian and Greek patients may ask for medication and give every indication of taking it but then go home and not take it as prescribed. Irish families may not praise or show overt affection to their children for fear of giving them a "swelled head," which therapists may misread as lack of caring. Physical punishment, commonly used by many groups, including, until recently, the dominant groups in the United States, may be perceived as idiosyncratic pathological behavior. This is not to justify child beatings, which have been widely accepted among many cultures. Rather, we must consider the cultural context in which a behavior evolves, even as we try to reshape it when it does not reflect humanitarian or equitable values. The point is that therapists, especially those from dominant groups that tend to take their own values as the norm, must be extremely cautious in judging the meaning of behavior they observe.

There are many who believe that "cross-fertilization" between ethnic groups is the best antidote to the "stuckness" families experience when their cultural adaptations fail. Thus, Irish reserve may be a good balance for Italian impulsiveness, whereas Italian expansiveness counters Irish repression.

Jewish families who become stuck in endless verbal analyses may be helped by the "Anglo" ethic that pushes to resolve the matter and move on. Conversely, English constrictions in dealing with emotional distress may be greatly helped by the Jewish value of sorting through the painful experiences and sharing the suffering.

ETHNICITY TRAINING

In our view, the most important part of ethnicity training involves the therapist coming to understand his or her own ethnic identity. Just as many family therapists emphasize helping families sort out the relationships in their own families of origin, we believe that differentiation requires coming to terms with one's own ethnic identity. This implies, ideally, that therapists would no longer be "triggered" by ethnic characteristics they may have regarded negatively, nor would they be caught in the ethnocentric view that their group's values are more "right" or "true" than others. Ethnically self-aware and sensitive therapists achieve a multiethnic perspective, which is open to understanding values that differ from their own, and no longer need to convert others or give up their own values.

Our experience has taught us repeatedly that theoretical discussions about the importance of ethnicity are practically useless in training clinicians as are "cookbook" formulations (McGoldrick & Green, in press). We come to appreciate the relativity of values best through specifics that connect with our lived experience of group differences (McGoldrick, 1994). Thus, in our training we try to fit any illustration of a cultural trait into the context of historical and cultural experiences in which that value or behavior evolved. We ask trainees to think about how their own group and perhaps that of their spouse or close friends differ in responding to pain, in their attitudes about doctors, in their beliefs about suffering. Do they prefer a formal or informal style in dealing with strangers? Do they tend to feel positively about their bodies? About work? About sexual intimacy? About children expressing their feelings? We try to help them broaden this understanding to other groups through readings, film, and conversation that illustrate other ways of viewing the same phenomena.

When beginning ethnicity training, it is extremely important to set up a safe context, including allowing for some stereotyping, that is, for generalizing about cultural differences. Of course, all generalizations represent only partial truths. We begin by discussing the problem of stereotyping (e.g., becoming stuck in an overgeneralization) and the problem of not generalizing (e.g., that it prevents us from discussing the subject at all).

Presentations about one group are rarely successful because participants tend to focus on the exceptions to the "rule." We find that presenting two groups is also problematic, because it leads to polarizing so-called opposites. Thus, the discussion only really becomes meaningful when three or more groups are discussed together. This is especially important because of our society's tendency to polarize: Black/White, male/female, gay/straight, rich/poor. It is always valuable to create a context in which overlapping and ambiguous differences cannot easily be resolved, since that fits better with the complexities of human experience. Presenting several groups also tends to help students see the pattern, rather than the exception. Thus, while all Irish may not be alike, they may have certain similarities when compared to Haitians, Russians, or Greeks.

Unlike the situation 25 years ago, today there exists a growing body of knowledge and innovative techniques to respond to cultural diversity. Some guidelines we have found useful include the following (Giordano & Giordano, 1995):

- *Assess the importance of ethnicity to patients and families.* To what extent does the patient identify with an ethnic group and/or religion? Is his or her behavior pathological or a cultural norm? Is the patient manifesting "resistance" or is his or her value system different from that of the therapist?
 - *Validate and strengthen ethnic identity.* Under great stress an individual's identity can easily become diffuse. It is important that the therapist foster the client's connection to his or her cultural heritage.
 - *Be aware of and use the client's support systems.* Often support systems—extended family and friends; fraternal, social, and religious groups—are strained or unavailable. Learn to strengthen the client's connections to family and community resources.
 - *Serve as a "culture broker."* Help the family identify and resolve value conflicts. For example, a person may feel pride about some aspects of his or her ethnic background and shame about others, or there may be an immobilizing "tug of war" between personal aspirations and family loyalty.
 - *Be aware of "cultural camouflage."* Clients sometimes use ethnic, racial, or religious identity (and stereotypes about it) as a defense against change or pain, or as a justification for half-hearted involvement in therapy. A person who says, "I'm late for our session because I'm on Puerto Rican time" may be trying to avoid a difficult issue.
 - *Know that there are advantages and disadvantages in being of the same ethnic group as your client.* There may be a "natural" rapport from belonging to the same "tribe" as your client. Yet, you may also unconsciously overidentify with the client and "collude" with his or her resistance. Unresolved issues about your own ethnicity may be "mirrored" by client families, exacerbating your own value conflicts.

- *Don't feel you have to "know everything" about other ethnic groups.* Ethnically-sensitive practice begins with an awareness of how cultural beliefs influence all our interactions. Knowing your own limitations and ignorance and being openheartedly curious will help set up a context within which you will have a mutual learning with your clients.

- *To avoid polarization, always try to think in categories that allow for at least three possibilities.* Consider, if you are exploring Black and White differences, how a Latina might view it. Consider, if you are thinking of how African Americans are dealing with male-female relationships, how a Black lesbian might view it. Consider, when exploring Italian/Irish differences, how an African American might think about them.

MOVING BEYOND POLARIZING DISCUSSIONS

Whenever we think we are getting two opposites too clearly in focus, we should probably focus on a third perspective and see how the other two points look from there. For example, to break the "Black-White" polarization, we might explore these issues from a Latino or biracial perspective.

There are two common pitfalls in discussions of diversity:

1. Discussion gets polarized, particularly around the Black experience of White racism, leaving other people of color feeling invisible or excluded. Issues of sexism and homophobia are also pushed into the background in such a polarized context, as people argue over which oppression is the worst or most important. This typically leads to the withdrawal of those who feel their issues cannot be included in such a dialogue.

2. People are so inclusive about diversity that it trivializes racism or leads to it being ignored in the multiplicity of other "isms." This often happens in discussions of cultural diversity, in which proposals for inclusiveness are so extensive that institutionalized racism becomes submerged.

We need to keep a multidimensional perspective, that highlights the overwhelming reality of institutionalized racism, while also including other forms of oppression.

In training groups we often ask participants to (1) describe themselves ethnically, (2) relate who in their family experience influenced their sense of ethnic identity, (3) discuss which groups other than their own they think they understand best, (4) explore which characteristics of their ethnic group they like most and which they like least, and (5) discuss how they think their own family would react to having to go to family therapy and what kind of approach they would prefer.

NOT ROMANTICIZING CULTURE

Just because a culture espouses certain values or beliefs does not make them sacrosanct. All cultural practices are not ethical. Every intervention we make is value laden. We must not use notions of neutrality or "deconstruction" to shy away from committing ourselves to the values we believe in. We must have the courage of our convictions, even while realizing that we can never be too certain that our perspective is the "correct" one. This means that we must learn to tolerate ambiguities and continue to question our stance in relation to the position and values of our clients. And we must be especially careful about the power differential if we are part of the dominant group, since the voices of those who are marginalized are harder to hear. The disenfranchised need more support to have their position heard than do those who feel they are entitled because theirs are the dominant values.

In addressing racism, we must also deal with the oppression of women of color. This cannot be blamed solely on White society, for patriarchy is deeply embedded in African, Asian, and Latino cultures. We must work for the right of every person to a voice and a sense of safety and belonging. We must challenge those who argue: Let cultural groups "speak for themselves." This ignores the issue of who speaks for their group, which is usually determined largely by patriarchal and class factors.

CONCLUSION

Ethnicity is a social reality that will require the therapist to be more culturally competent as we enter the 21st century. Race, gender, religion, class, immigration status, age, sexual orientation, and disability are also critical identity issues that we must consider in order to understand our clients. Add to this the rapidly changing nature of family life, and it becomes clear that we need to reexamine our therapy approaches in a larger multicultural context.

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