The Importance of Cultural Sensitivity and Therapist Self-Awareness When Working with Mandatory Clients*

KHAWLA ABU BAKER, Ph.D.†

Systemic therapy emphasizes the importance of understanding each relationship in the context of its ecosystem. Considerations such as the influence of social agencies, culture, and the therapist's self-awareness are described in the literature as amplifying lenses within the therapeutic relationship. When a minority client is caught in the web of larger system agencies and is mandated to family therapy, systemic family therapy, which incorporates multiple lenses and attends to the context of social background, may provide a better understanding of the client's reality. Clinical cases show that therapists may slip into veiled racist and discriminatory attitudes with minority clients. Self-awareness, "soul searching," and appropriate supervision may be of tremendous help in learning from such experiences. A case example illustrates the application of this approach.

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THERAPY does not happen in a vacuum. Rather, it happens in social and cultural contexts and encounters. Therapy is a relationship between therapists and clients, clients and their problems, therapists and their therapy methods—including their tools, theories, and experience. Relationship in therapy seems to be influenced by: a) the degree to which therapists and clients know themselves; b) the openness of therapists to know their clients as they are, rather than as social or personal prejudice depicts them; c) therapists' investment in learning about their clients' social norms and social systems; and d) therapists' and clients' acquaintance with the larger systems to which each party is connected. This article is about my experience of starting therapy work in a new social and cultural setting, and the ensuing challenges—especially the need to learn about the relationship between therapy and the larger system in the US, and to assess the changes in my personal attitudes following my relocation. In this article, I apply systemic ideas to a court-ordered family therapy case that involves a conflicted relationship between a woman of minority status and a social service agency. A case example will illustrate the use of a systemic approach, highlighting the dialectical confluences of all participants.

Traditionally, therapy has been initi-

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† Lecturer (Assistant Professor), Department of Behavioral Sciences, Yezreel Academic College, P.O. Box 2320, Akko 24316 Israel; e-mail: hishamm@cs.technion.ac.il.

ated by the client (Haley, 1976, 1992; Watzlawick, Weakland, & Fisch, 1974; Weakland & Jordan, 1990). However, a rise in the number of court-ordered therapy cases in the US—also referred to as mandatory (Adams, 1992) or compulsory therapy (Haley, 1992; Horton, 1992; Woody & Grinstead, 1992)—has been noted by Haley (1992). Many court-ordered clients in America assume that the therapists to whom they are referred are employed by the state (Adams, 1992; Caesar & Roberts, 1991; Haley, 1992; Weakland & Jordan, 1990) and, that they will have a predetermined agenda regarding the clients' problems (Imber-Black, 1988). Therefore, when the legal system intervenes, and helping professionals are (often rapidly) introduced into the life of the family, the roles and intentions of these professionals are often poorly understood by the family. This confusion is exacerbated if the professionals flood the family with conflicting opinions, information, and solutions (Colapinto, 1995; Imber-Black, 1988).

Since therapy should be related to the complexity of clients' lives, in order to understand human relationships more fully, systemic thinking employs multiple perspectives or lenses. When social service agencies are involved, Imber-Black (1986) suggests that adopting the perspective of agencies (that is, adding a lens) will help "to amplify and bring into sharp focus the historical, political, social, and economic levels affecting families and individuals" (p. 34). Similarly, Falicov (1988, 1995) describes cultural awareness as a special lens that the family therapist uses to view the client's reality as well as his or her own. Boyd-Franklin (1989) suggests that therapists must extend their self-awareness, so that greater knowledge of "self" as therapist and "self" in relation to "other" is achieved. When combined, these multiple lenses serve to expand exponentially the therapist's understanding of the client (Keeney, 1983). By adopting multiple contextual perspectives or "lenses," the therapist can begin to understand and facilitate change in the relationships between those involved. Necessary lenses may include those of the larger system of social agencies and culture, as well as the therapist's values.

LARGER-SYSTEM INTERVENTIONS

Differences of opinion exist regarding the impact of social service interventions upon family life (Adams, 1992; Boyd-Franklin, 1995; Colapinto, 1995; Deveaux, 1992; Holden, Zimmerman, & Fortenberry, 1991; Imber-Black, 1986, 1988). Those who oppose such interventions point out that the principles supporting these interventions are similar to those that have justified colonization (Comaz-Diaz, 1994), racism (Boyd-Franklin, 1989), and social control (Foucault, 1973/1994; Pinderhughes, 1986). Opponents of intervention by social institutions into family life have identified a multitude of potential problems, including the surrender of familial autonomy (Colapinto, 1995; Webb-Watson, 1988). Imber-Black (1988) and Caesar and Roberts (1991) attest to the iatrogenic impact of interventions by several generations of helping professionals upon the family. Minuchin (1986) notes that the family's encounter with a helping professional could result in additional problems, rather than in solutions. Weber, Wynne, and McDaniel (1986) characterize the family's response to this phenomenon as "Help, I'm being helped again" (p. 44).

While there is evidence that these interventions can be problematic, there is also a substantial body of literature to suggest that interventions by social agencies benefit the family (Adams, 1992; Deveaux, 1992; Horton, 1992; Imber-Black, 1991; Sandau-Beckler, 1992). For example, so-

cial service agencies can insure that families obtain public services and proper healthcare. Holden et al. (1991) have pointed out some of the more functional aspects of the social infrastructure, especially those that update and disperse information among various clinics, hospitals, schools, and agencies. Similarly, external interventions are necessary when child abuse and/or neglect occur. Woody and Grinstead (1992) have argued that court-ordered treatment is beneficial in these cases.

The Family Therapist's Interaction

How do family therapists interact with the larger system? Milgrom and Green (1990) have asked the important question: "How well does family therapy equip us to tackle multiple systems?" (p. 11). Earlier, Selvini-Palazzoli, Boscolo, Cecchin, and Prata, (1980) stated that family therapists are trained to view clients and referrals from a metalevel vantage and through a number of contextual lenses. Therefore, they are uniquely qualified to work with those who are court-ordered. Later, Haley (1992) and Boyd-Franklin and Garcia-Preto (1994), noting that therapists are typically trained to work with clients who are self-referred, propose that work with court-ordered clients will require a different approach. While systemic training helps therapists to view each case from the widest perspective possible, they will have to learn about each system and its subculture, and gather the appropriate information for the client's benefit. It is crucial, therefore, that there be appropriate clinical training courses at therapy schools that will qualify therapists/students to work with court-ordered cases.

Who is the client? The determination of whether the referring agency or the family is the therapist's client is often considered the first task of therapy (Caesar & Roberts, 1991; Haley, 1992; Milgrom & Green, 1990). Systemic family therapists attempt to relate to clients and their referring agencies as conjoint clients (Anderson & Goolishian, 1988; Fish & Faynik, 1989; Lehmann, Rabenstein, Duff, & Meyel, 1994; Wetchler, 1992). This challenge becomes compounded when multiple agencies are involved.

Consultant or facilitator? In working with clients and helpers from the agencies that have referred them, the therapist usually functions as either a facilitator or a consultant (Imber-Black, 1988). When serving as a consultant, collaboration with the referring agency is emphasized. In this role, the therapist attempts to provide educational information about the clients to the referring agency. Wynne, Weber, and McDaniel (1986) encourage family therapists to assume the role of consultant when working with outside agencies.

Diamond, Bernal, and Flores-Ortiz (1991) presume that family therapists will often be involved with larger social systems in their clinical work. They espouse a facilitator role, envisioning therapists as bridge-builders between themselves, their clients, and the social agency. According to the authors, the therapist's role in relation to the social agency, is comprised of the tasks of connecting, understanding, learning, and collaborating. The therapist should also attempt to understand the outside agency and any relevant professionals from both a contextual and a metacontextual viewpoint. In other cases, therapists may adopt both–and roles (that is, as consultant and facilitator) since the influence of each role will subsequently affect all contexts in the therapeutic relationship (Keeney, 1983).

Adopting a cultural lens: The influence of cultural factors on families in treatment and on treatment providers has been addressed in a number of studies (Boyd-Franklin, 1989; Comaz-Diaz &

Greene, 1994; Falicov, 1988, 1995; Gushue & Sciarra, 1995; Hoffman, 1993; McGoldrick, Garcia-Preto, Hines, & Lee, 1991; McGoldrick, Pearce, & Giordano, 1982; Tseng & Hsu, 1991). The importance of adopting a cultural lens through which to view family problems has been underscored by these authors. Attending to the influence of cultural factors greatly contributes to the therapist's understanding of how families view their difficulties. It is believed that the adoption of a cultural lens is a profound change in epistemological understanding for family therapists because it questions their understanding about their understanding of families' cultures (Falicov, 1988; Paré, 1995).

Minority women as clients: Therapists need to pay attention to the needs of special populations within each culture. Comaz-Diaz and Greene (1994) extend the cultural considerations to family therapy with minority women. They note: "The realities of women of color reflect the confluence of gender, race, ethnicity, class, biology, sexual orientation, physical ability, religion/spirituality, as well as contextual variables such as historical and sociopolitical factors" (p. 187). The relationship between minority women and the larger system in the US became obvious in the 1986 study by Imber-Black (Coppersmith). She indicates that larger systems tend to discriminate against individuals belonging to minority groups, especially if these individuals are women. She identifies historical, economic, and cultural factors that contribute to the tendency of human service agencies to reframe family problems as problems that belong to and originate from women.

THERAPISTS' SELF-AWARENESS

Since therapist's own self is a structural part of the therapeutic encounter, systemic thinkers believe that a family therapist influences the systems with which he or she comes into contact, while also being influenced by them (Bateson, 1972; Flemons, in press; Keeney, 1983). Therapists must remember that their own cultural history comprises a lens that will influence their perceptions of clients outside of their culture. As Tseng and Hsu (1991) have noted, "Interpersonal relationships are always subconsciously influenced and shaped by cultural factors, and the relationship between therapist and family is no exception" (p. 194). The effects of these preexisting cultural views will govern the therapist's work and function as "cultural filters" in conspicuous ways; however, they will also influence this work in ways that are outside of the therapist's awareness (McGoldrick et al., 1991, p. 546).

One suggested method to expand the therapist's sensitivity involves an in-depth self-examination of the therapist's own background in terms of culture, race, gender, social and economic class. Boyd-Franklin (1989) refers to this approach as "soul-searching" (p. 98), and deems it an essential prerequisite to therapeutic work with women of minority status.

In the following case study, I will present my experience as an alien therapist, ignorant of the multiple American cultures and its social agencies, conducting systemic therapy with an African American woman. During the sessions, I attempted to retain a systemic awareness by viewing my client, her family, and their difficulties through a) *my own professional lens,* b) *the lens of our differing cultures,* c) and *the lens of the larger social system* (including the referring agency). My personal awareness of my cultural and social prejudices helped me as a person and as a therapist to understand the larger systems' attitudes toward minorities and to understand how the client had been hurt by these attitudes. By using these three viewpoints to understand the

dynamics of my client's distress, I was able to appreciate the dialectical and systemic confluence of their interaction. Not only did I experience changes in my understanding, but also in the attitudes of the client and her Health and Rehabilitation Services (HRS) case worker. The following case study includes excerpts from complete transcriptions of three therapy sessions—as well as portions of two transcribed followup interviews—conducted with the client and her case worker. (All names are changed in order to protect confidentiality.)

CASE STUDY

At the time she was referred to therapy,[1] Olivia was a 25-year-old, single, African American woman who had borne four children. Fifteen months prior to therapy, her ex-boyfriend had beaten her 18-month-old son, David, to death. HRS participated in the investigation, since the death of a child was involved. When it was learned that David's twin brother, Eddy, had died 7 months previously (reportedly from crib death), the Child Protection Team (CPT) suspected neglect and initiated their own investigation. They placed Olivia's two remaining children (6-year-old Julia and 4-year-old Malkum) in the custody of Olivia's mother. The CPT informed Olivia that the placement would last for one week, until the investigation was terminated.

During the course of the investigation, Olivia met sixteen different professionals, all of whom were involved in her case. Among the professionals were staff members from the Sheriff's office, the CPT, HRS, the court system (including the state attorney's office), and a hospital. This group also included a guardian, the court psychologist, and parenting instructors.

Olivia complained that the guardian who supervised the placement of her children accused Olivia of neglecting her children because of her involvement with her former boyfriend. Olivia responded by stating that it was impossible to "read a book by its cover." Following a legal hearing, Olivia was told that she would have to attend a 6-month parenting class. Nine months following the completion of the course, she was still struggling to regain custody of her children.

During my first meeting with Olivia, she appeared to be quite suspicious and angry. Because I was a foreign student from another country (Israel), I did not realize that she was being forced by the court to attend therapy. Nor did I understand the power that HRS wields in the lives of the families with whom it becomes involved. Because I was totally unfamiliar with the nature and functions of the HRS and other agencies, I invited Olivia to describe her interactions with the agencies of the larger system. At several points during this session, Olivia asked me to explain why she needed to attend therapy. She also wanted to know what I intended to accomplish with her. I did not have answers to these questions. I learned from Olivia that the case manager had referred her to our clinic. When I asked her to explain this, she replied:

> This case manager, I have asked him and the only response I get is: "When you get down there they will speak with you." He can't even talk to me. . . . I've done this and I've done that, yet, still what's the purpose? I still don't understand, like I said. I don't feel I need therapy.

Initially, I was unable to accept this answer. Instead, I thought Olivia was

[1] The case was seen in the clinic of Family Therapy Associates, 3100 SW 9th Avenue, Nova Southeastern University, Fort Lauderdale, Florida 33315. I worked with the client in the therapy room while a supervisor and a team of five other therapists—all Ph.D. students—observed from behind a one-way mirror.

demonstrating "resistance" and "denial." I also suspected that she was providing me with false information. During that week, I sought out additional information about the larger system in the US, and about HRS in particular. I learned that HRS was a state agency that exerted control over certain social behaviors and that it sometimes acted as an extension of the legal system. In terms of the latter function, I learned that it often worked in opposition to individuals of minority status.

When I reviewed the session tape, I discovered that it appeared as if I were in agreement with HRS and the larger system in prejudging Olivia. I realized that I had formed an opinion of Olivia that was based upon the fact that she was a lower-class, uneducated, African American woman. When I thought about the reason for this, I realized that, by the standards of my own culture (Arab), black people are considered the lowest class in all Arab countries, and they usually are called in Arabic "abeed," which means "slaves." Also according to my religion (Islam), some of the things that Olivia did (such as having children out of wedlock) would be deemed immoral. I was shocked to discover that I held such racist and discriminatory thoughts and feelings. This was particularly difficult for me since I consider myself a feminist. Also, because I too am of minority status (Palestinian in Israel), I thought that I was sensitive and respectful of other minorities. Nevertheless, my first encounter with a minority client outside my society taught me that this was not the case!

The idea that my social and cultural attitudes may be biased because of my geographical location disturbed me greatly. During the remainder of the week, I became restless and engaged in my own soul-searching. I relived many of my experiences as a person of minority status. I remembered the feeling of being prejudged by Arab men as a woman, by some Jews as an Arab, or by Westerners as a Moslem. I compared my feelings as a minority member to experiences I knew about other minority friends or from some movie characters that had influenced my attitudes and thoughts. I forced myself to observe some of my experiences as the discriminator rather than as the victim. This was hard to accept, yet I wanted to be honest with myself. It was a long, painful, sleepless week. Filled with shame, I shared my observations with my supervisor[2] and team members who had been unaware of my own discovery and conflicts. The team helped me further connect to my difficulties and the "cleansing" of my racist and prejudice attitudes. The process was both painful and fruitful. By publicly acknowledging my preconceptions, I was able to face my hidden side and to be honest with myself and with my client.

In subsequent sessions, I found I could listen to Olivia as a person, rather than a "black-skinned woman." I became able to understand and join with her reality. I realized that she had been living her life in accord with her African American culture. She had relied upon both her extended family and her "church family" while grieving the death of her children. Her religious beliefs had helped her to focus upon a future with her two surviving children. In terms of her losses, she stated:

> I think about my babies sometimes, but I have to let them rest in peace. That's what the Lord wants me to do. I have two other kids to live for. I can't go and neglect everything else. I can't just sit here. And you know, I have to go on.

I saw Olivia's faith as a strength that enabled her to withstand the terrible trag-

[2] Dr. Shelley Green was the supervisor for this case. She understood the importance of "soul-searching" in therapist's clinical training and encouraged it.

edies she had experienced. Her support system had also helped her deal with these losses. I came to view Olivia as a strong, capable woman who could cope quite competently with the events occurring in her life. However, she had been court-ordered to family therapy, and noncompliance would jeopardize her goal of regaining custody of her children.

Having assessed her strengths, I began to view my client as a consultant with regard to her own culture and her experiences with the larger social system. Through the lens of her experience, it was as if she had merely been passed from one person to the next. She could not recall being told why these referrals were made or what was expected of her. In many ways, these individuals had become the custodians of her life; they "preyed" upon her time and her emotions:

> I would prefer for a person to be straight up and honest with me, and to tell me, "Listen, this is what is going on. You won't have your kids for whatever or whatever amount of time." Don't lie to me. Those are *my* kids. I raised them and I brought them into this world. I went through the labor and pain. I feel like it is my responsibility to raise them. I did nothing wrong. I don't hurt my kids. Why shouldn't they be with me? I can get along with anybody, as long as they don't lie. But if you just constantly tell me one thing and then I find out another thing, I don't appreciate it.

In order to understand better the entirety of her experience, I obtained her consent to speak with her HRS case manager, Mr. Emanuel. During my telephone conversations, I invited him to educate me about his agency. Once again, I applied Imber-Black's "one-down stance" (1988, p. 43) and operated from the position of "not knowing" (Anderson & Goolishian, 1988). Just as I had begun to do with Olivia, I approached Mr. Emanuel as a consultant. From our conversations, I gained a perspective of my client's situation from within the context of the larger system.

Mr. Emanuel believed in the HRS commitment to rescue children from abusive parents. Although he was the third manager to be assigned to Olivia's case, he had never actually met her. His information about her came from the reports of other professionals, and he had never questioned their opinions. Whenever he provided information or offered an opinion that conflicted with what I had learned about Olivia, I addressed the discrepancy. In this manner, I became an alternative source of information. As a result of a team consultation, I invited Mr. Emanuel to our third session. Olivia had agreed that this would help her obtain answers to her questions. It would also help me to determine the direction of future sessions.

The first half of this session was tense. Olivia unleashed her pent-up anger toward HRS upon Mr. Emanuel. He retaliated by accusing her of having low self-esteem. Olivia responded: "HRS will make you have low self-esteem! HRS is stupid. I see no reason for HRS. HRS does not help me. The psychologist does not help me. No one has helped Olivia!"

At this point in the session, I could emphathize with both individuals. By adopting the role of the facilitator, I believed I could help each of them to listen to each other so that the goals of each would be furthered. In order to regain custody of her children, Olivia would have to learn what HRS expected of her. By getting to know Olivia as a person, Mr. Emanuel could make more informed decisions about her case.

I reframed Olivia's anger as an expression of her desire to get her children back. Her screams were the voice of a wounded mother who had become a victim of a larger system. I then asked Olivia if she had noted the attention and devotion Mr. Emanuel had displayed with regard to

insuring the safety of her children. As the session continued, it seemed as if both sides had begun to listen to each other. Toward the end of the session, the HRS worker said:

> Yes, I view Olivia as being hurt by this case, and she definitely feels she's the victim. I think that is possible. And of course HRS has not treated her well. But under the circumstances, what could we do? [looking at Olivia] Show the judge: "Hey, I can handle it. I can take care of what comes up." Olivia, there are a lot of things you can do that will make people believe that you are indeed the mother you say you are.

As the session ended, Mr. Emanuel asked Olivia to call him on a regular basis so they could improve her chances of regaining custody. He promised to return her phone calls.

As our fourth session began, I wanted to emphasize again that I was not a member of the larger system. I felt that Olivia was escalating her troublesome relationships with the social agencies—including the legal system and family therapy—by trying so desperately to disengage from them. I shared my assessment of her situation with her:

Therapist: I feel that it is my duty to make things clear. I don't work with you according to the psychological report. I am not working for the court. I do not feel that I have to follow the results of any test. Therefore, I don't believe I should "fix" you. I don't see my job as making sure you have better self-esteem. As a matter of fact, I think that you have very good self-esteem. . . .

Last time, I observed you to be a very good fighter. You asked Mr. Emanuel some good, clear questions. You are doing what you are supposed to do as a mother. You are fighting to get your children back. You have faced some problems in your life, but I would not say that as a result of them you now have low self-esteem. In fact, I never use that term in therapy. . . .

You have asked me several times why you are here and what we are going to work on. The main problem for you at this time, as I perceive it, is getting your kids back. Maybe you want to talk about a plan about how you might get them back. Or maybe you want to talk about what it has been like to be a mother who has been through a lot. Maybe you want to talk about yourself or about the experience of co-parenting your children with your mother. Any of these things would be appropriate if you decide to stay in therapy. I'm here to listen to you.

Olivia: I understand what you are saying. At least now I can have an idea about what I am going to talk about. Now I know that during the week, if something happens to me, I can say that when I go back [to therapy], I'll talk to her [the therapist]. But not knowing what I came here for—that I couldn't understand at all. . . . Both of us were in the dark house.

At this point, I felt I had joined Olivia in her struggles. Olivia appeared more relaxed and addressed me by my name. She was able to laugh and share jokes even as she continued to discuss her frustration with HRS. By the end of the session, the team and I agreed that Olivia was not in need of therapy. She possessed adequate personal resources and social support. However, to comply with the court order, we agreed that Olivia would return to the clinic in a month. At that time, she would determine the frequency and number of sessions that she would attend. Olivia was pleased by these decisions and indicated she would comply with our agreement.

Olivia began referring to our relationship as "counseling." She returned for five sessions over the course of 3 months. She would discuss what she hoped to accomplish with Mr. Emanuel. As their trust

grew, he began to advise Olivia about how to prepare for her custody hearing. By her ninth session, Olivia felt ready to terminate "counseling." She felt that our work had enabled her to convince Mr. Emanuel that she was ready to regain custody. She believed he would support her in her efforts. Therapy had provided a context in which to facilitate their communication and create a continuous dialogue.

Fourteen months later, I made followup calls to both Olivia and Mr. Emanuel. Olivia had regained custody of her children. Mr. Emanuel had helped her to deal with HRS and guided her through the labyrinth of the legal system. He had begun to see Olivia through a different lens. He recognized her ability to care for her children. During the hearing, he had disagreed with the guardian's allegations and supported Olivia's request for custody.

During the followup interview, I [Th] learned that Mr. Emanuel [Mr. E] had changed his attitudes toward both Olivia [O] and the system that he worked for:

Th: Do you think there is too much pressure for any person who feels that they have become lost while dealing with the larger system, and that's why Olivia was so nervous and angry?

Mr. E: It's the way of life. Once they get stuck with HRS, they're in trouble. And they do become despondent because we send in multidisciplined people. I mean, each one has a different agenda, which is unfortunate. We do not have any coordination between our units. In Olivia's case, the guardian was, how can I describe this lady? She was somewhat concrete structured in her thoughts and she was adamant about Olivia never getting the children back, never even seeing them again. I tried to be supportive. I tried to present as a helping person. I tried to, at least, convey the impression that we are indeed there for the client and, as it is, we are following the court's orders. They tell us what to do. We don't make up our own minds on these situations whatsoever. I tried to promote that we are helping people, not that we are there to punish her or to make her life more miserable.

[I wanted to know if Mr. Emanuel's experience was similar to my own regarding the issues of discrimination and racism.]

Th: Do you think if Olivia were a white, Anglo-Saxon woman. . .

Mr. E: She wouldn't have been in the system, probably.

Th: So, is she prejudged from the very beginning, just because she is a single African American mother?

Mr. E: To some extent, yeah. With three children with three different last names and living with another person who was not a husband or a father of any of the children, and living as a fringe person, of course.

[I also wanted to explore his understanding of the differences between the role of family therapy and the role of the larger system in terms of the client's reality.]

Th: How do you explain the role of family therapy in the system?

Mr. E: I was only there as the heavy in the case, the bad guy. And Olivia had . . . to deal with me, one to one with no support. . . . I'm sure that having someone there in her corner gave her an opportunity to express whatever it was, [and] not feel like she's going to be criticized or attacked for expressing these opinions, and I guess that might have been as good as it's gonna get . . . having someone there that she was familiar with other than an HRS agent. Because people hate us. HRS agents are bad guys, and we have the reputation of baby snatchers and less than responsive to the need of the client.

[During my conversation with Olivia, I asked how her relationship with Mr. Emanuel had changed.]

O: I had an attitude against Emanuel. I was hurt and angry. I didn't understand then that he was doing his job. Coming to counseling helped me change my attitude. I know today that he is there for me. I call him, I talk to him. If he is not in his office, I will leave a message, then he will call me back. He recommended to the judge to let me get my kids back.

When I asked Olivia how her relationship with family therapy differed from her relationship with other helpers from the larger system, she answered: "You listened to me. You and your team listened to me. I felt you all were there for me. You never said that I had low self-esteem. You all trusted me. You never judged me. You have been there for Olivia."

Before ending the followup interview with Olivia, I felt obliged to share the impact of our relationship on my self-awareness:

Th: Do you know how much I learned from the relationship with you?

O: Really? What?

Th: I learned about myself as a mother, as a woman, as a minority from another culture, and as a therapist. I learned from your strength . . . and I was not sure if I fully understood your culture. In the first session I also was prejudiced, because I was ignorant. . . . You helped me learn about you, but more about myself. You taught me not to "judge a book by its cover."

O: Well, both of us were in the dark house. Things are more clear today.

DISCUSSION

Initially, Olivia had struggled to disconnect from both the larger system and the therapist because she perceived these relationships as controlling and aversive. The introduction of the idea that Olivia did not really need therapy was in opposition to the fact that she was mandated to treatment by a court order. This helped Olivia move to a state of partnership with me in this legal dilemma. As a result, a context was established in which she began to refer to our time together as "counseling," and it was she who freely determined the number and frequency of the sessions that she would attend. Thus, we both interacted from the position of "coordinated freedom" (Flemons, in press), meaning that we could interact without risking our personal autonomy, which was very important for her. Olivia experienced a similar shift in her relationship with the larger system.

Court-ordered treatment raises ethical and political questions for family therapists who are concerned that therapy may be used as a method of social control (Imber-Black, 1988; O'Hare, 1996; Pinderhughes, 1986). In my experience, treating the client in an honest way—as a consultant for her own life—helps her to learn voluntarily about the larger system, a step that will help her to become less entangled with it.

By adopting the attitudes of "neutrality," "curiosity," (Cecchin, 1987) and a "one-down stance," I began to experience both the client and case manager as consultants. In doing so, there was less of a tendency to view either the client or the larger system as pathological. This helped to lay the groundwork for collaboration among the members of the triadic relationship. Through the understanding and acknowledgment of the participants' contextual realities, the move from suspicion to collaboration was facilitated so that the goals of the involved parties were brought to completion.

Family therapists attempt to maintain a metaposition from which all of the operant dynamics in a particular ecosystem

can be appreciated. By alternating viewpoints, they are able to include the various contexts involved in a given case. These goals are best adhered to by adopting the both–and perspective rather than an either/or perspective (Bateson, 1972; Keeney, 1983). When I decided to work with both the referral agency and the family, jointly and separately, the therapeutic relationships influenced all involved participants as well as their ecological systems.

Changes in the therapists' familiar ecology, such as those resulting from immigration or working with clients from a different culture, may change the homeostasis of the therapists' personal attitudes and value systems. I found it to be a good time for reexamining my own self-awareness and attitudes regarding social and cultural axioms. Although therapists who work with minorities are encouraged to raise the issue of their own self-awareness by discussing topics such as race, class, and cultural differences at the very beginning of the therapeutic relationship (Boyd-Franklin, 1989), for court-ordered clients, these topics would evoke more resistance, anger, and suspicions about the therapist's intentions. Therefore, it is preferable that therapists examine whether and when any therapy relationship provides a "right moment," according to the development of rapport in the relationship. Nevertheless, I agree with Falicov (1988) and Flemons, Green, and Rambo (1996) that therapists might consider discussing their attitudes, values, religious beliefs, and acceptance of clients regularly with their supervisors, team members, and colleagues. This type of personal "soul search" will affect other parties involved with the therapy—for example, Mr. Emanuel's increase in self-awareness.

In accord with Paré (1995, 1996), I found it necessary to understand the client's culture if I wanted to comprehend how the client viewed her life. If family therapy is conducted so that there is a "*meeting of cultures*" (p. 31) in which "*expressions of cultural meanings*" (p. 29) can occur (Paré, 1995), as a therapist, I have gained important insights that may prove helpful when judiciously shared with the referring agency. This feedback produced a significant shift in the larger agency's perception of the minority client, while simultaneously helping the agency to recognize the value of family therapy. Similarly, I was able to help this client understand the functioning of social service agencies by encouraging her to view the agencies as different cultures. An understanding of the context in which these agencies function may enhance the client's appreciation of the agencies' intentions and actions. Similarly, large agencies should be encouraged to understand the culture of the client. Should an impasse develop, the simple act of arranging a meeting between the parties may be the only intervention necessary "to get the ball rolling" (Fine, 1995; Haley, 1992; Milgrom & Green, 1990; Webb-Watson, 1988).

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