UNDERSTANDING THE FAMILY IN MULTIPLE CULTURAL CONTEXTS:
AVOIDING THERAPEUTIC TRAPS

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ABSTRACT: Developing a balanced picture of a family's functioning is difficult when the family is culturally different from the therapist. Open-minded family therapists often translate culturally different traits and behaviors as culturally appropriate and exclude them from clinical judgment, which can limit therapeutic range and effectiveness. The following case study about an Indian family with a mentally retarded child is especially illustrative of the dilemmas facing the therapist working with families of different backgrounds. Therapeutic traps were avoided by having the family assess its own differences, while the therapist held steadfast to social interconnectedness as essential to healthy family functioning.

Working with families whose cultural background and/or life experiences differ greatly from the therapist's provokes intellectual and treatment questions regarding how the therapist discerns whether a given difference is salient to the emotional life and functioning of the family. For example, much has been written in the family therapy literature about working with culturally diverse families (Lappin, 1983; Montalvo & Gutierrez, 1983; McGoldrick, Pearce, & Giordano, 1982; Schwartzman, 1983; Sluzki, 1979). Most agree that understanding a family's cultural and ethnic history, traditions, and beliefs gives the
therapist leverage in promoting change. The thrust, however, of ethnic awareness in family therapy arose out of a rebellious consciousness which characterized the family therapy movement in general, which ethnic differences were largely believed to have been misunderstood and stigmatized by the mainstream mental health system. Many well-intentioned therapists adapted anthropology's cultural relativistic approach in which divergent behaviors were explained as appropriate to their cultural context. However, one important difference between anthropology and family therapy is that the latter profession assumes a clinical responsibility to distinguish the functional from the dysfunctional. Anthropology, on the other hand, is oriented toward making understandable the rules and beliefs which govern behaviors and not toward judging them. The trap, as Montalvo and Gutierrez (1983) pointed out, is that the evaluation of culturally diverse traits and behaviors can be translated by the open-minded family therapist as culturally appropriate behavior and thus be excluded from clinical judgment.

Families that present with personal histories that are different from ours always challenge the ways we think about the past, the present, and the future. These families are exciting because they bring us new ideas and new constructions of reality that can help us grow as therapists. The following case about an Indian family with a mentally retarded child is especially illustrative of the dilemmas facing the therapist working with families of different backgrounds. As we will discuss, the interplay of the family's history, migration experience, and interactional patterns produced intervening problems which made it difficult for the therapist to develop a balanced picture of the family's functioning.

**BACKGROUND: THE GHOSH FAMILY**

The Ghosh Family: Ramakant (38), Kamala (30), Deepak (nine), and Ravi (five) were referred for therapy because Mrs. Ghosh was depressed and complained that she was unable to accept Deepak, who was a Down's Syndrome child. She said that she was embarrassed to be seen in public with him, not only because of his different facial features but also because he "walked funny" and because he was bald.

Ramakant Ghosh sought help for his wife when she began letting the housework and cooking slip, although she had for some time become increasingly more reclusive. He also was troubled by her not