STRUCTURAL FAMILY THERAPY WITH

CHINESE IMMIGRANT FAMILIES IN CANADA

BY

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I would like to thank my husband, Ronald, who had sacrificed a lot to support me throughout these difficult years.   Without his unfailing understanding and encouragement, this attempt would not have been possible.

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ABSTRACT

The structural family therapy approach was developed in a Western cultural context. However, its basic theoretical constructs such as structure, hierarchy and boundary resonate with Chinese family organizational structures and values. Chinese immigrant families in Canada are challenged by the vast cultural differences between their home and host country. Migration and resulting acculturation processes require families to reorganize into more complex family structures to accommodate these external and internal changes.

This practicum was an attempt to apply the Structural Approach of family therapy to the Chinese immigrant families in Canada. The clinical experience demonstrated that the Structural Approach provided a good framework for assessment and intervention when working with the Chinese immigrant families. An important role of the worker was to act as a cultural intermediary to bridge the gap between family members which resulted from their differential rates of acculturation. The worker had to be aware of professional and personal value biases and not to impose them on the families when helping them search for a new balance. Adopting a flexible sub-family system approach and being sensitive to cultural values such as shame, harmony, unquestionable authority of parents and indirectness in communication helped to increase the effectiveness of intervention. Respect, empathy, focus on strengths and a positive therapeutic relationship were reinforced as important factors mediating the success of the intervention.

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CHAPTER 1

INTRODUCTION

This practicum evolved out of my own experience as a Chinese immigrant in Canada. Like many other immigrants who migrate with a different culture from the host country, dissonance and adjustment characterized my acculturation experience. For many immigrant families, in spite of the opportunities to realize the dreams and goals pursued, the adjustment process after migration also induces tremendous stress, and is not a smooth process.

The impact of migration on the individual and family is multidimensional. Moving away from one's origin to a foreign place requires adaptation in all walks of life, and these changes pose unique challenges to the homeostasis of the family system. The different pace of family members in adjusting to the new cultural system will sometimes seriously unbalance the roles and hierarchy within the family. Moreover, immigrant families face distinctive crises associated with the various stages of the migration process (Sluzki, 1979). Success or failure in cultural transition depends on the unique psycho-socio-cultural characteristics of each immigrant family.

The population of Chinese immigrants in Canada has increased dramatically in the past two decades. Its number rapidly increased from 124,600 in 1971 to 860,150 in 1996, accounting for 3% of Canada's total population and constituting the largest visible minority group in the country (Statistics Canada, 1997). Such speedy increase aroused the concern of mental health professionals over the problems confronting this specific population. Bringing with them a cultural background markedly different from the host society, the Chinese immigrants encounter specific acculturation issues pertaining to this

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background in addition to the general acculturation stress. Since they are based on a different set of cultural codes, the traditional husband-wife and parent-child relationships in Chinese immigrant families are particularly prone to challenges in a new cultural system. The family as the central unit in Chinese culture becomes especially vulnerable during cultural transition. Those families who react with rigidity to the changes are likely to experience transitional conflicts, violence and even disintegration.

In view of the growing number of Chinese residing in western countries, and the specific problems they encounter in the migration process, there is growing demand in the field of mental health for devising appropriate therapeutic approaches to work with this population. Among the many approaches, the structural family therapy approach has a comprehensive theory of family functioning and also a clear framework for working with families experiencing transitional difficulties. More important, the basic constructs of this approach, that families are organized by structure, boundary and hierarchy, echo the characteristics of the traditional Chinese families that emphasize hierarchy, rules and roles. The structural orientation that emphasizes accommodation to the family, therapist as an expert, action-oriented interventions and concrete therapeutic goals is compatible with the Chinese's expectation of counseling. These has made it a treatment approach readily accepted by Chinese families (Ho, 1987).

This practicum set out to apply the structural family therapy approach to work with Chinese immigrant families in Toronto. Having been trained in and practicing the western therapeutic approaches to work with the Chinese population in Hong Kong, I seldom challenged the cultural relativity of my work. Interestingly, living in a western land such as Canada awakened my sensitivity and interest in this area. I realized that the

Chinese families I worked with in Hong Kong, because of extensive exposure to western cultural influence, were undergoing a similar cultural transition in some aspects to the Chinese immigrant families in Canada. Thus, I would like to appreciate the cultural characteristics of latter and to understand the issues they are facing during cultural transition, along with the implications of these on clinical practice. Most importantly, the difficulty I encountered in my clinical practice with individuals in the past prompted me to cultivate my competence in family therapy. The structural family therapy approach appeals to me because, in addition to its seeming compatibility with the Chinese culture, it offers a comprehensive theoretical framework and a wide range of technical skills.

The learning objectives of this practicum were to develop a solid theoretical knowledge base of the structural approach of family therapy, and to master competency in the transfer of theory into clinical practice with families. In view of the value differences between Chinese culture and the Western psychotherapy approaches, it is considered imperative to adapt interventions to respect the cultural orientations of the Chinese families (Tseng, 1995). Hence, this practicum also aimed at gaining clinical experience in developing culturally appropriate structural interventions to work with the Chinese immigrant families in Canada. At the same time, I wanted to expand my knowledge about the impact of migration and acculturation on the family structure and dynamics of these immigrant families.

In the following sections, I will first review the literature concerning migration, Chinese immigrant families and the structural family therapy approach by looking at important themes of each to establish a theoretical framework for intervention in the practicum. A brief description of the logistics and evaluation strategies of the practicum

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will then follow. My practicum experience will be demonstrated in the case study section. Out of the ten cases I handled in the practicum, four cases will be examined in detail to highlight the prominent issues that emerged as well as learning obtained, during the therapy process. A brief summary of learning from the rest of the cases will also be included. Finally, a reflection on the application of structural family therapy with Chinese immigrant families will be given by pulling together the learning from both the experience and the literature.

CHAPTER 2

LITERATURE REVIEW

2.1. Migration And The Family

Migration provides people with opportunities to start a new life and realize their

dreams in a new place of residence. On the other hand, the effect of "uprooting" from

one familiar environment to a strange and unpredictable one inflicts many strains and

losses on the immigrants (Hernandez & McGoldrick, 1999). Most often, immigrants are

challenged to change by the dissonance between the new and the old environments.

Also, the differential acculturation rate of family members inevitably challenges the

homeostasis of the family system. In this section, I will first give an overview of the

general acculturation issues. Special attention will be given to the impact of migration on

the family system. A model of developmental stages the family goes through in the

migration process and the possible reactions of immigrant families experiencing

acculturation challenges are examined. As the focus is on the impact of relocation and

acculturation on the family, "immigrants" here refers generally to people who move from

their country of origin to live in another country regardless of their migration status.

Migration and Acculturation

Migration is viewed as one of the most radical transitions in a person's life-time

(Tousignant, 1992). It involves a "massive ecological transition" (Falicov & Brudner-

White, 1983). Erikson (1960) describes that migration is change, "it is the transplantation

of old roots and a search to find new roots in change itself" (quoted in Nann, 1982, p.1).

In order to adjust to the new environment after migration, immigrants have to relinquish

or modify their old way of life, and at the same time incorporate the new culture of the

host society, a process which is referred to as "acculturation" (Berry, 1992, p. 69). In

brief, five categories of change may occur as a result of acculturation:

1. *Physical changes*: in living place, housing, climate, and environment
2. *Biological changes*: in nutrition, disease, and food
3. *Cultural changes*: in political, economic, technical, linguistic, religious, and institutional areas
4. *Social relationship changes*: in social relationships, family relationships, social norms and behaviors
5. *Psychological changes*: in behavioral shifts including values, attitudes, abilities and motives; in identities and attitudes toward acculturation; and in mental health status changes related to the above changes (Berry, Kim, Minde & Mok, 1987)

How much one adopts the style of the new country and gives up the country of

origin depends on the acculturation strategies or attitudes of the immigrant. Berry (1992)

identifies four modes of strategies in a continuum. At one end is the assimilation mode,

in which the immigrant relinquishes his or her cultural identity and seeks to identify with

the dominant culture. The middle way, the integration mode, refers to the maintenance of

some degree of cultural integrity while moving to participate in the dominant society.

When there is no substantial interaction with the host society with rigid maintenance of

ethnic identity and traditions, the separation mode is defined. At the other end of the

continuum is the marginalization mode, in which the immigrant loses cultural and

psychological contact with home and host society.

Acculturation Stress

Besides the physical adaptation in all walks of life after migration, the most

disturbing experience of migration comes from the psychological distress associated with

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living in a foreign country. Berry et al. (1987) call those stress behaviors originating from the acculturation process "acculturative stress". These include lowered mental health status such as feelings of confusion, anxiety and depression, feelings of marginality and alienation, heightened psychosomatic symptom level, and identity confusion. Nevertheless, such stress is not necessarily negative. Most often, it is an adaptive psychological state as it alerts an accculturating immigrant to a new situation and activates energy to cope. It is in the case of too much, or prolonged stress that it handicaps effective responses to acculturation and results in mental health problems.

Factors Affecting Acculturation

Review of literature on migration indicates that acculturation is a function of a number of psycho-socio-cultural-familial characteristics of the immigrants (Berry et al., 1987; Bullrich, 1989; Canadian Task Force on Mental Health Issues Affecting Immigrants and Refugees, 1988a, 1988b; Hicks, Lalonde & Pepler, 1993; Landau-Stanton, 1990; Lee, 1990). The following is a summary of the factors mediating the acculturation experience.

Socio-demographic variables

1. Socio-cultural background: Vast cultural differences between home and host country make acculturation more stressful. Language difference, among all, is especially devastating since the vehicle for contact is unavailable, leading to isolation and alienation.

2. Individual and family life-cycle: Individuals and families in their life-cycle transitions or having unfinished issues are more vulnerable to cultural transition, as migration adds situational stresses which compounds the developmental demands.

3. Personal variables: Age, sex, education and vocational background of immigrants can modify the resettlement experience (Canadian Task Force on Mental Health Issues Affecting Immigrants and Refugees, 1988a). Those who are young, educated, equipped with transferable job skills, flexible in life style and resourceful are malleable to a new culture compared to those who are old, illiterate and lacking skills.

Condition of exodus

1. Pre-migration experience: A traumatic migration experience may leave powerful psychological wounds in immigrants, and undermine their ability to adjust (Hicks, Lalonde & Pepler, 1993). Prior intercultural experience or knowledge, on the contrary, enhances adaptation by reducing unpredictability and the feeling of dissonance in the new land (Berry et al., 1987).

2. Family composition and structure: Family disruption or separation after migration is a potential risk mechanism in an immigrant's adjustment due to sudden lack of familial support (Hicks, Lalonde & Pepler, 1993). Flexibility in family structure, on the other hand, makes accommodation and changes easier.

3. Expectations of migration and realization of goals: The greater the extent toward which the expectations of migration are realized, or the goals of migration are achieved, the more likely successful acculturation is to result.

Post-migration variables

1. Reception by the host society: Societies that tolerate cultural diversity and provide

   resources to immigrants facilitate acculturation. Conversely, discrimination and

   racism impede immigrants in identifying with the new culture and create distress

   (Berry, et al, 1987).

2. Socio-economic status: Downward mobility in social or occupational status after

   migration may plague the self-esteem and sense of security of immigrants. Poverty,

   underemployment and unemployment are potential risk mechanisms to adjustment.

3. Availability of support systems: Availability of social, familial, and community

   support cushions against the distress relate to acculturation and enables the different

   levels of needs to be met more readily in the unfamiliar environment.

4. Acculturation strategy and attitude: Immigrants with a positive attitude toward

   acculturation and/or having a positive personality disposition, are more able to turn the

   acculturative stressors into challenges or new opportunities.

The manifestation of the above factors as potential risk or protective mechanisms

and their systemic interaction determine the unique acculturation experience of an

immigrant. In the case where unfavorable factors dominate the migration process,

dysfunctional patterns or symptoms may develop.

Migration And The Family

In the migration and acculturation process, not only does the individual immigrant

have to adapt, but the whole family unit has to be reconstructed. From a systems

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perspective, changes occurring in the external environment or in the individual family member resulting from interaction with the new culture will effect second-order-changes in the family system that, in turn, reverberate throughout the system, producing a reorganization of its parts (Bullrich, 1989). If acculturation implies reorganization of life for an individual immigrant, then for the family unit, it implies reorganization of structure, dynamics and definition of values--a transformation to a "higher order of complexity" (Bullrich, 1989, p. 487).

The first big test of migration on a family may be disruption of family composition (Falicov, 1982; Lee, 1990). Separation and reunion require structural and functional reorganizations in the family unit, and constant changes of family boundaries and structure. Most often, intrafamilial help and control from extended family is no longer available. New patterns of interaction and role distribution have to be developed. The nuclear family may become overloaded with interpersonal functions previously fulfilled by the extended family network.

Other family reorganizations stem from contact with the new culture. Families are cultural organizations, adhering to different ideologies and principles (Falicov & Brudner-White, 1983). Living in a new culture challenges and disturbs the family's reality and values. Rules that define roles, boundaries, and hierarchies within the family, as well as the cultural "adaptive life strategies" (McGill, 1983) such as parenting method, communication patterns and behavior norms have to be modified to be congruent with the new residence. Baptiste (1993) has noted that cultural differences and social institutions in the new environment sometimes usurp immigrant parents' authority to discipline children in the old ways. Bullrich (1989) remarks that gender and parental

roles as well as the traditional patriarchal family structure are especially vulnerable to challenge during cultural transition, leading to marital and intergenerational conflicts.

Further imbalances in the family system may occur during the acculturation process. Acculturation lag among family members may result due to differences in age, level of contact and attitude toward the new culture. Children and adolescents are more malleable and acculturate faster than their parents. A wife staying at home may become isolated from the new culture while her husband acculturates through his job. At the same time, division of roles functional to survival after migration may overthrow family structure. Children acting as interpreters of the new culture for the parents not only creates acculturation lag, but also weakens the generation boundary. Such acculturation discrepancies may give rise to conflicting expectations and norms in the family, and are usually expressed through heightened conflict between the generations or the sexes and inhibit developmental transitions (Baptiste, 1993; Lee, 1990).

During cultural transition, families experience tension between the need to perpetuate familiar structures and relationships, and the demand for accommodation to new life styles. Complete change by losing its previous coherence or refusal to change will leave the family at serious risk of disintegration (Bullrich, 1989; Comille & Brotherton, 1993). "It is in these tension that families become dysfunctional and children may be compromised" (Bullrich, 1989, P.483).

Family Reactions Associated with Transitional Conflict

Landau-Stanton (1990) notes that immigrant families may become dysfunctional when threatened by extreme acculturation stress and lacking support systems and

resources to cope. Their reactions to transitional conflict can be manifested in four different forms:

1. Isolation: Fear of the new situation and a longing for the safe and familiar may prevent the family from interacting with the new environment.

2. Enmeshement: Unable to accept the new culture and fear of losing children in the new culture, the family closes ranks to fortify its boundaries against the outside world. Family bonds are strengthened to cope with the stress of cultural transition.

3. Disengagement: Family members become isolated from each other, as they can not accept the family's values and life-style. Or in other cases, the whole family is immobilized, leading to the loosening of boundaries to the point of disengagement.

4. Transitional conflict: Family members may adapt at differential rates and directions along the transitional pathway, and this, as a result, precipitates severe conflicts within the family system. Usually such conflicts are presented indirectly as marital conflict, parent-child or intergenerational relationship problems. Family disintegration may result if the conflicts are not resolved.

Stages of Migration

Sluzki (1979) delineates that migration produces a transitional crisis in the family in predictable progressive stages. There are distinctive characteristics in each step, triggering different types of family coping mechanisms, conflicts and symptoms.

1. Preparatory stage: Alternate periods of euphoria, overload, dismay and poor performance characterize the performance of the family. Exploration and negotiation of new family rules in relation to migration begin. Anecdotes in the decision-making

process sometimes consolidate roles of heroes and villains, victims and oppressors in the family. Such usually perpetuate as family myths and are the source of family feuds in the later process.

2. The act of migration: A traumatic or painful relocation process, for example, will impair the psychological wellbeing and adjustment of the immigrant. Also, different styles of migratory acts, for example, detailed planning or a thoughtless move, will trigger different strategies for acculturation.

3. Period of overcompensation: Immediately after arrival the family is occupied with basic needs for survival, leaving them no room to attend to the bombardments of dissonant experience. It is often called the honeymoon period, with heightened task-oriented efficiency, where conflicts and symptoms remain dormant. Previous rules and styles tend to appear slightly exaggerated.

4. Period of decompensation or crisis: The family is finally confronted with the complicated acculturation task--shaking off less adaptive family traits while keeping those patterns central to the family identity. Polarization of cultural orientations as well as adaptational lag among family members may create tension and conflicts in the family, which eventually develop into interpersonal conflicts or medical or physical complaints, and bring the family into therapy.

5. Transgenerational impact: Intergenerational clash is unavoidable if the parents fail to adapt while the children are socialized in the host country. Its magnitude is inversely correlated with the family's capacity to work through the complex process of migration. In many cases, the clash is intercultural rather than intergenerational.

Frequently, the child's acculturated behaviors will be labeled as "delinquency" by the parents who adhere to the values of their culture of origin.

This model implies that there is a normal level of conflict as well as a potential family crisis at each stage. The nature of the crisis depends on the family's own style, availability of resources, and the presence of environmental support or strain. Sluzki notes that usually families are unaware of the correlation between migration and their conflict, especially when the conflict emerges a long time after their migration.

Migration Process and Family Life Cycle

Western theories of family development suggest that families evolve over time in predictable stages pertaining to their unique structure, cultural background and history (Carter & McGoldrick 1989). Relationships between family members go through transitions as the family moves along the life cycle, and crises will ensue if it fails to negotiate the appropriate developmental changes. For immigrant families, the developmental process of migration as outlined by Sluzki comes as an overlay to the family developmental process, with effects depending on the life cycle phase they are in (Hernandez & McGoldrick, 1999). Indeed, the profound disruption and challenges created by migration add an extra stage to the life-cycle that immigrant families must negotiate. At the same time, the readjustment to a new culture is a prolonged developmental process that affects families for generations.

Falicov and Karrer (1980) further elucidate the impact of migration on family development. Generally family developmental changes are aided by a cultural backdrop

that shares similar developmental expectations. However, in the case of the immigrant family, consonant society structures are not available. Normal developmental stresses are thus intensified by cultural dissonance. In addition, the family needs to cope with developmental crucibles that require reorganization at a time when it is already taxed by its efforts to adapt to a new environment. Every family member is bound up in their own adaptive struggles, and thus are understandably less available as sources of support to each other (Hernandez & McGoldrick, 1999).

Therapeutic Implications

Although migration is a stressful and long-lasting transition, its impact is not generally recognized, nor are immigrant families prepared for the possible generational and cultural conflicts induced (Baptiste, 1993; Hernandez & McGoldrick, 1999). Knowledge and accurate information about the immigration process can help immigrant families tolerate the disruptive feelings induced in the relocation process. Helping them to recognize that their problems arise because of adaptational lag among family subsystems, i.e. to contextualize and de-pathologize symptomatic behaviors, is suggested to be the key for successful treatment (Landau-Stanton, 1990; Sluzki, 1979). Evaluation of the family's migratory stage and its ecological context is indispensable to assess family stress and guide choice of intervention (Bullrich, 1989; Falicov, 1988; Lappin, 1988).

Bullrich (1989) states that any effort to help an immigrant family in cultural transitions can be maximized by highlighting and focusing upon those goals and values that are shared. This helps to assuage the family's sense of loss and the frustration

brought about by the tremendous sacrifices and stresses. At the same time, in order for the family to come to terms with the new reality that they have to live with, it is essential for them to go through a mourning process. Besides, the family's ability to respect its own pace of acculturation is imperative for successful adjustment while maintaining a sense of balance between the past and the present.

One of the indispensable tasks for therapists in helping these families is the accurate sorting of problems that are migration related from those that family pathology provokes. The therapist needs to differentiate between cultural, situational, transitional dysfunctional and dysfunctional families and use corresponding interventions (Cornill & Brotherton, 1993; Falicov, 1982). To avoid the pitfalls of cultural polarization in helping families reorganize, the therapist should adopt the roles of social intermediary and cultural broker (Falicov, 1988 ; Spiegel 1982). Last but not least, Cornill and Brotherton (1993) stress that therapy should first focus on building family strengths rather than on dysfunction, as immigrant families need to re-establish a sense of balance in their lives.

Summary

The issues related to migration discussed here do not imply that migration is necessarily an unpleasant experience. In fact, studies show that the mental health of immigrants are generally not worse off than local populations (Tousignant, 1992). However, there are certain stresses inherent in the acculturation process, and the equilibrium of the family system may be threatened as a result of changes in family members. As therapists or service providers, it is imperative to be aware of and understand the potential challenges inherent in the acculturation process, as well as how

the transition difficulties will be manifested in those families who enter into therapy. Similarly, the unique psycho-socio-cultural profile of each immigrant family that determines its success or failure in acculturation should not be overlooked in assessment in order that relevant interventions are provided.

Having examined the general acculturation issues challenging every immigrant family, we now move to look at the specific issues encountered by the Chinese immigrants in Canada. Attention will be paid to the Chinese culture and how this cultural orientation both facilitates and hinders the adjustment of Chinese immigrants in a foreign land.

2.2. Chinese Immigrant Families In Canada:

Cultural Transition Issues

The Chinese have been a rapidly increasing minority in Canada in the past two decades. The majority of them come from four places: Mainland China, Hong Kong, Taiwan and Vietnam. Sharing a similar oriental cultural background which greatly differs from that of the West, these groups of immigrants encounter specific difficulties in their process of resettlement. The first part of this section will briefly review the socio-cultural background of Chinese immigrant families, and the resulting acculturation issues these families encounter pertaining to this background. After that, the prominent treatment issues in clinical practice with Chinese immigrant families will be examined.

Chinese Migration to Canada

Chinese people from China first came to western Canada in significant numbers in the mid-nineteenth century as laborers for mining and railroad construction. In 1923, their entry was prohibited by the discriminatory clause against Chinese in Canadian immigration policy (Li, 1998). Chinese migration to Canada was still highly restricted to family reunion even after the prohibition was repealed in 1947, and the numbers remained small. It was not until 1967 that Canadian immigration policy changed to emphasize the occupational and economic profile of immigrants that large numbers of Chinese from China, Hong Kong and Taiwan were admitted into Canada. In the 70s and 80s, there was an influx of Chinese refugees of different educational and socioeconomic backgrounds from Vietnam and China. The past two decades witnessed another wave of immigrants from Hong Kong searching for a politically safe haven in anticipation of the

return of Hong Kong to the communist rule of China in 1997 (Lam, 1994). As a result of the changes in the admission criteria of the immigration policy, the Chinese immigrants of the past few decades from China and Hong Kong are different from their earlier cohorts in economic and social aspects. Many of these newer immigrants are well-educated and professionals or entrepreneurs, coming from cosmopolitan places such as Hong Kong and Taiwan, compared to the earliest immigrants who were largely from rural China with little formal education. Thus, from the pioneers to the recent arrivals, the Chinese in Canada have become a heterogeneous group reflecting a diversity of educational, political, socioeconomic, and religious backgrounds as well as migration histories.

The Traditional Chinese Family

Culture shapes a family's themes and myths, as well as family members' roles, and the rules of family interaction. The Chinese culture has been heavily influenced by Confucianism and Buddhism, and differs markedly from the Western cultures (Bond, 1996; Hamilton, 1996; Lee, 1996a, 1996b; Shon & Ja, 1982). A traditional Chinese family is patriarchal, with prescribed role relationships that are hierarchical and formal. Father is the head and provider of the family, while mother is the nurturing caretaker and is subservient to her husband. The spousal relationship is secondary to the parent-child relationship. Elders are to be respected. A son is more favored than is a daughter. Filial piety and obedience of children are emphasized.

Harmony and interdependence are highly valued; thus, conflicts, strong emotions and direct confrontation that might disrupt familial harmony are discouraged. Parental

love is communicated indirectly through actions and physical care, and parenting follows the "strict father, kind mother" strategy. Obligation and shame are the mechanisms that govern proper behaviors. Individual behaviors affect all the preceding and future generations, and family responsibilities transcend every action. Family needs supercede individual concerns, and children have obligations to bring honor to the family. Social interactions emphasize respect for authority, interdependence, reserve and formality.

These traditional characteristics have gradually faded with the socioeconomic changes including industrialization, Westernization, urbanization, and economic affluence in Chinese communities in the past decades. Moreover, there are vast subcultural differences among the contemporary Chinese families originating from different political, social, and economic systems (Carmen, 1990; Wang, 1994). In general, Chinese in Hong Kong and Taiwan are less traditional due to more exposure to Western cultures, and those in Mainland China and Vietnam adhere more to the traditional Chinese values. However, differences also exist within each group.

Acculturation Issues of Chinese Immigrant Families

The unique socio-cultural background of the Chinese immigrant families have interacted with their acculturation process in Western countries to produce specific issues and difficulties. These include vast cultural conflicts, loss of extended family and support systems, socio-economic stress, challenges to traditional family roles and relationships, a great sense of loss and disappointment in relation to the migration expectation, and vulnerability of Chinese women immigrants.

Vast cultural conflicts

As a result of the sharp contrast between the Chinese and Western culture, the

Chinese immigrants are confronted with a bewildering life-style and culture in Canada.

Many experience acculturative stress and the resulting adaptation problems upon entry

into the host society, especially those without the language and familiarity with the new

culture. Shon and Ja (1982) note that there are two interrelated levels of adaptive cultural

transition which these immigrants must face. The first is the physical or material

transition including economic security, education, and language barriers that have to be

overcome. The second is the cognitive, structural and affective transition, which refers to

the psychological adjustment involved in the immigrants' attempts to integrate into the

various aspects of the new environment. They highlight that, "Coping with the emotional

concomitants of the transition is seldom overtly acknowledged, but it is often problems in

this area that bring the family into dysfunction" (1982, p.217).

In view of the numerous losses, the strangeness and unpredictability of the new

environment and also the vast array of new cultural cues and expectations to be learned,

Shon and Ja (1982) and Law (1988) describe the Chinese immigrants' experience in

cultural shock as a generalized trauma. The general phases of reactions have been further

elaborated by Shon and Ja (1982) as: (1) cultural shock and disbelief at the disparity, (2)

disappointment, (3) grief, (4) anger and resentment, (5) depression about the current

family situation, (6) some form of acceptance and (7) mobilization of resources and

energy. There are variations in individual experience. However, a family member's

failure to handle a particular phase may push the total family system into dysfunction.

Sue and Sue (1990) list other psychological costs of cultural conflict including

confusion, identity crisis and feelings of isolation and alienation from both cultures. If these feelings are not resolved, the immigrants will remain "marginal" in the society.

Loss of extended family and social support system

Usually the familiar support and protection from extended family systems and the social networks of the Chinese nuclear families are disrupted after migration. The nuclear family then has to fulfill all the needs on its own. The absence of extra-familial interaction, in turn, forces greater demands and intense interaction within the nuclear family, at a time when each member is taxed by the acculturation stress. However, if the family is traditional, with rigid family roles and indirect communication patterns, the expression and resolution of conflicts might be very difficult, leaving the members with a high degree of vulnerability and unresolved conflicts (Ho, 1987; Shon & Ja, 1982).

Socio-economic stress

For Chinese, work achievement contributes greatly to a person's self-definition and self-esteem. However, many Chinese immigrants admitted on the basis of skills and professional qualifications find it impossible to find comparable jobs in Canada due to market conditions, discrimination in hiring practices, language difficulties and rejection of credentials (Canadian Task Force on Mental Health Issues Affecting Immigrants and Refugees, 1988b; Lam, 1994; Law, 1988). Downward occupational mobility is common and many end up working in menial jobs. Conceivably, the status inconsistency is humiliating, leading to feelings of inadequacy in providing for the family, low self-esteem and depression (Lee, 1989,1996a; Serafica, 1990).

In many cases, the housewife has to take up employment or both spouses work long hours to help to make ends meet (Ho, 1987). The long working hour hinders the immigrants' contact with the host society, and thus, their acculturation. More importantly, they create distance from their acculturating children. Moreover, the earning power of the wife upsets the equilibrium of the traditional marital relationship.

In the past decade, the frustrating economic and employment situations in Canada have turned many entrepreneurs and professionals from Hong Kong and Taiwan back to the economic boom of their home country. As a result, the so-called "astronaut families" phenomenon prevails (Lee, 1996b; Hui, 1992). In these families, one spouse, usually the husband, returns to their home country to engage in well-paid jobs or business ventures. The word "astronaut" in Chinese refers to the frequent shuttle of that spouse between Canada and their home country. This arrangement gives them a viable alternative in their struggle to secure a safe haven in Canada and to maintain a comfortable living standard. However, it also takes its toll on the family. Lam (1994) in a study found that the family lives of these families are greatly disrupted. The spouse in Canada is left vulnerable in facing the challenge of acculturation and childcare alone. Marital and parent-child relationships often deteriorate due to long periods of separation.

Challenges to traditional Chinese family roles and relationships

As Sluzki (1979) points out, migration may require the negotiation of new roles in the family as a result of changes. For Chinese immigrants, this is often necessary and, at the same time, difficult due to the incompatibility of family roles between the Eastern and Western cultures. In fact, literature (Ho, 1987; Shon & Ja, 1982) reveals that the

traditional husband-wife and parent-child relationships are especially vulnerable in face

of the drastic changes accompanying acculturation.

Husband-wife relationship

The Chinese tradition of subservience of wife to husband is difficult to maintain in

Canada, where gender equality and women's rights are relatively prominent. For the

traditional Chinese housewife, sharing or taking up the breadwinner role and contact with

western values forces her to reexamine the traditional gender roles. She may begin to

demand more equality, independence and respect from her husband. Conflict looms if

the husband is accustomed to the traditional culture and finds these changes threaten his

sense of security and authority. If he is also strained by shame and feelings of

inadequacy as the provider for the family as a result of economic and employment

distresses, he may try to reassure his adequacy by demanding greater respect from his

wife. In the extreme case, he may displace his frustration and anger onto his wife

through violence (Ho, 1987; Shon & Ja, 1982).

Parent-child relationships

Being more malleable and having greater exposure to Western culture at school,

with peers and through the media, Chinese immigrant children acculturate much faster

than their parents, who have been enculturated in Chinese culture. As a result, there are

two kinds of cultural worldviews between the generations in the Chinese immigrant

family (Law, 1988). Parents and children usually do not agree in beliefs, attitudes and

behaviors. In a culture that prizes children's obedience, this can cause tremendous

conflict. Ho (1987) notes that "The children's acceptance and incorporation into the

Western orientation of individualism, independence, assertiveness, especially in attitudes

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related to authority, sexuality, and freedom of individual choice, make the hierarchical structure of a traditional Chinese family dysfunctional" (p.32).

Law (1988) points out that bicultural tension causes the most common conflicts in Chinese immigrant homes. These conflicts revolve around the importance of being Chinese. To the Chinese parents, being Chinese is of supreme importance for this is their root, while their children perceive being Canadian as more significant. Other areas of tension include the privacy of children and the approach to communication between the generations. Wounded children and grieving parents are the common results. Lo (1986) states that the generation gap in these families is not just based on age, but is cultural as well. He adds, "Worse still would be the addition of a linguistic gap, when the children cannot speak Chinese, and the adults cannot speak English. Communication would be limited to the instrumental level, and any affective communication would be lost" (p. 333).

Moreover, some monolingual parents depend on their children as translators in dealing with the host country. Such role-reversal raises the status of children in the family, and they may become less respectful toward their parents. To traditional Chinese parents, losing respect of the children is overwhelming. They may respond by intensifying the traditional hierarchical stance, and demanding more compliance and respect from the children. However, this only exacerbates the problem, leading to an absolute breakdown in communication and disruption of family process.

Great sense of loss and disappointment in relation to migration expectation

Most of the recent Chinese immigrants from Hong Kong and Taiwan enjoyed good lives in their homeland, and only came to Canada for political security. Hence, they came with high expectations and dreams. The setbacks of migration were discounted in their decision to migrate because they were preoccupied with searching for a safe haven. Thus, the numerous frustrations and changes encountered in a changed socioeconomic and sociocultural milieu after migration shattered their dreams. Their sense of loss is great, and many consistently lament the "good life" of the past and feel regret or trapped (Lam, 1994). Such emotional weariness is likely to undermine their mental health and also their ability to deal with the stress of cultural transitions.

Their frustration has led to parents' aggressiveness in the academic achievement of children. They see it as the only way to climb the social ladder and to gain a better future. The pressure for academic excellence has been well-documented as a source of stress for many Chinese immigrant students, and also the fuel of intergenerational conflict (Toupin & Son, 1991).

Vulnerability Of Chinese women immigrants

The Chinese wife-mother is often vulnerable in the immigration process due to her disadvantaged position in the patriarchal tradition (Ho, 1987; Lo, 1986; 1993; Ross-Sheriff, 1992; Sandhu, 1997). From the very beginning, Chinese women usually migrate in accordance with their husband's decision. The resulting sense of loss and grief of having relinquished their careers and life, and shame in deserting their maternal families linger even years after migration and affects their mental health.

The Chinese women's adaptation within the family after migration induces

enormous stress. Many feel overwhelmed with the household chores in the absence of

their extended family or housemaid. Those isolated at home to face the stress of

childcare may be at high risk of depression. Others may experience stress because of

family conflicts resulting from excessive demands of home and work, from the traditional

cultural expectation on the woman as the nurturer to resolve family problems, and from

conflicts related to gender norms (Lo, 1986; Ross-Sheriff, 1992). Espin (1993) has noted

that the contradictions in appropriate gender-role behavior after migration are stronger for

women than men. In the case of Asian-Americans, Carmen (1990) has suggested that

"cross-pressures" between ethnicity and gender, i.e. expressing egalitarian views may

threaten the solidarity of Asian-Americans, have inhibited Asian-American women from

expressing progressive attitudes on gender issues.

Chinese Immigrant Families in Transition

In the more than 100 years since their first arrival in Canada, Chinese immigrant

families have become a diverse group due, in part, to repeated contact with Western

culture values. Many of them are in cultural transition from traditional to a more

westernized cultural orientation. Lee (1990; 1996a) has suggested a framework to

conceptualize the cultural orientation of the Chinese-American families in United States

by placing them along the following continuum: from traditional, "cultural conflict",

bicultural, "Americanized" to interracial families. This framework emphasizes the great

differences in cultural orientations among Chinese immigrant families. The help-seeking

patterns of these families also vary. The traditional families usually seek concrete

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assistance to environmental problems; the "cultural conflict" families will require help in resolving generational conflicts, role confusion, and communication problems. The bicultural families are able to integrate both the Chinese and Western cultures and thus adapt, while the "Americanized" families usually present personal or intrapsychic problems. Interracial families often experience conflicts in cultural values.

Lee further stresses the importance of matching treatment modalities with the families' cultural orientations. Nevertheless, Ho (1992) cautions that therapists should realize that Asian ethnicity and culture often still play an important role in the lives of those Asian-Americans who are highly acculturated. Mass (1987) states that "the influence exerted by the value patterns that were acquired throughout childhood is often considerable even among those whose behavior is highly Westernized" (quoted in Ho, 1992, p. 201). This point is echoed by Ross-Sheriff (1992), that the Asian concept of self, which is group and family oriented, can remain distinct and endure over generations.

Chinese Families in Therapy: Clinical Issues

The distinctive cultural backgrounds of the Chinese immigrants not only influence their adaptation after immigration, but also their help-seeking patterns, symptom manifestation, as well as their behaviors in therapy. On the other hand, the Western psychotherapeutic approaches based on the values of individualization, self-disclosure, verbal expression of feelings, and long–term insight therapy may contradict with Chinese values of interdependence, self-control, repression of emotions, and short-term result-oriented solutions. These two areas of concern have been addressed by a plethora of literature on applying different treatment modalities with Chinese (Berg & Jaya, 1993;

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Fong; 1994; Ho, 1987, 1992; Kim, 1985; Lee, 1996a, 1996b; Leung & Lee, 1996b; Root, 1985; Sue & Sue, 1990; Tseng, 1995; Tseng, Lu & Yin, 1995; Wang, 1994). The following will present a summary of the significant cultural issues encountered in therapy with Chinese and the necessary adaptations for effective treatment with them.

Concept of mental health, problems, help-seeking and therapy

Mental health and psychotherapy are foreign concepts to Chinese. Having a psychological problem is the same as being insane and is heavily stigmatized. Ignorance of psychology, unfamiliarity with the mental health systems, and the disgrace and sense of failure associated with seeking help all contribute to their skepticism toward, and premature termination of therapy. The cultural orientation of not revealing the family shames to outsiders also deters them from seeking help for family problems. As a result, many seek help as the last resort, and thus often come at the point of acute breakdown and crisis.

Besides, Chinese clients tend to present their problems indirectly or present somatic complaints when they seek mental health service. Somatic presentation of problems is a more culturally acceptable, thus less shameful, means of expressing distress. Moreover, Chinese culture lacks the psychological explanatory concepts and terms for emotional problems. Concerning family problems, the Chinese usually resist the idea that family dynamics contribute to the problem of the identified patient. Also, they often minimize their problems and object to the presence of the whole family in therapy.

It is found that educating Chinese clients on the nature and process of therapy in initial contact is necessary to set the tone for therapy and clarify misconceptions.

Normalization of problems and reframing of negative behaviors are also helpful to reduce their shame and guilt in seeking help. Assurance of confidentiality, responding to immediate needs and crisis intervention early in the treatment are also important to establishing their faith in therapy. Accepting and acknowledging their presenting complaints is important to engage them in therapy. Lee (1989) contends that family members of the Chinese family may not be ready to communicate as a group. Thus, she suggests using a "flexible subfamily system approach" (p.115) to establish therapeutic alliances with different subsystems in the family.

Therapist-client relationship

Lacking knowledge about therapy together with their hierarchical relationship structure make Chinese people assume a submissive role in treatment. The literal translation of "psychologist" in Chinese is "expert of the inner heart" (Chao, 1992). Hence, the therapist is perceived as an authority, a knowledgeable expert, who can tell them what is wrong and how to solve their problems. A democratic attitude, neutrality and non-judgmental listening of the therapist are often interpreted by them as incompetence.

In this regard, an authoritative but benevolent stance of the therapist is imperative to win the acceptance of Chinese clients. Confidence, professionalism, maturity and empathic understanding are necessary to establish credibility and authority. The therapist has to take the lead and be active in directing the session. At the same time, conveying warmth and acceptance, and generalizing and normalizing their problems facilitate Chinese clients to reveal their personal problems to the therapist. Tseng, Lu and Yin

(1995) have proposed the importance of the therapist to become the client's "own person" (p. 385), "that the therapist relates to the patients as his 'own personal friend' or even his 'own family member', a strong trust and intensive alliance can be developed rather quickly" (p. 285). Allowing more time to build trust, paying attention to "interpersonal grace" by showing semantic and pragmatic concerns, answering personal questions and using appropriate self-disclosure are also conducive to building therapeutic alliances.

Therapeutic process and goal

Chinese are action-oriented and practical so they come to therapy expecting problems to be fixed, or to obtain concrete advice or solutions. Non-directive, emotionally focused, experiential or insight-oriented approaches may seem confusing and impractical to them, and should not be attempted until trust and relationship are developed. Besides, confrontation and techniques promoting open communication among family members are inappropriate as Chinese emphasize controlled emotional expression, harmony and they are very sensitive to losing face when being challenged. What the Western therapeutic approaches advocate as desirable such as mastery of nature, independence and direct confrontation of the problem is contradictory to the Chinese worldview stressing accommodation, interdependence and harmony. This results in many Chinese finding the intervention and goals unacceptable in therapy.

Thus, therapy with Chinese would best be problem-focused, goal-oriented and symptom relieving in the initial phase to give them confidence to continue therapy. Also, their indirectness in communication should be respected and direct confrontation should

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be replaced by deflection (Kim, 1985). Berg and Jaya (1993) have recommended that when handling conflict between family members in Chinese families, "it is usually more productive to see them individually first, listen to their views, and then make suggestions to defuse the tension and to facilitate negotiation" (p.32). More importantly, the goal of therapy or the level of normal and abnormal functioning should be assessed based on the cultural context of the Chinese family, rather than on the assumptions of the treatment approaches adopted (Berg & Jaya, 1993; Root, 1985).

In addition to technical adjustments, Tseng (1995) raises the importance of theoretical modifications and philosophical reorientation in working with the Chinese. The former refers to the conceptual views of psychological phenomena, psychopathology, and the goals of therapy. The Chinese concepts of self, ego-boundary and social orientation are familistic and relationship oriented. Also, theories of personality development such as psychosexual development, psychosocial development and defense mechanisms cannot be applied to the Chinese without modifications. On the philosophical level, the therapist needs to understand that Chinese commonly hold a "voluntarily fatalistic" view of life. These culturally based concepts and orientations are different from the Western psychotherapeutic framework, and the therapist has to make relevant adjustments. In his conclusion, Tseng believes that the essence of adjustment is that therapy needs to be "culturally relevant" but does not have to be entirely "culturally congruent" because:

"from a therapeutic point of view, a therapist needs to be slightly ahead of the patient, or considerably different from the patient, viewing all the solutions available, and being able to guide the patient to search for coping patterns which may or may not be congruent with the patient's original cultural system, but which could be helpful to the patient in solving his problem" (p. 15).

Summary

The Chinese have been in Canada for more than a century and are a heterogeneous group with diverse subcultural differences. Their unique socio-cultural background has inflicted specific issues upon their acculturation process. The extreme differences between the Chinese and Western culture make the process of immigration stressful to the Chinese, and the incorporation of Western culture inevitably influences the roles and relationships in the family. If the family is not flexible, dysfunction may be the result.

Several cultural-related issues are common in clinical practice with the Chinese, and adjustments are necessary to make therapy more consistent with their experience. Effective therapy requires not only the knowledge of the clients, but also professional skills to bring about positive change. As directive and structure are preferred in working with the Chinese, the next section will examine one such approach—the structural family therapy approach. Its basic premises will be reviewed and the potential and rationale of using it as the intervention of choice in this practicum will be provided.

2.3. STRUCTURAL FAMILY THERAPY
&
CHINESE IMMIGRANT FAMILIES

The structural approach to family therapy is prominent due to its clear theoretical framework and the charisma of its founder, Salvador Minuchin. Similar to other models of family therapy which are inspired by general systems theory, the structural model is distinctive in its use of spatial and organizational metaphors in the conceptualization of problems and solutions. In this section, an overview of the theoretical framework and major constructs of this approach will be offered, followed by a brief introduction of its practice techniques. The critiques to this model will then follow to provide a balanced view. Finally, its applicability to the Chinese immigrant families will be discussed. To begin with, a brief review of the context within which the structural family therapy model developed will be offered.

Family Therapy Movement

As Hoffman (1981) notes, family therapy grew out of an epidemology of ideas in the psychiatric field looking at the behaviors of the patients within the context of family in the 1940s and 1950s. Being frustrated by the limitation of traditional individual psychotherapy with schizophrenics, and stimulated by general systems theory, pioneers of family therapy began to investigate the relationship between individual pathology and the family as a "system" in different places in the United States. Among them were John Bell, Nathan Acherman, Lyman Wynne, Gregory Bateson, Don Jackson and Jay Haley, to name a few (Broderick & Schrader, 1991; Goldberg & Goldberg, 1991). At the end of the 1950s, they met and exchanged their encouraging findings. It was then that theories

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and approaches began to coalesce and set the momentum for the field of family therapy to prosper in the following decade.

This movement, which focused on the individual-in-context, represented a whole new way of conceptualizing human problems, including behaviors, the development of symptoms, and their resolution. It demonstrated a paradigm shift, from individual pathology to the relationship between the family members; a shift from linear causality to circular causality with its theoretical underpinnings based on general systems theory.

General Systems Theory

General systems theory was first proposed by biologist Ludwig von Bertalanffy in the 1940s to describe all living systems. A system is a complex of component parts that are in mutual interaction, in that the whole is greater than the sum of its parts, and any change in one part affects the rest of the system. Information processing, adaptation to changed circumstances, self-organization, and self-maintenance are attributes of a system. The system is self-regulated by feedback mechanisms, a phenomenon coined in cybernetics (Goldberg & Goldberg, 1991; Guttman, 1991).

Gregory Bateson, an anthropologist and ethnologist, imported the systems and cybernetics concepts into the study of the communication process of schizophrenics' families in the Palo Alto group in 1952. He and his colleagues found that family operates as a cybernetic system that governs itself through feedback. There are two kinds of feedback loops: negative feedback loops that restore deviation to maintain homeostasis, and positive feedback loops that amplify deviation to promote growth and change (Goldberg & Goldberg, 1991; Guttman, 1991; Umbarger, 1983). These fundamental

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cybernetic concepts became embedded in family-systems thinking and were the intellectual foundation of family therapy. It was upon this foundation that many different models of family therapy began to develop theories and verify techniques. The structural family therapy model is among them.

Structural Family Therapy

Structural family therapy was first developed by Salvador Minuchin and his associates in working with delinquent boys from poor families in Wiltwyck School for Boys in Philadelphia in the early sixties (Minuchin et al., 1967). Frustrated by the traditional child psychiatric and psychoanalytic approaches and inspired by the general systems theory focusing on context as more important, they developed many brief, direct, and action-oriented interventions to restructure families. This later became the foundation of the structural family therapy approach. The distinctive features of this approach are the emphasis placed on the family structure as the source of dysfunction and avenue for solution, as well as the active role assigned to the therapist. Its theoretical constructs and practice techniques were later fully delineated in Minuchin's *Families and Family Therapy* (Minuchin, 1974) and were further elaborated by many others (Aponte & VanDeusen, 1991; Colapinto, 1991; Minuchin & Fishman, 1981; Umbarger, 1983).

Theoretical orientation

Structural family therapy represents both a theoretical and methodological approach to therapy that carries forward the abstractions of the general systems theory (Umbarger, 1983; Aponte & VanDeusen, 1991). It rests on three principles: (1) the individual and

his/her context which are interactional; (2) changes in context produce changes in the individual; and (3) when a therapist works with a patient or a patient's family, he or she becomes part of the context and his or her behavior is significant to the change. Thus, therapy approaches human beings in their social context, and is directed at changing the organization of the family. As Minuchin (1974) states,

> "The structural approach to families is based on the concept that a family is more than the individual biopsychodynamics of its members. Family members relate according to certain arrangements, which govern their transactions. These arrangements, though usually not explicitly stated or even recognized, form a whole—the structure of the family" (p.89).

Apart from the inspiration from general systems theory, the development of the structural model has been influenced by those who worked with Minuchin in Wiltwyck and Philadelphia Child Guidance Clinic. Its current formulation has incorporated elements from the problem-solving and strategic approach of Jay Haley, the ecological approach of Auerswald, and the network therapy approach of Speck (Aponte & VanDeusen, 1991).

Theoretical concepts

In structural family theory, the family is conceived of as a living organism operating within specific social contexts. It has three characteristics. First, its structure is an open sociocultural system in transformation. Second, it moves through a number of developmental stages that require restructuring. Third, it adapts to changed circumstances so as to maintain continuity and enhance the psychosocial growth of each member (Minuchin, 1974).

Family behaviors are organized by an "invisible set of functional demands" (Minuchin, 1974, p.51) dictating how, when and with whom to interact. Such recurring transactional patterns make up the structure of the family and operate as a set of rules that constrain the family members' freedom and behavior. They are maintained by two systems of constraints: the universal rules governing family organization, such as power hierarchy and role complementarity; and the idiosyncratic rules of the family.

A family differentiates and carries out its functions through subsystems. Subsystems can be formed by gender, generation or function, and may consist of an individual, a dyad or a group of family members. This subsystem organization also "provides valuable training in the process of maintaining the differentiated "I am" while exercising interpersonal skills at different levels" (Minuchin, 1974, p.53).

Differentiation of subsystems are protected by boundaries, which are rules regulating who participates and how in a subsystem. Minuchin (1974) stresses that the clarity and flexibility of the boundaries is more important for family functioning than the composition of the subsystem. Boundaries must be clear and defined well enough to allow subsystem members to carry out their functions without undue interference, but at the same time allow contact between the members of the subsystem and others.

The various forms of boundary functioning can be conceptualized along a continuum of permeability. At one end of the continuum is enmeshment (too diffuse); and the other end is disengagement (too rigid) (Minuchin, 1974). Many families have enmeshed and disengaged areas of transaction, varying according to function and developmental level. For example, a mother-child subsystem is often enmeshed when children are small, but becomes more disengaged when children grow up. However,

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consistent operations at the extremes may indicate areas of possible pathology. A highly enmeshed family promotes a sense of belonging but curtails individual autonomy, while in disengaged families members may have a skewed sense of independence but may be unable to receive adequate nurturance (Lappin, 1988; Munichin, 1974). Moreover, disengagement and enmeshment often represent different strategies for conflict avoidance in families—by inhibiting contact in the first and denying difference and disagreement in the second (Colapinto, 1991). In situations when adaptive mechanisms are evoked in response to changes, enmeshed families over-react to any variation, while disengaged families fail to respond.

In structural family theory, family development moves in stages that follow a progression of increasing complexity. Four main stages organized around the growth of children have been identified: couple formation, families with young children, families with school-age or adolescent children, and families with grown children (Minuchin and Fishman, 1981). More complicated challenges will be present for families who experience divorce, desertion, or remarriage. There are cultural variations to this North American middle-class norm, however, the main idea remains that family has to go through certain stages of growth and aging, and it must cope with periods of crisis and transition.

A family as an open system has to respond to internal and external demands. There has to be constant transformation in the position of family members in relation to one another, so that they can grow while the family system maintains continuity. In the process, boundaries are redrawn, subsystems regroup, and hierarchical arrangements shift. To achieve this depends on a sufficient range of transactional patterns, the

availability of alternative patterns, and the flexibility to mobilize them when necessary. Inherent in this process of change and continuity, a transitional period, where there is a lack of differentiation and the stress of accommodation, is common. Such a transitional nature of certain family processes should not be mislabeled as pathological. Normal family development, as Minuchin and Fishman (1981) state, includes fluctuation, periods of crisis, and resolution at a higher level of complexity. Minuchin has noted, "Freud pointed out that therapy changes neurotic patterns into the normal miseries of life. His comment is just as true for family therapy" (1974, p.51).

A well functioning family, thus, is not defined by the absence of stress, conflict, and problems, but by how effectively it handles them in the course of fulfilling its functions. Pathological families are those, who in the face of stress, increase the rigidity of their transactional patterns and boundaries, and avoid or resist any exploration of alternatives. As a result, they are unable to fulfill their function of nurturing the growth of their members.

Intervention strategies & techniques

According to structural family theory, families often go into therapy because the negotiations leading to a successful transition have been blocked. It is "a complex system that is underfunctioning" (Minuchin & Fishman, 1981, p.67). Demands for change are reified by rigid family structures and as a result one person is selected to be the problem in order to maintain that rigid, inadequate family structure. Symptomatic behavior is viewed as a reaction of a family organism under stress. In this view, all family members are equally "symptomatic" (Minuchin & Fishman, 1981; Goldberg &

Goldberg, 1991). The therapist's task is to undermine the existing homeostasis, creating

crises that upset the system toward the development of a better functioning organization.

As the symptomatic behaviors are viewed as maintained by the structure of the family,

structural therapists aim at second-order change, i.e. family transformation, in addition to

first-order change, i.e. problem-resolution (Aponte & VanDeusen, 1991; Hoffman, 1981).

The goal of intervention is to transform the family structure, that is, "to change the

position of family members vis-a-vis each other, with a consequent modification of their

complementary demands" (Minuchin, 1974, p. 111). As a result, the extracerebral mind

of each family member is altered, and the individual's experience itself changes. This

transformation frees the identified patient from the deviant position. In this perspective,

the structural approach embraces the existentialist's concern for growth and the

strategist's concern for cure (Minuchin & Fishman, 1981).

Family transformation is facilitated through a three-step strategy. First, the

therapist joins the family, and at the same time, challenges their perception of their

reality. Then, alternative possibilities that make sense to them are given. And third, the

alternative transactional patterns are tried out, and new relationships become self-

reinforcing. The target of intervention could also be any other segment of the

individual's ecosystem that seems amenable to change-producing strategies.

Change can be facilitated by either challenging the symptom, the family structure or

the family reality, or a combination of these. In challenging the symptom, the goal is to

change or reframe the family's definition of the problem, thus pushing the family

members to search for alternative responses. As the worldview of family members

depends on their positions in relating to others in the family, by challenging the rules

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(structure) that constrain people's experience, "the therapist actualizes submerged aspects of their repertory. As a result, the family members perceive themselves and one another as functioning in a different way" (Minuchin & Fishman, 1981, p.70). Helping the members to change their views of self as a separate entity to a definition of the self as part of a whole also fosters change in the nature of involvement of family members. Finally, in challenging the family reality, therapists first accept the conflictual and stereotyped reality of the family. Then, by giving the family a new frame and developing new ways of interacting, therapists change the way family members look at reality, and new possibilities appear.

In early days Minuchin tended to jolt family toward change through confrontation. However, he later realized that this was possible only because he had established close bonds with families. Thus, he points out that "joining" is a prerequisite to the challenge of restructuring, that "families resist efforts to change them by people they feel don't understand and accept them" (Minuchin & Nichols, 1993, p. 41). Moreover, as the process of change usually involves some level of crisis, the therapist's understanding, support and confirmation of the family members' experiences and felt needs are vital to help them to jump into uncertainty (Minuchin, 1974).

A wide variety of structural intervention techniques can be employed (Minuchin & Fishman, 1981; Aponte & VanDeusen, 1991; Umbarger, 1983) depending on the individual family's composition, culture, style and also the style of the therapist. Table 1 summarizes the three main categories of structural techniques: (1) creation of transaction, (2) joining with the transaction, and (3) restructuring the transaction.

The structural approach serves as a framework for a broad range of therapeutic

techniques (Aponte & VanDeusen, 1991; Minuchin, Rosman & Baker, 1978).

Techniques of other therapy approaches are employed in structural family therapy as long

as they are compatible with the structural model and used within a multidimensional

effort to bring about structural change. The most commonly employed techniques

include strategic techniques and behavioral modification (Aponte & VanDeusen, 1991).

Table 1

Major Techniques of Structural Family Therapy

I. Creation of Transaction

Structuralization
Enactment Inducement
Task Setting within the family

II. Joining with the Transaction

Tracking
Accommodation
Mimesis

III. Restructuring the Transaction

a.*System Recomposition:*	b. *Symptom Focusing:*	c. *Structural Modification:*
~ Adding Systems ~ Subtracting Systems	~ Exaggerating the Symptom ~ Deemphasizing the Symptom ~ Moving to a New Symptom ~ Relabeling the Symptom ~ Altering the Affect of the Symptom	~ Disassembling (Emphasizing Differences) (Developing Implicit Conflict) (Blocking Transactional Patterns) ~ Constructing ~ Reinforcing ~ Reorganizing

Adapted from Aponte & VanDuesen, Structural Family Therapy, 1991, p. 329.

The structural family techniques are famous for their dramatic impact demonstrated by their charismatic leaders. However, there is growing recognition that it is not the techniques that matter. Instead, the effectiveness of structural family therapy depends on its being learned as a therapeutic stance rather than as an aggregate of useful tools (Colapinto, 1991). In their famous structural family therapy technique cookbook *Family Therapy Techniques* (Minuchin & Fishman, 1981) Minuchin and Fishman point out after the "technical" chapters that technique is only a vehicle for the therapist's creative exploration. "Beyond techniques, there is the wisdom which is knowledge of the interconnectedness of things" (1981, p.290).

Role of the therapist

Structural family therapy is, as Minuchin stresses, a very different kind of therapy, "with active joining and active struggle for change"(Munichin & Nichols, 1993, p.47). The therapist is assigned a decisive role as an instrument of change. He or she is responsible to "make it happen" (Colapinto, 1991, p.435), which requires the "widest use of self" (Minuchin & Fishman, 1981, p.2). This active stance and central position of therapist is one of the distinctive features of this approach.

The structural therapist does not analyze or observe the family from outside but actively experiences and participates in the family system to effect changes. The close relationship with the families and the intense emotional experience being activated in the therapy session pose a special personal challenge to the therapist (Aponte, 1992). The therapist's professional role is thus also a very personal role (Aponte & VanDeusen, 1991).

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Colapinto (1991) summarizes the four roles of a structural family therapist. He/She works as the producer of the therapeutic system by joining with the family. When the building blocks of therapy are set, the therapist acts as the stage director, setting up scenarios that challenge the existing structure and directing the family members to interact in more functional patterns. During the drama, the therapist may need to act as a protagonist, using himself or herself to intervene directly in family transaction by interrupting, challenging, pushing and supporting the family members selectively to unbalance the family organization. Lastly, in addition to the challenge to the transactional patterns, the therapist also works as the coauthor with the family to revise the script of the family structure. He or she will challenge the family's belief structure and assist the family to develop new meanings for their behaviors.

Treatment Applicability

The structural theory describing the organizational relationships of the parts to the whole in the social ecosystem allows for a broadly encompassing perspective on the personal and social problems of the family and its members. Its applicability is further expanded by its compatibility with a variety of techniques (Aponte & VanDeusen, 1991; Umbarger, 1983). Initially developed to work with families where children and adolescents are the identified patients, its subsequent clinical work with different kinds of families, including families of different ethnic and religious backgrounds (Bott & Hodes, 1989; James & MacKinnon, 1986; Ko, 1986; Wieselberg, 1992; Jung, 1984; Wilk & Storm, 1991); and problems, including marital problems, and families with addictions or alcoholism (Stanton, 1981; Aponte & VanDeusen, 1991) has testified to its more general

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applicability. It is most powerful when applied to at least a two-generational family arrangement in which the subgroups of parents and children can be examined in their relationship with one another and with their larger context (Umbarger, 1983). Colapinto (1991) notes that generally "the less a problem lends itself to an interactional reframe (whether as the result of family rigidity or of the weight of a diagnosis), the less are the chances for a successful application of the structural model" (p.441).

Aponte and VanDeusen (1991) have summarized the major research on the effectiveness of the structural approach. There has been consistent evidence of therapeutic superiority of the structural approach in working with psychosomatic families. Moreover, its overall effectiveness appears to be as successful as any of the current schools.

Feminist Critiques of the Structural Family Therapy Approach

As with any of the other family therapy approaches which derive their theories from the system and cybernetic concepts, structural family therapy is no exception to critiques from feminists (Nichols & Schwartz, 1991). Focused on the interconnection within the family system, systems theory has been declared by feminists to be ahistorical and asexual, paying no attention to the forces of the larger social context which shape family life, especially the gender differences in family dynamics.

Minuchin has been criticized by feminists for his tendency to unbalance rigid family systems through blaming the mother and elevating the father, which is sexist and recapitulates the mother-blaming and patriarchy of the larger social order (Luepnitz, 1988; Walters, 1990). The feminists argue that gender should be a primary organizing

concept for understanding families. Only when wearing this "lens of gender" can therapists help the families to examine and change the rules and roles of the family without perpetuating the patriarchal structure (Nichols & Schwartz, 1991).

The implication of these criticisms is that therapists should pay attention to the larger societal contexts. Gender is one, but there are also other contexts including culture and class, that shape the families. In fact, since the 1980s, there is a growing awakening of the importance of incorporating the macro contextual issues in treating families, especially in working with clients of different cultural backgrounds (Nichols and Schwartz, 1991; Saba, Karrer & Hardy, 1989; McGoldrick, Pearce & Girodano, 1982). Furthermore, the feminists' criticisms also imply that therapists should examine their own value biases when they approach families and be conscious of how their interventions interact with macro contexts when formulating interventions.

Structural Family Therapy and Chinese Immigrant Families

In the past two decades, there have been growing concerns over the ethnocentricity of family therapy models, especially their applicability to clients from non-Western cultures (McGoldrick, Pearce & Giordano, 1982; Ho, 1987; McGoldrick, 1998). Attempts to use the structural approach with the Chinese families show that it is a viable intervention choice for this population (Ho, 1987; Hsu, 1995; Jung, 1984; Kim, 1985; Ko, 1986; Lee, 1996a, 1996b; Shon & Ja, 1982). This section will try to provide a perspective on the application of structural family therapy with Chinese immigrant families.

Firstly, there are striking links between some intrinsic ingredients of structural family therapy and traditional Chinese family values and characteristics, making it particularly applicable to this group. Jung (1984) has noted that structural family theory provides a conceptual framework that is closely aligned with the manner in which the traditional Chinese family is constituted. The family structure, systems boundaries and hierarchy it emphasizes are fundamental organizing principles of Chinese families. The notion of interactional influence within the family system echoes the collective and interdependence orientation of Chinese families. In addition, regarding family problems as transitional, and aiming at maintaining the continuity of the family parallel the values of centrality of family and prime importance of family preservation in Chinese culture.

The role of therapist as an expert, and the directive, authoritative and modeling stance a structural family therapist takes coincides with Chinese expectations of a therapist. The perception of family difficulties as normal transitional problems, and the use of reframing, help to reduce the stress and shame felt by Chinese families seeking assistance. In addition, the focus on family strengths and the strategies of joining and accommodating the family and its members are "face saving" to the Chinese and thus make this approach more likely to be accepted by them (Ko, 1986).

An action orientation emphasizing change in the therapy session, and the dual foci on symptom relief and systems restructuring in structural family therapy matches the pragmatic and solution-oriented personality of the Chinese as well. Finally, as Jung (1984) points out, this approach has a broad applicability to different problems, as it assumes that the presenting problem, no matter whether it is anorexia or parent-child conflict, is reinforced by the family structure and repetitive patterns. To conclude, the

constructs and techniques of the structural family therapy approach fit well with the family and cultural characteristics of Chinese families and thus, make this approach readily applicable to them (Ho, 1987; Kim 1985; Lee, 1990; Jung, 1984).

Considerations in application to the Chinese immigrant families

Despite the seeming applicability of the structural family therapy approach to the Chinese population, there are several areas that the therapist needs to attend attention to when applying the approach to Chinese immigrant families.

"Normal" family functioning and structure

Chinese immigrant families are organized by a distinctive set of cultural values resulting in family organizational structures which are markedly different from that of the white middle-class American families described in family therapy models. Compared to many North American families, it is easier to identify patriarchy, rigid generational hierarchies and enmeshed parent-child relationships in Chinese immigrant families. However, it is important not to diagnose these differences as pathological. Therapists should realize that the structures of the Chinese immigrant families are functional in their native country, but become dysfunctional only as a result of their transition to another country with different norms and values. Minuchin and Fishman (1981) state that "Family therapists, the product of their own culture, must therefore guard against imposing the models that are familiar to them, as well as the rules of functioning that are familiar" (p. 20). The Chinese immigrant parents in Canada who demand unquestioned obedience from their children should not be blamed as authoritarian. However, they

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should be helped to understand such cultural based parenting style might not be effective in relating to their adolescent children who have been socialized with American values of assertiveness, individualism and autonomy.

In the same vein, as Jung (1984) pointed out, the structural therapist's goal in working with Chinese immigrant families should not be to change the total structure or subgroups of the family, but rather "to make more flexible the rigid boundaries between parents and children by modifying the communication patterns so that individuals understood each other better" (Jung, 1984, p. 370). As families are embedded in a larger culture, the therapist's function is "to help them become more adequate within the possibilities that exist in their own family and cultural systems" (Minuchin & Fishmen, 1981, p.20).

Enactment and escalation of stress

Despite the seeming fit between the structural framework and cultural values of Chinese families, some of the family restructuring techniques of the structural approach are considered too challenging, emotional, and confrontative, and thus antithetical to Chinese culture and sometimes counterproductive to therapy (Ho, 1987). Such interventions include enactment, boundary making, escalating symptoms, and manipulating moods. Chinese families are not accustomed to open conflicts in the family, especially in the presence of an outsider. Being challenged or confronted would be perceived as losing face in Chinese culture, and such interventions may encounter resistance from the Chinese. Kim (1985) has recommended such interventions should not be used until the therapist has gained the necessary authority in clients' eyes and until

the therapeutic relationship is strong enough to withstand confrontation. Therefore, the therapist has to assess the readiness of the family in carrying out these interventions.

Readiness of family for family therapy

Both Ho (1987) and Lee (1989; 1996b) assert that even though family therapy can be effective with Chinese families, family members may not be ready for therapy together. The traditional hierarchical and vertical family structure discourages free expression of emotions and thoughts, especially negative ones. It is often considered as culturally inappropriate and a sign of losing control if parents discuss their "adult" problems or express their sadness in front of the children. By the same token, open expression of negative feelings by children may be viewed as lack of respect and deference to parents. These behaviors may inflict shame on parents and guilt on the children. Kim (1985) has cautioned that "premature and direct confrontation by the therapist would typically lead parents to 'loss face' and succeed only in lowering the therapist's credibility in the eyes of the family" (p.346). Moreover, family members who are accustomed to indirect communication may not have the communication skills to discuss problems and to express themselves openly in a family group setting.

To avoid these pitfalls, Lee (1989) suggests a "flexible subfamily system approach" (p. 115) to establish therapeutic relationships with family members in the beginning phase. By interviewing family subsystems separately, the therapist is able to develop trust and credibility with each family member. This staging process enables all parties to feel "safe" and have more control over what is to be discussed in the family group, and thus enhances their acceptance and willingness for family therapy.

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Summary

The systems-based, structural family therapy approach emphasizes the individual in its family and social context. As Umbarger (1983) points out, it teaches therapists "the beauty of position" (p.192), the power of place in the system from which one may grow or stagnate, and this gives the therapist clear direction for intervention. Its inclusive conceptual framework that puts the individual in the family context, while paying attention to the larger context in which they are embedded, earns it wide applicability. Its theory of family functioning and change fit the characteristics of Chinese immigrant families making it a suitable choice of intervention for this population.

After looking at the appropriateness of the structural family therapy approach as an intervention approach with Chinese immigrant families on the theoretical level, in the following chapters we move to look at my experience of applying this approach.

CHAPTER 3

THE PRACTICUM

The Model

This practicum was guided by the theoretical framework of structural family therapy approach integrated with sensitivity to the cultural and migration contexts in which the Chinese immigrant families were embedded. As reviewed in the previous sections, the Chinese cultural values, which are antithetical to those of the American culture where the structural approach developed, mediate the Chinese' experiences in therapy. Moreover, culture transcends their acculturation experience in Canada. This integrated model was intended to use culturally compatible structural interventions with the Chinese families and address the impact of migration on these families. In these regards, the obstacles to therapy with the Chinese immigrant families were avoided and interventions were more readily acceptable to them.

The structural approach's framework of family functioning was used to analyze the Chinese immigrant families encountered in this practicum. The family was perceived as an interacting system. The structural concepts of family structure, boundary and subsystem functioning were applied to evaluate the functioning of the family. Evaluation of the stages of migration the families were negotiating was an integral part of assessment to identify the stresses and needs of the families. When conflicts between generations or sexes were present, it was important to determine the role of acculturation dissonance among family members in contributing to these conflicts.

In the therapy sessions, the emphasis was to focus on process to identify the dysfunctional interaction patterns keeping the families stuck. Alternative patterns of

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interaction were explored and facilitated in the sessions. The goal was to modify the dysfunctional family structure and make it more flexible, and to help the family "to become more adequate within the possibilities that exist in their own family and cultural systems" (Minuchin & Fishman, 1981, p.20). In the case of Chinese immigrant families, their family and cultural systems are a combination of the Chinese and Canadian cultures as a result of migration. In this process, the role of therapist was an intermediary to help the family members negotiate a new family structure. This required the awareness of the therapist's own values and not imposing these on the clients.

I took up a directive but benevolent role as a therapist. I actively led the direction of the sessions while at the same time was respectful and empathic to their pain and frustration. Joining was emphasized throughout the process of therapy to establish therapeutic alliances so as to obtain the leverage to restructure. Respect for the hierarchy in the family was used to keep pace with the cultural expectations of family interaction. Challenges to the parents or people in authority were avoided when children were present to minimize the possibility of losing face. Confrontational interventions were reserved until a therapeutic alliance was firmly built. These were conducted with a supportive and affirming attitude. Strengths of the families were highlighted and confirmed to restore their sense of competence and reduce their shame in seeking therapy.

Setting

The practicum was carried out in Toronto with Chinese immigrant families since Toronto which has the largest Chinese community in Canada (Statistic Canada, 1996).

The Chinese Family Life Services of Metro Toronto (CFLSMT) provided the setting for this practicum.

The CFLSMT is funded by the United Way, the provincial government and the community. With a history of more than ten years, it is the only non-profit, professional service agency in the city with a mandate to provide linguistically sensitive and culturally responsive family services to Chinese Canadians. Its service scope includes individual, marital, group and family counseling as well as family life education for the Chinese-Canadian population. It also takes the lead in addressing issues relating to wife-assault, family violence, parent-child relationships and gambling in the Chinese community. In addition, it provides consultation to other social services serving the Chinese-Canadian population. Thus, the agency has expertise with this unique clientele and therefore was a good place to learn about this population and to engage in social work practice with them.

The agency adheres to a systems perspective, addressing the psychosocial-bio-spiritual factors affecting the functioning of the clients who seek help. The clients approaching the agency are first received by an intake worker, who performs an intake assessment including the factors above and also takes relocation history. The cases assigned to me in this practicum were first screened by the Executive Director, Mr. Patrick Au. Together we decided the suitability of family intervention.

Duration

The practicum lasted from November 6, 1997 to March 27, 1998, with two weeks of orientation prior to the start of the practicum to familiarize myself with the agency's practices and culture as well as with the service system and community resources. I

worked four days a week in the first three months and three and a half days in the last two months.

Supervision

Supervision of my practice was divided into two parts: supervision on case intervention generally and then more specific supervision on the structural family therapy approach. The former was provided by Mr. Patrick Au, Executive Director of the CFLSMT. His expertise on intervention with the Chinese-Canadian population and the community dynamics facilitated my understanding both of the clients' problems and also of culturally sensitive intervention. Mr. Au supervised my practice with seven families. A one to one-and-a-half hour supervision session was conducted every week.

Concurrent with the case supervision was supervision specifically related to the structural family therapy approach provided by Mr. Kenneth Kwan, who was a part-time counselor in the agency, and a supervisor-in-training with the American Association for Marriage and Family Therapy. Supervision on the structural analysis and intervention was conducted every week on a one to one-and-a-half hour basis. Audiotapes of the sessions were reviewed and questions, hypotheses, analyses and interventions discussed.

A mid-term evaluation of my progress was carried out on January 21, 1998 through a tele-conference meeting with the Chairperson of the practicum committee, Professor Esther Blum, and committee members, Dr. Harvy Frankel, and Mr. Patrick Au and myself. Final feedback on my practicum was also conducted by telephone conference on April 8, 1998. The discussion included Mr. Patrick Au, Mr. Kenneth Kwan, Professor Esther Blum and myself.

Evaluation Strategies

In order to assess the effectiveness of structural family therapy in working with Chinese immigrant families, clinical evaluation elements were built into this practicum. These focused on different aspects of the practicum: the outcome, the process and client satisfaction. Different evaluation instruments were chosen according to their ability to measure these areas. The strategy used in evaluation was to use triangulation of evaluation measures so that information from different sources was used to increase the reliability of the evaluation.

The Family Environment Scale (FES) (Moos & Moos, 1994) was adopted in this practicum as an outcome measurement to indicate whether change occurred in the family after treatment was applied. It was administered in a pre-and post-test format. FES was chosen because it provides a multi-dimensional profile of the family, which is valuable for assessment as well as outcome evaluation. It served as an important complement to the therapist's clinical assessment by giving a comprehensive overview of family functioning.

The FES is a self-report instrument consisting of 90 Likert-type items. The items tap three major dimensions of family functioning: family relationship, personal growth, and system maintenance. Ten subscales are subsumed within these dimensions: Cohesion, Expressiveness, Conflict, Independence, Achievement-Orientation, Intellectual-Cultural Orientation, Active-Recreational, Moral Religious Emphasis, Organization, and Control (see Appendix A for a description of the 10 subscales).

The FES has been widely used for clinical practice and research. It has demonstrated adequate psychometric properties as a measure in terms of reliability and

validity (Moos & Moos, 1994).   Reliability refers to the consistency and stability of a measure. The internal consistency reliability coefficients (Cronbach's Alpha) of the subscales of FES range from moderate for Independence (0.61) to substantial for Cohesion (0.78). Test-retest reliabilities for the 10 subscales are moderately high for both a 2-months and 1-year interval, reflecting its subscale stability over time. Validity of measure concerns the degree to which a measure assesses what it is supposed to measure. According to Moos (1990), the development of the initial items was based on the item content and conceptual connection to specific family constructs. Then empirical criteria including item intercorrelations, item-subscale correlations, and internal consistency analyses were applied to select the final set of items. For construct validity, FES cohesion is positively related to dyadic and marital adjustment and family support. Also, FES conflict is positively associated with family arguments, and FES organization and control are linked to reliance on predictable and regular family routines (Moos, 1990).

A Chinese version of the FES provided by Dr. B. Moos was used in addition to the English version to make sure that clients could use their preferred language to answer, thus enhancing the accuracy of findings (Yang & Bond, 1980). Since norms of FES for the Chinese are not available, the cultural differences of Chinese immigrant families have been taken into account in the interpretation of scores.

Clinical assessment on the progress and change of the families during the course of therapy and client feedback were used to supplement the snapshot information obtained by the FES, in order to offer a more comprehensive understanding of the processes and outcomes of intervention. Clients' perception of change and intervention were vital in

understanding the effectiveness and suitability of the intervention. In addition, a Satisfaction Survey of the CFLSMT (Appendix D) to assess clients' satisfaction with the intervention and service was distributed to the families at the end of the treatment. These data supplied more qualitative information to verify and supplement those from the FES. Integration of these different sources of data provided valuable indices of treatment effectiveness and therapeutic change.

Completion of the FES and the Satisfaction Survey were subject to the consent of the clients. Six families completed the FES, two just had the pretest because therapy started at the later part of the practicum. Seven families filled out the Satisfaction Survey. Overall, the seven families were satisfied with the service I provided and said they would recommend the Agency's service to their friends.

Learning Objectives

The aim of this practicum was to acquire advanced clinical experience and intervention skills through practicing structural family therapy with Chinese immigrant families. Specifically, the following learning objectives were to be met:

1. to master the structural family therapy approach in clinical practice, including competence on the perceptual, conceptual and executive levels;

2. to acquire clinical knowledge and experience in how the structural family therapy approach works with Chinese families, and develop cultural appropriate interventions and strategies to work with these families;

3. to understand the acculturation experience and also the dynamics and development of family problems of Chinese immigrant families in Canada;

4. to consolidate my personal style in conducting structural family therapy by

    incorporating past experiences and styles of counseling;

5. to develop skills and strategies in conducting clinical evaluation to assess the

    process and outcome effectiveness of my clinical practice; and

6. to become familiar with the social services system in Toronto, especially services

    for families in general and for immigrant families more specifically.

Thumbnail Sketches Of The Families

In total, ten Chinese immigrant families were involved in this practicum. Chinese

immigrants refer to those who had at one time moved to live in Canada from their native

countries where the Chinese culture is dominant. These immigrants will have to

negotiate the acculturation process since they are influenced by cultural values antithetic

to those of North America. On the family level, this process is a prolonged and dynamic

process because it involves negotiation of value orientations between family members. It

has been noted that this process often continues in the second and third generations of the

immigrant families as a result of the inevitable differential socialization experiences

among them (Sluzki, 1979; Ho, 1987).

All the families involved in this practicum were first generation immigrant families,

i.e. families in which parents were all foreign born and children were either foreign or

locally born. The numbers of years in Canada ranged from two to twenty-five years.

Among them, six families originated from Hong Kong, two from Mainland China and

two from Vietnam.

Seven (Family *A, B, C, F, G, H, I*) out of the ten families sought help for problems involving parent-adolescent conflicts or behavioral problems of adolescents. This echoes the notion of prevalence of intergenerational conflicts in Chinese immigrant families as a result of cultural transition. Two families (Family *A & E*) presented with marital difficulties. One family (Family *J*) requested help for a conflictual relationship between the parents and adult child. The last family (Family *D*) presented with parenting difficulty with little child. Four out of the ten families were divorced families (Family *B, F, H, J*), and one of them was a blended family (Family *J*). The number of therapy sessions to these families ranges from two to sixteen. Among these ten families, only one family was willing to come together as a whole, but then just for the first session. In some cases, one or more family members refused to participate in therapy, while in other cases, parents resisted involving those family members not involved directly in the problems. The "flexible subfamily system approach" suggested by Lee (1989) was adopted where different sub-systems of the families were seen in different stages of therapy.

All families agreed to the inclusion of their story in my practicum report; five agreed to audio-tapes of their therapy sessions. Informed consent on audio recording of therapy sessions and inclusion of their story in this report were solicited in the initial interview (Appendix C). The language used in therapy was mainly Cantonese; one family spoke Mandarin, and two adolescents preferred English. All the names and identifying details of these families have been changed to protect confidentiality.

One family (Family *D*) dropped out after two sessions of treatment. Two families

(Family *G* & *J*) terminated service in the initial phase of treatment because the family members involved in the problems were not willing to. The remaining seven families were active throughout the course of therapy. Among these, two families (Family *B* & *E*) felt their concern was resolved, two (Family *A* & *C*) indicated significant improvement, and the three remaining families (Family *F*, *H* & *I*) reported slight improvement. At the point of termination, two families (Family *F* & *H*) preferred to continue work on their problem by themselves and contact the agency if they needed help. The remaining three families (Family *A*, *C*, & *I*) were transferred to other workers in the agency for follow up.

Table 2. Summary of families handled in the practicum: presenting problems, place of origin, no. of sessions, treatment outcome

Cases	Presenting problem(s)	Place of origin/ No. of years in Canada	No. of sessions	Treatment outcome
Family A	Marital problem Parent-adolescent conflict	Hong Kong/ 2 years	16	Significant improvement in marital relationship, transferred to another worker
Family B	Parent-adolescent conflict	Hong Kong/ 12 years	11	Problem resolved
Family C	Behavioral problems of adolescent boy	Mainland China/ 10 years for father, 8 years for son	10	Significant improvement, transferred to another worker
Family D	Parenting difficulty with little child	Vietnam/ 14 years	2	Client dropped out after the second session
Family E	Marital problem	Hong Kong/ 18 years	12	Problem resolved
Family F	Parent-adolescent conflict	Mainland China/ 10 years for father, 5 years for mother and son	6	Slight improvement. Clients preferred to continue work on the problem by themselves when practicum ended
Family G	Parent-adolescent conflict	Hong Kong/ 4 years	3	Parents terminated service because son not willing to participate
Family H	Parent-adolescent conflict	Hong Kong/ 21 years for mother, children born in Canada	10	Slight improvement. Clients preferred to continue work on the problems by themselves when practicum ended
Family I	Parent-adolescent conflict	Vietnam/ 17 years for parents, children born in Canada	9	Slight improvement. Mother was referred to a women support group at termination
Family J	Parent-adult child relationship problem	Hong Kong/ 10 years	2	Client terminated service because family members not willing to participate

CHAPTER 4

CASE STUDIES

In the first part of this section, four cases are presented in detail to describe the process of intervention and change. Selection of case is based on the criteria of greatest variety of issues, in terms of presenting problem, family form, stage of migration, intervention strategy and results, and finally, learning obtained. Major issues and themes emerging in the course of therapy are presented to show the process of movement in therapy. A summary of learning experiences gained from the remaining cases is presented at the end of this chapter. All the names and identifiable characteristics have been changed to protect confidentiality. It is expected that through these in-depth case studies, some preliminary formulations can be developed regarding the practice of structural family therapy with Chinese immigrant families.

4.1. Family A: The "Incompatible" Couple

Working with this family was very challenging for me; it taught me how to work with couples and provided me with substantial opportunities to test structural theory and intervention. It also challenged my concepts about therapy, marriage, the role of the therapist, the therapeutic relationship and the process of therapy. The family consisted of a middle age couple, Sandy and David, both 46, and their daughters, Catherine, 15, and Mandy, 9. They were from Hong Kong, had been settled in Canada for more than two years, and were considering returning there in the following year. The couple was referred by their family doctor for marital counseling. The intake information stated that

they had long-term marital discord due to incompatible life-styles and values. Communication was poor and most of their conflicts centered around their disagreement about how to handle Catherine. David initiated counseling as a last resort to find ways to live together.

Initial interview

I tasted the tension of the couple in the opening small talk. David was enthusiastic and cooperative, but Sandy was sarcastic. Sandy expressed her mistrust of counseling, stating that she had tried a lot of methods, including reading books and attending workshops, but found all were just theory; practice was another thing. Sarcastically, she said that their marriage was "fine" since it had been so for many years. David expected to get advice and diagnosis from counseling. He would consider divorce if their relationship could not work out, as he did not want the marital problems to carry on when they moved back to Hong Kong.

They decided to come to Canada during the migratory wave of people from Hong Kong leaving to obtain political security overseas. Before migration, David worked in the Government while Sandy was a store supervisor. They wanted to have a more relaxing life by moving to Canada. However, after settling in Canada for two years, David was considering returning to Hong Kong to earn more money for the family's future.

When their views of the problem were explored, Sandy put forth vague complaints. She was bitter that her devotion to the family had never been appreciated, and she was always being blamed. David analyzed logically that Sandy's emotional behavior and

rigidity were the core problems affecting family harmony. They had never been very close ever since they married because of incompatible personalities. He was frustrated at Sandy's endless bickering with Catherine, and argued for a laissez-faire approach to handle Catherine. Sandy defended herself stating that she was doing the best for the children. She argued that her emotional behavior was the result rather than the cause of the unhappiness in the family.

They were asked what had been tried and what they thought each could do to solve their problems. Sandy reiterated cynically that she had tried almost everything. After pondering, David suggested he could help Sandy in household chores to reduce her stress and follow her ways of doing things. He was asked to try out his solution. He was to observe when Sandy was going to blowup and do something to reduce her stress. Sandy was not interested, but offered that the task would be too heavy for David given his insomnia and high blood pressure.

The decision to return to Hong Kong had created a lot of stress for the couple and thus intensified the tension. Such difficulties were normalized as common in immigrant families facing similar stressful decisions.

Structural assessment

The disengagement of the couple was obvious, as a result of their inability to resolve differences since they had married. Todd (1986) notes that one of the most common forms of marital distress is when the partners find themselves trapped in a stable but unsatisfactory situation. There is no clear-cut symptom, and complaints are vague in nature. He asserts that "such symptoms are often a response to life-cycle demands"

(p.73). The conflictual relationship between Sandy and David inflicted pain that widened their emotional distance, and made it impossible for them to support each other in parenting. When the children were little where the major parenting demand was nurturing, conflicts could be avoided. However, as the family entered into the adolescent stage of the family life cycle, tensions were revived and heightened by the numerous negotiations and adjustments required. The life stage

transition difficulties were intensified by their migration process which entailed different changes and stresses.

The couple's communication exchanges reflected a family structure of a reasoning husband and an emotional wife and mother. The conflictual marital relationship made Sandy divert her energy to the children for emotional intimacy. The children were being triangulated into the marriage. She was intimate with Mandy. However, Catherine, who was struggling for autonomy battled to resist her enmeshment. There was an alliance between Catherine and David against Sandy.

Based on the above assessment and hypotheses, the goal of therapy was to strengthen the spousal subsystem by decreasing the emotional distance (relaxing the rigid boundary) between them. The strategies to improve the spousal relationship included unbalancing their status by de-pathologizing Sandy's emotional behavior and also by challenging David's highly rational behavior that implicitly disqualified her. This new interaction pattern would allow them to be more responsive to each other. For this restructuring to take place, first I had to overcome Sandy's defense and engage her in counseling. Her responses were drifting in the session and she refused to own her feelings. The underlying needs and feelings behind her defensiveness and accusations

had to be articulated so that David could respond. This would also help to detriangulate the children from the parents' problems.

Course of therapy

Session two

David reported the atmosphere at home improved as he helped Sandy more in household chores. They brought up the problem of the distressed relationship between Sandy and Catherine, which the majority of the couple's conflicts were organized around. Sandy was concerned about and dissatisfied with Catherine's "disorganized" life pattern and disrespectful attitude toward her. Catherine had been defying parental authority and testing limits lately. The mother-daughter relationship has been disengaged all along as Catherine resented Sandy being more fond of her younger sister. Sandy was most bitter at Catherine's "nasty" attitude to her. She also resented David for failing to provide her with support and rebuking her when she was dealing with Catherine. David was frustrated that Sandy could not take a calm stance in handling Catherine, who was still a child. I did not want them to dilute their marital tension by triangulating Catherine's problem into the therapy process. Catherine's problem was normalized as the result of acculturation to Western values in Hong Kong after coming to Canada. A different parenting style was needed. The problem was reframed as the result, instead of as the cause of, unresolved marital conflict in which they were unable to unite and co-operate in parenting. As Sandy was still very defensive, I arranged to see them separately to engage her in counseling first.

Session three

Sandy continued to be skeptical, and was defensive toward any empathy shown. She had been criticized and invalidated by David and friends for her "immature" emotional behaviors. She did not want to divorce, but she had prepared for it. She had a heavy sense of loneliness and bitterness. A reframe that David's seeking of counseling reflected his commitment to their marriage was used to motivate her to attend counseling.

The sessions with David addressed his frustrations and ambivalent feelings over his marriage. His feeling for Sandy had disappeared after years of conflicts, but he was committed to improve his marriage for the children. The improvements made and the evidence that Sandy had tried to control her temper at home after coming to counseling did give him some hope, but he was impatient with the slow progress.

The two of them expressed worries about their conflictual relationship with Catherine and requested me to see her. Being aware of the possible triangulation, I accepted their request as an act to join with them, but I suggested a family session to assess their interaction with Catherine. They refused to include Mandy to avoid exposing her to the family's problem. This is a concern common in Chinese families.

Sessions four and five

In the family session, Catherine was highly resistant. She denied any problems and refused to share her opinions. She burst into tears when I empathized with her unhappiness and pressures at home, but she denied her feelings. She was alienated from and very angry with her parents. The parent-child subsystem was weak and disconnected. Sandy and David were unable to get Catherine to talk or articulate their

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concerns to her directly. Even though the family was westernized in living style, the Chinese cultural norms of communicating indirectly within the family still dominated. David tried using reasoning to remind Catherine to behave. Sandy blamed herself for not being a good mother, but simultaneously induced shame and guilt by accusing Catherine of not behaving.

I arranged an individual session with Catherine to try joining with her and assess if she was in trouble. She was still reserved in revealing anything about herself. She was disgusted with her parents' endless battles, and wanted them to get off her back. I could sense her deep anger and alienation toward her parents. Her parents' control was reframed as acts of love in Chinese culture. However, she refused further contact to work on parent-child relationship or on her own problem.

The poor parent-child relationship in the past was aggravated by the cultural differences as a result of a differential rate of acculturation between Catherine and her parents. The struggles between Catherine and Sandy were actually a clash of values around autonomy, independence and family interaction. Unresolved anger and Catherine's resentment of Sandy polarized their struggle. This assessment was given to Sandy and David. Their love and best intentions as parents were affirmed. I reframed that underlying Catherine's anger and rejection might be hurt and yearning for their love and acceptance. They were advised to rebuild their relationship with Catherine first in order to provide effective guidance, emotional support and control. By expanding the context of the parent-child conflict to include cultural differences, I explored their perceptions about parent-child relationship and clarified how these perceptions differed from the Western values. Information on how to communicate with Catherine were

given. For example, it was suggested to be empathetic and give Catherine a chance to express her views.

Sessions six to eight

These individual sessions continued to engage Sandy in therapy and to sustain the changes in David. Sandy's defenses were loosened in the sixth session when I shared my feelings of being rejected by her sarcastic attitudes and related that to David's withdrawal. She was shocked to notice her contribution to their problem. I used this to illustrate that counseling could help her to get through her "stuck point". Her resistance to counseling was lowered.

In supervision, Kenneth pointed out that Sandy was not in the client position. Moreover, I had sided with David in that I had asked and urged Sandy to change in the sessions. Since David was more reasonable, motivated and cooperative while Sandy was defensive and sarcastic, I was inducted by the forces of the family system to perceive Sandy as the villain. Kenneth pointed out that I had adopted a linear perspective, and reminded me of the complementarity of a couple. Sandy's emotional behaviors might be the result of feeling rejected by David's highly rational stance.

This interactional perspective enabled me to connect with Sandy in the following sessions. I apologized to her for not understanding her difficulty. I empathized with her as a woman that it must be hurtful and shameful having to go to counseling as a result of being threatened with divorce by one's husband. This use of self created a safe environment for her to disclose her feelings and to be vulnerable in the session. Over the years, she had built what Guerin, Fay, Burden & Kautto (1987) describe as a "bitter

bank" (p.237) due to the isolation and David's unresponsiveness. David's preoccupation with his job before migration and with his friends after coming to Canada confirmed to her that he had no affection for her. Guerin et al. (1987) state that in prolonged marital conflict, the pent up disappointment, anger and hurt from unmet expectations, if unresolved, will eventually develop into bitterness. They add that the bitter spouses are usually "so focused on their spouses as the cause of all hostile feelings that they have little awareness of the degree to which bitterness has taken over their emotional lives" (p. 237). Through extensive validation and intervention to process her bitterness, she became more engaged and willing to try counseling for her marriage.

Sandy shared that she had tried bothering Catherine less and their relationship improved a bit. However, she was frustrated that most often she could not control her reaction to Catherine's disrespectfulness. Her reactivity was normalized to reduce her self-blame, and her efforts to change complimented. The need to work together with David was stressed.

The theme that Sandy had a heavy sense of insecurity emerged in these sessions. This was found to be rooted in her traumatic experience of losing her mother in a traffic accident when she was ten. The resulting feeling of insecurity left her especially vulnerable to David's isolation and Catherine's rejection. Also, she would be overwhelmed with worries whenever David or the children were away. She found her reactions stupid and irrational. Her individual psychodynamic was interwoven with family dynamics. I normalized her reactions as resulting from the impact of her traumatic experience and affirmed her strength to survive these stresses. When she began

to make sense out of her vulnerability and "irrational reaction", she was relieved from condemning herself.

Parallel individual sessions with David focused on helping him to see his part in the problem. He attributed Sandy's unreasonable tantrums to be personality problems. He was helped to realize Sandy's emotional behaviors improved when he was more engaged, while his withdrawn strategy fueled Sandy's emotions. This interactional perspective increased his motivation to approach Sandy and to try not to withdraw when they were fighting. Nevertheless, he also had an approach and avoidance feeling after such a longstanding distance in the relationship. In a trip to the U.S.A. during Christmas, he made use of the relaxed atmosphere to approach Sandy more and received favorable responses from her. When their relationship improved, Sandy was less reactive to Catherine and Catherine participated more at home. This gave him more hope in the relationship. As he was a highly rational person, I stressed to him the importance of acceptance of emotions displayed by Catherine and Sandy. He was reminded that his reasoning approach might easily be mistaken by them as not understanding and thus, invalidation. He agreed to try to be more receptive and supportive in relating to them.

He raised the problem that he would not be able to spend as much time with the family when they returned to Hong Kong since he was a workaholic. They were one of those typical couples which Munichin & Nichols (1993) describe as: "the wife is expected to respond to and manage multiple events in the family, while the husband remains focused on what for him was the 'main event' " (p.73). Sandy never asked for help but displaced her dissatisfaction in tantrums, and David failed to recognize his problem of non-involvement. He was led to see the connection between the family and

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his work system. Through reflection upon his values of family, work and division of labour between spouses, he realized family was his priority and that his family needed him in this stage of development.

Session nine

Conjoint couple sessions began after Sandy was more engaged in counseling. The couple's relationship had been gradually improving during the course of individual sessions. David approached Sandy more and Sandy displayed fewer tantrums. They reported having more happy times together and the atmosphere at home was relaxed.

In this session, they reported a relapse. Sandy had had a big fight with Catherine and David was enraged by her "uncontrolled behaviors". They were in a 'cold war' for a few days. David was frustrated and felt Sandy to be too immature. Through facilitation and interpretation, Sandy expressed her discontent that David was not supportive and blamed her for all the problems. She resented him threatening to divorce frequently, and accused him of not valuing their marriage. David explained he did not know mentioning divorce hurt her and agreed to stop doing so in the future. He further asked Sandy to tell him of her discontent with him, but Sandy held back and shifted to blame herself. This frustrated both David and me.

Their ability to express themselves to the other which helped to clarify misunderstandings was complimented. They were advised to think about the other's needs and wants expressed in the session. The relapse was reframed as normal in the process of change, because they still had a lot of differences to be handled. They were

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reminded of the improvement made which indicated that they were able to relate in different ways.

Sessions ten and eleven

These sessions continued to explore and modify their interaction pattern. Through discussion of the issue of returning to Hong Kong, their interaction was enacted and they were coached toward change. Sandy usually accused, and I had to actively reflect and validate the feeling underlying her specific accusation to support her. She felt belittled by David's moralistic lectures, and her opinions never being respected. David's decision to return to Hong Kong by himself and his attachment to his friends left her feeling unimportant and uncared for. At first, David resorted to moral explanations, implying Sandy was unreasonable. Then she would retreat with sarcastic remarks including "all is meaningless" and "it was better to depend on oneself". This pattern was pointed out and challenged in the sessions. David was helped to see his reasoning had silenced Sandy and inhibited her from expressing her needs. With coaching and instruction, he was gradually able to be more understanding, show his appreciation of Sandy's contribution directly to her and use less reasoning.

Sandy frequently evaded response to David's pursuit of her needs and wants, and I challenged her avoidance. She replied that "it is not a step by step thing". I reflected her expectation of spontaneous love from David and she nodded. I pointed out that such an expectation would easily create misunderstanding if the relationship was not strong enough. In response, David asked her to tell him what she wanted in the future because he would not know what she wanted. Minuchin (1974) has noted that the power of the

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family's own system of mutual constraints has made it difficult for one member to move without the support and complementarity from the others. Thus, I encouraged David to help Sandy to change by actively seeking out her feelings in order to show that he cared. I also advised Sandy to articulate her needs to help David to understand her. Sandy's traumatic experience was shared with David. With coaching he was able to comfort Sandy. Sandy's insecurity and reactivity were externalized as responses to her trauma and David was to help her to fight against it.

Review of these sessions in supervision helped me to see the "pursuer and distancer pattern" (Guerin, et al., 1987) in the couple's interaction. Sandy's insecurity and feeling of unloved had driven her to pursue David for attachment. On the other hand, David was frustrated at Sandy's unreasonable emotional outbursts and responded with moralistic lectures or withdrawal. Such behaviors only intensified Sandy's insecurity and bitterness, which were then escalated into sarcastic attacks. However, this only intimidated David and resulted in further withdrawal. The cycle repeated itself with increased alienation and frustration from both. Their conflicts usually centered around two issues: Sandy's attitude toward Catherine, and the decision concerning the arrangements about returning to Hong Kong. These reflected the stress the couple was going through in struggling with the transgenerational transition and preparatory stages of migration at the same time.

Sessions twelve and thirteen

These two sessions focused on how to handle Catherine. David went to a talk on parenting organized by the Agency and was eager to know more. The couple had no

preparation for the changes children undergoes in the acculturation process. David then took more initiative in handling Catherine, and he experienced her disrespectful responses. He became more understanding of Sandy's difficulty with Catherine's behavior. Similar difficulties faced by other Chinese immigrant families were shared to normalize the problem as culturally based. Communication skills that might be useful to relate with Catherine were shared with them. Discussion on how to handle Catherine's behavior was enacted in the sessions and the two of them were less combative and able to come to agreement.

Their relationship continued to improve, with ups and downs. They were able to communicate without getting into arguments both in the sessions and at home. Regarding the decision to return to Hong Kong, David was able to listen to Sandy's worries and needs and came to the decision that the whole family would return. Their changes were highlighted and they were reminded of possible backslides in the change process to test their persistence.

Session fourteen

Catherine was strongly against the decision to return and she blamed Sandy for the decision. David suggested that if she behaved in the coming two months she could ask Sandy to stay. Sandy was enraged that David sided with Catherine and shifted the responsibility of the decision to her. She felt bitter for being blamed but she also blamed herself. She ran into severe conflict with Catherine. David was angry at Sandy's reactivity toward Catherine. Sandy accused him of going out one night after their conflict and coming back late. The relapse under stress was framed as normal as their

changes were not firmly ingrained. They were complimented for the ability to point out their patterns and discontent after their fight, a great step forward compared to their old pattern.

A background issue played a role in their conflicts. David came from a democratic and harmonious family, whereas Sandy's parents were authoritarian and controlling. The influence of family-of-origin on their parenting behaviors was addressed. This neutralized their difficulties in accepting the other. At the end of the session, they were prepared for termination with me two sessions later and asked to consider if they would like to continue counseling.

Session fifteen

In supervision, Kenneth suggested me that I try to help resolve the critical attitude that Sandy had toward herself and others, which hindered others in understanding her. Thus, individual sessions with each were arranged. In the session, Sandy had a lot of self-blaming, including around her inability to control her reactivity in relating to Catherine and wanting the whole family to return to Hong Kong. In clarifying the emotional process behind her reactivity, it was found that she could not accept herself and her mistakes and this made her highly reactive to rejection and criticisms from others. This internal dynamic was reflected and she was counseled in the importance of self-acceptance. She was advised not to take the Catherine's nasty attitudes too personally, since this was the result of their poor relationship in the past. Extensive validation was also offered to increase her self-appreciation.

The frustration about the relapse in the relationship rekindled David's concern about Sandy's pathology. The interrelatedness of their behaviors was confirmed by reminding him of the changes in Sandy in response to his changes. He was eager to continue counseling because he found it helpful. He asked for information about a social service in Hong Kong so that he could contact them for help when they returned.

Termination

This was a conjoint session. Sandy and David were more able to express themselves directly. They frequently referred to their understanding of one another obtained in the previous sessions. Sandy stressed to David that she needed more respect and acceptance. She was more assertive to request that David respect her opinion and not devalue her ideas as unreasonable or illogical. She also requested him to control his temper because he was volatile too. Her status in relating to David seemed to have been elevated.

They shared how they had successfully handled Catherine's resentment about their decision to return by refraining from reacting with emotion. They found that escalation of tension was avoided and Catherine was more receptive. Their ability to use alternative methods was affirmed. Instead of struggling with Catherine separately, they were told the importance of having a united front in managing Catherine's behaviors to avoid her coming between them. David was led to understand Sandy's guilt about returning. He assured Sandy that he supported her and the decision was a shared one. He acknowledged her feeling of wanting the whole family to stay together and her worry about the marital relationship if he returned to Hong Kong alone. Sandy was more
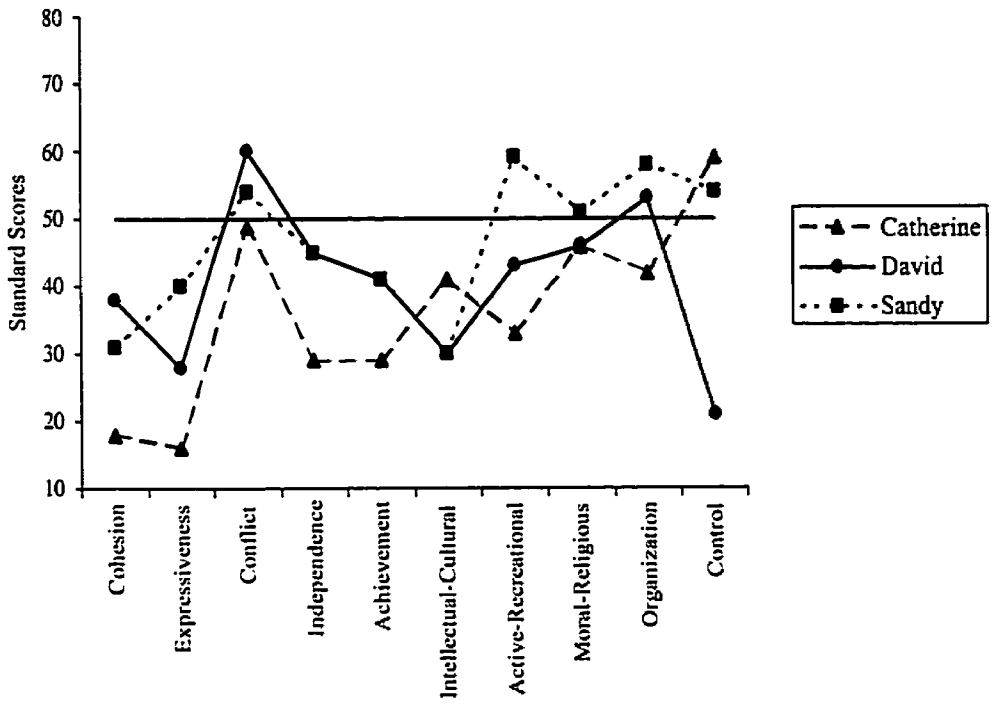
relieved with these acknowledgements.

In supervision, Kenneth clarified that the family's struggle over the decision to return was an "astronaut issue" which had plagued many Chinese immigrant families. By putting their struggle in this context in the session, their conflicts were neutralized and they became more tolerant toward the other.

David was eager to continue counseling, but Sandy said she was not sure. With encouragement from David, she finally agreed to continue. David would return to Hong Kong for the wedding of his brother in the following month. Sandy insisted that she wait until he returned rather than her coming back. I reminded them of the sweet times they were able to create in the counseling process, which indicated that they could have a better relationship through different interaction patterns. They agreed to call the Agency when David returned from his trip.

Evaluation

The FES was completed by Sandy and David in the first session and at termination, and by Catherine in the family session. Their FES profile in pre-test (Figure 1) demonstrated a poor family relationship, with low levels of cohesion and expressiveness, reflecting the difficulties to communicate with each other within the family. This supported the initial structural assessment of disengagement in the family. Catherine's scores reported a very negative family environment. Her scores in the Relationships dimension confirmed the clinical impression that she was alienated from her parents. She perceived a lower level of independence and greater control within the family than her parents did, which was indicative of her developmental struggles in these aspects.

Figure 1
FES of Family A--Pretest

Legend:
- Catherine (triangle, dashed line)
- David (circle, solid line)
- Sandy (square, dotted line)

X-axis categories: Cohesion, Expressiveness, Conflict, Independence, Achievement, Intellectual-Cultural, Active-Recreational, Moral-Religious, Organization, Control

Y-axis: Standard Scores (10 to 80)

Figure 2
FES of Family A--Posttest

Legend:
- Sandy (square, dotted line)
- David (circle, solid line)

X-axis categories: Cohesion, Expressiveness, Conflict, Independence, Achievement, Intellectual-Cultural, Active-Recreational, Moral-Religious, Organization, Control

Y-axis: Standard Scores (10 to 80)

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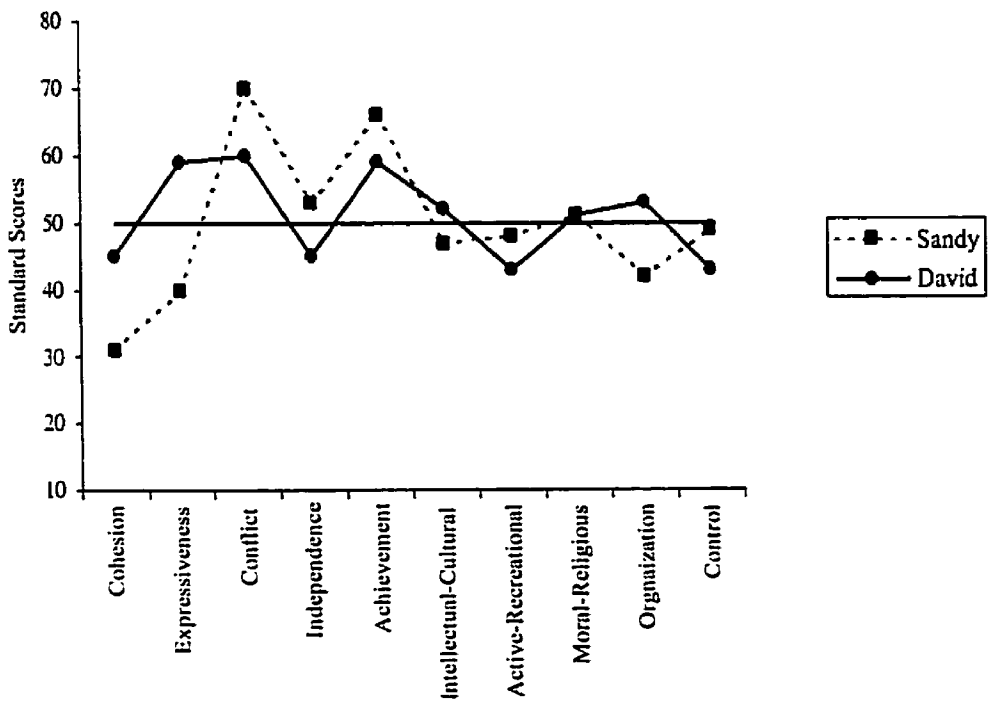
It was assessed that there were some improvements in the couple relationship when the practicum terminated. In the sessions, they started to become more able to communicate with the other. Change was introduced in their interaction pattern. David used less reasoning while Sandy was more able to express her needs and feelings. As they said in the termination session, they felt less trapped and helpless in their relationship after understanding their interaction pattern and the other's needs. David tried to initial contacts and communication with Sandy instead of withdrawal. Sandy also tried to use more positive style to pursue closeness. They felt more in control and had more confidence and knowledge in handling their problems. "What keeps people stuck is overlooking their own participation in the problems that plague them. What sets them free is seeing their role in the patterns that bind them together" (Minuchin & Nichols, 1993, p.64). They still had conflicts but now knew how to start and stop these.

Their FES scores reflected these initiate improvements. In the post-test FES, David saw positive changes in Cohesion and Expressiveness. He experienced that their couple interaction could be improved and he was more hopeful about their future. However, Sandy perceived no changes in these areas. This could possibly be explained by their perception of therapy. From the beginning, David was more motivated and more positive toward therapy. Thus, he was more receptive to the improvements made in their relationship. Sandy, on the other hand, was all along more negative and less motivated in the process of therapy. Moreover, she expected more spontaneous love and contact from David. She therefore would be less receptive to small changes in their interaction.

The above analysis was supported by their feedback on the Satisfaction Survey. David was satisfied with the service provided and he indicated he would contact

CFLSMT again for service should the need arise. He would also recommend our service to others. Although Sandy was "most" satisfied with the service provided and would recommend the service to others, she indicated that she would not contact the agency should the need arise because she preferred to handle the problem by herself. This reflected she was still ambivalent about therapy.

As therapy progressed, David participated more in handling Catherine's problem. His alliance with Catherine was thus dissolved. He was more empathetic toward Sandy's difficulty in managing Catherine. He no longer blamed Sandy for over-controlling but recognized the importance of setting limits on Catherine's behavior. His scores in Control raised substantially and illustrated his changes in parenting style. In the later stage of therapy, David and Sandy agreed more and began to function together in parenting.

In their post-test FES, Sandy reported a higher level of conflict and a lower level of organization in the family. David's score in Conflict remained the same in spite of the improvements he reported in the other two areas in the Relationships dimension. This was assessed to be reflecting the tension in the family as a result of their effort to negotiate the "return" decision.

Summary of learning experience

It was the first marital case I handled, and the experience was stressful but valuable. I was able to make the conceptual leap from the individual perspective to the systems perspective. Having been working with individuals for several years, the paradigm shift was not easy for me at first. Although I was able to identify the dynamics and

interactional patterns between Sandy and David, it was only when Kenneth helped me to see the complementarity of these that I could be really free from the linear perspective. This paradigm shift helped me to free myself from siding with any participants or being induced by the family system to replicate their interactional patterns unconsciously. Colapinto has (1983) stressed that "it is not enough for the therapist to enlarge the frame so that he can see the interactional (even circular) consequences of behavior, what is required is the gestalt perception of the painter, the photographer or moviemaker" (p.14).

Similar to other therapists who tried to master the structural approach, at the beginning I frequently failed to look at the process of interaction but stuck with the content. I was always confused when Sandy and David argued because they both seemed right to me when I listened to their content. I gradually learned to identify processes of interaction as therapy proceeded and found the direction for intervention. The relationship message itself was a very powerful tool to induce Sandy and David to change when it was reflected to them often.

In conjoint sessions, I experienced the intensity involved in structural family therapy and learned to "live" with it. The actual interactions between the family members were often enacted in the therapy sessions, and such interactions were usually loaded with emotion. For many families with relationship problems, interaction of members is similar to those of Sandy and David: both tried hard to avoid conflict and as a result, there was no communication and understanding. The family members are forced to face the "how" of their interaction in therapy (Minuchin & Fishman, 1981), and it was important for the family to experience intensity in order to foster momentum to change.

As I accumulated experience in directing the process of interaction, I learned to exert more control over the seemingly uncontrollable family dance.

This case also demonstrated the importance of recognizing the context and the stress of migration in the family. At one point, I was so absorbed by the interaction between Sandy and David over the arrangements to return to Hong Kong that I failed to recognize that their conflicts were the responses to the stress of the "astronaut" issue. Putting their conflict into context helped the couple and me to make sense of their endless arguments and helped them to externalize their struggle.

Structural techniques and concepts applied well in this case. However, David had feedback in termination that if prior information about the process of therapy had been given to them, they would have been less frustrated and more able to make sense out of their relapses and tense atmosphere in the therapy process. As Chinese generally do not have any concept about therapy, it would be less threatening for them to undergo intense therapy such as the structural approach, if they were prepared in advance.

In view of the importance of "face" and shame in Chinese culture, I used extensive joining to build up alliances with Sandy and David and avoided challenge and confrontation until the therapeutic relationship was firmly built. The individual sessions with them enabled me to confirm the experience of each one and form alliances without alienating the other. This also helped to avoid a loss of face when one spouse was talking about his/her grievances against the other. The alliances built in individual sessions gave me the leverage to challenge them in joint sessions.

Due to the fact that Chinese are not used to direct communication, in using enactment, I had to actively reflect the underlying meanings and feelings of each to the

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other to facilitate their communication. Sometimes I had to read between the lines. Moreover, I also had to coach them and acted as a model to them in communication skills. At the same time, I also had to be conscious of not pushing them to the state of totally open communication, because that might not be what they wanted as a Chinese couple. I had to remember that the goal was to add flexibility to their interaction rather than changing them to a Western couple.

This case also involved negotiating conflicts of cultural transition between Chinese immigrant parents and an adolescent. In the treatment process it was important to respect and affirm the good intentions and love behind the parents' behaviors, which are ingrained in the Chinese heritage. Otherwise, the discussion of their parenting could easily have them feeling blamed or criticized. Giving parents information about Western values and the behaviors of adolescents are useful (Falicov, 1998). Information giving is a kind of empowerment, which is important as the parents are already very frustrated and confused. It also contextualizes and externalizes the conflict, making it less a personal problem.

As I felt more comfortable working with the couple, I began to try to be more directive and to challenge the dysfunctional patterns. When I freed myself from my eagerness to rescue or "patch things up" (Stanton, 1981), I was more able to sit back and watch the process of interaction. I was able to be more firm in stopping their arguments and challenging their interaction and invisible rules. There were times that I respectfully challenged Sandy's avoidance and confronted David's reasoning. I learned to use myself more flexibly and freely and my repertoire of skills expanded. To sum up, I learned to put the systems framework into practice, was able to see the interconnection between

members in the family, and operationalize the structural concepts in the therapy sessions. Basic structural techniques such as enactment, unbalancing, joining, and challenging gradually developed and integrated with my personal style of therapy.

4.2. Family B: The "Affectionate" Family

The family consisted of a 50-year-old single mother, Angie, and two daughters, Joe, 22 and Winnie, 16. They came to Canada twelve years ago as an "astronaut family"— Angie's husband stayed in Hong Kong for business. Angie separated from him two years later because he had an affair in Hong Kong, but they did not legally divorce due to "business considerations". Angie and her husband ran a big business in Hong Kong before migration. Thus, the family was well off and she did not work after migration.

Angie approached the Agency for the tension escalating in her relationship with Winnie in the past few months. She reported at intake that the mother-child relationship was very affectionate and close all along, until she discovered from Winnie's diary that the latter was having a sexual relationship with her secret boyfriend and they had taken pictures of Winnie naked. She was shocked because Winnie had always been well-behaved. Winnie was furious at Angie for intruding into her privacy. Numerous conflicts around how to handle the romantic relationship and photographs arouse. Angie demanded termination of the romance and retrieving the roll of film while Winnie strongly disagreed. Angie felt helpless at Winnie's "astray" behaviors, while Winnie resented Angie's highly controlling, confrontative attitude and harangue. Joe did not participate in therapy because she lived in the university residence.

Initial interview

This was a conjoint session with Angie and Winnie. Angie was very well prepared for the session and she brought with her very systematic notes and eagerly recounted her lengthy story in verbatim form. She was anxious to explain herself. Although she

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stressed that she wanted to hear from Winnie, she interrupted frequently "to supplement information and explanation" when Winnie spoke. Winnie was annoyed and disgusted. I reflected this interaction pattern to them. Winnie responded that Angie was always too detailed and liked to side tracking. Angie was highly embarrassed by Winnie's comment, but she admitted those were her problems.

Angie worried about the ill intentions of Winnie's boyfriend. She considered that Winnie was too naïve to recognize this. She tried hard to nag Winnie using reasoning, but Winnie felt she was too pushy and controlling. I validated their frustration in resolving their conflict and reframed their problem as Angie being concerned that Winnie was not capable of handling the situation and wanting to protect her, while Winnie wanted Angie to trust her ability to handle her own problems.

Structural assessment

The tension between Angie and Winnie was hypothesized to be the result of their failure to negotiate new rules as the family entered into the adolescent transition. The negotiation was hindered by the value conflicts arising as a result of different rates of acculturation of mother and daughter. Angie treasured the "enmeshed" relationship with Winnie, keeping a watchful eye on Winnie without realizing the latter's need for greater autonomy. Minuchin and Nichols (1993) have indicated that families come to therapy because they are "stuck with a structure whose time has passed, and stuck with a story that doesn't work" (p.43).

Angie's incomplete divorce was hypothesized as reflecting unfinished issues in the marital relationship. Her anxious behaviors in the session indicated her self-

consciousness and weak sense of self, which were suspected to be related to the marital issues. It was also hypothesized that Angie's closeness with her daughters might indicate possible triangulation of children to supplement her emotional emptiness after being deserted by her husband (Keshet & Mirkin, 1985). She devoted all her time to taking care of the children and she had no other interests in her life.

The treatment goal was to increase the flexibility of the family structure by helping Angie and Winnie to negotiate an appropriate boundary between them. The primary emotional task for families at this stage is "increasing the family's boundary inflexibility to allow for children's growing independence" (Patterson, Williams, Grauf-Grounds & Chamow, 1998, p. 133). This could be achieved by helping Angie to move from protecting Winnie to helping her grow, and also by helping Winnie demonstrate her capability to Angie. As Minuchin and Fishman (1981) have noted, parents have to be able to "move from the stage of concerned parents of young children to respectful parents of young adolescents" (p.58).

Course of therapy

The course of therapy included individual and joint sessions. Individual sessions with Angie aimed at resolving the possible issues that impeded her from letting go of Winnie and helping her to modify her parenting methods. Sessions with Winnie mainly aimed at providing supportive therapy. I acted as the family intermediary by interpreting each to the other. For joint sessions, the focus was to facilitate their communication and modify interactional patterns.

Angie again prepared notes about her reflections on the first session. The first half of the session focused on helping her to understand Winnie's changes as being part of transitions common in adolescence in Western countries. I validated her parental concerns for Winnie and her assessment that Winnie was immature, but reminded her that the old ways to communicate with Winnie did not work and should be modified.

Her family background and marital relationship were explored to identify any possible relationship with her current difficulty. She was in tears describing her sacrifices taking on the parental role after her father died when she was in junior high school. Being the eldest at home, she was deprived of school activities and university education. The hardship experienced and sense of loss was processed. She was affirmed as responsible, strong and devoted to the family.

She was resistant to talk about her marital relationship, claiming that she had worked through it already. She admitted her husband's affair was a serious blow to her because she and her husband had always been intimate. After the therapeutic reason was explained, she finally agreed to explore this issue further in another session.

Winnie was a bit embarrassed in her individual session. She stated that she was used to keeping things to herself and was self-conscious. The relationship between her withdrawal and Angie's aggressive pursuit of her was pointed out. She was frustrated that Angie was suspicious and had accused her of betraying her trust in developing a secret romance. She had terminated the romance with her boyfriend to avoid conflicts with Angie. She clarified that the sexual relationship and photos were due to curiosity; however, the boyfriend was her only confidant. The interactional nature of trust was

stressed. Her love toward Angie was assured and she was encouraged to communicate with Angie to reduce misunderstanding.

Session three

This was an individual session with Angie. She reported that the tension with Winnie had reduced and they were able to stop themselves before conflicts escalated. She stopped pursuing Winnie, and found Winnie took more initiative to talk with her. She had decided to change her role from a mother to a friend after considering my advice that Winnie was no longer a little girl. However, she still tried to educate Winnie by lecturing her whenever possible. Her intention to protect Winnie from making mistakes was affirmed. However, I reiterated the principle of not using the methods that did not work, and reminded her of the importance of sustaining Winnie's changes by giving reinforcing responses.

Further exploration of her marriage found that the unresolved feelings from the desertion of her husband had made her highly reactive to any threats to her relationship with her daughters. She felt bitter and hurt for being accused by Winnie of being controlling because she thought she had been devoted and democratic. She perceived the attacks as "total rejection", similar to her husband's denial of her contributions to their marriage when they separated. Thus, she felt devastated. I acknowledged her parenting efforts in the past and validated her suffering in her marriage. She was helped to differentiate between her husband's abandonment and Winnie's developmental needs to be more independent.

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Session four

The session was held with Winnie. She found that misunderstandings were the main cause of her conflicts with Angie. She tried opening up more and enjoyed a more harmonious interaction with Angie, but sometimes was frustrated at the suspicious and imposing behaviors of Angie. After clarifying that her mother's behavior emerged from concern and protection, and parental values of traditional Chinese culture, she was more motivated to continue to change. She also began to participate more at school and enjoyed having more friends.

Sessions five and six

These sessions were held with Angie to address her concerns over Winnie's behavior and her own parenting strategy. She suspected Winnie was developing another romantic relationship, which she later discovered was unfounded. She worried about Winnie's sexuality because Winnie did not feel guilty over losing her virginity, whereas this was disastrous to Angie. "When family values conflict with the teenager's behavioral choices, the family might over- or under-respond" (Patterson, et al., 1998, p.134). I clarified Angie's own sexual attitude and contrasted these with the sexual values in Western culture which Winnie was socialized into. The realization that Winnie's sexual attitudes were different from herself because of cultural differences lifted her worry of pathology.

I supported and encouraged Angie to provide Winnie guidance as a mother, but I suggested using direct communication rather than suspicion and worry. I reinforced that she was a very concerned mother that she really wanted to make sure Winnie had a good

life. But I challenged her because what she considered as good might not fit for Winnie who had grown up in Canada. At the next session she stated that she finally realized that she had to let Winnie choose her own life and give Winnie more autonomy. However, she would not allow her to stray too far from Chinese values in the area of sex and study.

Angie's sense of failure and inadequacy as a parent for having to seek help was addressed in these sessions. Her competence in the past and her friends' success had made it difficult for her to accept any weakness. She regained her confidence once the high standards she set on herself were pointed out. To draw a stronger boundary between Angie and Winnie, I asked Angie to think about what she would like to do once Winnie was grown up. She then began to consider a life of her own rather than focusing solely on Winnie's life.

Session seven

This was a joint session to facilitate communication and consolidate changes. Angie called before the session to discuss her speculation that Winnie had sexual contact with the boy again. She was fearful of ruining her relationship with Winnie if she asked her directly. We agreed to talk about it with Winnie in the session.

They arrived with Winnie very upset because of a minor crisis with her classmates in school. In the enactment of them talking about this crisis, Angie was able to be supportive and understanding before giving her advice. Sometimes she was too anxious to interrupt and teach Winnie the "right" things to do. However, by directing her to see Winnie's competence in handling the crisis and by my illustration of giving advice to Winnie, Angie was gradually able to refrain from pointing at mistakes and compliment Winnie. Winnie was receptive to her and their relationship was affectionate and

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harmonious. Each was asked to talk about the positive changes in the other in order to consolidate these and give them a sense of competence. As the discussion proceeded, they were able to negotiate a boundary between them. Winnie suggested and Angie agreed that when Winnie was upset, Angie was to give her space to handle it herself. She would then more readily share with Angie afterwards.

Through coaching and modeling from me, Angie clarified her speculation with Winnie and was relieved that it was wrong. Both stated that they felt good about their relationship except for some minor conflicts. These were reframed as being normal in family life and a result of their value differences. Another joint session was scheduled a month later to follow up on their progress.

Sessions eight and nine

These two sessions were telephone contacts with Angie. Her relationship with Winnie was wonderful after the joint session. She felt they had returned to the good old days. She found Winnie to be over-involved with extra-curricular activities and she intended to discuss it with her. She would clarify her queries openly.

Her lingering emotional attachment to her husband was addressed in order to work through her emotional divorce. For a spouse to get on with his/her life "it is necessary to disengage emotionally, to retrieve a sense of self from the marriage that enables him/her to go forward alone" (Peck & Manocherian, 1989, p.366). She had been expecting her husband to come back and thus she did not accept his suggestion to divorce. Through mourning the loss of the intimate relationship that she had treasured and in rethinking the relationship, she finally realized that her husband had changed greatly and the marriage

was irrecoverable. Psychoeducation about the traumatic impact of desertion and divorce was given to normalize her sense of vulnerability and incompetence. Her strength to survive and her competence were affirmed. She was ready to accept divorce but would not proceed herself.

Session ten

Both Angie and Winnie reported that they related well with the other. Angie was happy that they had more interaction and sharing. Angie wanted to clarify Winnie's attachment to her father, who would visit them soon. She worried that Winnie would prefer to live with him since Winnie had been close with him when she was little. She was able to put this concern to Winnie, and was relieved to know Winnie just treated her father as father, but had no special attachment to him.

Termination

The termination of this case was conducted by telephone with Angie because she and Winnie were too busy to return in person. Angie reported her relationship with Winnie was even better than before the crisis. She still felt the "sex and photo" issue was a pity, but she accepted it as a mishap in life. She now would only selectively raise the issues of concern. She had modeled the way I talked with Winnie in the session and found it useful. She began to draw boundaries with Winnie. For minor and trivial issues, she would give suggestions and advice, but the decisions would be left to Winnie. She trusted Winnie's ability to handle them. However, for important things such as schooling and health, she would set limits. She thought that Winnie might need to learn from

experience, just like children learn to walk. She also realized that parents could only prevent and protect, but not control their children.

The legal divorce with her husband would be effective in the coming year. Winnie was working hard in school and wanted to go to medical school. Angie herself had started doing voluntary service once a week. She began to meet her own needs after she had relaxed, let go of her guilty feelings about the divorce and had regained her sense of competence (Ho, 1987; Peck & Manocherian, 1989).

Evaluation

The treatment goal was achieved when the case was terminated. Their relationship was improved and was less conflictual. Angie and Winnie successfully negotiated new transaction patterns, roles and family rules that both felt more comfortable with. They had moved beyond the place they were stuck. Angie had shifted her parenting style from protective to facilitating Winnie to grow. She was able to let go when she realized Winnie's competence. She was able to keep herself in a more distant position, to allow Winnie to try things out while being ready to offer help. A boundary had been drawn between Winnie and herself. A good sign showing her disengagement from Winnie was that she began to participate in volunteer work. "A parent whose child is the center of his or her world must keep that person a child" (Worden, 1991, p.7). Her life no longer concentrated only on Winnie. Winnie also learned to negotiate with Angie and to express herself. Compared to the past, she was more able to demonstrate to Angie her ability as a responsible adolescent. Their relational positions in the family structure had changed;

Winnie was no longer the cute little girl but a maturing teenager; while Angie no longer was the worrying mom but a competent and confident mother.

The interaction between them had changed from conflictual and confrontational at the beginning to more supportive. They were more able to express themselves to the other and also to be receptive to what the other said. They also knew how to avoid allowing conflict to escalate. Their FES scores in the Relationships dimension confirmed these changes. There were sharp rises in their Expressiveness scores at termination. Winnie additionally reported a significant increase in the Cohesion score and a decrease in the Conflict score. The discrepancies in perceptions between them in these two areas were narrowed. This was the result of a successful shift in their relational positions to the other in the therapy process.

Angie reported a high level of independence and a low level of control in the family in the first session, which contrasted greatly with my clinical assessment and the perception of Winnie. These two subscales related to issues of control and autonomy, which the two of them had struggled painfully with. It was interesting to note that although at termination Angie said that she had changed to let Winnie have more say in her own life, her FES scores reflected a different direction of change. There was a sharp decrease in her Independence score and a slight increase in the Control score, indicating greater parental control. This incongruence was suspected to be the result of Angie trying to present a better parental image when taking the pre-test. This was highly possible in view of her great sense of shame and her behavior to avoid showing any mistakes in the initial stage of therapy. As she gradually built up trust in me and restored her sense of self in the course of therapy, she became more open to reveal herself. Thus,

Figure 3
FES of Family B—Pretest
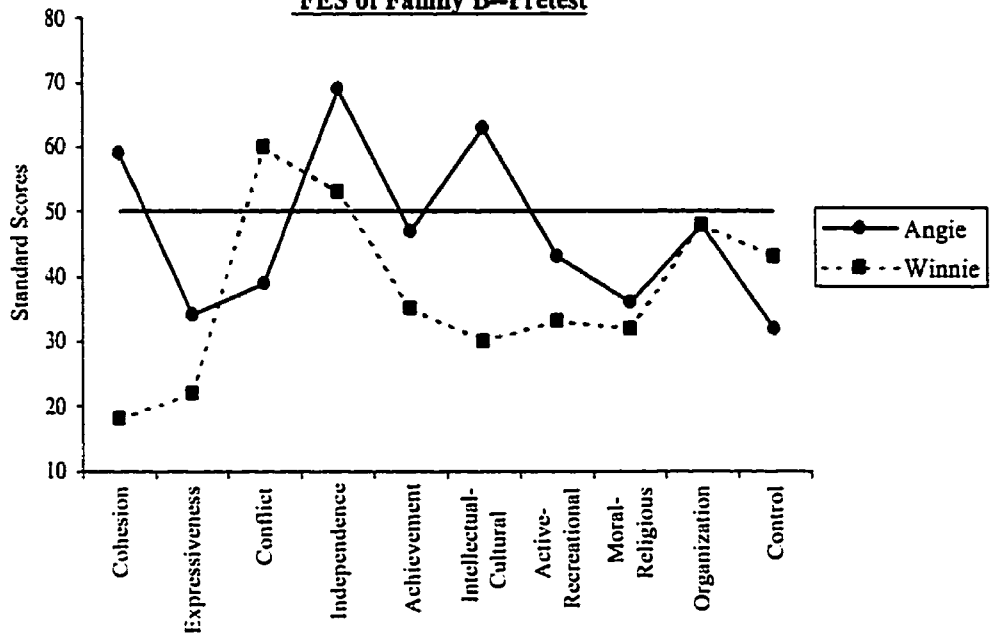
Figure 4
FES of Family B—Posttest
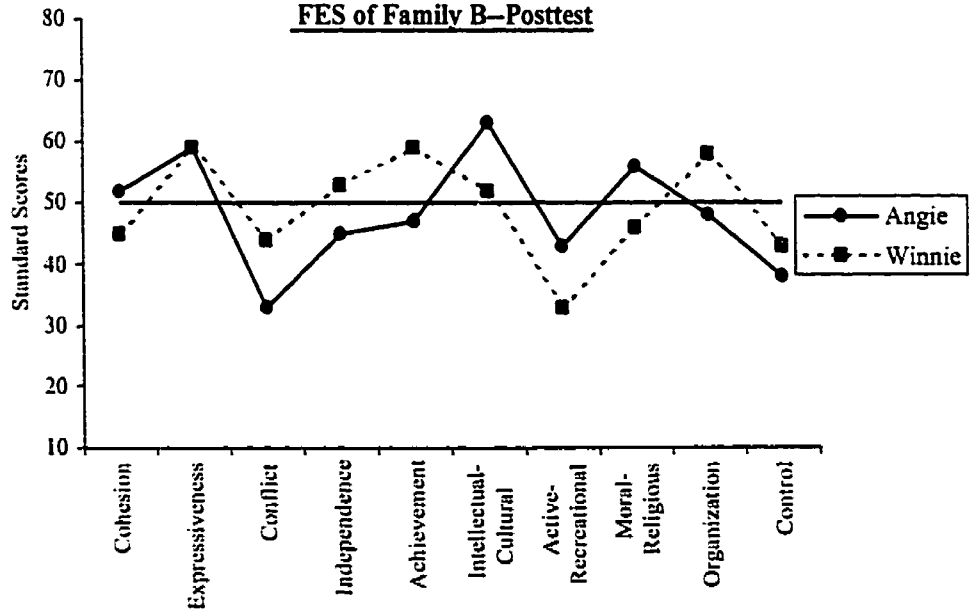
her FES scores at termination were more able to reflect her true perception of her parental practice. She had started changing her parental style of giving Winnie more autonomy at the later part of therapy, and she was doing it prudently. Winnie, therefore, did not see much change in this aspect at termination.

Both Angie and Winnie perceived that most of their concerns and issues had been addressed in the therapy. Angie was satisfied with the service provided while Winnie replied "most" (See Appendix D for the question). Their satisfaction with my service and the positive changes in the FES supported my clinical assessment that the case was successful.

The ambivalent relationship between Angie and her husband was worked out in the process. The sense of failure and abandonment left over from her marriage had seriously eroded her sense of self. Having a chance to get in touch with her losses and reassess the marriage and separation, she developed new perspectives regarding her marriage and was able to come to terms with reality. Regaining her sense of competence, and assured by the love and support from her daughters, she gathered enough courage to, in her words, "finally stand up again".

The motivation to change on the part of both Angie and Winnie played an important role in the success of this case. As I told Angie several times in the process, both she and Winnie loved and cared for each other very much and such a foundation was the momentum for them to search to improve their relationship.

Summary of learning experience

In working with this family, I experienced another important element of the structural approach—a sincere belief in the client's strength and good intentions. "A

basic tenet of the model is that family members do whatever they do to each other primarily out of good will, and it is the effects of their misguided helpfulness that can go wrong" (Colapinto, 1983, p. 13). At the beginning, I tended to perceive Angie as controlling and intrusive, and my joining was instrumental. I could not see her strengths. When I was able to understand Angie's controlling stance and stubbornness to change was out of commitment to protect Winnie from mistakes, i.e. to see her good intentions, I was more able to identify her strengths and my joining was genuine.

The dysfunction of this family highlighted what Minuchin and Fishman (1981) called a family with a "ghost" (p.57), in which the problem was incomplete mourning of the family members leading to difficulty in moving forward. Angie's difficulty in accepting the end of her marriage impeded the family from developing new structures and moving forward to a new stage and organization. The therapeutic task included helping the family members to grieve while facilitating them moving forward to a new organization. In helping the family to transform, I became more aware of the impact of divorce and desertion on a family system and also the damage to the spouse being deserted. Acceptance, education, validation and empowerment were all very important to help Angie nurture her sense of self and resolve her shame.

In the joint sessions, Angie was embarrassed and nervous about her behaviors. The shame-oriented Chinese culture had made her highly sensitive to any challenge or exposure of weakness to others, especially to children. In this case, her weak sense of self resulting from a failed marriage also played a part in her self-consciousness. Therefore in the therapy process, I had to reserve challenging her to the individual sessions to avoid shaming her. In the joint session, the task of modifying the

transactional pattern was conducted in a highly supportive and respectful manner, concentrating on highlighting Angie's competence, and coaching, teaching, and modeling how to respond differently to Winnie. This cultural adaptation in using the structural interventions was found to be very important.

The conflict between Angie and Winnie played out what Sluzki (1979) describes as the "transgenerational impact" of migration. The clash in values between them was actually an intercultural clash. Winnie had grown up and was socialized in Western culture, and thus she adopted the Western values faster than Angie, who had to struggle with acculturation. Not realizing this impact, Winnie's behaviors were originally seen as pathological by Angie. By helping her to understand the intercultural nature of their differences, she saw the problem as less of a personal problem belonging only to Winnie. In the process, I acted as the cultural broker between the two to bridge their worlds (Falicov, 1998). This demonstrated the importance of being sensitive to intercultural issues in working with immigrant families, especially those where the children are raised in the country of adoption.

More structural intervention techniques were practiced and internalized through working with this case. I was more comfortable in handling joint sessions and more able to identify the process. I also developed structural skills in giving directives, coaching, teaching and modeling.

4.3. Family C: The "Helpless" Father and Son

Mr. X requested assistance for the behavioral problems of his fifteen years old son, Jack. He was in his forties and came from Mainland China ten years ago. His wife and Jack joined him two years later. He was a manager in a government enterprise in China. Due to limitations in English, he worked as a construction worker in Canada. When Mrs. X arrived, she discovered that Mr. X had had an extra-marital relationship. Their marital relationship was conflictual afterwards. They divorced two years ago. At first, Mrs. X fought and received custody of Jack. However, she had returned him to Mr. X the previous year because she could not handle Jack's serious truancy problems. Mr. X was living with his girlfriend's family, which consisted of her 16-year-old son and an aged mother. He did not disclose this relationship until Jack mentioned his "step brother" in the conjoint session. He refused to have his girlfriend's family present in counseling.

Intake session

The session was conducted by Patrick, but I was also present so that I could take up the case more easily afterwards. Mr. X came alone because he wanted to discuss Jack's problems with us first. The concerns were truancy and the risk of undesirable peer influence. Jack's truancy began two years ago and in this new school year he had been continuously absent for two weeks out of six. At first lecturing and verbal discipline were useful to rectify Jack's behavior, but the effect was not long lasting. When Mr. X was frustrated, he would also beat Jack. He perceived Jack as immature, lazy and mischievous, and he saw these character flaws to be a result of the indulgence of his ex-wife. He was frustrated that Jack refused to communicate with him. In a defensive tone,

he stated that he knew child psychology and had experience in managing people in his job in China. He stressed that it was not his problem in parenting. The goals of counseling were to improve the parent-child relationship and also Jack's attendance problem. He agreed to bring Jack with him to the next session.

Initial interview

A crisis happened on the appointment date; Jack was arrested by the police for being involved in a series of burglaries, one of which was at their home. He was remanded overnight by the police. Mr. X was shocked and frustrated. He was also angry that Jack seemed remorseless for his evil deed. He was busy dealing with the police and the court. I maintained telephone contact with him to give him support and a chance to vent his emotions.

Mr. X bought Jack to see me a week later. Jack wore trendy clothes and had a funky hairstyle. He was very uneasy and I addressed this feeling. I joined him through humor and understanding, clarifying his worries over my role and that of his probation officer and discussing the issue of confidentiality.

To show respect for Mr. X's status as the father, I invited him to give his view of the problem first. He blamed Jack for doing badly and expressed his frustration in persuading him to change his ways. He used moral persuasion and reasoning to lecture Jack about not doing the right thing and how he should behave. Jack was sitting inattentively and embarrassed, playing purposelessly with his shoes. Mr. X was too absorbed with his teaching to realize Jack's reaction.

Jack was not daring to express himself at his turn. When I encouraged him, he was

eager but quickly retreated after looking at his father. I normalized the disagreements

adolescents have with parents to unbalance his status. He then stated that he wanted to

go out more and stay out later during holidays. Mr. X became defensive with my siding

with Jack. He invalidated Jack's needs through lectures about safety saying that it was

meaningless to wander about. He resorted to the police curfew order that stated Jack

could only go out in his company.

They requested my assistance in transferring schools for Jack. He was currently

studying in a vocational training college where the study atmosphere was poor and he

disliked going to school. He wanted to transfer to the school of his "step-brother" (son of

Mr. X's girlfriend). It was then that I realized their "blended" family structure. Jack and

I decided that his responsibility would be to improve his attendance and performance in

school to increase his chances of being accepted by the target school, while I would

explore the possibility of transfer with his school principal.

Structural assessment

It was obvious that the bonding between Mr. X and Jack was weak. It might have

been because Jack has been closer to his mother ever since he was small and because of

the authoritarian parenting style of Mr. X, which discouraged communication and

connection. Jack's symptoms emerged at the time his parents divorced, reflecting the

possibility of emotional and adjustment problems to the change in the family, including

the separation from his mother, the adjustment of living with his father, and integration

into the "blended family". The transactions between Jack and Mr. X reflected a

traditional Chinese family structure, in which the father had unchallenged authority and no negotiation was allowed. This structure worked well when there was the mother to mediate between father and son, and provide the son with nurturing and emotional support. Divorce and transition to adolescence had rendered this family structure dysfunctional.

The family was confronted by the transition of divorce, remarriage and the transgenerational impact of migration (Sluzki, 1979) at the same time; all were very difficult for the family to adjust to and each complicated the other (McGoldrick & Carter, 1989; Peck and Manocherian, 1989). The treatment goals included first, to strengthen the father-son subsystem, and, secondly, to help Jack to integrate into the blended family. The traditional family structure had to be transformed to accommodate to the changes resulting from divorce, remarriage and cultural transition (Keshet & Mirkin, 1985). The rigid interactional pattern between Mr. X and Jack had to be changed to end Jack's isolation and provide the nurture and guidance necessary for him. Micucci (1998) has noted that parents easily become "preoccupied with eliminating the symptom and thus distracted from what really needs attention: strengthening their relationship with one another" (p.19). At the same time, Jack had to learn to be more responsible for his behavior in order to gain more autonomy.

Course of therapy

Session two

This was an individual session with Jack to build up the therapeutic relationship, provide him with emotional support and facilitate behavioral change. Mr. X phoned me

before the session to tell me Jack had skipped class and he wanted me to talk about this with Jack because he could not get Jack to talk with him. Feeling helpless and puzzled, he had brought Jack to a psychiatrist to check for clinical pathology. The diagnosis was adolescent rebellion. I affirmed his love for Jack and interpreted the needs of adolescents growing up in Western countries for him. In reviewing their interaction in the joint session, he agreed the communication was not effective. Alternative communication skills were suggested to him.

In the session, Jack was shy and passive at first but more responsive when he found me respectful and understanding of him. He did not like going to his school because of the poor study atmosphere and the abundant gang activities. He would rather hang out with friends. However, he felt betrayed by his friends because he was just an observer in the burglary offence but they reported him a participant. He was mistrustful of Mr. X because of his extra-marital affair and always failing to keep his promises. He perceived him as an authoritarian person with whom negotiation was impossible. I pointed out that Mr. X did not understand him, as he did not explain himself. I guided him to realize the love of Mr. X toward him, which was often expressed as blaming and lecturing. I agreed to reflect his wish of going out more to Mr. X and he was excited. Using the burglary case as illustration, I reminded him to consider the consequences for his behaviors.

A trustful relationship was built with Jack in this session. I reframed his truancy as frustration with the unsatisfactory study atmosphere in school, and affirmed his aspirations to do well. His responsiveness as the session proceeded reflected that he treasured the opportunity to have an adult in whom to confide. I was aware that I had to facilitate Mr. X to take on this role in the coming sessions.

Sessions three and four

I was scheduled to see Jack and Mr. X together but Mr. X was not able to come because he had to work. I talked with him over the phone. Jack's school had reported his skipping of classes to the police and Jack was apprehended for bridging the court order of school attendance. Jack was warned by police to attend school. Mr. X wondered if his divorce had affected Jack's behavior. He knew that his ex-wife always denounced him in front of Jack and thus Jack rejected him. His ex-wife refused to discuss this triangulation with him, and he felt too guilty (for divorcing her) to pursue it. I addressed his guilt. I also advised him on how to talk with his ex-wife by focusing on Jack's wellbeing and to invite her to come to counseling.

Out of bewilderment, he had brought Jack to a child psychologist to understand "Jack's "heart". He was advised that Jack was a controlling child and he needed to be more firm. He was taught to tell Jack that he would inform the police if he ever skipped class again. Pittman (1987) remarks that it is common for parents in problem families to see temporary deficiencies in their children as permanent, and it is vital to help them to encompass a developmental perspective. I agreed he needed to be firm but also stressed the importance of support and acceptance, and that Jack had to feel his love in order to listen to his guidance. Information about adolescence in Western culture was given to normalize Jack's behaviors and needs. Jack's problems were also put into the context of turmoil in the family, parental conflict and adjustment to a new family, and also of an unfavorable school environment.

With his consent, I contacted the Vice Principal and Jack's school social worker and elicited their cooperation to strengthen Jack's sense of belonging and support in

school. Jack was isolated and alienated in school, he did not go into the classroom even when he was in school. The school social worker said Jack was talented in Art and would try to involve him in the Art club. The Vice Principal advised that he needed to have good attendance and a better academic performance in order to get a school transfer.

Two individual sessions were held with Jack focusing on how he could avoid further trouble with the police and his feelings over his parents' divorce. By knowing the consequence of further truancy and the requirements for a school transfer, we worked out strategies to enable him to continue schooling and to cope with the boredom in classes. Jack suggested he would remind himself of the coming Christmas holiday (in 3 weeks' time) and brought a "walkman" to listen to in classes to help himself stay in classroom. I affirmed his ability by highlighting his talent in Art and interest in basketball.

His relationship with his parents and his perception of their divorce were explored. He was loyal to his mother and felt Mr. X was irresponsible. Mirkin and Keshet (1985) remark that adolescents may experience difficulties when the emotional divorce of the parents is not completed. Jack was ambivalent toward Mr. X, and experienced numerous losses and adjustments, including loss from his parents' divorce and loss induced by migration. He felt he was an outsider in his "step-family". After validating his feelings and experience, he was able to see the love and care behind the authoritarian behaviors of Mr. X. A boundary was set against his emotional involvement in his parents' conflict by normalizing his mother's anger at Mr. X as unfinished marital issues which needed counseling. He was helped to realize his behavior at school and at home were driven by his feeling of loneliness and alienation.

Session five

I saw Jack and Mr. X separately first to work on their individual changes and also acted as a translator, interpreting each other's world. A joint interview followed in order to facilitate their communication and interaction. Jack attended school regularly without absence. The individual session with him focused on sustaining his improvement, highlighting his strengths, enhancing his self-understanding, and reinforcing age appropriate and responsible behaviors.

Mr. X was happy with Jack's improvement and bought him a TV game as encouragement. He realized that he did not give enough time and recognition to Jack in the past. He was aware of the interactional nature of their relationship, that his change would induce change in Jack. He allowed Jack to go out sometimes to play basketball with his stepbrother. He also tried to keep his lectures short while being firm in setting limits.

Their interaction was more affectionate. Mr. X was able to keep his ideas brief while Jack was more expressive. Disagreements were tolerated by both and humor was used frequently. I coached Mr. X to affirm Jack more directly and focus on strengths to encourage further improvements.

Session six

This session was held with Jack. He shared how he kept his attendance up and more about his life at school. Knowing that Jack was good at Math, I confirmed his ability and helped him to work out a study plan for the exam. I saw that he was motivated. He had some conflict with several Vietnamese gangs in school and he was guided to more

constructive problem-solving strategies and to consider the consequences of his behaviors. He was given the responsibility to consult his school social worker about procedures for the school transfer.

Session seven

In following up Jack's performance at school, his school social worker advised that Jack's transfer from a vocational training institute to a high school was not common. In a phone call made to confirm the appointment time, Mr. X shared that he found Jack craved his recognition and nurturance. He was aware of the need to praise Jack more. As Minichin & Fishman (1981) state, when a family comes to therapy, it " focuses on the stress of one of its members and narrows its exploration for alternatives by defining that member as deviant. ... ... In effect, their shared worldview has narrowed and crystallized to a concentration on pathology" (p. 269). An alternate perception of Jack that focused on his strengths and a new way to connect with Jack began to emerge for Mr. X. The Chinese culture of not indulging children with praise was reflected upon. I explained that Jack needed the assurance from others to build up his sense of self in adolescence. Mr. X told me that he had stopped seeing the child psychologist because he found me more helpful.

I met with Jack first and Mr. X joined us when he finished work. Jack also learned from his school social worker that his school transfer was not likely because of his poor performance in the past. He was disappointed. Mr. X was receptive to Jack's feeling and supportive of him. He assured Jack that he would help him. We encouraged Jack to work hard in the coming semester to achieve better academic results needed for a transfer

and he agreed. I agreed to explore admission requirements with the potential high school. There was some affectionate physical contact between Mr. X and Jack. Jack would lean on Mr. X or touch the hair of Mr. X, while Mr. X would tell jokes.

I felt I was being inducted into a parental role in this period. For example, Mr. X would threaten Jack saying he would tell me about his misbehavior; while Jack would say he would tell me about his good performance in school when Mr. X failed to acknowledge his performance. To counter this induction, I began to take a more distant stance. I tried to empower Mr. X by actively attributing Jack's improvement to his efforts and changes. I encouraged him to deal with his concerns directly with Jack rather than asking me to address them with Jack.

Session eight

I informed Mr. X and Jack that the target high school would only accept a transfer in the next academic year. Mr. X observed that Jack took more initiative to study for exams. I reiterated the importance of his recognition and support for Jack.

The session began by meeting with Jack first; Mr. X joined us after work. Jack was concerned that his exam results might disappoint his father and myself. I facilitated them talking about this. Mr. X complimented Jack's effort in preparing for the exam. I highlighted Jack's concern indicated he wanted to please his father by doing better. Mr. X acknowledged this. Jack had been sentenced to a one-year probation order for his burglary offence. They were relieved the issue was finally settled.

Jack received surprisingly good results in his exams. He got an "A" in Math and passed all other subjects. Mr. X was excited and called to inform me of the good news. He felt more hopeful that Jack could change. However, due to his poor performance at the beginning of the semester, Jack had to repeat the grade. Jack was disappointed but accepted this as a consequence of his behavior.

Mr. X found out two weeks later that Jack had skipped classes again during the period after the exams. He was furious and scolded Jack. Jack was rude and refused to talk to him. Then Jack accompanied his mother to China for one month.

I met with Mr. X to handle his frustration and ambivalence over Jack's relapse. It triggered his mid-life crisis. He had a lot of frustration over his underemployment, divorce and parenting, all of which were inflicted by migration. These distresses had made Jack's misbehavior intolerable to him. After he vented his frustration and losses, he was helped to see that his original goals of migration for a better life and future for Jack were achieved. His frustration lessened after clarification that the number of classes Jack missed was much less than in the past. The relapse was framed as the normal process of change, unfavorable peer influence and an unsatisfactory school environment. I stressed the importance of continuous support for Jack. He agreed to be transferred to another worker after my practicum terminated. However, he worried that Jack would not be as receptive to the new worker as he was to me. I highlighted to him that it was mainly his change that induced changed in Jack.

Termination

Jack came back from China in the last week of this practicum. I met with him first and Mr. X joined us later. Jack was concerned that Mr. X was disappointed with him for skipping classes. He was influenced by friends to truant. He felt guilty and had decided to go to school regularly. Alternative ways to handle his friends' influence were suggested to him. He was very eager to change schools because the classes were to be repeated. I encouraged him to be patient and work hard to achieve his goal. He participated more in classes and found his studies were not difficult to handle. He was pleased that his ability was being recognized by some teachers. I acknowledged his changes including his ability to reflect upon his behavior and to work hard in exam to achieve his goal for school transfer.

When Mr. X joined the session, he expressed his frustration and disappointment at Jack's relapse. I blocked his blaming and facilitated his expression of hurt and concern directly. He told Jack about his feeling of helplessness and encouraged Jack to behave by showing appreciation to the improvements made. He insisted that Jack should not skip class because going to school was his responsibility. Jack listened more patiently. When he was asked to respond, he said his silence meant he agreed with his father that he was wrong, otherwise he would explain himself. This pattern was compared with their pattern in the past to highlight their changes. They were encouraged to continue their efforts. Jack, at first, said he could handle himself and resisted continuing counseling with another worker. With encouragement from Mr. X, he finally agreed to it. The case was transferred to another worker.

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Evaluation

They did not complete the FES and therefore evaluation was based on clinical assessment of their progress and their feedback. The presenting problem of the poor father and son relationship was much improved. Bonding had been strengthened and communication and negotiation with the other became more effective. In contrast to his silence in the first joint session, Jack said in the last session that he would speak up if his father's accusations were not true. Though they still ran into conflicts, Mr. X knew alternate ways to respond to Jack. He also had more confidence to handle him. By knowing that he was important to Jack, that Jack did not want to let him down, and through discovering Jack's strengths, he developed a more positive perception of him. Control was more effective because it was based on mutual trust and caring. "Nurture and control go hand in hand. ... ... Sometimes, in fact, the best place to start regaining control is to start by being more respectful and appreciative" (Taibbi, 1996, p. 126).

The problem of school attendance was partially improved, and Jack was more responsible and took more initiative in his studies. His advancement in the exams was amazing. He participated more in class and was more satisfied with his studies. He was more responsive and learned to reflect on his behavior. These changes were the result of the trust and positive recognition he received from Mr. X and from individual counseling. He had a more positive self-image and learned to love himself. However, the two other significant systems of adolescents, school and peers, were not supportive in this case, and it was expected that they would continue to exert influence on him. Nevertheless, the presence of a stronger parent-child bond and a better self-image serve as a solid base for Jack and his father to move on.

Their feedback in the Satisfaction Survey supported that their experience of therapy was positive. Both of them were satisfied with the service provided, and felt most of their concerns had been addressed. They indicated that they would contact the agency should need arise and they would recommend the service to others. Their verbal feedback in the termination session, written feedback in the Satisfaction Survey and my clinical evaluation of their progress were in agreement: therapy had been helpful to them.

Summary of learning experience

The most impressive learning in this case was the importance of not losing the parents when working with an adolescent in trouble. The power of the context in working with the individual was demonstrated. We can see the positive and dramatic change in Jack when Mr. X became caring and nurturing toward him. Compared with my past work with students where the focus was on individual psychodynamics, the systems approach was found to be more effective. However, the road to include parents was not an easy task for me. My background with adolescents made it easier for me to empathize and rescue them in family sessions. In supervision, I realized this tendency would deny Mr. X and Jack the opportunities to negotiate situations themselves. I became more aware that negotiating adolescence, and parenting adolescents, was a mutually accommodating process (Minuchin, 1974; Pittman, 1987). The systems perspective was further ingrained in me. It was important to remember that the client, as Tabbi (1996) remarks, is not the adolescent or the parent, or even both of them, but the family system.

In working with this family, I was aware of the tendency of both Mr. X and Jack to replace the mother role by using the therapist. Skynner (1981) has pointed out that "disturbed families seek to triangle the therapist and that the only thing that sustains him during these periods is a deep awareness of his own identity: a consciousness of both one's inner and outer experience" (quoted in Worden, 1991, p. 169). Through supervision, I was helped to realize "the all-responsible therapist" pattern in me that derived from my family-of-origin easily rendered me vulnerable to triangulation. This awareness is important for workers using the structural approach because it requires the "widest possible use of self"(Minuchin & Fishman, 1981, p. 2.). There is the danger that "the therapist might be inducted into the family field to such a degree that he would lose therapeutic maneuverability" (p.30). With this increased awareness, I was more able to distinguish what is being conveyed by the family from those feelings I may be attributing to the family.

Fishman (1988) has pointed out that when treating adolescent delinquents, addressing other significant systems such as peers, schools, siblings can have a dramatic influence in effecting change. In addressing Jack's attendance problem, efforts had been made to work with the school system to help Jack gain more satisfaction and attachment at school. However, his peer system could not be reached. As a result, although Jack did well in his exams, the "pulling" from his peers was still significant. At termination, I had helped Mr. X understand that the impact of the school environment and peers was counter-productive to Jack's progress, and therefore he had to fight harder in order to counter-balance them. It was hoped that more support from Mr. X would balance the influence from the other systems around Jack.

In working with Chinese families, it is important to pay attention to the cultural value of deferential respect of children to their parents. Chinese parents cannot accept being challenged by their children, especial in front of another person. Also it would be shameful for them if they are challenged by others in their children's presence. Thus, as in the previous case, I had to avoid challenging Mr. X in the joint session, but rather did it in the individual sessions with him. Moreover, I had to reframe Jack's "discontent or confrontation" to Mr. X into his "needs and wants". I found that negotiation was easier after individual sessions with each to help them first understand the other.

This family and the two previous families enabled me to reflect upon the differences in parenting between the Western and Chinese cultures. I realized the complexity of parenting confronting Chinese immigrant parents, and was able to understand more of their difficulties and struggles. Chinese parents who have grown up in the traditional Chinese culture are not familiar with adolescence, which is a product from Western countries. From the Chinese parent experience, children have to listen and respect their parents in all circumstances. Moreover, the notion of letting the children try and learn from consequences is foreign, because in Chinese culture parents have to protect the children from mistakes in order to avoid shame and give them their best to the children. Thus, it is difficult for parents to accept the concept of retreating to the guidance role and giving the adolescent children more autonomy. Moving to a country with an alien cultural system poses great challenge to the parents, because it is not just change, but a more complicated process of integrating two conflicting values system. As Serafica (1995) notes, such cultural conflicts in the family usually "threatens parental goals and expectations, disrupts the parent-child relationship and undermines the parent's

sense of competence as a parent" (p.227). The parents in the above three families were confused and intimidated by the different value orientations of their children.

With this new appreciation about the complexities of parenting confronting Chinese immigrant parents, I became more respecting of them. I was able to shift the focus of intervention to their strengths rather than dysfunction. I agreed with Cornille and Brotherton (1993) that "Immigrant families need to re-establish a sense of balance in their lives" (p.337). The emphasis of intervention should be on their need for help with new solutions rather than on their inability to cope. As Baptiste(1993) has concluded:

> "Immigrant adolescents and their families are a challenge for the therapist. It is a new learning experience for all participants. Nurturance and caring are the root processes and feelings of this relationship. Therapists need to adopt new paradigms which combine the best practice of professional training with an understanding of the richness of the immigrant's culture. They also need to move on a path where established norms are no guides. To do this requires functioning from the heart rather than from a rational intellectualism. The relationship is deepened by the openness of the therapist and his/her immigrant client, both sharing themselves, their diversified cultural histories, life experiences, and lifestyles" (p. 362).

4.4. Family D: The "Incapable" Mother

The family consisted of a young mother Helen, 24, her husband, 25, and their two children, John, 5 and Cindy, 3. Helen knew Patrick from CFLSMT through a business contact, and she disclosed her difficulties in managing John's "hyperactive" behavior. I saw Helen twice, once with her elder sister and once with her children. Her parents were Chinese from Vietnam, and she came with her family to Canada when she was only a child. The purpose of presenting this case is to illustrate some possible reasons for clients' premature termination of treatment. Moreover, it also demonstrates the complexities of the extended family structure of the Vietnamese Chinese and the importance of clarity of subsystem boundaries rather than subsystem composition in this family structure (Minuchin, 1974).

Intake session

I conducted the intake session. Helen missed the appointment twice because she was busy taking care of her children and work. She finally came together with her elder sister, May. May was Helen's spokeswoman in the session. Helen was pressed by her siblings and parents to counseling because they perceived Helen incapable of handling John's behavioral problems. They found Helen to be more fond of Cindy and rejecting of John, which had led to his attention seeking behavior. John had once threatened to kill himself by running into the middle of the road because his parents did not love him.

John lived with May and his maternal grandparents since he was born because Helen and her husband had to work long hours. Helen took him back after the birth of Cindy. She entrusted John and Cindy to her parents' care in the daytime when she

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worked. May complained that Helen's husband was detached and always not available. She commented that John was anxious about his parents' conflictual relationship, and he was watchful of their behaviors at home. May behaved as the expert on John's problems, while Helen seemed ignorant. Helen was embarrassed when May blamed her for causing John's problem. She was reserved in talking about her marital problems. She perceived John as naughty and he did not listen to her. These made her impatient with him.

I complimented May for her care and concern of Helen and her children. I reframed the problem as Helen having difficulty in parenting John, which was the result of her marital problem. Helen agreed to bring John and Cindy together to the next session but said her husband was too busy to come.

Second session

I excluded May in this session because I wanted to explore Helen's marital problems alone, in view of her reservation in May's presence in the intake session. I also wanted to understand her interaction with her children. However, I later realized that including May was important to engage Helen in therapy.

Helen saw her difficulty in handling John as a result of differences in parenting styles with her sisters and parents. When she wanted to discipline John, her family would protect and rescue him. Due to her unwanted pregnancy with John, she and her husband had decided to marry despite the disapproval of her family. Though not angry with John, she felt distant from him. She found John did not listen to her and his behavior was annoying. On the other hand, she was intimate with Cindy, who was passionate and observant.

She was tearful when I asked about her husband's share in parenting. Her husband thought that John's problems resided in her hot temper. John behaved better with him because he was strict. She believed if her husband helped more, she would be fine with John. However, the marital relationship had been conflictual from the beginning. She found he did not care for her and there had been suspicions of infidelity on both sides. Jealousy and anger kept them apart. She resented him for hanging out with his friends, always returning home late and drunk. She felt it was not fair. She also liked to go out with friends but she could not because she had to take care of the children. Since her marriage was disapproved of by her family, she could not share her marital problems with them. Her husband did not believe in counseling and refused to come with her. I validated her feelings and the burden of the family. I encouraged her to invite her husband to come by offering an appointment after office hours to fit his long working hours. She agreed to persuade him to come when he had some vacation time at Christmas.

During our conversation, John and Cindy were given toys to play with. John was very active and competed with Cindy for attention from Helen. Helen responded warmly to Cindy but was cold to John. John disclosed that he and Cindy called Helen's sisters "mother" at their grandparents' home. John approached Helen frequently to comfort her. When seeing Helen cry he tried to distract her and be funny. However, his behaviors were perceived as annoying by Helen. I reframed John's behaviors as the expression of his love and worry for her. I helped him to express his concern directly to Helen, and coached Helen to assure him that she cried because she was upset, but he did not have to worry because she was fine. I further drew the boundary between the two of them by

affirming to John that I would take care of his mother. Information about child psychology was given to Helen to sensitize her to John's needs. I facilitated her to use positive responses to John; however, she still perceived John as making trouble and rejected him.

Concerning the treatment goal, Helen did not know what to expect from counseling. She wanted her husband to come to improve the marital relationship. Upon my persuasion, she agreed to come to talk about how to handle John if her husband refused to come. As she was busy in her job, she agreed to call me to schedule the next apointment.

Helen did not return after this session. She never called and I reached her twice over the phone. She said she was too busy to come to counseling. She had moved to live with her maternal family. The marital relationship remained the same, but they had no time for counseling. John had once fought with a classmate in school and her maternal family handled him. She agreed to call me when she had time but she never did and the case was closed.

Evaluation and learning

In reviewing this case, there were several possible reasons to explain why Helen failed to return to therapy. The first was that she was not really motivated to change. She came to fix the "hyperactivity" and other problems with John, but not her parenting problems. Another reason might be that my joining with her was not adequate, and she did not find the first two sessions useful. This was highly possible because Chinese usually look for tangible services or concrete advice from therapy, but I did not give her any. I did not have a chance to explain to her the process of therapy as Helen left the first

session in a hurry for work. Also, she might have been intimated by my intervention challenging her to change her parenting style. Without enough support and not being prepared to change, she might have felt incapable or incompetent with my challenge. Lastly, after she moved to live with her parents and sisters, John became less of a problem because her family took on the parenting work.

It was hypothesized that John's symptoms were the result of his parents' marital problems, the failure of the family to reorganize its structure when a new member (Cindy) was added, and also the lack of clarity in parental boundaries and responsibility between Helen's nuclear and maternal family. Though living physically apart, Helen was close to her maternal family and the latter had shared the majority of the parenting responsibility. At first, I was preoccupied with the deficits of the seemingly "extended family" structure and thus worked to delineate the boundaries of the nuclear family (Minuchin & Fishman, 1981). I excluded Helen's sister in the sessions to draw the boundary and focused on strengthening the parental subsystem in the nuclear family. This only alienated the family and closed the pathways for intervention. Minuchin & Fishman (1981) have raised that "Family therapists must guard against a tendency to punctuate around the nuclear family, dismissing the significance of the extended family—its communication with and impact on the nuclear" (p. 20). As Helen sought therapy out of the pressure from her maternal family, I should have included and also built up an alliance with her maternal family so that Helen would continue therapy under their pressure.

Helen's decision to live with her maternal family alerted me of the cultural and practical significance of the extended family to Chinese immigrants. The companionship

and multiple sources of help and support available in this form of family make it highly adaptive to situations of stress and scarcity. It runs into problems usually when the allocation of responsibility is unclear (Minuchin, 1974). In view of the weak marital subsystems in Helen's nuclear family and the need for childcare, the extended family was an important source of support and a resource for her. Minuchin and Fishman (1981) suggest the therapist search out the sources of adaptational strengths of the extended family, and "work within the cooperative system toward a differentiation of functions" (p. 53). For proper family functioning, clarity of boundary was more important than composition of subsystem (Minuchin, 1974).

It might have been more acceptable to Helen and her maternal family if I had worked toward joining them together as the parental subsystem to handle Helen's children. This could help to avoid the power of one being disqualified by the other and would prevent John from using their differences to get what he wanted. To achieve this goal required a clear family structure, both parties able to see the others' strengths and also complementarity between them, and the provision of mutual support (Minuchin & Fishman, 1981).

4.5. Learning From Other Cases

This section will present a summary of the learning from six other cases handled in the practicum. Besides providing opportunities for me to practice the structural family therapy approach, each of these families also expanded my knowledge about developmental, transitional and idiosyncratic family problems that taxed the Chinese immigrant families.

Family E

This family provided me with opportunities to handle and reflect on issues of infidelity in marriage. The middle-aged couple, Lily and George, sought help for their marital problems. They had been married for 16 years and had a 9 year-old son. Lily was dissatisfied with George's flirtatious behaviors, which had fueled many conflicts during their marriage. Tension peaked when Lily found George had had a consistently intimate relationship with his female colleague for two years. She demanded George cut off the relationship but George denied it and accused her of being paranoid. Tired of the repeated pattern, Lily had moved out a month before they approached the agency. She agreed to reconcile but proposed counseling to work out their problems.

In the treatment process, I experienced what Minuchin & Nichols (1993) describe in couple therapy, "couples therapy seems to go against logic. What members of a couple want is not help but vindication. They want to demonstrate to the therapist and the world how unfair the spouse is, how insensitive, and how difficult it is to live with such a person" (p. 63). This was the case with this couple. They always had heated arguments and both tried to triangulate me into being the judge. They competed with and

disqualified one another on every issue. "These people lacked both the capacity to see the other's perspective and the sympathy that allows tolerance of differences, so that every issue became a struggle for the survival of self. Every conflict became a conflagration, while they remained ignorant of the ways they provoked each other" (Minuchin & Nichols, 1993, p.73).

The conflict style of this couple differed from the couple in family A. They were a "volatile couple" (Patterson et. al., 1998, p. 160) who were locked in the cycle of intense conflict and positive and passionate interactions. Their conflict process included a high level of criticism and defensiveness, which was corrosive to their relationship. They did not know how to exit before tension escalated into a nasty fight. The structural intervention of challenging their interactional pattern and the modification of this pattern worked well for this couple. I reflected this pattern to them and pointed out that in such a pattern winning a marital battle meant losing the war—the marriage. After that, their fights became a source of fun. They would stop when realizing it was not worth losing the marriage in meaningless arguments. The marriage relationship became more gratifying when they were coached to use time out to prevent conflict from escalating, and to reduce the level of criticism while being more appreciative of one another.

This was the first time I had handled an infidelity issue. Pittman (1987) denotes that infidelity is devastating because it destroys the trust inherent in the marriage institution. He further points out that most of the reasons for affairs have to do with the ego state of the person having the affair. George was insecure in the marriage because of his wife's beauty and competence and the lack of assurance and appreciation in their marriage. He was trying to prove himself through his relationship with other women.

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Pittman reminds the therapist that knowing why the affair began is more important than the details of who, where, when and how much. This was also true for the couple. When Lily understood George's insecurity in the marriage and how their "mother-child" like interaction pattern played a role in George's behaviors, she was less angry with him. She was less obsessed about checking the details of the affair.

Patterson et. al. (1998) highlight that therapists in handling infidelity issues with couples "must understand the couple's relational contract and the meaning of the breach of the contract"(p.162). Lily and George had different interpretations of their relational contract, which had never been articulated. George did not consider his close relationship with other women a problem, while Lily found it unacceptable. I believed George's interpretation was affected by the Chinese cultural norms that tolerate men's unfaithfulness. To negotiate this difference, I supported Lily to make it very clear to George that she would not accept him having any intimate relationships with other women in the future. Otherwise, she would take revenge either by having similar relationships with other men or by leaving the marriage. I also helped George to realize that even if he did not consider these affairs to be intimate relationships, their impact on Lily and on their marital relationship should be considered if he was committed to their marriage. Helping them to see the other's commitment and effort toward maintaining the marriage played an important part in calming the emotional climate of the couple relationship (Guerin, et. al. 1987; Pittman, 1987).

At termination, Lily and George commented that they had expected me to give more opinions and to judge who was right so that they would not argue. Although I explained how being a judge would not help them and that helping them to understand

their problem in interaction and alternatives were more important, they insisted that my opinion would also be useful. They told me that they continued treatment because I was able to understand them and was very genuine about helping them. Their comments reflected different expectations of clients concerning therapy, and the importance of the therapeutic relationship.

In their post-test FES scores, the extreme scores in the pre-test became more close to the average. This may have reflected positive changes after therapy. There was improvement in the relationship dimension, with lower levels of conflict and higher levels of cohesion. There was also a sharp lift in Lily's score on Independence, which might reflect her reduced dependence on George as a result of empowerment and validation gained from therapy.

In working with this couple, I found myself developing flexibility in using different strategies to achieve the structural goal. I had used sculpture techniques to help them to reflect on and understand the other's perceptions of their interactional patterns. I also assigned homework for them to experience alternative ways of relating to each other. These were effective in bringing out the changes in the couple. Moreover, as this was already the middle of the practicum, I had accumulated experiences and competence in conducting joint sessions, and was more comfortable with the intensity involved and more capable of picking up the relationship dynamics.

Figure 5
FES of Family E–Pretest
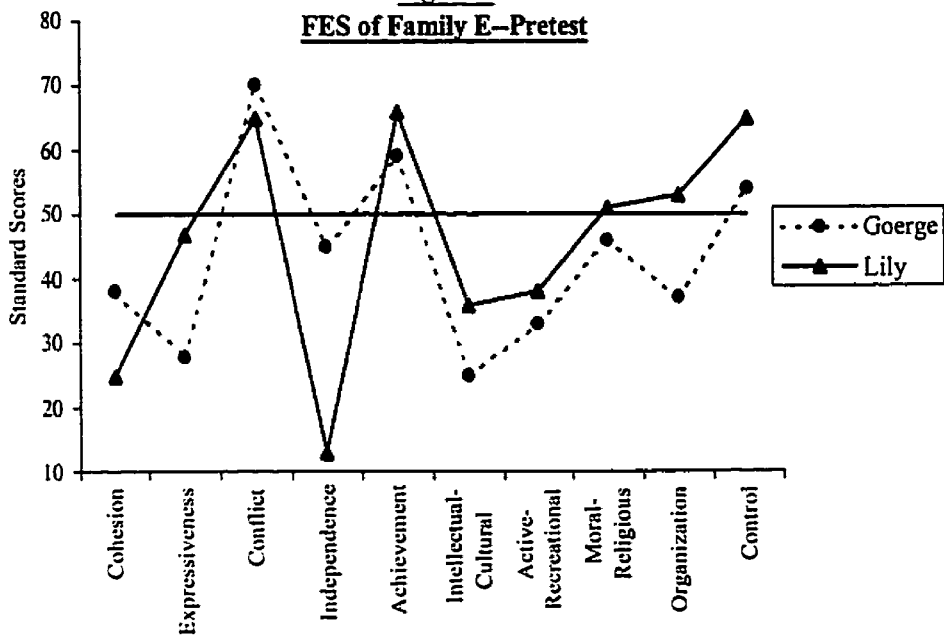
Figure 6
FES of Family E–Posttest

130
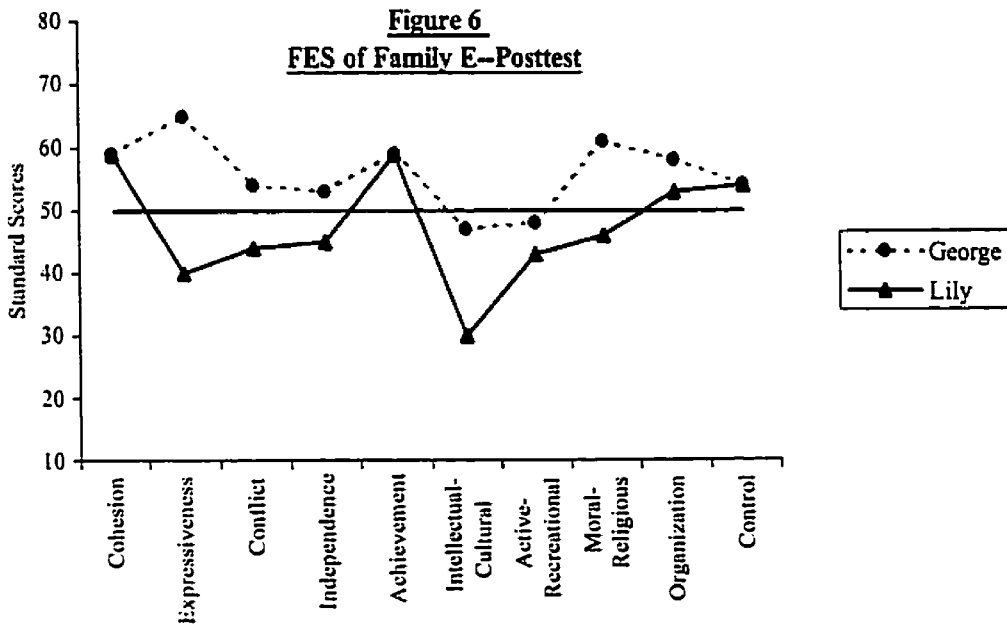
Family F

This family gave me the opportunity to witness how the "astronaut family" arrangement disrupted the functioning of an immigrant family. The presenting problem was the sharp drop in school performance of the sixteen year old son, Gary, who had always been an "A" student. This was due to his rebellious reaction to his father's authoritative parenting style. The father came to Canada ten years ago, and Gary and his mother joined him after five years; then Gary's grandmother came one year ago. The father had to be stationed in Mainland China for business and only came back three or four times a year. He objected to his wife's working and wanted her to stay home to look after Gary. Gary was disengaged from his father and enmeshed with his mother. When the father came back to Canada, he would use his limited time to discipline Gary. Gary perceived him as authoritarian and not understanding.

The bonding of the marital and father-son dyads were weakened as a result of the long-term separation in the migration process and the current "astronaut family" arrangements. The wife resented there being no support from her husband for her difficult life in Canada. There were disagreements over parenting between the spouses and they did not support each other. The mother who had more contacts with the Western culture and more time with Gary did not agree with her husband's authoritarian parenting style. Her husband, however, perceived Gary's problem to be a result of her indulgence. The differences were actually due to the different pace of acculturation between the spouses. They were cultural differences rather than personal differences. The "astronaut" family arrangements aggravated their difficulties in negotiating their

differences due to time and space limitations. There was an alliance between Gary and his mother against the father. Gary had suggested his mother divorce his father.

This family was referred to me near the end of the practicum and there was not too much time to work with them. Gary refused to be seen together with his parents and was not motivated to change. I was lucky enough to have the parents together in one session. The father was ignorant of adolescent development and alienated from the Western practice of protecting children's rights. I challenged his reality of the parent-child relationship by introducing the characteristics of adolescence in Western societies and the context of cultural changes after migration, and by sharing my experience in handling these problems in my past job. He changed his authoritarian style in relating to Gary after that. He tried to talk with Gary and understand his feelings rather than pushing him to study. This change in interaction patterns was very interesting. Gary felt very strange and found it very difficult to rebel once his father became more reasonable. In the past he had felt his misbehavior was justified in view of his father's oppression. The complementarity between them was evident. When the interaction of the system changed, the symptom was no longer maintained. It was a pity that Gary's father went back to China soon after that and was not in Canada when the practicum terminated. If he was able to stay for a longer time and continue his changes in relating to Gary, their relationship might be able to improve and Gary would no longer have to use his studies to fight with him.

In choosing "astronaut family" arrangements, many immigrant families fail to pay attention to the disruptions created in family relationships; they focus on the economic or

future wellbeing of the family. To help them recognize the total impact and to balance present and future needs, with strengthening the connectedness between the family members in order to maintain family continuity, were important aspects of this intervention.

Only Gary and his mother completed the FES pre-test. He perceived a low level of cohesion and a high level of conflict in the family. Also, he felt that the family greatly inhibited his personal development, which was reflected in his low score on the Independence dimension. This matched my assessment that he was struggling for autonomy and to find his own way in the adolescent transition. These yearnings were developed as a result of being socialized in a Western culture.

Family G

This was an adoptive family consisting of Mr. and Mrs. F in their early fifties and their adopted son Ray, aged 15. The adoption was kept secret from Ray and was not revealed at intake. The presenting problem was Ray's behavior, including failing in his studies, being expelled from school due to prolonged absence, staying out overnight, unruliness and mixing with "troubled teens". His parents sought help to bring him back on the "right track". However, they were unable to bring Ray to the sessions. The family moved to Canada four years ago when the father retired. The traditional style and limited English ability of the couple impeded their acculturation in the new environment. On the other hand, Ray acculturated at great speed as a result of his youth and being sent to a private boarding school. The difference in the pace of acculturation between the parents and son aggravated the already disengaged parent-child relationship.

Figure 7
FES of Family F--Pretest

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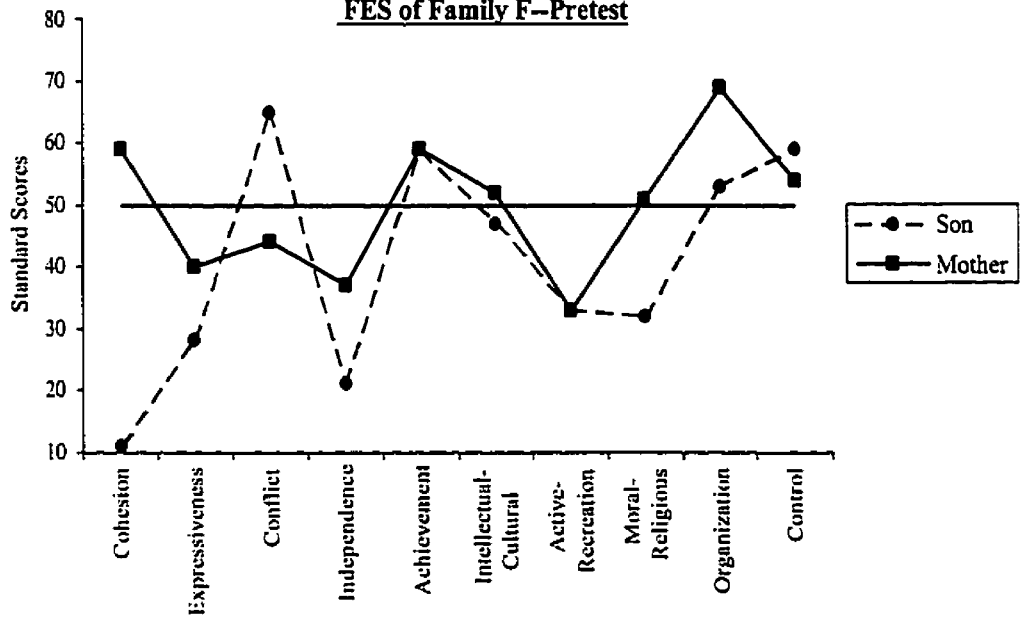
The adoption issue was checked out with the parents in the first session because I was intrigued by their unusual sense of detachment to Ray's problem and their ambivalence to change. They saw the problem wholly on Ray. They had planned to move to another province because Ray had threatened verbally to shoot them. They attributed all the problems to a character fault of Ray's, the "bad blood" from his natural parents. Their attitude stimulated me to rethink the relationship of adoption and family dynamics. Compared to nonadoptive families, adoptive parents, because of a lack of "blood-ties" with the adoptive children, are more ready to attribute the children's problems to biology. Grotevant, McRog and Jenkins (1988) remark that when adoptive parents accentuated the importance of heredity to the extreme degree, they abdicated any responsibility for their role in creating or ameliorating the children's problems. This self-protective, attributional process abdicated the parents' ownership of the problem created emotional distancing from the child. In traditional Chinese families, this perception was reinforced by the cultural beliefs that one's character are predetermined by nature and heredity.

Mr. and Mrs. F's perception of hereditary influence for Ray's behavioral problems was reflected to increase their motivation to change to help Ray. Grotevant, McRog and Jenkins (1988) suggest that a more adaptive position of adoptive parents would be "one that acknowledges the potential role that the child's heredity may play while still taking at least partial responsibility for the child's socialization" (p. 453). The couple was isolated in the community and they were not aware of the changes in adolescence generally or in other immigrant families specifically. Even though I had provided information about cultural transition difficulties in other Chinese immigrant families to

normalize Ray's problems, Mr. and Mrs. F were too disappointed to help Ray. They were convinced that Ray's problems were hereditary in nature because they knew his biological parents were not good too. The secrecy of adoption in the family also closed the door for open communication and negotiation of the "problematic behavior". They were overacting to Ray's behaviors; this could be perceived by Ray as rejection and non-acceptance, as he did not understand their reasons. It also contributed to the disengagement between Ray and his parents.

I had tried to engage Ray in treatment through several phone contacts and also by accompanying him to a school admission interview. However, he was not interested. When Mr. and Mrs. F discovered that there was no "magic" way to change Ray, they requested the termination of service. They were thinking of abdicating their parental responsibility legally and were consulting a lawyer. There might have been a better chance for improvement of the problems if they had sought help at an earlier stage.

The FES was completed by them in the second session, and was treated as pretest scores because no intervention had been given. The low level of intellectual-cultural activities indicated their isolation with the larger social environment. There was a heavy emphasis on achievement in this family, which was one of the sources of their conflict with Ray.

Figure 8
FES of Family G--Pretest

137
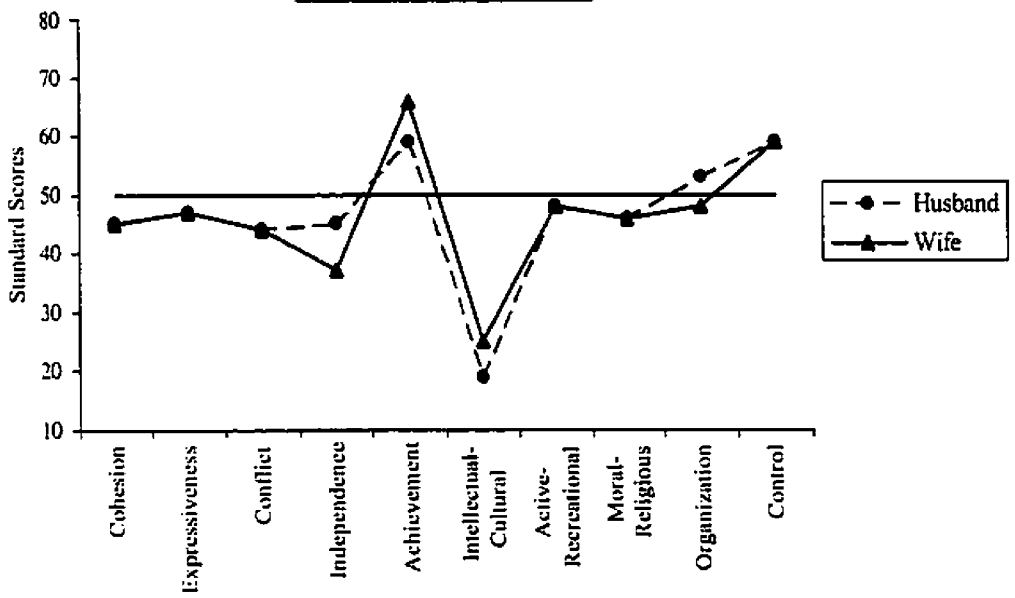
Family H

In working with this family, I realized the devastating impact of divorce on the family system, and also the painful struggle of the post-divorce family to survive the transition to a new family form. The single-parent, Rosa, 47, contacted the agency with problems of poor relationships with her children, Richard, 14, Jane, 17, and Daniel, 20. The three children were all born in Canada. The family came to the sessions together once. In that session everyone had quick tempers and the discussion spiraled within seconds into uncontrollable arguments. Rosa and Jane fought most bitterly around issues of independence and control in this period of adolescent transition. They rejected joint sessions to avoid painful arguments. Richard and Daniel rejected counseling because previous experience with counseling was not helpful.

Rosa had been divorced from her abusive husband for three years at the point of contact. The family was in transition to a different structure and organization as a result of the divorce. Life-cycle developmental tasks were disrupted while a series of divorced-related adjustments were needed (Peck & Manocherian, 1989). Rosa was overwhelmed with the emotional traumas of abuse and divorce and also the burden of finances and parenting. The shame and ostracism attached to divorce in traditional Chinese culture (Ho, 1987) had resulted in her isolation, both self-imposed and created by rejection from others, which made the transition more difficult for her. The numerous stresses, changes and adjustments had weakened her ability to handle the challenge of the transgenerational impact of migration when her children entered adolescence.

Minuchin (1984) has highlighted that in working with a family in transition because of divorce, the therapist should not "misdiagnose the creative attempt of a family

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organism to develop a new shape and the ensuing pain" (p.20). He further points out that therapy should focus on "the creative possibilities of the new organism" (p.48). Rosa was trying to rebuild her life. She was looking for a job to end the tiresome fights with her ex-husband over financial support and had enrolled in a computer course. At the beginning, I had focused on Rosa's vulnerability and emotional trauma which only intensified her sense of powerlessness and incompetence, and she was not motivated to come to see me. When I changed tact to affirm her strengths and help her in job-hunting and solving her pressing problems in daily functioning, her anxiety level decreased and she became more patient and less critical of her children. Brown (1989) has noted that for the single mother to deal with her overwhelming problems effectively, she must feel confident in her own ability and be more in control of her own life. At the later part of the treatment process, when Rosa regained more sense of competence in her life and studies, she was more able to let Jane try and learn from mistakes rather than protecting her with tight controls.

Supportive individual therapy was an important intervention to help Jane survive the trials of adolescence. After sharing with me her frustration and struggles at home, school and with her secret boyfriend, she gradually gathered strength to be more responsible for her own life. She could not understand why Rosa still adhered to traditional Chinese family values after having been in Canada for 25 years. She was resentful of the traditional values and the tight control over her. By helping Jane to understand that her mother's emotional behaviors were part of the normal impact of divorce and abuse, and by appreciating that the value conflicts were rooted in "cultural differences" rather than personal differences, she became less confrontational toward

Figure 9
FES of Family H—Pretest
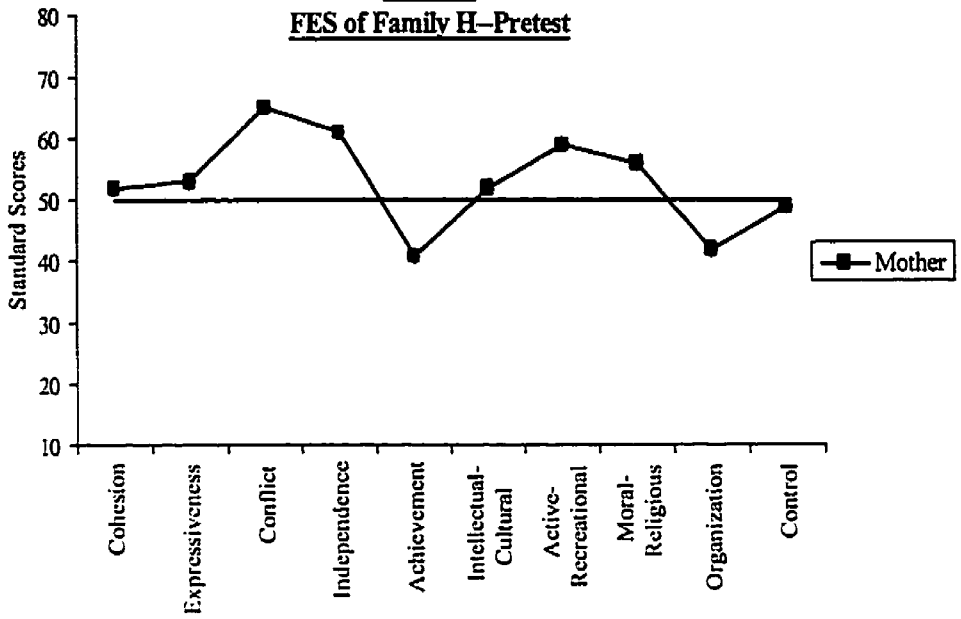
Figure 10
FES of Family H—Posttest

140
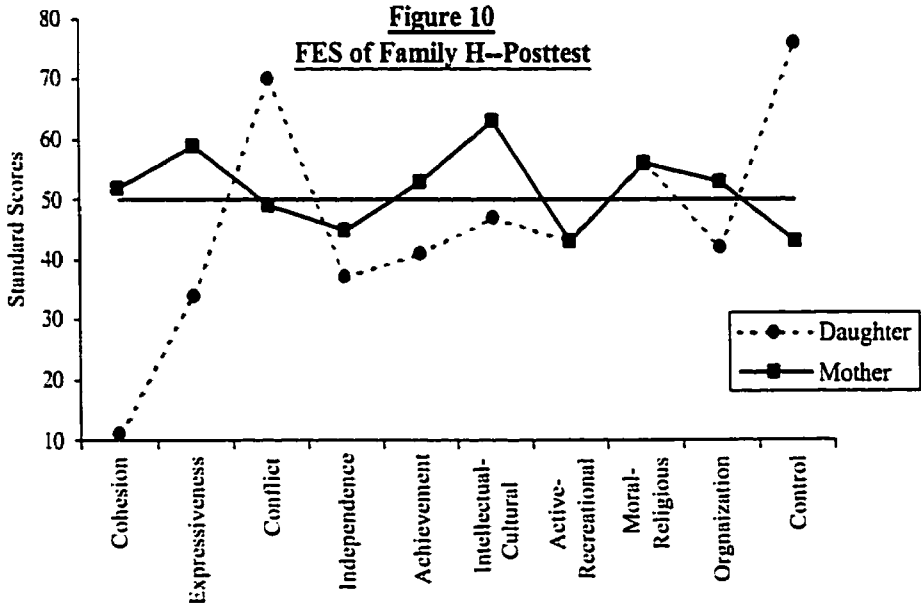
Rosa. In the last session, she told me that she shared with her mother her needs and feelings in the same way she shared these with me and found Rosa less negative. She was changing her interactional pattern with Rosa. The systems perspective helped me to maintain an interactional view when working with Rosa and Jane individually.

In her pre-test FES scores, most of Rosa's scores fell in the average range, which did not reflect my assessment. The scores might be a result of her defensiveness. They did not match with her description of her problematic family situation. Thus, when administering such an instrument to the client, the interpretation should take into account their psychological state. In the post-test scores for Rosa and Jane, the discrepancies between them were still very great because the interactional change had just begun. Jane still perceived a very high amount of conflict and control in the family, and also very weak cohesion.

Family I

This was a Chinese family from Vietnam. Kathy, 37, was referred by a child abuse service due to the conflictual relationship between her husband and her sixteen year old eldest daughter, Connie. She could not get them to counseling and I worked with her only. Her husband had been an alcoholic for more than ten years ago, and Kathy, due to this, had separated from him for one year. They moved back together two years earlier when her husband was more controlled in his consumption. However, he displayed heavy drinking behaviors again when his relationship with Connie deteriorated, as he was dissatisfied with her behavior. The family was on welfare and had three younger

daughters aged 10, 9, and 11 months. They had come to Canada as refugees from Vietnam 17 years ago.

In the counseling process, I saw how the family interaction was organized around the father's alcoholic behavior. Kathy's husband was isolated in the family due to his drinking behaviors. There were no family activities despite frequent initiation from Kathy's husband. Kathy was so annoyed at his drinking and oppressive parenting behavior toward Connie that she refused to go out with him. He could only be close with the baby. This disengagement between Kathy and her husband had prevented them from uniting to handle the adolescent changes in Connie.

There were two dysfunctional rigid triangles in the family. The first one was between Kathy, her husband and Connie. Kathy was being caught in the battleground between them. The other triangle was between Kathy, her husband and her mother-in-law. Being the eldest, Kathy's husband was close to his mother, who had a subtle alliance with him against Kathy and was encouraging his drinking. His mother would prepare beer for him when he visited her and allowed him to stay over when he got drunk. The family's difficulties were further complicated by the impact of migration. Kathy's husband's family was well-off in Vietnam, and he was a spoiled child and enjoyed a very easy life. The drastic change in socioeconomic status to a very disadvantaged one, and the tough life after they moved to Canada had induced many losses, stresses and a sense of inadequacy in her husband, which might have triggered his alcoholism. Moreover, the family was taxed by the transgenerational impact of migration. The behaviors of Connie, who grew up in a totally foreign culture from her parents, were perceived as problematic. Kathy's husband still adhered to very traditional

values and did not realize the need to modify his parenting strategies to handle the cultural differences.

This structural framework steered my direction for intervention, but the progress was slow since only one member was available for change. A home visit had been made to engage Kathy's husband and Connie, but they "escaped" when I arrived at their home. I therefore focused on trying to help Kathy change her interaction with her husband. I challenged her perception of her husband's alcoholism as a personality disorder, and guided her to understand that his drinking was a response to the frustration from work and family. She was also helped to realize the positive sides to her husband in that he was trying to discipline Connie, though ineffectively, and he tried to contribute to the family by working part-time. I encouraged Kathy to go out with her husband and children, to enjoy family life and to realign the spousal subsystem so as to detriangulate the two rigid triangles. However, being tired and overwhelmed with chronic marital dissatisfaction, Kathy was not motivated to change her pattern of interacting with her husband.

The case demonstrated the difficulties of having one member to work with when the problem was in the family system. Though there was not much change in the presenting problem, Kathy felt more in control and less a victim by seeing the interactional side of the problem. She saw her importance in the interaction but she was too tired to work on it. At termination, she showed interest in participating in a women's support group in the agency. Having been overwhelmed for a long time, perhaps she needed to receive more support first in order to move on.

Family J

The brief work with this family illustrated the complexity of the boundary and structural issues in a remarried family. The father, Andy, sought help for the endless battles between his wife and his stepdaughter. He was caught between them and worried about the two of them, especially his stepdaughter, whom he perceived to be highly emotional. However, his wife and his stepdaughter were not willing to come to counseling. Two individual sessions were conducted with him.

After Andy and his wife married in Hong Kong ten years ago, they moved to Canada for a new life. Each brought one child from a previous marriage. The two children were already in their early twenties. His stepdaughter blamed her mother, his wife for divorcing her biological father and also treating the stepbrother better than her. Andy's wife was bitter at the accusation because she was trying to be fair as a stepmother. The loyalty and boundary issues around the natural mother and daughter were not resolved since Andy and his wife married and were reactivated in most ordinary events. Andy was triangulated in their conflict as he tried to mediate between the two and sooth his stepdaughter.

As McGoldrick and Carter (1989) have noted, many of the remarried families' difficulties can be attributed to the unavailability of guidelines to help these families to reorganize their extremely complex new roles and relationships, and the resultant attempts of these families to replicate the "intact" nuclear family. The relationship is so complicated that "one simple boundary could not be drawn around the members of the household as in most first families" (p. 407). The "bending backwards" of Andy's wife to be fair as a stepparent was not functional when the remarried family first formed.

Perhaps the stories of the wicked stepmother in Chinese culture had pushed her to overdo her role. If Andy's wife and stepdaughter had been present in treatment, I would have coached them to set a boundary to re-engage the two without Andy as the mediator. In the two sessions with Andy, I helped him to understand the dynamics and his position in the triangle. I encouraged him to retreat into the background to support his wife to deal with her daughter in a more assuring manner in order to rebuild their bonding.

The cases presented above illustrated my journey of integrating the structural family therapy approach into my repertoire of clinical knowledge and skills. These fascinating families, varying in form, age, values and history, not only have provided me with the opportunities to explore and test the structural framework and techniques, but also have enriched my knowledge about families. There were issues about adoption, divorce, remarriage, single-parenting, the "astronaut" phenomenon, cultural transition as a result of migration, alcoholism and many other idiosyncratic family problems. In the process, these families shared with me their deepest pain, struggles and wishes, and I felt I became a member of their families. Through struggling with them to search for a better life, I have developed solid expertise in clinical practice that could be transferred to benefit other families in the future.

In the following section, I will try to synthesize the different aspects of learning obtained from working with all the families with reference to the practice of the structural family therapy approach and its application to Chinese immigrant families.

CHAPTER 5

SYNTHESIS AND DISCUSSION

Change induces confusion and anxiety, but it can also lead to new possibilities and development. This was reflected in my learning experience in this practicum. A whole new system of knowledge has been added to my professional repertoire. These new elements caused transitional stresses and confusion with my original system of knowledge. The resulting reorganization of the old system of knowledge enabled me to develop a more differentiated system—one with a higher level of complexity. Both the content and process of the learning in this practicum are very substantial. Below I will first share my learning experience in the practicum and then summarize and discuss the content of my learning with reference to the structural family therapy approach and its application to Chinese immigrant families.

The Learning Experience

Colapinto (1988) has emphasized that the learning of a new paradigm "adopts the form of a spiral, where elating experiences of insight are followed by the feeling of being "back to square one". It takes time for the student to realize that each new turn of the screw finds him or her, after all, at a higher level of competence" (p.28). His description is resonant with my learning experience in this practicum. A period of excitement with new learning quickly subsided to frustration from failure to apply the knowledge into practice. After working in the field for several years, the confusion and sense of incompetence I felt when I began to apply the new approach was threatening and sometimes overwhelming. It was also not easy to put aside my beliefs and the

psychodynamic perspectives learned from the past. I had to struggle to find a way in which I could integrate the old and the new. In the process, the understanding, support and affirmation from supervisors were very helpful.

As many have pointed out, in learning family therapy the shift to a systems paradigm is very difficult but also a most important step for beginners (Colapinto, 1983, 1988). At the beginning, I was frequently hooked to the content rather than looking at the process in the sessions. Through demonstration and coaching from supervisors and by reviewing the tapes and reading the literature myself, I gradually learned to identify the process and also analyzed the relationship messages in clients' content. I began to realize the power of relationship messages in challenging people to change. However, I found that the importance of process does not mean that the content was not important. There should be a good balance in therapy.

There were times in the initial stage of the practicum that I was very conscious about what was "structural" and what was not. As a result, I lost my spontaneity and was immobilized by uncertainty. Ko (1986) noted that the humanistic elements of the structural approach are easily overlooked when a therapist is too anxious to apply structural therapy and overemphasizes the techniques. At one point, I told myself not to care about the techniques but to focus on the needs of the client in therapy. It was interesting that I then became more free and was able to see the process more clearly and carry out more suitable interventions. I finally realized that the aim of every therapeutic approach is to help the client, thus the decision to use a technique should be based on the condition of the case, rather than based on the specific approach. Minuchin and Fishman (1981) have stressed that "technique is only the vehicle for the therapist's creative

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exploration" (p. 287). In fact, the heart of the structural approach is its way of conceptualizing family problems (Colapinto, 1991). To have the structural goal in mind to guide the intervention is more important than using the classical structural techniques. This is also the conclusion of Minuchin and Fishman in their book on techniques: "When techniques are guided by such wisdom (knowledge of the interconnectedness of things), then therapy becomes healing" (p.290).

Tomas Gordon (1975) in his book *Parent Effectiveness Training*, describes the process in the acquisition of new communication skills as one moving from being unconsciously unskilled (not skillful and unaware of not being skillful) to being consciously unskilled (not skillful but aware of the need to develop skills) to being consciously skilled (developing the skills but needing much conscious effort) to being unconsciously skilled (being skilled and having the responses flow without much thought). After this practicum, I was at the third stage. And I believe the expansion in knowledge and skills in working with different families in the future will ultimately make me a better therapist. As Minuchin and Fishman (1981) note, "once he becomes an expert reader of family feedback, the therapist will again be able to be spontaneous, confident that his behavior falls within the therapeutic system's accepted range" (p.49).

The Structural Family Therapy Approach

Through this practicum, I was able to shift from an individual perspective to a systems perspective in clinical practice. I have developed structural knowledge and skills on the perceptual, conceptual and executive level. On the perceptual level, I was able to identify the interconnections and complementarities between family members, as in the

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couples in Families *A* and *E*, and the interactional patterns between the parent and adolescent child in Families *B* and *F*. I was also able to see the influence of the larger social context and the place of the individual in the system. For example, in the case of Family *C*, I was aware of the influence of peer and school systems on the adolescent's problems and devised strategies to address them.

On the conceptual level, I was able to conduct structural assessments and formulate hypotheses and treatment plans, while at the same time organizing interventions to achieve the structural goals. Moreover, I learned to think in the language of the structural approach. I also practiced some of the structural intervention techniques with the families. In trying to apply the structural techniques, such as enactment, challenging clients' reality and world views, modifying interactional patterns, unbalancing, and boundary making, I experienced their impact and consolidated the knowledge on "how", "when' and most importantly "what for".

The paradigm shift was not only a shift in perspective, but also a shift in attitude. Colapinto (1983) has commented that the shift is a conceptual leap that no accumulation of techniques can substitute for. It is a "how-come" attitude supported by the "conviction that there are other alternatives available within the potential resources of the family"(p. 15). I realized that the success of structural interventions depends on the genuine respect, concern and trust in the family's strengths and potential to change. Without the beliefs in the strengths of the clients and the respect for their good will, such as in the case of Angie in Family B, the structural intervention would be impersonal, superficial and manipulative (Minuchin & Fishman, 1981). As a beginner, at first, I was too focused on "challenging" the families and lost sight of these more fundamental premises of the

structural approach. Minuchin (1974) has stated that "Any therapist who does not have the capacity to imbue the family with a strong sense of his respect for each one of them as individuals and his firm commitment to healing will lose the family in the processes of transformation" (p. 113).

My experience of practicing the structural approach confirms that it is a very demanding approach for the therapist as a person (Aponte, 1992; Minuchin & Fishman, 1981). In the therapy session, I no longer sat there listening to the client's story calmly as I did when working with individuals. Instead, the family members "danced" in front of me to demonstrate their lives, struggles, conflicts and interactions and I had to actively intervene. Aponte (1992) asserts that the practice of structural family therapy is an existential exercise, involving the whole person of the therapist. At the beginning, the intensity of the therapy sessions overwhelmed my sense of security and control as a worker. Also, it was difficult to keep my mind clear at the same time. It took time for me to get accustomed to such intense experiences in the sessions and feel comfortable. Nevertheless, the existential experience of the client's reality, although demanding, was conducive to the understanding of the family and to their transformation. "The trainee's acquisition of new ways of seeing and thinking depends on his development of new ways of being in the therapeutic context" (Minuchin, Lee & Simon, 1996, p. 74). The experiential learning process was more powerful than learning in a cognitive or didactic fashion.

As the structural approach requires active involvement in the lives of families, I experienced that the demand for the conscious use of self on the therapist's part was very great (Aponte, 1992). Supervision provided a very good opportunity for me to reflect on

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my assets and limitations as a worker in doing therapy. I realized that my past working and life experience enabled me to empathize with people's feelings. This asset facilitated my joining with families. On the other hand, through supervision with Kenneth Kwan I also recognized my tendency toward "over-responsibility" rooted in my family-of-origin. This tendency had made it easy for me to be inducted by families or to run to rescue the clients. I became more conscious and more flexible in using different aspects of myself as an instrument to facilitate changes in families. As Aponte and Winter (2000) have stated,

> "By gaining more understanding and mastery of self, the therapist does, indeed, gain greater ability to penetrate the meaning of a client's struggles. ... ... The practitioner's resolution of personal issues not only decreases the projective process, it also allows more effective use of self with the client and, therefore, increases avenues for change in the therapeutic process" (p.147).

This practicum was a very special experience for me as a person. First of all, as a Chinese growing up in a Westernized city such as Hong Kong, this practicum put me into deeper contact with the Chinese culture. The reflections gained from helping the families to negotiate the two worldviews was inspirational. After that, I started a journey of searching within myself for the legacy of Chinese culture and identity. Also, culture has become an important marker for me to understand others and myself. I became more sensitive in differentiating my cultural values, my personal values and my professional values, which in the past were all intertwined.

In addition, after operationalizing the systems concepts in the practicum, I found that these concepts have been internalized and have had an impact on my personal life. For example, the notion of complementarity is frequently referred to in my interaction with my husband. I feel less trapped by his behaviors because I realize that I always have

a place in it. When I facilitated the couple in Family A & E to see their complementarity, the process also had an impact on my marriage. Aponte and Winter (2000) have noted that "providing treatment acts as a potent stimulus to personal growth and fosters a variety of possibilities for change in practitioners" (p. 140).

Finally, my mission to be a therapist is more firmly instilled in me after the practicum. The work in this practicum was exhilarating. I found myself really enjoying encounters with people in the therapy context, using my life to influence their lives. I am very pleased to see that people can be enabled to find relief from their miseries and I feel happy for them. In addition, as the experience in the practicum unfolded, I witnessed that therapies do work to effect change to better the lives of people. I am more determined to commit to this helping profession as my career.

Chinese Immigrant Families and Structural Family Therapy

One of the learning objectives of this practicum was to understand the acculturation experience and the family problems confronting Chinese immigrant families in Canada. Through working with the families in the practicum, I was able to develop a deeper understanding of the issues confronting Chinese immigrants in a Western land. I witnessed from the cases how the family system was affected by the losses and adjustments resulting from migration. Among the many losses, the loss of emotional support from extended family and social network are significant to Chinese. As they usually confine their problems to their families and close friends, many immigrants, especially women, lost confidants to help share their emotional burden after relocation. Most of the clients I worked with in this practicum longed for a supportive and

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empathetic ear for their pain and frustration. This underscores the importance of providing community service to help Chinese immigrants build up their support network in the new land and facilitate their better adjustment.

From working with the ten families, I found that most of them were mired down in the "period of decompensation" along the progressive stages of migration as suggested by Sluzki (1979). The phenomenon was assessed to be related to the vast differences between the Chinese and Western culture, which made the process of cultural transition highly difficult for the Chinese. Cultural transition was found to have contributed in various degrees to the parent-adolescent relationship problems of those families treated in this practicum. This points to the need for further research and relevant social services to help Chinese immigrant families negotiate this transition.

For the migratory style, two families (Family C & F) had family members migrating at different times. One of them (Family F) also adopted the "astronaut" arrangement. Disruption of the family system created by separation and reunion in the family had added additional difficulties to their post migration adjustments. In addition, the acculturation gaps between those who lived in Canada and those who remained in the home country was widened. The time and space limits of "astronaut" format hindered Family F in resolving the cultural transition problems in the family.

Another variation in the migration process of Chinese immigrant families was that some of them would return to their home country after they had received their citizenship in Canada. The return decision brought the A Family in the practicum back to the preparation stage of migration. Potential crises ensued in the negotiation process because the interests of different parties were in conflict. This pattern had been observed in my

personal and social contacts with Chinese immigrants in Canada. However, the impact of this move on the family system of the acculturating immigrant, which was believed to be significant, has not yet been explored.

The practicum demonstrated that the impact of differential acculturation rates on the parent-child relationship should not be underestimated in working with the Chinese immigrant families. Seven out of the ten families presented issues of adolescent-parent conflict, which were a result, solely or in part, of the different cultural codes held by the two generations. Parents in these families were not prepared for the impact their children's acculturation to Western values had on the family. Contextualizing the intergenerational conflict as cultural differences was found to be a useful and important intervention. It helped to normalize and externalize the problem and relieve the shame and guilt felt by family members.

The experience of applying the structural family therapy approach with the Chinese immigrant families in this practicum was positive. The structural approach provided a clear framework to conceptualize the problems of the Chinese immigrant families. As Helen Ko (1986) has noted, the concepts of stress and the developmental orientation of the structural model give the therapist a clearer way to look at the family's dynamics. The assessment of the functioning of the family was based on the sociocultural context of the family (Minuchin & Fishman, 1981; Ko, 1986). Under this framework, the family structure of the Chinese families was respected. Moreover, the emphasis on joining, supporting strengths, and exploring alternatives made it an appropriate approach to engage the "shame sensitive" Chinese clients. Its respect, competence and empowerment orientation helped to affirm the Chinese immigrant families and restore a sense of

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balance in their lives, which is an important aspect in intervention with immigrants who often experience frustration and stresses in the relocation process.

At the same time, there are several issues that therapists should consider when applying the structural family therapy approach to Chinese immigrant families. Firstly, therapists should be aware that migration and culture are two important contexts to help understand these families and their problems.

Secondly, joining and respect are extremely important in working with Chinese. These are issues in any treatment but more so with the Chinese families taking into consideration the shame-sensitive cultural characteristic. Considering the paramount importance of children respecting their parents in Chinese culture, therapists should avoid challenging the parents in front of their children. Asking children to talk about their discontent with their parents should also be avoided. Arranging individual session with parents and children to clear up misunderstandings and handle their emotions can pave the way for better interaction in family sessions. Moreover, even in individual contacts, confrontation and challenge should not be used before therapeutic alliances are firmly built.

Thirdly, as the Chinese emphasize harmony and are unfamiliar with therapy, preparation and clarification of the therapy process are indispensable in view of the intensity of some of the structural interventions.

As well, the concept of enactment has to be instituted careful. Chinese are highly conscious of exposing their weakness in front of others. Thus, therapist has to be supportive and focus on strengths when using enactment to modify family interaction. Moreover, when facilitating change in interactional patterns, therapists must guard

against pushing for direct communication and expression of feelings. The readiness of the clients and their communication skills have to be assessed. Sometimes therapists need to act as the model and coach to facilitate the Chinese families to communicate.

Moreover, as Chinese culture stresses on harmony, families usually resist dealing with negative feelings openly so that harmony can be maintained (Tseng & Hsu, 1991). Thus, therapists sometimes need to arrange separate sessions with family subsystems to understand their problems and difficulties.

Besides technical skills, therapists approaching Chinese immigrant families should remember that their family organization and behavior are based on a different set of cultural values. Thus, therapists have to be open to examine their own professional values, which are mainly influenced by the Western theories of assessment and intervention. At the same time, therapists also need to be conscious of their personal values, which can easily enter into the therapy process. An open attitude to examine oneself and to accept the differences of others is imperative. This attitude is more important when practicing the structural approach because of the centrality of therapist's role in directing change in the therapy process.

Concerning the background of the therapist in working with Chinese immigrant families, therapists who are also Chinese have the advantage of having what Sue and Zane (1987) call "ascribed credibility" (quoted in Baptiste, 1993 p.357) in the eyes of Chinese clients. The same cultural background enhances the therapist's acceptability to the Chinese immigrant families. However, as Sue and Zane suggest, it was the "achieved credibility" (p. 357), therapist's skills and attitude, that enabled them to obtain the collaboration of the Chinese families to achieve transformation.

Finally, as important to as it is to understand the Chinese culture when approaching Chinese immigrant families, it is also essential not to stereotype them. There are great subgroup differences among this population and their cultural systems are in flux. It is important to remember they are Chinese, but then forget that they are Chinese to explore the uniqueness of each family.

In concluding the experience of this practicum, I discovered that the most important component of therapy is not skills, but the therapeutic relationship with the clients, a finding which much research supports (Patterson et al., 1998). Even though I was not skillful, my commitment to help and my genuine care and concern for the families made them willing to explore unknown alternatives with me. Relationship and trust with the families in this practicum were established through an air of acceptance, presence and genuine care. These included active listening, pacing, and validation. I noticed from these families that apart from looking for advice and solutions in therapy, they also needed to be given time, especially in the initial stage of therapy, to tell their stories and feelings, and to feel they were being heard and understood. The therapy sessions with Families *A, E, F, H,* and *I* in the initial stage were long, sometimes up to more than two hours. Besides acceptance of their behaviors, respecting their choices, and confirming their good intentions were also important to provide a safe environment for them to reveal themselves. Furthermore, being wholly present in the session, to join with them when there was progress, and to encourage them and feel with them when they were frustrated, conveyed my genuine care to them. I believe that apart from relationship

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building, such therapeutic relationships with these families performed an important healing function for their frustration and humiliation in the problem-solving process.

Most of the clients in this practicum appreciated my understanding of their struggle, and found my empathetic responses eased their pain. The couple in Family E told me at termination that they thought that I was still young and my life experience was not yet rich enough. However, they felt I was really committed to helping them, able to understand their feelings and showed genuine care in being with them; and that was most helpful to them. Hence, I will close this report with a remark from Minuchin and Fishman (1981) about being a therapist:

> "The therapist should be a healer: a human being concerned with engaging other human beings, therapeutically, around areas and issues that cause them pain, while always retaining great respect for their values, areas of strength, and esthetic preferences" (p. 1).

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RELATIONSHIP DIMENSIONS

1. Cohesion

The extent to which family members are concerned and committed to the family and the degree to which they are helpful and supportive to each other.
(Family members really help and support one another.)

2. Expressiveness

The extent to which family members are allowed and encouraged to act openly and to express their feelings directly.
(There are a lot of spontaneous discussions in our family.)

3. Conflict

The extent to which the open expression of anger and aggression and generally conflictual interactions are characteristic of the family.
(Family members often criticize each other.)

PERSONAL-GROWTH DIMENSIONS

4. Independence

The extent to which family members are encouraged to be assertive, self-sufficient, to make their own decisions, and to think things out for themselves.
(In our family, we are strongly encouraged to be independent.)

5. Achievement
   Orientation

The extent to which different types of activities (e.g., school and work) are cast into an achievement-oriented or competitive framework.
(Getting ahead in life is very important in our family.)

6. Intellectual-
   Cultural
   Orientation

The extent to which the family is concerned about political, social, intellectual, and cultural activities.
(We often talk about political and social problems.)

7. Active-
   Recreational

The extent to which the family participates actively in various recreational and sporting activities.
(We often go to movies, sports, events, camping, etc.)

8. Moral-Religious
   Emphasis

The extent to which the family actively discusses and emphasizes ethical and religious issues and values.
(Family members attend church, synagogue, or Sunday School fairly often.)

SYSTEM-MAINTENANCE DIMENSIONS

9. Organization

The extent to which order and organization are important in the family in terms of structuring of family activities, financial planning, and the explicitness and clarity of rules and responsibilities.
(Activities in our family are pretty carefully planned.)

10. Control

The extent to which the family is organized in a hierarchical manner, the rigidity of rules and procedures, and the extent to which family members order each other around.
(There are very few rules to follow in our family.)

Adapted from Moos, R. and Moos, B. A typology of family social environments. Family Process (15), 1976, p. 360.

Appendix B – Permission to use the Family Environment Scale

X-Sender: hmoos@hmoos.pobox.stanford.edu (Unverified)
X-Mailer: QUALCOMM Windows Eudora Pro Version 4.2.0.58
Date: Mon, 16 Jul 2001 21:15:25 -0700
To: Wong Sui Kuen <karmenw@anglobal.net>
From: Rudolf Moos <hmoos@stanford.edu>
Subject: Re: Permission to use the Family Environment Scale

Karmen, Sui Kuen Wong:

This is to confirm that in December 1997, I sent you an e-mail giving you permission to use the Chinese version of the Family Environment Scale (FES) in your practicum project. At the time, I sent you a copy of the Chinese version of the FES for you to use in your project. I am glad that you are now writing up the results of the project, and I would appreciate receiving a copy of your manuscript when it is completed.

Rudolf Moos

At 10:28 AM 7-17-01 -0000, you wrote:
Professor Rudolf Moos and Bernice Moos,

I am a graduate student of the Master of Social Work program at the University of Manitoba in Canada. I had contact you in 1997 seeking your permission to use the Family Environment Scale in my practicum, which involved using the Scale as a pre-and post-test tool for my family therapy intervention with Chinese immigrant families in Canada. At that time I got your kind permission to use the Scale and you are also very helpful that you sent me the Chinese version of the Scale. The FES did really provided rich information about the families I worked with in the practicum.

I am very grateful to your kind assistance in this matter. I hope that you have same memory about this matter, because now there is a remaining problem which I need your further assistance. I have to write up the practicum report (which is similar to a thesis, but the research part is a practicum after the practicum completed. However, due to my health and personal problems, the report writing process have dragged on until recently where I finally came to the end. However, my supervisor reminded me to have your formal permission for me to use the Scale in my practicum, that I have to attach it in my appendix of my report. I try to find the e-mail you sent me in 1997, but the data is no longer available because I have changed the computer I use.

Thus, I really hope that you could do me a favor again. I need a formal letter (preferrably with letter head and dated back to Nov. 1997) about permission for me to use the FES in my practicum and also that you gave me the translated Chinese version of the Scale.

I hope this won't cause you too much trouble, and I do really hope you can kindly help me in this issue again. I would be really grateful about your assistance.

If you have any problems or queries, I would be ready to clarify.

Regards,

Karmen, Sui Kuen Wong

Attachment: e-mail

Bernice Rudolf Moos (#2)
Center for Health Care Evaluation
VA Health Care System and
Stanford University Medical Center
3801 Miranda Ave
Palo Alto, CA 94304
phone: 650-493-5000 X6482(Bernice), X6592(Rudolf)
FAX: 650-852-3420

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大多市華人家庭　CHINESE FAMILY LIFE SERVICES　14 College St. 4th FL., Tor., ONT. M5G 1K2
生活服務中心　OF METRO TORONTO　Tel: (416) 920-1237　Fax: (416) 920-4586

同意書

（一）本人同意將本人在大多市華人家庭生活服務中
　　　心接受輔導的過程以錄音作為記錄。本人清楚
　　　知道此錄音是為協助大多市華人家庭生活服務
　　　中心輔導員更有效地輔導本人。所有錄音均由
　　　大多市華人家庭生活服務中心視為保密文件，
　　　並為其所保存及擁有。

（二）本人亦同意大多市華人家庭生活服務中心輔導
　　　員黃笑娟將本人接受輔導的情況以不記名形式
　　　收錄在她的社會工作碩士研究報告中。

簽名：————————————————————
（受輔導者）

簽名：————————————————————
（見證人）

日期：————————————————————

A United Way Member Agency

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Appendix D: Satisfaction Survey – Questions

1. How did you hear about our services?
2. Did you have a clear understanding of our services?

   Yes / Partly / No
3. Were you satisfied with the services provided by the workers of the Agency?

   Yes / Most / Partly / No (please explain)
4. Did you feel that your concerns and issues have been addressed?

   Yes / Most / Partly / No (please explain)
5. Should the need arise in the future would you contact us again?

   Yes / No (please explain)
6. During a crisis period, did you have difficulties contacting our social workers or counselors?

   Yes (please explain) / Sometimes / No
7. Would you recommend our service to your friends, family members or other people?

   Yes / No
8. Do you want to pay the fee for services on a sliding scale?

   Yes / No
9. Do you think the location is accessible?

   Yes / No (please explain)
10. What is the most convenient time for you to come?

    Morning / Lunch hour / Afternoon / Evening
11. Other comments, suggestions, or opinions?