JPS, 2019, Vol. 3 (1), pp. 1 – 5 Section: **EDITORIALS**

Doi: 10.23823/jps.v3i1.48

A note on cultural sensitivity in family system therapy

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KEYWORDS

Family system therapy, cultural sensitivity, Minuchin, Bateson, otherness.

ABSTRACT

Some considerations on the debate about cultural sensitivity in the practice of family system therapy are reported. Firstly, the different meanings of the concept are summarized. Then, the author formulates the hypothesis that most part of the related literature addresses this topic as the need of a cultural adaptation of the therapeutic processes to the ethnic minorities through a remodulation of the training programs, thus risking of disown the systemic nature of cultures. The Bateson contributions about culture is recalled supporting the idea that every single therapy with the family is always an "otherness" experience by which all the members of the therapeutic system are charged of a mutual legitimacy effort.

The therapist's cultural sensitivity is a crucial topic in the field of family therapy. Salvador Minuchin, before any other author, described his approach to black and marginalized families (1967,1998). Still today, the Minuchin's structural therapy is considered the most versatile model to pursue a multicultural perspective during the therapeutic process (Connell, 2010). For around forty years on, a growing number of scientific contributions emphasized the importance of accomplishing a cultural consonance with the cultural background of the family (Di Nicola, 1997; McGoldrick et al., 2005; Krause, 2002). Most of these papers deal with the need to tailor the therapeutic process to the needs of ethnic minorities as well as of immigrant families. As the literature refers to a few similar terms, i.e. cultural sensitivity, cultural competence, cultural responsiveness, cultural humility, it is preliminary to understand the meaning of each of these polysemic concepts. Therefore, for the purposes of this note, it seems proper to refer to the definitions given in the literature consistent with the systemic thinking. According to a "system view" (Kitayama, 2002), "culture is a dynamic system that is composed of many loosely organized, often causally connected elements—meanings, practices, and associated mental processes and responses". For what concern the construct of "sensitivity", Laszloffy&Habekost (2010), define it in this way: "cultural sensitivity refers to a state of attunement, emotional resonance with and meaningful responsiveness to the needs and feelings of others". Cultural sensitivity requires an "empathic resonance" and the aptitude to revise one's own behavior to adjust to the patient's beliefs (Holcomb, McCoy & Myers, 1999; Laszloffy&Habekost, 2010). Cultural competence is described as "the presence of "cultural awareness" referring to the insight and knowledge about diversity (Taylor et al.,2006). All these contributions focus on the risk that, the non-recognition of the peculiarities of the family's cultural context, if different from the therapist's one, results in a poor therapeutic alliance as well as a therapeutic impasse (Vasquez, 2007). This risk is now increased by the massive migratory waves from

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the southern hemisphere to the affluent nations of the northern hemisphere. As a result, it happens more and more often that the therapist meets families or couples who express, in a different language, a cultural framework that is completely unknown to him. Therefore, he/she must modulate his own style and therapeutic strategies to understand and accept these alternative versions of family ties, values and culture that drive the daily life of the family. This point has increased the emphasis on the cultural sensitivity of the therapist as an essential factor of his/her clinical competence. Hence, many interesting strategies have been suggested on how to improve the therapist's cultural sensitivity, based on a systemic-relational approach (Taylor et al., 2006; Laszloffy&Habekost , 2010). Moreover, this clinical skill is considered useful for a wide range of therapeutic approaches as the therapist's multicultural competence, as perceived by the patient, is strongly correlated with the treatment outcome (Soto et al., 2018). However, there are several critical remarks on this version of cultural sensitivity. Some consider this "top -down" approach, "in which an intervention developed for one group is modified for application to other groups" (Nagayama Hall et al., 2016), irreverent of alternative cultures expressed by the family. It can enhance a sort of psychic ethnocentrism perpetuated by the therapist, prone to help the family to adapt to the dominant culture. Moreover, this approach does not consider the recursive processes of cultural hybridization that are the basis of the melting pot that we can find in all Western cultures.

Given that, I think that the epistemological premise that informs these proposals merely consists in a process of reshaping the dominant programs with which European and American therapists are trained (Hardy &Laszloffy, 1995). This approach does not seem to me to be in harmony with our theoretical model because it assumes the primacy of one style of thought over another. On the contrary, the ethnographic approach of Gregory Bateson indicates, very clearly, the need to consider every form of collective life as the result of a long historical journey that has forged a version of existence completely congruent with the contexts in which it evolved. Krause (2007) quotes Bateson investigating the Naven ritual to support this assumption: "If it were possible adequately to present the whole of a culture, stressing every aspect exactly as it is stressed in the culture itself, no single detail would appear bizarre or strange or arbitrary to the reader, but rather the details would all appear natural and reasonable as they do to the natives who have lived all their lives within the culture" (Bateson, 1958).

Krause (2007) stresses that Bateson defines the culture as a set of changing shared patterns of meanings. If we agree with this hypothesis, the therapeutic efficacy should be measured on the ability to acknowledge each culture as adequate for the description of the world and interpersonal relationships. Culture never remains identical to itself, but it is an open meanings system that evolves over time, being dependent on the individual as well as on the collective experience. For example, the therapist meets families whose original culture has mixed with the communities that welcomed them and which, in turn, have been influenced by them. This phenomenon is particularly clear in the transformation of eating habits in the world (Dottolo&Dottolo, 2018). The Mediterranean culture has influenced the eating styles of our hemisphere, imposing a healthy remodeling in the choice of food and cooking. On the other hand, some eating habits, previously unknown in southern European countries, have emerged as innovative and trendy in these younger populations. Fashion styles, engagement rituals and marriage have

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undergone the same mutual metamorphosis. Consequently, in my opinion, it is completely wrong to consider the culture of the family in therapy as always native. On the contrary, it is the result of the processes of reciprocal blending, except for the occurrence of nuclear family structures or families only recently met Western culture. To add an example, in American literature, it is suggested how to deal in therapy with a family with an Italian background. This point of view completely misunderstands how the culture of this family has changed in contact with the American lifestyle and is very different from that expressed by the families who live in the Italian peninsula. On the contrary, I believe that a true intercultural approach to family therapy consists in assuming that every family expresses its own specific cultural pattern. It has been built up over the generations starting from a macro-cultural context concerning race, ethnicity and a sociological matrix. For each family, this macro-context has evolved into a specific form of interpersonal life, as the transgenerational transmission of the original culture was then revised over time based on the daily experience in contact with the social macro - system. Consequently, every therapeutic setting with the family consists in an experience of listening and confrontation with the "otherness" (Balibar, 2005; Staszak, 2008) by which all the members of the therapeutic system are charged of a mutual legitimacy effort.

In this regard, the clinical position of the therapist should be like the anthropologist's one who observes and seeks to understand a form of life that it is always foreign to him. He should ask the family about their habits, their choices, their values, their beliefs, In a word, about their meaning of human existence within their "ecological niche" (Falicov, 2003). Of course, to maintain this orientation, the therapist should achieve his/her cultural sensitivity as a "way of being", rather than a technique, to add it as a common therapeutic factor to the clinical process (D'Aniello,Nguyen,Piercy, 2016).To conclude, I assume that a true cultural sensitivity in the domain of family system therapy should be guided by an ethnographic postulate based on the therapist's awareness of his/her bias in understanding the uniqueness of each family culture and therefore, in conducting the therapeutic process as a fieldwork in another country.

The common thread of the fifth issue of this journal is quite the cultural frame of theoretical or clinical viewpoints about psychosocial systems. Vitrano&Conigliaro report a system oriented institutional program focused on adolescent drug abuse families. Rubinacci reconsiders the problem of gender violence in the light of the crisis of male identity. The relational context of gambling disorders is described by Maiorino in order to conduct an effective treatment. Cannavale draws the "Camorra" criminal system according to a historical as well as psycho-social path. Finally, in her case report, Cardellicchio summarizes a therapeutic process with a family of an ADHD child.

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