THERAPIST PERCEPTIONS OF ETHNICITY ISSUES IN FAMILY THERAPY: A QUALITATIVE INQUIRY

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A group of 29 leading family therapists presenting at a regional marriage and family therapy conference were interviewed about ethnicity issues in family therapy. Questions and discussion focused on ethnicity in the family therapy process, ethnicity issues for the family therapist, ethnicity issues for the client family, therapeutic strategies when ethnicity is an issue, and recommendations for ethnicity training and supervision of future family therapists. Qualitative methods were used to analyze the transcripts of the recorded interviews to identify themes emerging from the interviews. Results reflect multiple perspectives and approaches in the field of family therapy.

Sociopolitical issues, along with changing demographics are among factors leading to an increased focus on ethnicity issues in family therapy during the past decade (Giordano & Carini-Giordano, 1995; Ho, 1987; McGoldrick, Giordano, & Pearce, 1996; Saba, Karrer, & Hardy, 1989). Green (1998) cites research indicating that most family therapists are white and discusses a 1995 California study reflecting the fact, that even though 94% of the marriage and family therapists (MFTs) surveyed were European American, 66% of their clients were of a different race. The researchers intend that this study will illuminate this disparity and bring into therapeutic and academic communities more relevant conversations in this area.

A perusal of publishers, professional journals, and conference schedules reveals that for almost 2 decades, ethnicity has been of increasing interest to mental health professionals. Until recently, the knowledge base has been developed more on theory and experience than on research. At this moment in the evolution of cultural awareness, what are the perceptions of practitioners about ethnicity in the family therapy process? How do they deal with ethnicity for themselves and their client families? What strategies are deemed to be appropriate? According to therapists, how do client families respond to ethnicity issues?

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What do practitioners recommend for preparing future family therapists to work effectively with issues of ethnicity?

In addressing a future research agenda for multicultural counseling and training, Ponterotto (1998) recommends qualitative research to study master clinicians, training programs, and community mental health agencies serving multicultural clients. The link between multicultural counseling and qualitative research is supported by Merchant and Dupuy (1996) who identify conceptual commonalities between the two and suggest that using qualitative methods to research multicultural counseling may provide new insights. This study targets a select group of leaders in the family therapy field to explore views of the ethnicity aspect of cultural issues in family therapy.

In an attempt to provide understanding of the influence of ethnicity on family therapy processes, professionals have written about the characteristics, values, and strengths of particular populations (Boyd-Franklin, 1989a; McGoldrick et al., 1996; McGoldrick, Pearce, & Giordano, 1982). Authors (Almeida, 1995; Ben-David, 1996; Karrer, 1990; Sue & Sue, 1990) also note that an understanding of cultural similarities and differences between the family and therapist is helpful. An ecological perspective of a client family’s environment is often advocated to maximize effectiveness (Falicov, 1988, 1994, 1995; Karrer, 1990; Wilson, Philip, Kohn, & Curry-El, 1995).

An alternate view is presented by Nichols and Schwartz (1998) who maintain that ethnicity is just one of many influences and that therapists may overestimate the differences between themselves and client families if there is a strong focus on ethnicity. In direct opposition to this stance, Hardy and Laszloffy (1992) maintain that unaware therapists may seriously underestimate the impact of race on clients and actually impede or damage the therapeutic process by not discussing issues of race with black clients. They clearly advocate addressing race and maintain that it may be crucial in establishing a therapeutic relationship.

Many authorities recommend that therapists be self aware of their own ethnicity and monitor how their contextual background filters their understanding of a family (Fontes & Thomas, 1996; Giordano & Carini-Giordano, 1995; Ho, 1987; Karrer, 1990; Sue, Arredondo, & McDavis, 1992). Dyche and Zayas (1995) describe a posture of “cultural naivete” and “respectful curiosity” as being just as important as learning about particular groups and specific techniques for working with them. Conversely, Nichols and Schwartz (1998) state that it is difficult to learn about all ethnic groups, and client families are usually cooperative about providing needed information.

Research is scarce regarding the client family’s perception of the relationship of ethnicity and family therapy. For the most part, information about families and ethnicity issues comes from clinicians and the need for additional research has been cited (Boyd-Franklin, 1989b; Hardy, 1989; Negy and Woods, 1992). In a qualitative study exploring the perceptions of 10 Mexican-American women about their family therapy experience, participants reported that the European-American family therapists’ ethnicity did not matter as much to them as the feeling of being validated and understood (Sheets, 1997). Another perspective is that a family’s level of acculturation is a factor not only in their perception of therapeutic process but in how they handle problematic issues that are internal and external to the family (Ruiz-Balsara, 1998).

Boyd-Franklin (1993) and Ridley (1995) warn that past history of prejudice and unequal treatment may result in minority clients feeling a lack of empowerment and a distrust of the therapeutic process and of the therapist. Research reveals that minority populations underutilize services, and about one-half of those seeking services terminate after only one session (Sue & Sue, 1990). These researchers reason that services are often biased and inappropriate for the culturally different client.

Specific competencies or strategies are described by several multicultural experts (Ho, 1987; Giordano & Carini-Giordano, 1995; McGoldrick et al., 1996; Sue et al., 1992). Some research projects have focused on increasing effectiveness of family therapy with specific populations (Santisteban et al., 1996; Szapocznik et al., 1997). Alternately, many clinicians contend that ethnicity is not as important as therapeutic skill in understanding a client’s perspective, allowing the client to inform the therapist, and adapting to differences as respectfully as possible (Berg & Jaya, 1993; Dyche & Zayas, 1995). Fontez and Thomas (1996) list interventions gleaned from a variety of approaches: Cultural awareness, sensitivity, cultural curiosity, social analysis, empowering clients, bringing cultural issues into the open, establishing a cultural fit between client family and therapist, and coconstructing new stories.
Regarding ethnicity in training and supervision, Arnold (1993) has identified suggestions representative of the family therapy literature: Utilization of an ecological framework, provision of both content and process experiences, increasing ethnic self awareness, and recognition of the impact of oppression on some minority families. A different approach is taken by Haley (1996), who asserts that it is the trainer’s responsibility to teach students to conduct effective therapy with a variety of families even though the student may lack information about the client family’s ethnicity or culture. He maintains that an effective theoretical approach requires little information about various cultures because he believes successful outcomes are more related to therapeutic skill. McGoldrick (1998) and McGoldrick et al. (1999) make strong efforts to include issues of gender, race, culture, class, and sexual orientation in family therapy training and firmly maintain that traditional approaches favor the needs and values of the dominant white culture. These authors assert that white therapists may be naive and lack vision unless challenged to take a broader cultural perspective in supervision and training. Hardy and Laszloffy (1995) suggest that students be challenged to develop their own cultural genograms as a way of demonstrating and awakening sensitivities to culture, immigration, skin color, as well as prejudice and shame. Das (1995) stresses that all counseling is multicultural and that training programs best serve students by infusing social and cultural education throughout training and structuring clinical experience so that trainees serve a diverse population.

In a survey of 122 family therapy programs, Sierra (1997) discovered that 61 of 62 responding programs infused multicultural training throughout the program. Although most programs in the study offered a separate course in multicultural issues, only 35 programs mandated that students take a separate course. Student populations in all programs were reported to be culturally diverse; however, survey findings indicate that faculty from 31 programs accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) were significantly less racially diverse than the 31 nonaccredited programs that responded to the survey.

This study utilizes qualitative research methods to analyze recorded interviews of a select group of conference speakers considered leaders in the field of family therapy. The purpose was to identify similar and diverse themes emerging from the interviews and report the multiple perspectives of this broad range of practitioners. Questions and discussion focused on ethnicity issues in family therapy. Recognizing that culture is multifaceted, we elected to explore the ethnicity component of culture in family therapy.

METHODS

Research Participants

Research participants were the invited presenters at a special 25th Anniversary Annual Conference of the Texas Association for Marriage and Family Therapy (TAMFT) in 1998 and included clinicians, published authors, frequent conference presenters, academicians, and professional association leaders. We assumed that this select group would mirror current thinking in the field. The assemblage of 40 international, national, and state of Texas presenters represented 13 U. S. states and Germany, Norway, Italy, Australia, and Finland. Twenty-nine speakers agreed to participate as subjects in this research; all were assured that their remarks would remain anonymous. Twenty-four lived and worked primarily in the U. S. In terms of ethnicity, there were 21 white therapists, one black, and one each of Mexican and Asian ancestry. These 24 participants represented 10 states. The remaining five interviewees live and work in Australia, Finland, Germany, or Norway. The entire group contained 15 men and 14 women, and their credentials included 18 PhDs, 3 EdDs, 3 MDs, and 5 master degrees in Social Work.

Researchers

The research team consisted of six members: Four university faculty members and two clinical practitioners. Five researchers are female and one is male; four were white, one is Mexican American, and one Asian American. Five team members functioned as interviewers in this study. Five researchers were trained and credentialed in MFT and one in educational leadership.
Procedure

The research team generated the following research questions:
1. How does ethnicity influence the process of family therapy?
2. How does ethnicity influence the family therapist during family therapy?
3. How does ethnicity influence the client during family therapy?
4. What strategies are utilized when ethnicity is an issue in family therapy?
5. What is needed in family therapy training programs to prepare future family therapists to deal effectively with ethnicity?

Approximately 60 days before the conference, each participant was contacted by letter and asked to participate in qualitative research that focused on exploring ethnicity issues in family therapy. One research team member contacted each person who agreed to participate and arranged a meeting. The majority of interviews were conducted on site at the conference in a secluded, convenient location. Several interviews were conducted by phone immediately before or after the conference. Interviews generally took <30 min to complete; they were audio recorded and transcribed utilizing standard laboratory equipment. Removing any identifying information from transcripts protected participant confidentiality.

Participants were interviewed using a semistructured format. In general, they were asked to disclose their thoughts and feelings about ethnicity as a factor in the family therapy process. For the purpose of these interviews, participants were advised to consider ethnicity as “A common ancestry through which individuals have evolved shared values and customs” (McGoldrick et al., 1996, p. 1). Interviewers sought personal examples and recollections to gather additional descriptive information illustrating participants’ views. Restatement, clarification, and probes were employed as means to garner further details. Information collected from each participant was not shared with other participants or other interviewers.

Analysis

All six research team members participated in data analysis utilizing ethnographic content analysis (Altheide, 1987), a design that incorporates qualitative methods. Using the detailed descriptions generated during interviews, emergent themes were coded using the constant-comparative method (Strauss & Corbin, 1990). Each team member examined the transcripts and independently interpreted meanings and identified themes. The first author then reviewed the transcript evaluations and began to group common themes. The researchers communicated periodically during the data analysis process to discuss the emerging themes and meanings. A software program (QSR NUD*IST 4.0) was also employed by one researcher to facilitate data analysis procedures. Computer software programs offer the potential for increased accuracy and precision in data analysis (Fielding & Lee, 1991). In sharing and comparing the resulting information, the team was able to refine, rename, and construct a list of themes.

RESULTS

The research findings should be considered in relation to the limitations of the project. Although an attempt was made to categorize ethnicity of researchers and participants, it is certain that many have a mixed ethnic background, making it difficult to determine a complete description of individual ethnicity. One limitation was that 26 of 29 participants were identified as white by the researchers. Work settings were diverse with participants working across the United States and in other countries and with a variety of populations. Most, but not all, participants had expertise or experience in working with minorities; however, the purpose of the study was to reflect the perceptions of this particular group, not necessarily views of experts on ethnicity in family therapy.

Ethnicity in the Family Therapy Process

Transcript analysis revealed multiple themes ranging from ethnicity always being an issue to its never being a factor. One participant reported:

I think that ethnicity is clearly always a factor because values, beliefs, and experiences are transmitted through membership in any ethnic group—ideas about what is permissible, what is
prohibited, and what is possible. If one is not aware in the way ethnicity shapes those things, one can waste a lot of time.

One interviewee voiced a very different viewpoint: “When I am able to speak the language of the other, I do not see it as a factor.”

Perhaps these seemingly opposite opinions can be understood by the fact that some participants report focusing on the individual family structure or the larger social context as the source of problem formation. In that sense, ethnicity may be seen as a neutral or unimportant factor or as just one of a number of factors. For example, some believed poverty or women’s issues to be more pertinent than ethnicity. Theoretical approaches of participants were often reflected in their responses:

So that the fact that one culture might be more prone to mythology or one culture might be more prone to helplessness or another more prone to hopelessness does not interest me nearly as much as what happens at an individual level in terms about how somebody assimilates or doesn’t assimilate the kinds of patterns that they need to attain competency in living.

Another participant described the systemic nature of family therapy as “Democratizing and very focused on removal of individual blame.”

An emphasis on ethnicity can be limiting according to several interviewees, and concerns were expressed about “boxing people in” and not recognizing differences within the same ethnic group. Clearly, some participants see a danger in “imposing stories” on the family or making assumptions and not realizing that there are “untold stories” important to the therapy process. It is interesting to note that some equated the idea of ethnicity as synonymous with that of being a minority. This was evident in the examples they used to clarify a point. This may mean that some clinicians only consider ethnicity an issue when working with a minority family.

Several experts had a different opinion. “The wonderful thing that has happened in my lifetime is that the so-called white Caucasians have discovered that they have ethnicity too.” Opinions expressed in most interviews addressed ethnicity as being important in understanding all individuals, families, and cultures. “It provides certainly the choice of ‘color of the paints’ in the picture that we paint and maybe sometimes what we paint.” Ethnicity was sometimes seen as an unconscious factor. “I think each generation redefines whatever their ethnicity is without looking at their roots.” “There is nothing quite so influential after all as values that are no longer paid attention to—values that are, to use an old word, repressed or defended against.”

Ethnicity Influences for the Family Therapist

Therapist openness to learning from clients and new experiences was a recurring response. “I decide every session that it is my job not to figure out what I know but to know what I see and what I hear.” One therapist related that she lets the client family articulate how they view their situation as opposed to getting them to understand how she sees it. Another therapist reported that she often asks clients of a different ethnicity to share their thoughts about having her for a therapist.

The therapists’ ability to set aside their own subjective frame of reference and alter their beliefs or views was considered to be important by a number of interviewees. “A therapist brings stereotype, hypothesis, attitude, knowledge or lack of it about certain cultural groups and the extent I am open to amending that is the extent to which I can perhaps be effective.” “I think, from a narrow perspective, the therapist is always trying to understand more and more. I am a white male so that ethnicity and gender limits me. I have to be expansive in my efforts to understand.”

That therapists must continually monitor their biases was emphasized in a number of interviews. “People who fail to then perceive how they are racist or insensitive to race and ethnicity issues need to train themselves to be aware of their perspectives.” One respondent revealed that she had to be extremely careful and work very hard when counseling someone of her own ethnic background. She said “It is easy to think you understand, but it can be a trap for the therapist. Just because the therapist shares the client’s background doesn’t mean they understand each other.” Another responded, “There is no way that who we are is not part of what goes on between our clients and us. We have to pretty much be aware of who we are and what we are and not have that interfere with our therapy.”
Therapists’ awareness of their own ethnicity is frequently viewed to be an important influence on the family therapy process. One therapist reflected that the attempt to recover and remember her own ethnicity has been most influential in her work.

Finally, some believe that a therapist must find a balance between accepting ethnicity and being effective as a therapist. A family may find it useful to discuss cultural beliefs and practices and the degree to which these practices are helpful or problematic yet there are other ways of thinking:

I think a lot of therapists, including myself, often see a different culture and become a little overly conscious or overly responsible to their ethnicity. I think there is a fine line as a therapist at being able to say let’s be respectful, but at the same time they have come to me looking at me as an expert.

Ethnicity Influences for the Client Family

“How ethnicity issues influence the client family during the therapeutic process?” elicited many responses centered on “I don’t understand.” The question may not have been asked well in the interviews. However, another possibility is that some clinicians who did not understand the question may have never thought through what the client is thinking in terms of ethnicity issues and how that might affect the process for the client. A prevalent theme that emerged from the interviews was the belief that the client family desires to be understood and is willing to educate the therapist if the therapist is open to learn. “My own sense is that when it is a background that I am not familiar with, I try and be more sensitive to it and let them tell me what it is. I am open to learn.”

Several clinicians believed that therapists were much more concerned with ethnicity issues than are clients. Others were under the impression that clients might benefit from seeing a therapist of like ethnic origin, although most were quick to add that this might not always be necessary for a successful outcome.

A large number of interviewees had strong opinions about the importance of therapist and family communication about ethnicity. Some asserted that it is an error to routinely discuss race as a factor in the therapy process even when the therapist is of a different ethnic origin than the family. Others believed it to be an error if the therapist does not encourage these conversations and permit the family to ask, inform, and confront the therapist about pertinent issues of ethnicity. One expert reminded the interviewer that each family is a cross-cultural experience. “Each family’s way of doing things is very different in the same group. It is one case at a time, one family at a time, not a mass of people.”

One interviewee suggested that people who are not mental health professionals should be invited to conferences and that all panels should include clients who can have a voice about their own particular experience in therapy. It was his opinion that clients often describe therapeutic experiences in very different terms than do their therapists and that such a plan would give balance to the discussion. In a similar vein, another research participant told of an African proverb that is often repeated among his colleagues, “Until lions have their own historians, tales of hunting will always glorify the hunter.” He stressed that client families are the lions of therapy and therapists need to listen to what clients say. Could it be that some family therapy approaches have difficulty hearing the individual voices of clients?

Strategies in the Therapeutic Process

What strategies does the family therapist actually use when ethnicity is a factor in the therapeutic processes? Specific behaviors were clearly described during some interviews, whereas a less clear philosophical stance or attitude seemed representative of other interviews. One would assume that the therapist’s theoretical approach is a dominant influence on strategy selection. Some trusted their theoretical approach to deal with ethnicity the same as their approach might treat any other issue. “I am much more interested in examining skills, goals, and those kinds of things than I am trying to give historical explanation for why people are the way they are.” Ethnicity could become more of an issue in some family therapy models than others. One participant pointed out that in family-of-origin approaches, the use of the genogram would facilitate an immediate conversation about ethnicity, whereas in a solution-focused therapy, ethnicity may or may not become a topic of conversation.

A client-centered approach from a postmodern perspective was advocated by many of the interviewees.
"I don’t have strategies. Not with people. I go where they lead me." Another clinician said, "Forget that model you love, how are you treating the people you are seeing?" Another clinician suggested that we have created a unique and special language that keeps our clients at a distance. This clinician said that therapists should center their work around clients by speaking the same language. One expert added that families are more likely to change if they feel accepted. A closely related theme that surfaced was the idea of treating the client as an “expert and teacher” and maintaining a “not-knowing” position. Telling the client that there are things that the therapist does not understand and asking the client for explanations is one example. One clinician emphasized, “The process of asking them to help teach me is a process that is therapeutically helpful to them. It makes them explain.”

Assuming that each client family is unique was almost a universal theme in the interviews. One participant reported that all of her clients are different from her and her only strategy is respecting and working with that difference. For her, ethnicity was not the issue. Another stated that he takes a research approach to each family in deference to difference. One prominent therapist stressed that clinicians must be aware that there are different stories and to always ask each family for their stories. Finally, one therapist summed it up by saying, “I have to feel that there are differences that are important that I am not understanding.”

Curiosity and artful questioning were often mentioned as strategies. One therapist discussed how she deliberately structures questions so that the client can decide to address ethnic issues or not. Some clinicians routinely bring up issues of ethnicity to explore how ethnic differences are affecting the process of therapy. If there is an obvious difference between therapist and family, some choose to discuss ethnicity immediately to see if it could be problematic. Awareness of whether or not ethnicity is a therapeutic issue is a common concern of the participants, and some interviewees believed that race could be made an issue when it is not an issue. Although a few interviewees report not seeing ethnicity as a separate issue and, therefore, not dealing with it directly, others discussed the importance of knowing when it is appropriate to ask, yet having the sensitivity to know when not to ask. One therapist continuously self-monitors by asking himself, “I did not bring up the ethnicity stuff here—should I have?” Sensitivity to the subtleties and nonverbal communication was mentioned with one therapist adding, “The problem is that you must keep the antenna up.” Similarly, another therapist advised clinicians to be very sensitive to the family’s protecting the therapist when the therapist may be overlooking or not knowing or seeing when ethnicity is an issue for them.

A collaborative attitude was a definitive theme in a number of interviews, but one particular interviewee had specific behavioral examples to suggest. He suggested that not only clients be privy to all that is written about them, but that clients work with the therapist to write case notes, letters and even reports to the court in mandatory cases. Whether it is such open collaboration or the use of conversation in exploring a client family’s values, customs, and ethnicity, many of the identified strategies are designed to result in facilitating awareness, removing blame, and detoxifying the process. Similarly, one of the experts considered sympathy essential in a successful therapeutic process.

Finally, the therapist’s knowledge and awareness of ethnicity issues were mentioned repeatedly. Therapists’ willingness to explore their own ethnicity and examine their own issues was often viewed as a crucial therapeutic strategy. Formal education about ethnicity issues was cited as important along with the usefulness of reading and staying informed by the media. One research participant reported, “There are many avenues out there for anyone to learn about how our world is so much more interconnected than it used to be.”

Training Ethnicity-Sensitive Family Therapists

Although most of the interviewees believe that ethnicity and issues of diversity should be integrated throughout the family therapist preparation process, some asserted that there should also be an additional separate course. One academician found it very unsatisfying to confine such teaching and training to one course and preferred to work spontaneously with ethnicity issues as they naturally come up in all classes and in the therapeutic process.

As far as what students should be exposed to, other than factual knowledge about different cultures, a
number of the experts recommended that students be required to have a variety of cultural experiences external to the training process, expanding the limits of their life experience. The main idea would be for students to engage in some “Frank self-searching about belief systems” and hopefully be working and talking with peers and faculty about these issues. Utilization of the genogram in this process was often mentioned.

Although some interviewees disagreed about how to address ethnicity issues, good communication emerged as a trait valued by all. One expert said the ability to dialogue with the family is the most important skill for the family therapist to acquire. This was contrasted with the ability to analyze pathology or the family system. Further, the participant stated that the ability to verbally connect with clients went beyond being expert at solution or problem-oriented conversation.

In addition, there was the intentional inclusion of students, faculty, and staff from diverse backgrounds. One suggestion was that the faculty and staff should be representative of the community being served. Another recommendation was the planned involvement of minority community practitioners consulting, teaching, and conversing with faculty and students on an ongoing basis. An often-repeated idea was student exposure to diverse client populations throughout the training program.

The final theme for the teaching and training of family therapy was ongoing self-evaluation of programs about how ethnicity training is being integrated into the educational process. Participants acknowledged that there had been failures in this area, but deemed it important for educators to reflect on failures and to focus on positive changes.

DISCUSSION AND RECOMMENDATIONS

The diverse and often contradictory perspectives emerging from this research mirror the concepts and methods of the predominant theories of family. A summary of these research themes is shown in Table 1. Although a wide range of information emanated from the interviews, more questions arose. How did the ethnicity of the interviewer effect whether or not the family therapist agreed to be interviewed? How did the interviewer’s ethnicity affect the content or process of the interview? Although personal interest, time commitments, or other factors may have influenced the research process, one researcher sensed that the therapists were more likely to agree to be interviewed if the researcher requesting the interview was a minority. Both researchers and participants had strong feelings and opinions during the process.

If the participants’ responses reflect the field of family therapy, it suggests that there are divergent views on the subject of ethnicity in family therapy. Although there are certainly areas of commonality where ideas and thoughts converge, one group definitely focused on ethnicity as a separate issue to be clearly and specifically addressed in therapy and training. Another group advocated a more global view that promotes theoretical formation and therapeutic skill development to successfully work with a variety of families. Although the researchers initially accepted both views as valid, 26 of the 29 research participants were white, and the question was raised as to whether minority therapists would have responded similarly. Indeed, the literature review indicated that white therapists are generally less aware of issues of ethnicity and race. Further, a therapeutic focus on uniqueness versus the ethnicity of a client family could be an obstacle to discussion of race and prejudice in situations crucial to the family. How unaware and undereducated are white therapists about the impact of ethnicity issues on client families and the therapeutic process? As we recognize and celebrate diversity in our clients, do we know enough to safely adopt a parallel approach to valuing different ways of viewing ethnicity in therapist training and service delivery? Can a mere focus on theory and skill acquisition be detrimental to the effectiveness of family therapists?

Another observation was that some interviewees were quite articulate about ethnicity issues for therapists but did not seem to understand or have a great deal to say when asked about ethnicity issues for the client family. The researchers were attempting to solicit client perspectives by asking therapists instead of clients themselves. This raises an important implication for future research. How would clients respond to similar questions? How would clients express their preference for a therapist of the same ethnicity as their own? Would a client family be more honest about their preferences if the interviewer were of the same ethnic group? Sheets (1997) suggested a replication of her study using interviewers of the same ethnicity as
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<th>Classification</th>
<th>Themes</th>
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<tr>
<td>Therapy process</td>
<td>Major influence that develops context of therapy process&lt;br&gt;Not a factor or just one of many factors&lt;br&gt;Stereotypes people, not recognizing within group differences&lt;br&gt;Limiting factor that may keep therapist from asking&lt;br&gt;Ethnicity is an unconscious factor that is constantly being redefined</td>
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<td>Family therapist</td>
<td>Open to learning from clients and new experiences&lt;br&gt;Can set aside own view and see things from client’s view&lt;br&gt;Open to amending personal view during process&lt;br&gt;Continually monitors bias&lt;br&gt;Self aware of own ethnicity&lt;br&gt;Definition of ethnicity is not clear and may have artificial influence&lt;br&gt;Struggle for balance between respecting culture and being expert</td>
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<td>Client family</td>
<td>Needs to be understood ethnically&lt;br&gt;Educates therapist in a trusting relationship&lt;br&gt;Not as concerned about ethnicity as therapist&lt;br&gt;Seeing therapist from similar ethnic group a benefit but not always&lt;br&gt;Importance of communicating about ethnicity</td>
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<td>Strategies</td>
<td>Focus on issues other than ethnicity&lt;br&gt;Take a “not knowing” position&lt;br&gt;Facilitating client teaching therapist&lt;br&gt;Working with each client as unique&lt;br&gt;Facilitate discussion with client family about ethnicity&lt;br&gt;Questioning client family&lt;br&gt;Therapist examines own issues&lt;br&gt;Awareness that ethnicity may or may not be an issue&lt;br&gt;Observant of nonverbal conversation&lt;br&gt;Therapist/client collaboration on relevant paperwork&lt;br&gt;Client speaks own language with relevant issues&lt;br&gt;Therapist knowledge of ethnicity</td>
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<td>Training</td>
<td>Separate course on ethnicity&lt;br&gt;No separate course but integration throughout program&lt;br&gt;Experiential and knowledge based education&lt;br&gt;Self searching about belief systems&lt;br&gt;Use of genogram in exploring own ethnic backgrounds&lt;br&gt;Training to communicate with family&lt;br&gt;Diverse faculty, staff and students&lt;br&gt;Minorities consult and teach in program&lt;br&gt;Programs self evaluate and change what is possible</td>
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the clients. Do family therapists really understand the significance the issue of ethnicity holds for some clients?

We believe that knowledge of and experience with different racial or ethnic groups is significant to the therapeutic process. While respecting some expert views that an effective theoretical approach is most helpful in treating ethnicity, we believe that ethical and professional practice demands that family therapists extend their own perspective and learn about others through a variety of personal, social, and professional resources in addition to their clients. Recognizing that such an approach carries the risk of stereotyping and negating the multitude of differences within a population, we suggest that all knowledge and awareness of ethnic groups is best utilized with flexibility and regard for the unique characteristics of each individual family member and each unique family.

The therapists participating in the research reported utilizing many different strategies to work effectively with ethnicity issues and families. It was obvious from the transcripts that these participants were knowledgeable and believed that they were skilled in working with ethnicity issues. The research of the literature indicates, however, very little outcome research that directly addresses if or how ethnicity issues of the family or the therapist are a factor in the success or failure of therapy. Correlation studies seem inadequate when clients could be a valuable resource for this information. Comparing the effectiveness of various theoretical approaches with different populations would also be revealing.

Perhaps the same candor could be applied to research in training programs to determine what is helpful in preparing future therapists to deal effectively with ethnicity. Whether a separate course and/or infusion throughout all courses, multicultural issues are now very much a part of most training programs. Are programs producing culturally competent therapists or has the inclusion of multicultural issues been mere lip service? It is our professional responsibility to explore what is enhancing skills of our trainees to provide services in our communities.

In conclusion, we were gratified with the thoughtful and creative responses of the research participants. The interview transcripts provided a rich source of information for discussion and analysis. Recommendations stemming from the process are: Qualitative research utilizing interviews with client families regarding their experiences and preferences regarding ethnicity in family therapy; therapy outcome research that specifically identifies what methods or strategies are effective with ethnically diverse clients; replication of the current research with minority family therapists and therapists of color; replication of the current research on family therapists in other settings such as community agencies serving various ethnic groups; and evaluation of training programs to determine processes effective in training culturally sensitive family therapists.

REFERENCES


