Journal of Marital and Family Therapy
October 2004, Vol. 30, No. 4, 497–513

CULTURAL DISSONANCE AMONG GENERATIONS: A SOLUTION-FOCUSED APPROACH WITH EAST ASIAN ELDERS AND THEIR FAMILIES

Mo Yee Lee and LeeAnn Mjelde-Mossey
The Ohio State University

In traditional East Asian cultures, high value is assigned to family harmony and filial piety coupled with the expectation that elders will be honored and obeyed. A lifetime of such expectations shapes how elders perceive their role and status in the family. Problems can arise when younger, less traditional, generations do not share these expectations. This article describes a solution-focused approach that facilitates the family in creating a beneficial harmony in situations of cultural dissonance. Family members are empowered to draw on personal strengths in which multiple worldviews and values of individual members are recognized, incorporated, and negotiated.

Family therapists are increasingly being challenged to work with families from diverse cultural backgrounds. The estimated foreign-born population of the U.S. in 2000 was 28.4 million, up from 9.6 million in 1970. According to the 2000 Census, 11% of the foreign-born people in the U.S. are age d 65 and over, with nearly one-quarter of them coming from Asia (Schmidley, 2001). In response to these changing demographics, openness to diversity and cultural competence when providing family therapy is essential. In the process of developing cultural competence, there could be a tendency for therapists to assume that all generations of a family share the same cultural norms. This assumption of "sameness" may not hold true (Hardy, 1990; Montalvo & Gutierrez, 1990). In an evolving world of migration and acculturation, cultural diversity can, and does, occur within a family and between generations. There can be differing levels of acculturation and adherence to tradition, from one generation to the next, with younger members more likely to adopt Euro-American, middle-class values than their elders. This diversity within families can be conceptualized as cultural dissonance, which may, in some situations, be at the core of their problems (Hong & Ham, 1992; Johnson, 1995). The family therapist must guide the generations to a more sensitive acceptance of each other's culture.

In this article, we discuss the utility of a solution-focused approach for resolving problems of cultural dissonance among East Asian American families. There are discussions in the existing literature regarding the use of a solution-focused approach with Asian American populations (Berg & Jaya, 1993; Song & Moon, 1998). However, previous discussion does not provide a clear description of the clinical application of such an approach nor a specific focus on problems of cultural dissonance that usually involve struggles between families and their elders.

In addition, this discussion focuses on East Asian populations instead of Asian populations as an undifferentiated group because of cultural heterogeneity among East Asian, Southeast Asian, and South Asian cultures and values. Southeast Asian and South Asian populations in the U.S. are distinctively different from East Asian populations because of diverse immigration history as well as religious influences of Hinduism and Islam. East Asian populations primarily include, but are not limited to, Chinese, Korean, and Japanese populations, which comprise 42% of the total Asian American populations in the United States (U.S. Census Bureau, 2000).

Mo Yee Lee, PhD, and LeeAnn Mjelde-Mossey, PhD, College of Social Work, The Ohio State University.

Correspondence may be addressed to Mo Yee Lee, PhD, Associate Professor, College of Social Work, The Ohio State University, 1947 College Road, Columbus, Ohio, 43210. E-mail: lee.355@osu.edu

Close Next

Despite the existence of inter- and intragroup differences among Chinese, Japanese, and Korean populations (Lum, 1998; Sorenson, 1996), most East Asian immigrant families are influenced by the values of family centrality and collective orientation to life that are mostly rooted in Confucian values and ethics. Multi-generation families lived in close proximity sharing a set of cultural values, roles, and expectations that guided their familial relationships (Chu, 1985). It is important to understand the concept of self to understand East Asian family values and practices. The traditional East Asian self, as rooted in Confucianism, existed primarily in relationship to significant others in a collective of extended family and kinship networks (Chu, 1985; Tamura, & Lau, 1992; Triandis, 1995). A male would consider himself a son, a brother, a husband, a father, an heir to the family lineage, but hardly himself. Likewise a female was a daughter, sister, wife, and a mother, but not an independent woman striving for self-actualization (Chan & Leong, 1994). In addition, an individual's self-worth was not measured by what he or she personally achieved, but by the extent to which he or she lived up to the expectations of others as defined by dominant cultural values and norms. In a family situation, these expectations were circumscribed by well-defined roles within a hierarchical structure. In the patriarchal family structure, power was distributed based on age, generation, and gender (Min, 1995). Behaving in an orderly manner within the family was the basis for a harmonious society. In situations involving conflict between individual and family well-being, it was expected than the individual would defer to the group. Family values based on collective existence took the form of solidarity, loyalty, interdependence, filial piety, chastity, integrity, dignity, and obedience (Doi, 1986; Ho, 1993; Min, 1995).

Traditional Chinese, Japanese, and Korean families all share these family values and practices to a certain degree, although individual culture does exhibit differing characteristics as a result of unique cultural makeup and diverse immigration experiences in the US. For instance, ancestor worship and face-saving are values much discussed in relation to Chinese populations (M. Y. Lee, 2000; Lum, 1998), although respecting family elders and avoiding shaming family name are values that hold true for Japanese and Korean families. Kim (1996) describes hierarchy by gender, generation, age and class as a "given" in Korean society, whereas Min (1995) suggests that Korean culture greatly emphasizes children's respect and compliance with parental authority throughout their lives, especially around matters regarding marriage. Traditional Japanese family life includes a view of Japanese society as one large family in which family norms are reinforced by the ethnic community, a patriarchal and hierarchal form of family living embedded in the fabric of Japanese society and language, a system of family inheritance that assures that property and power goes to the eldest son, and a high value is placed on family customs and celebrations (Matsui, 1996; Miyamoto, 1939; Reischauer, 1988). The special status of male children is realized across Chinese, Japanese, and Korean families in which male children are obliged to care for aging parents in exchange for patrilineal property descent and power in the family (Min, 1995).

East Asian Elders: The Importance of Filial Piety

It would be almost impossible to understand the aspirations and struggles of East Asian elders without discussing filial piety. Filial piety is one of the most fundamental family values across Chinese, Korean, and Japanese cultures that emanates from Confucian teaching regarding the five categories of social relationships. Filial piety defines duties and obligations between parents and children that maintain fundamental order and harmony in families (Ho, 1993; Jung, 1998). Respecting and caring for parents and older relatives is not unique to East Asian cultures. Such practices are common in many other cultural groups, such as African American populations (Hines & Boyd-Franklin, 1996), Hispanic American populations (Falicov, 1996), Native American populations (Sutton & Broken Nose, 1996) and Arab populations (Abudabbeh, 1996). In Western societies, filial piety is often understood to be solely the practice of caring for aging parents and older relatives. This narrow interpretation of a much broader belief and value system underpinning East Asian culture, however, inhibits a true understanding of East Asian families. Filial piety is a way of life in which the group comes before the self and elders are to be honored, obeyed and cared for. Filial piety is not just about caregiving, it is about authority, power, transmission of knowledge

and values, and the continuation of the family lineage (Chow, 1996). Clearly proscribed rules and roles are passed from generation to generation and obedience of children to their parents or parents-in-law is regarded as an expression of filial piety. Chinese and Japanese children are instructed to obey parents in everything and never to resist them (Chow, 1996; Koyano, 1999; Koyano & Okamura, 1996). Korean children are expected to demonstrate deep respect and obedience toward their parents through their whole life (Song & Moon, 1998). Elders within the family control considerable assets and this also gives them control over family decision–making. This favored position of authority and control extends beyond the family. Old age is revered throughout the greater society and elders are accorded relatively high social and economic status (Chow, 1996; Gernet, 1982).

The centrality of family for East Asian elders cannot be overstated. An elder's role within the family forms the basis for ways of coping and finding meaning in life. Their position in the family reflects their position in society as well as their own personal measure of worth (Chow, 1996). The Confucian era of assigning status based on age is fading as East Asian cultures become more influenced by Euro-American, middle-class values, thus eroding filial piety (Klintworth, 1996). In contemporary Japan, even using the term "filial piety" may be viewed as old-fashioned, very conservative, and undemocratic (Maeda, 1996). East Asian elders are well aware that they are being marginalized with little social status or defined role in the changing world in which aging tends to be viewed negatively (Kite & Johnson, 1988). Despite this change, family networks remain important for many East Asian elders as many still depend on younger generations to care for them (Koyano, Hashimoto, Fukawa, Shibata, & Gunji, 1994; Pak, 1996). Chinese elders still share a desire to feel valued by younger relatives and regret that they have been shifted from most to least important member (Klintworth, 1996). Korean elders believe that their sacrifices ensured the successes of younger generations and do not want to be ignored (Yoon, 1996). Contrast this with a lifetime of being immersed in the certainty that age would bring honor, obedience, and care and the potential for disconnect between the generations becomes a painful reality for many East Asian elders. They are challenged to find a new place within the family and in the American society that is unfamiliar to them.

CULTURAL DISSONANCE

An individual's internalization of culture could be understood in the context of worldview. Sue (1981) described worldview as "how a person perceives his/her relationship to the world" and that "worldviews are highly correlated with a person's cultural upbringing and life experiences" (p. 17). Worldviews have a powerful influence on a person's thoughts, behavior, and decision–making, as well as how they define events. Worldviews are not always constant within a cultural group and can be affected by differences in socioeconomic class, gender, religion, and age. These "interactional components of worldview mean that members of the same racial or ethnic group may not necessarily share identical views of the world" (Sue, 1981, p. 17). Hardy (1990) suggested that "sameness" of a family is more likely to be a myth and differences in worldviews can occur within a family and between generations. These competing worldviews can lead to a phenomenon of cultural dissonance, which can contribute to conflict within the family. The construct of cultural dissonance has received some attention in psychology and immigration studies. Katz et al. (2003) discussed conceptual approaches to understanding intergenerational relations and identified situational theories, which refers to factors (e.g., conflicting role obligations) that are barriers to family solidarity. The concept of cultural dissonance, or culturally based intergenerational conflicts, has been described as occurring in transcultural families in which varying degrees of acculturation occur among members of the same family (Kumabe, Nishida, & Hepworth, 1985). Lung and Sue (1997) described culturally based intergenerational conflicts among Chinese American families resulting from differences in cognitive and behavioral socialization. Other authors have touched on the impact of immigration on the family life cycle (Hong & Ham, 1992) and cultural conflicts among families in transition (Chan & Leong, 1994).

Cultural dissonance can occur in families described as "opportune families" (Johnson, 1995). Opportune families arise out of the circumstances that do not foster, or are not consistent with traditional values, practices, and definition of family (Johnson, 1995). East Asian immigrant families could be described as opportune, because these families typically modify their family values to be consistent with the

Previous First Next

dominant American culture. This usually results in changes in kinship values across generations, with younger members less likely to uphold tradition. Conflicts and problems arise when younger generations place less value on family ties and increase the value they place on individual interests. In contrast, older generations continue to try to define their role, maintain their status, and find purpose by reinforcing cultural patterns and traditions. Tradition is still strong among East Asian elders and based heavily on family interactions and contributions to the group (Mjelde-Mossey, Chi, & Lou, 2003). Behaviors in the older generation that would seem perfectly reasonable in traditional East Asian culture can be perceived as meddlesome and controlling in the current situation (Cai, Giles, & Noels, 1998; Chan, 1988; Min, 1995). Strain could develop between generations as they attempt to coexist in a context that requires them to adapt to each other as well as to a new social environment.

Case Illustration of Cultural Dissonance: The Song Family

Although this is a family from Korea, the manifested interactional dynamics are likely to be shared by other East Asian immigrant families experiencing cultural dissonance. The Song family consists of Mrs. Song (grandmother, 68), Andy (father, 45), Rebecca (mother, 40), Angie (daughter, 14) and Tom (son, 12). Mrs. Song migrated to the U.S. 5 years ago from Seoul, Korea, to live with her oldest son and his family. The family resides in a large Midwestern city. Andy came to the U.S. 20 years ago to pursue postgraduate education in computer science. He met Rebecca, who was also from Korea, at the church.

Family relationships are described as tense and conflictual. There is explicit conflict between Mrs. Song and the two grandchildren. Living with her oldest son's family helps Mrs. Song to believe that there is tradition in the household. For Mrs. Song, food preparation, maintaining the house, and teaching and disciplining her grandchildren fulfills the prescribed role of a respected elder. Mrs. Song's efforts to monitor and guide her grandchildren are met with resentment and defiance from Angie and Tom, who appear to be less influenced by traditional Korean values and more by the Euro-American, middle-class values of autonomy, independence, and self-actualization. Rebecca perceives the constant presence and care-taking behaviors of Mrs. Song as intrusive. There appears to be a competition between Rebecca and Mrs. Song as to who is the "mother" of the house. Rebecca usually supports her children's demand for autonomy when they are in conflict with their grandmother. Andy tries to support his mother, although he feels torn between his mother, his wife, and children. His attempts to mediate the conflict usually end up with the rest of the family accusing him of being unfair and taking sides with Mrs. Song.

Mrs. Song has many physical complaints, from muscle stiffness to stomach upsets, but she refuses to see a mainstream doctor. She wonders what bad thing she has done to bring her this terrible fate and feels depressed and hopeless. Mrs. Song has no interests outside the home except for a weekly visit to a friend in a nearby neighborhood. In addition, she is encountering limitations of older immigrants who may not be proficient in English, have transportation problems, and lack skills that would promote more independence from the family (Hong & Ham, 1992). Mrs. Song's physical complaints are not uncommon to older Korean immigrant women who somatize their psychological struggles and develop a syndrome known as *Hwabyung* in the Korean culture. *Hwabyung* is the suppression of emotions, such as anger, disappointment, sadness, misery, and unfulfilled expectations, which then manifest themselves in physical complaints of chronic indigestion, poor appetite, heart palpitations, pains in the knees and legs, constipation, and hypothyroidism (Pang, 1990). The phenomenon of somatization of mental health or psychological problems has also been discussed in relation to depression among Chinese populations (Kleinman, 1982) and Japanese populations (Yamashiro & Matsuoka, 1997). Various explanations have been put forth that include but are not limited to suppression of negative emotions, social acceptance of physical complaints, rather than emotional complaints (Pang, 1990), and mind–body holism (Yamashiro & Matsuoka, 1997). Mrs. Song, like many other East Asian elders, has been socialized not to express negative emotions and thus finds it more socially acceptable to have physical complaints rather than emotional complaints (Pang, 1990). The web of cultural dissonance in which the Song family is entangled is a dilemma in which each member is likely to feel trapped and powerless.

Incorporating Multiple Worldviews

A major challenge to clinical practice with families from diverse cultural backgrounds is the phenomenon of "multiple worlds." The literature on culturally competent family therapy repeatedly emphasizes the importance of respecting and incorporating a family's worldview in the treatment process (e.g., Congress, 1997; Harper & Lantz, 1996; M. Y. Lee, 1996; McGoldrick, Pearce, & Giordano, 1996). Treatment should be congruent with behaviors and expectations normative for a given community and adapted to specific needs of the families (Green, 1998). In addressing cultural dissonance in East Asian families, therapists face the additional challenge of incorporating multiple worldviews within the same family. Therapies must enable the different worldviews and values of individual family members to be recognized and negotiated but at the same time respect the unique intergenerational hierarchy in the family.

Empowerment-Based Practice: Collaborating with Each Individual Family Member

The dynamic of power is an integral part of cross-cultural practice and needs to be explicitly addressed and acknowledged by family therapists, especially when the therapist belongs to the dominant majority and the family to a minority group (Littlewood, 1988; Shonfeld-Ringel, 2001). Interestingly enough, this dynamic of power may isomorphically represent the power struggles in families with problems of cultural dissonance. These families will have multiple sets of cultural values that are in a precarious and/or conflicted position in relation to each other. For instance, Mrs. Song is likely to feel disempowered as her traditional Korean cultural values are "overtaken" by Euro-American, middle-class values. Likewise, her grandchildren or daughter-in-law may feel "oppressed" by a powerful traditional value, such as filial piety. An empowerment-based approach would suggest that: (a) each family member's unique experiences and the social base of their experience should be understood within their social, cultural, economic, and political context (Rose, 1990); (b) each family member participates fully in the process of change by defining their goals, constructing their solutions, and controlling the pace of change (Gutierrez, DeLois, & GlenMaye, 1995); and (c) family members perceive themselves as causal agents in achieving solutions to their presenting problems (Gutierrez, Parsons, & Cox, 1998). In addressing the problem of cultural dissonance, the clinical challenge for the therapist is not only to respect and validate the family's knowledge and expertise in the therapeutic process (Shapiro, 1995). The therapist must also respect and validate the knowledge and expertise of each individual, as these are likely to be different from each other. The ability to engage and connect with each family member, not take sides, and provide a context for family members to negotiate differences will determine how successful therapy with these families will be.

Utilizing Cultural Strengths and Resources

Saleebey (1996) argued that most helping professions in the United States are saturated with practice approaches that are based upon a deficit or pathology perspective. This is even more likely to occur with ethno-racial families. Members of a cultural minority group in a given society tend to be devalued by the majority. This negative devaluation can be stigmatizing to minority group members (Gutierrez & Lewis, 1999). For example, a family therapist may view the boundary between Mrs. Song and other family members as "enmeshed" or "over-involved" in such a situation. The therapist might be tempted to intervene in ways that fit his or her beliefs about healthy family hierarchies or relationships. All too often, such an approach may not be appropriate or viable in the lives of culturally diverse families.

The strengths perspective is based on two key assumptions. First, all people and environments have abilities and resources that are not being used, are underused, or perhaps have been forgotten. Second, all people are capable of continued growth and change (Rapp, 1998). Utilizing and building on cultural strengths and resources is not just respectful, but a more efficient and effective way for East Asian families to develop solutions that are relevant and viable in their unique life circumstances. Family therapists operating from a strengths perspective do not focus on the family's problem-saturated experiences. Instead, they are curious about, and appreciative of, the cultural strengths of the family as well as strengths and

Previous First Next

resources of each individual. The challenge for the therapist is to assist the family to recognize and utilize their strengths and resources in the treatment process.

Addressing Cultural Stigma of Seeking Family Therapy: The Importance of Saving Face

Because of cultural values of harmony, collectivism and obligation, disclosing family problems to an outsider oftentimes leads to fear of shaming the family name or losing face (Ho, 1993; Leong & Lau, 2001). This fear of shaming the family name or losing face, the stigma attached to seeking professional help, and/or the negative emotion of embarrassment have been well documented as barriers to seeking professional help for Asian American populations (Yamashiro & Matsuoka, 1997). For instance, "being silent" becomes one of the most common coping mechanisms employed by Chinese (M. Y. Lee, 2000), Japanese (Mills & Granoff, 1992) and Korean women (Song, 1996) who are dealing with problems of domestic violence. Locke (1992) further suggests that it is rare for the presenting problem to be the problem of greatest importance for Asian American clients, because they are too shameful to disclose the more serious family problems to outsiders.

The negative emotions associated with seeking therapy have to be viewed in the context of the marginalized status of East Asian elders who are likely to feel devalued by other family members as well as the dominant society. Younger family members may also feel torn between the traditional values of filial piety and their desire for individual autonomy. Unfortunately, negative emotional experiences associated with the feelings of shame, embarrassment, or frustration more often lead to defensive behaviors and massive denial of the problem than useful problem-solving behaviors. Because saving face is an important cultural factor in social interaction among East Asian people, effective family therapy should facilitate a treatment process that allows the family to save face and at the same time develop beneficial solutions to the problems of cultural dissonance (Berg & Jaya, 1993). Ho (1993) warned that the confrontational approach, rather than helping Asian families, might violate their cultural value of harmony. Instead of focusing on who is responsible for the problem, the preferred face-saving dialogue focuses on identifying how family members can contribute to the desired family relationships. It is important to compliment and support everyone's motivation and efforts in realizing the solution (M. Y. Lee, 2002).

Cultural Value of Pragmatism

Under the influence of Confucianism, East Asian populations tend to be pragmatic and instrumental (Ma, 1998). This cultural value has useful clinical implications for therapeutic interventions. A study of Chinese families' understanding of the roles and functions of family therapists revealed that they perceive therapists to be teachers, or experts, who listen to their difficulties, help them analyze their problems, and provide them alternative ways to solve their problems (Ma, 1998). Sue and Sue (1990) suggest that treatment with Japanese American populations should involve practical and useful assistance as well as an exchange of information and solutions for problem solving. It is not uncommon for East Asian families to expect quick assessment and prompt intervention (E. Lee, 1997; M. Y. Lee, 2000). In view of this pragmatic, problem-solving orientation to help seeking, it is imperative for therapy to be goal-oriented, focus on the present and future, and emphasize small and achievable changes with clear indicators of progress. In this modality, the family is more likely to maintain a positive motivation to change and continue to validate their successes in bringing positive change to the family situation.

Respecting Culturally Embedded Modes of Communication

Individuals learn their styles of social interaction from their socio-cultural backgrounds and, consequently, there are diverse "comfort zones" regarding modes of social interaction and communication. *Enryo* (restraint or holding back) describes a frequently observed communication style among Japanese (Matsui, 1996). Koreans are generally reserved and deferential in the presence of superiors and formal occasions despite being more spontaneous in their private social life (Kim, 1996). In general, Asians tend to have more difficulty with openly discussing highly emotional content with a therapist (Leong, Wagner, & Tata, 1995). Leong and Lau (2001) suggested that persons from collectivistic cultures may be unwilling to verbalize intense emotions in the therapeutic process and display a lack of interest in dwelling on or

Previous First Next

analyzing personal problems. Understanding this diversity and pacing a family's communication styles is an important part of the joining process (Green, 1998). Under the influence of traditional cultural values, many elders from Chinese, Korean, and Japanese backgrounds tend to be reserved and inhibited about emotions. Lack of direct eye contact should not be misinterpreted as a symptom of avoidance or anxiety, it may be a sign of respect (Chung, 1992) or just being reserved. Being silent or reserved does not necessarily mean resistance or unwillingness to seek help. It may be a matter of needing more time to open up. East Asian elders will have difficulty answering "feeling questions," because they may have few words in their language to describe emotions. Family therapists working with East Asian families should observe and respect characteristics of both verbal and nonverbal communication in each family member. Family members should be allowed the time to slowly open up at their own pace and in a way that is comfortable for them.

USING A SOLUTION-FOCUSED APPROACH TO ADDRESS CULTURAL DISSONANCE

Solution-focused brief therapy was originally developed at the Brief Family Therapy Center in Milwaukee by Steve de Shazer, Insoo Kim Berg, and their associates (Berg, 1994; de Shazer, 1991; DeJong & Berg, 2002). It begins as atheoretical with a focus on determining "what works in therapy." The evolved practice techniques and their basic premises, however, are consistent with the concepts of multiple worldviews, empowerment, and a strengths perspective—ingredients that are conducive to a responsive and respectful practice approach in a cross-cultural context. The focus on pragmatic changes and holding clients accountable for solutions also complements the characteristics of help-seeking behaviors of East Asian families.

A Constructivist View of Problems and Solutions: Respecting Multiple Worldviews

Influenced by social constructivism, solution-focused therapists do not assume an *a priori* expertise sufficient to objectively categorize and solve families' problems (Berg & DeJong, 1996). The therapist would first seek to understand each family member's view of the problems and solutions and incorporate their multiple worldviews in the treatment process prior to assisting them to define goals for treatment (Berg, 1994). Solution-focused therapists oftentimes use the miracle question (Berg & Miller, 1992) to assist the family to envision a future with family harmony and acceptance and to establish explicit and clear indicators of change so that they know when the healing begins. Some East Asian families, however, may not feel comfortable with the idea and/or the language of a miracle. When the first author, who is originally from Hong Kong, conducted solution-focused brief therapy workshops with Chinese-speaking therapists in Hong Kong, participants shared with the author that miracle question is strange and foreign to most clients and families in Hong Kong. Culturally sensitive solution-focused therapists can use future-oriented outcome questions for achieving the same therapeutic purpose: "If I see your family three months from now and you are better able to deal with your differences, how will I know that your family is different? "How would the relationship between grandmother and the children be different?" "If your ancestor listened to your prayer, how would your family be different than what it is now?" The therapist can utilize cultural beliefs and practices in phrasing the outcome questions as a way to elicit individual family members' views of solutions regarding what is viable and helpful for them in their unique sociocultural milieu (M. Y. Lee, 1997).

Because different worldviews usually exist in a family troubled by the problem of cultural dissonance, a major clinical challenge is to create a therapeutic context in which values of individual family members are recognized and negotiated while the intergenerational hierarchy is respected at the same time. Although it is imperative to elicit, respect and incorporate multiple worldviews in the treatment process, E. Lee (1996) suggests that it is important to identify the decision makers in the family and gain their support. Culturally sensitive solution-focused therapists would first join with the existing hierarchy of the family. Usually, this might mean joining with and inviting the oldest male member in the family to speak first (Ho, 1993; Jung, 1998). Because East Asian elders should be respected, and they are usually more reserved in expressing themselves, the therapist should respectfully invite them to participate in the treatment process and compliment their contributions whenever appropriate. For instance, "Mrs. Song, you are an important member in this family, and I would like to hear from you your ideas about what maybe helpful to create

harmony in this family."

Facilitating the negotiation of diverse worldviews in a family is no small task but crucial to the success of addressing the problem of cultural dissonance in East Asian families. Solution-focused therapy accomplishes this by focusing on small changes and holding the family accountability for solutions. Holding individual family members accountable for solutions directs therapeutic conversation away from blaming talk to solution dialogue. Although solution dialogues cannot guarantee resolution of conflict, such efforts are more likely to enhance and sustain motivation for positive change (M. Y. Lee, 2003; Murphy & Baxter, 1997). Similarly, focusing on small change in terms of observable behaviors/interaction is more possible and manageable and consumes less energy (M. Y. Lee, Sebold, & Uken, 2003). Family members are usually encouraged when they experience successes, even small ones. Changing surface behaviors, such as greeting grandmother every morning or cooking an American breakfast versus a Korean breakfast is more attainable and creates less argument than focusing the therapeutic conversation on deep-rooted cultural differences between traditional and Euro-American, middle-class values/practices. De Shazer (personal communication, September 5, 2001) reminds the therapist, "Too often people who want to learn SFBT [solution-focused behavioral therapy] fall into the trap of not being able to see that the difficulty is to stay on the surface when the temptation to look behind and beneath is at its strongest."

Family Has the Answer: Utilizing Cultural Strengths and Resources

A fundamental assumption of solution-focused therapy is that all people, regardless of their level of functioning, have strengths, resources, and competencies, although they may not be using them, may be under-using them, or may have forgotten that they have them (Berg & Miller, 1992). The task for the solution-focused therapist is to assist families in remembering, noticing, amplifying, sustaining, and reinforcing the identified cultural strengths and resources regardless of how small and/or infrequent they may be (Berg & Jaya, 1993). Exception questions and coping questions are simple tools to assist the family to identify unnoticed strengths or resources (de Shazer, 1985). Examples of useful questions to address problem of cultural dissonance are: "When was the last time that you (Mrs. Song) felt respected and valued by your family? What happened at that time? What is different about those times?" "When was the last time you found the advice of your grandma helpful? What did she say? How was it helpful?" "What is the difference between grandma's helpful advice and advice that is not so helpful?" Example of questions that solicit cultural strengths are: "Suppose another Korean family face similar problems that your family is having now but they are able to better handle the situation, what may that family be doing that is not happening in your family? What helpful advice would someone from that family share with your family?"

Collaborating With the Families: An Empowering Process of Change

Solution-focused therapy honors families as knowers of their experience with sufficient resources to define treatment goals and achieve change (Berg & Kelly, 2000). The therapist becomes the family's "community of other" to whom the family redefines their realities. To achieve this collaborative process, solution-oriented family therapists use "evaluative questions" to explore goals and empower the family to take ownership of life choices and decisions (M. Y Lee et al., 2003). Instead of directly providing feedback or suggestions, evaluative questions initiate a self-feedback process in which family members self-evaluate their situations in terms of their doing, thinking, and feeling. The list of "evaluative questions" is potentially endless. They include, but are not limited to, exception questions, scaling questions, coping questions, and relationship questions (DeJong & Berg, 2002), connection questions, choice questions, helpfulness questions, and ownership questions (M. Y. Lee et al., 2003). By asking evaluative questions, the worldviews of individual family members are fully respected and incorporated in the process of change as they are the causal agents in constructing and achieving solutions to problems of cultural dissonance. Enduring therapeutic gains are more likely to occur when the family owns the process of treatment and ultimately, the successes.

Despite the importance of convening the message that the family is the "expert" regarding their situation and have answers to their problems, East Asian culture generally emphasizes hierarchy in familial and social relationships. The importance of establishing credibility and expertise of the therapists has

Previous First Next

repeatedly been discussed in the literature regarding treatment with Chinese (E. Lee, 1996), Japanese (Matsui, 1996), and Korean populations (Kim, 1996). Establishing therapist's expertise and honoring family as "knower" of their situation are not necessarily mutually exclusive. Therapists should not hesitate to provide information on personal credentials, qualities, and educational backgrounds early on in the treatment process (Jung, 1998; E. Lee, 1996). The therapist can share with the family his or her successful work experience with families encountering similar problems. Another helpful way to convey expertise is to provide structure of therapy early on in the treatment process. This is especially important for East Asian families as many of them, especially the elders, may not have previous experience with therapy. Clear introduction of the structure of therapy helps to lessen the potential anxiety regarding seeking therapy and establishes therapist's competence in monitoring the treatment process (M. Y. Lee, 2000) in addition to preparing the family for a solution-focused frame of mind and the questioning style of solution-focused therapy. Although family members take the role of expert in determining and achieving goals that will lead to increase harmony in their family life, the therapist remains the expert in the conversation of change (de Shazer, 1991).

Accountability for Solutions: A Face-Saving Technique

Solution-focused therapy employs a nonconfrontational approach that holds a person accountable for solutions rather than focusing on their problems (Berg & Kelly, 2000). This "solution-dialogue" does not elaborate history of the problem of cultural dissonance and excludes any assignment of blame to self or others. This aspect of the solution-focused approach is a good fit with the highly valued importance of saving face in East Asian culture. Face-saving techniques in clinical practice would avoid confrontational moves and problem talk and focus on identifying how the family can contribute to the solution and compliment their motivation and efforts in realizing the solutions. The therapist might say for example: "On a scale of one to 10, with 10 equal to all being happy about the family situation and one equal to all being unhappy, how would each of you rate the family situation? What can each one of you do to move up the scale by one point in the next week?" Such a conversation allows people to make beneficial changes in habitual behaviors that may have contributed to or maintained the problem, without having to go through the negative emotional experiences associated with feelings of shame or embarrassment. Avoiding those negative feelings can also help to avoid defensive behaviors and denial of the problem. Consequently, face-saving, nonconfrontational techniques are conducive to successful joining and enhanced motivation (M. Y. Lee, 2000; Murphy & Baxter, 1997).

Solution-focused therapy aims to create a therapeutic dialogical context in which the family engages in a solution-building process that is initiated from within and grounded in family members' cultural strengths as well as their construction of the solution reality (M. Y. Lee, 2003). It is for the family to discover what works for them in their unique sociocultural context. Solution-focused therapy is based on respecting the family's construction of reality, allowing the family to define goals, utilizing the family's strengths and resources, collaborating with the family in the therapeutic process, holding families accountable for solutions, emphasizing goal-oriented, small and pragmatic changes (e.g., de Shazer, 1985; M. Y. Lee et al., 2003), and encouraging individual members to recognize and negotiate cultural differences among them.

CASE ILLUSTRATION: THE SONG FAMILY

Joining with the Song Family in a Culturally Sensitive Manner

Many minority families may not have had prior experience with therapy. It is important for the therapist to explain the purpose and process of therapy clearly to lessen any anxiety or defensiveness about seeking professional help (M. Y. Lee, 2000). Because of fears of shaming the family name and losing face, issues of confidentiality should be communicated clearly and unambiguously. In addition, it is important for the therapist to address the cultural dilemmas of seeking therapy and strengthening the family's motivation to change (Jung, 1998; M. Y. Lee, 2002). The Song family has taken the first step by seeking therapy and it is very important to reaffirm and strengthen whatever motivating factors are present. Rather than emphasizing individual differences, the therapist can reframe the family's participation in therapy as an other-oriented

Previous First Next

effort to benefit the well-being of the whole family (Lum, 1998). For instance, building on the traditional value of family harmony, seeking a cessation of conflict is not a self-oriented effort to protect oneself, but an act congruent with cultural values that emphasize family harmony. This is especially important for Mrs. Song, who is the carrier of traditional value. Mrs. Song has refused to see a mainstream doctor and may distrust mainstream professionals. The therapist could ask Mrs. Song: "Is it difficult for you to talk about some relationship problems in your family?" The resulting dialogue would educate the therapist about any culturally embedded perceptions of her problems. In addition, interpreting services may be required if Mrs. Song is not proficient in English.

To begin a dialogue with the Song family, the therapist encourages each member to give a clear and explicit statement of their presenting complaint. Andy volunteers to speak first and he mentions his concerns about the family atmosphere being tense and conflicted. He also worries about his mother's incessant complaints about physical discomforts. (Andy is the oldest male in the Song family. He probably takes the traditional role of the head of family and becomes the spokesperson.) Rebecca, his wife, and the two children, Angie and Tom, state that Mrs. Song is too intrusive and that she is constantly "watching and criticizing." Angie, who had her fourteenth birthday 2 months ago, angrily mentions a recent incident when grandma used the excuse of cleaning her "messy" room to "sneak at" her journal. Mrs. Song stays silent and looks sad and withdrawn. (As the supposedly well-respected elder in the family and a female, Mrs. Song is likely to be reserved and will usually not volunteer information. It is important for the therapist to respectfully invite her to participate in the process.) When invited to voice her opinions, she mumbles, "I'm too old now and am useless." The therapist acknowledges the current struggle of this family. Without focusing on the history of the problems or who is responsible for initiating or maintaining the conflict, the therapist uses solution-building questions to assist the family in identifying solutions for the problems of cultural dissonance.

Therapeutic Dialogues with the Song Family

Therapist: (Asking a "miracle question" to assist the family envision a future that does not include conflict.) I'm going to ask you a strange question and you might need some time to think about it. Suppose that after our meeting today you all go home, do the things that each of you need to do, and go to bed. While you all are sleeping a miracle happens and the problem in the family is gone, like magic. Because you all were sleeping, no one knows that a miracle happened, but when you all wake up tomorrow morning, you all will be different. How will each of you know a miracle happened? What will be the first small sign that tells you that a miracle has happened and there is harmony in your family?

Andy: I would be a lot more relaxed and don't have to worry about my mom's complaints of not sleeping well last night. I guess the atmosphere around the house will be less tense.

Therapist: What will be there instead of being tense? If I had a video camera at your house, what would I see?" (It is important to assist Andy describe the desirable future in terms of the presence of observable and specific behaviors rather than absence of something.)

Andy: Well, we'll have breakfast together. Morning used to be rush, as we all need to go to work or school except my mom. There won't be anything special, but just that we maybe chattier with each other.

Tom: I'll have toast, bacon, and eggs for breakfast instead of congee or soba (Korean noodle). Grandma makes breakfast for us and she said people in Korea have congee or soba for breakfast. But, I **really don't like it,** especially when I have congee or soba almost everyday.

Angie: That'll be like in heaven if we'll have omelets with cheese for breakfast.

Cultural dissonance oftentimes manifests itself in different lifestyles and preferences. It is helpful to focus on small, observable, and specific behaviors that people can negotiate and make changes instead of debating abstract ideas such as cultural conflict or cultural values. The task for the therapist is to assist family members to elaborate on small changes and how those changes can make a difference in the familial relational context.

Therapist: How would that make a difference to both of you if your grandma made toast, bacon, omelets and egg instead of congee and soba?

Tom: Well, I guess I'll feel she understands and cares about me.

Angie: At least she listens to us instead of being so rigid and old fashioned.

Therapist: If you feel grandma understands and cares about you, how would that make a difference in your relationship with her? (This relationship question is especially important in East Asian culture as caring among family members is highly valued in collectivistic oriented culture.)

Angie: Ummm, I probably won't talk back to her as often as I'm doing now. I just don't like being forced to eat or do things that Koreans do at home. We are in the U.S. and grandma still thinks we were in Korea.

It is not unusual for family members to shift back to problem talk and it is the task of a solution-focused therapist to redirect the therapeutic dialogues toward a conversation of change and solution. Mrs. Song has remained silent throughout the conversation and it is important to engage her in the solution-building process.

Therapist: Mrs. Song, you've been listening for a while. As you are a very important member in this family, what do you think will be different if this is a good day for you?

To convey the therapist's respect for Mrs. Song, she or he affirms Mrs. Song's position in the family and respectfully invites her to voice her opinion. Also the therapist cautiously use "good day" instead of "miracle day" in the question as the word "miracle" may feel more foreign and strange to Mrs. Song than other family members who are more acculturated.

Mrs. Song: [pause] I haven't been sleeping well for several years. If it's a good day, I guess I'll feel I have more energy and less tired.

Therapist: (Utilizing past success to reconnect with strengths and resources) When was there a time in the past when you felt more energetic and well?

Mrs. Song: Oh, I was a different person when I was in Korea. I was raising my family back then and we lived in Seoul at that time. I was a housewife and I took pride in taking care of my husband, my kids, and the house.

Therapist: What's different between now and then?

Mrs. Song: We had a lot of relatives and friends and we did things together especially around holidays. I guessed my family appreciated what I did for them also.

Therapist: Anything else?

Solution-focused therapy emphasizes the detailed elaboration of a person's successes and strengths. It is even more important for Mrs. Song as the remembering of her strengths in home country is likely to energize her and brings back helpful memories.

Mrs. Song: I guess I took better care of myself and felt better about myself. I almost feel useless right now. I moved to live with my son after my husband passed away. This is a strange place for me and people have different ways to do things. As an elder in the family, I just do what I think will be best for my family and they are unhappy about me. Angie yelled at me when I cleaned up her room. Sometimes, I spent the whole day preparing a good dinner for them and they wanted pizza instead. I don't know what I should do.

It is common and natural for clients to focus on problems and limitations. Solution-focused therapy does not avoid difficulties or problems but does address these issues using the language of strengths and solutions.

Therapist: Sounds like you are at a loss right now trying to figure out how to live with your family. You have friends from Korea who are facing similar problems at home but are able to cope with the situation better?

Previous First Next

This relationship/coping question utilizes strengths of people from her own culture to explore new and beneficial alternatives. It is usually easier for people to relate to experience of those who share similar backgrounds.

Mrs. Song: Oh yeah, it's not just me. Mrs. Kim has the same problem.
Therapist: Who's Mrs. Kim?
Mrs. Song: She's my friend at the church.
Therapist: How did Mrs. Kim deal with the conflict at her home? (exception question)
Mrs. Song: Well, she wasn't happy about the situation although she's more outgoing. She joined a Senior Center. She told me they have Senior luncheon every Saturday and classes like Tai Chi and flower arrangement. She seems to enjoy the activities and she always asks me to go with her.
Therapist: Have you thought about going to the Senior Center with Mrs. Kim?
Mrs. Song: Well, I'm tired all the time and then I have to take care of the household and it takes a lot of time.
Angie and Tom: You should go and have some fun, grandma.
Rebecca: Yeah, it'd be nice if you can have some fun time with your friends. I can do a little bit more around the house after work. [Turns to the therapist] Grandma in fact helps a lot in the house. Both my husband and I have to work and we rely on her to take care of dinners and some chores around the house. It's good to have the children take more responsibilities. Sometimes, I feel that grandma spoils them. That's when sometimes I disagree with her. I think Tom and Angie should learn how to take care of their mess instead of just thinking, "grandma would do it."
Therapist: So, you think that Mrs. Song should do something for herself instead of just devoting all her time and energy to the house [Turns to Mrs. Song] Looks like everyone wants you to have more fun and be happier. What does that say about their feeling toward you?

This meaning question helps elaborate the expression of love and care in the Song's family, which can potential be very helpful as the expression of love and care is consistent with the cultural value of family centrality.

[Mrs. Song stays silent but is obviously more relaxed]
Andy: Mom, we all care about you and want you to be happy.
Therapist: Let's pretend that tomorrow will be a miracle day. What will be one or two small things that each one of you can do to make this happen? (This is an example of using a face-saving technique that emphasizes family members' potential contribution to the solution.)
Tom: I'll have toast and bacon, and omelets for breakfast!!!
Therapist: That'll be nice but we are talking about what you can do to make this miracle day happen and not what you want.

From a solution-focused perspective, positive change has to be something that can be initiated and maintained by the person and is not dependent on the initiation of someone else.

Mrs. Song: I can try to do toast and omelets for them since the children want it so much. Bacon is out of the question because it's too unhealthy.

Helping family members to negotiate small, "surface" changes is more attainable than focusing the discussion on abstract argument about cultural preferences.

Angie: That'll still be great, grandma. I promise that I won't talk back to you and I'll make my bed.
Therapist: (Asking a feasibility question to evaluate how feasible is the suggested change.) Angie, these are BIG changes for you, I mean not talking back. How likely are you able to do that?
Angie: Well, I don't know. I'll just try

Therapist: How would you relate to grandma if you were not talking back? What'll be one small thing that you can do in the morning that'll tell grandma that this is a miracle day and you are different? (The desired change should be stated as something observable and specific so that there will be a clear indicator of change.)

Tom: If we say "good morning" the first thing we see her in the kitchen, I bet that'll make her happy. She always said that children in Korea greet their parents and elders the first thing in the morning.

Therapist: So you know something about Korean traditions. I'm impressed. (Complimenting Tom for his cultural knowledge.)

Rebecca: If grandma made arrangements to go to the Senior Center with Mrs. Kim, I can get up a little earlier and make arrangements for the dinner so that she doesn't need to worry about it.

Therapist: [Turns to Mrs. Song] Is that something that's helpful?

Mrs. Song: That should be fine.

Therapist: Would it be hard or easy for you if they decide on having pizza or spaghetti for dinner?

Cultural conflict oftentimes manifest in terms of food preferences and life style differences. The "comparison question" allows Mrs. Song to evaluate her level of tolerance of differences. It is also important to respect her perception because she perceives household chores as her jurisdiction.

Mrs. Song: I never get used to those foods although I can prepare soba for myself. I know that I'm not in Korea and I'll have to adjust anyway.

This is the first time that Mrs. Song explicitly mentions the cultural struggle for her. It is important to help her evaluate and recognize her coping efforts as well as rally family support in her adjustment process

Therapist: Has it been hard or easy for you to adjust to the life here? (evaluative question)

Mrs. Song: [pause] It's been very hard. This is a strange place for me. I feel like I'm a handicap as I can't drive. I'm not saying anything bad about my son and his family. But it seems like I can't do anything right. I just do what I think a grandma should do and this is what happened.

Therapist: Sounds like the situation is far from ideal. What has been helpful so far? (coping question)

Mrs. Song: I don't know. [pause] Talking to my friends at church makes me feel connected at least in some way.

Therapist: Sound like it's helpful to have company with whom you share and support each other. Would going with Mrs. Kim to the Senior Center help you feel more connected to the community?

Mrs. Song: Maybe.

Therapist: What else has been helpful?

[Long pause]

Therapist: (Rally family support and ideas) What else has been helpful or may be helpful to assist Mrs. Song adjust to life in the US?

Rebecca: She does have a hard time and she isolates herself a lot. Except the church, she basically avoids other people and just focuses all her energy in the house. I guess that's the reason why the children feel suffocated by her "intense" presence.

Therapist: (Refocusing to solution talk) I hear that Mrs. Song has some difficulty adjusting to her life here. Let me ask the family a question. On a scale of 1 to 10, how willing are each of you to help Mrs. Song to enjoy her life in the U.S. with a 1 meaning you aren't going to do anything and a 10 meaning you'll try your best to help her in the process?

The therapist continues the dialogues with the Song family to explore things that each one can do to improve the family relationship and to help Mrs. Song better adjust to her life in the U.S. At the end of the session, the therapist compliments the care and concern in the family despite their differences and arguments as well as their willingness and creativity in finding solutions. The therapist gives them a solution-focused homework assignment. Sometime during the next week, each one has to secretly choose a miracle day and do things that he or she would do if a miracle day happened. In addition, each has to guess who picks which day to be the miracle day and observe differences in their behaviors.

Previous First Next

The therapeutic dialogue with the Song family illustrates how therapeutic ends were accomplished through a "conversation of change" in which the family and therapist co-constructed a reality that allowed them to discover and/or reconnect with their strengths in resolving problems of cultural dissonance. By first using the miracle question, the therapist assisted the family to establish concrete, observable, specific goals that were stated as desirable behaviors. The therapist continued asking exception questions, relationship questions, scaling questions (DeJong & Berg, 2002), difference questions, meaning questions, and comparison questions (M. Y. Lee et al., 2003) to assist the Song family construct an alternative reality to cultural dissonance that contained negotiation, adjustment, and expression of care and concern. Despite diverse worldviews, the therapeutic conversation focuses on negotiating small, surface, attainable changes than deep-seated cultural conflicts or differences. In addition, the therapist used face-saving techniques in the process and focused on what small changes each member could do to increase family harmony. Engaging the family to describe new, beneficial, behaviors and suggestions that were conducive to the creation of harmony acknowledges the importance of cultural values for East Asian families. Throughout the process, the therapist made few assumptions regarding what would work best for the family. S/he only asked useful questions that help the family explore meaningful goals and viable solutions in their own unique context.

CONCLUSION

Cultural differences between generations can result in problems of cultural dissonance among generations. Family members with differing degrees of acculturation experience problems and misunderstandings resulting from their conflicting personal worldviews. Such a process can isormophically manifest itself in therapy when cultural dissimilarities between family therapists and minority families result in miscommunication and misunderstanding (Proctor & Davis, 1994). The literature repeatedly emphasizes the important of developing culture-specific knowledge regarding the cultural group's historical experiences, adjustment styles, socioeconomic backgrounds, preferred values, religions, help-seeking behaviors, typical attitudes, honored behaviors, communication styles, customs, slang, learning styles, and ways of thinking so that therapist can interact and work with the family from a culturally informed position (Laird, 1998; McGoldrick et al., 1996). Despite similarities among Chinese, Japanese, and Korean populations pertaining to family values and practices as influenced by Confucian values and ethics, therapists will still need to attend to intergroup differences as related to religions, educational attainment, communication styles, historical and immigration experiences when providing therapy. Solution-focused therapists do not refrain from developing cultural knowledge of the client group even though they do not assume a priori knowledge or understanding of client's situation or solutions. A solution-focused approach, by emphasizing multiple worldviews, contextual knowledge, and clients' strengths and empowerment, offers a culturally respectful and responsive therapy process with East Asian families. Such a respectful therapy process can reiterate a parallel process in the family in which multiple worldviews among different members are explored, accepted, appreciated, and negotiated for the benefit of the family. No one therapeutic approach should not be viewed as either a panacea or the sole or ultimate solution for the resolving the problem of cultural dissonance in families. Consistent with the philosophy of solution-focused members are struggling with multiple worldviews.

REFERENCES

Abudabbeh, N. (1996). Arab families. In M. McGoldrick, J. Pearce, & J. Giordano (Eds.), *Ethnicity and family therapy* (pp. 333–346). New York: Guilford Press.

Berg, I. K. (1994). *Family-based services: A solution-focused approach.* New York: W. W. Norton.

Berg, I. K., & DeJong, P. (1996). Solution-building conversations—Co-constructing a sense of competence. *Families in Society, 77,* 376–391.

Berg, I. K., & Jaya, A. (1993). Different and same: Family therapy with Asian-American families. *Journal of Marital and Family Therapy, 19,* 31–38.

Berg, I. K., & Kelly, S. (2000). *Building solutions in child protective services.* New York: W. W. Norton.

Berg, I. K., & Miller, S. (1992). *Working with the problem drinker: A solution-focused approach.* New York: W.W. Norton.

Cai, D., Giles, H., & Noels, K. (1998). Elderly perceptions of communication with older and younger adults in China: Implications for mental health. *Journal of Applied Communication Research, 26*, 32–51.

Chan, F. (1988). To be old and Asian: An unsettling life in America. *Aging, 358*, 14–15.

Chan, S., & Leong, C. W. (1994). Chinese families in transition: Cultural conflicts and adjustment problems. *Journal of Social Distress and the Homeless, 3*, 263–281.

Chow, N. (1996). Filial piety in Asian Chinese communities. *Hong Kong Journal of Gerontology, 10*, 115–117

Chu, G. (1985). The changing concept of self in contemporary China. In A. J. Marsella, G. DeVos, & F. L. K. Hsu (Eds.), *Culture and self, Asian and Western perspectives* (pp. 252–277). New York: Tavistock.

Chung, D. K. (1992). Asian cultural commonalities: A comparison with mainstream American culture. In S. M. Furuto, R. Biswas, D. K. Chung, K. Murase, & F. Ross-Sheiff (Eds.), *Social work practice with Asian Americans* (pp. 27–44). Newbury Park, CA: Sage.

Congress, E. P. (1997). *Multicultural perspectives in working with families*. New York: Springer.

DeJong, P., & Berg, I. K. (2002). *Interviewing for solutions* (2nd ed.). Pacific Grove, CA: Brooks/Cole.

de Shazer, S. (1991). *Putting difference to work.* New York: W. W. Norton.

de Shazer, S. (1985). *Keys to solutions in brief therapy.* New York: W. W. Norton.

Doi, T. (1986). *The anatomy of self: The individual versus society.* Tokyo: Kodansha International.

Falicov, C. J. (1996). Mexican families. In M. McGoldrick, J. Pearce, & J. Giordano (Eds.), *Ethnicity and family therapy* (pp. 169–182). New York: Guilford Press.

Gernet, J. (1982). *A history of Chinese civilization.* Translated from French by J. R. Foster. Cambridge, UK: Cambridge University Press.

Green, J. W. (1998). *Cultural awareness in the human services: A multi-ethnic approach* (3rd ed.). Needham Heights, MA: Allyn & Bacon.

Gutierrez, L. M., DeLois, K. A., & GlenMaye, L. (1995). Understanding empowerment practice: Building on practitioner-based knowledge. *Families in Society, 76*, 534–542.

Gutierrez, L. M., & Lewis, E. A. (1999). *Empowering women of color.* New York: Columbia University Press.

Gutierrez, L. M., Parsons, R. J., & Cox, E. O. (Eds.). (1998). *Empowerment in social work practice: A sourcebook.* Pacific Grove, CA: Brooks/Cole.

Hardy, K. (1990). The theoretical myth of sameness: A critical issue in family therapy training and treatment. In G. W. Saba, B. M. Karrer, & K. V. Hardy (Eds.), *Minorities and family therapy* (pp. 17–33). New York: Haworth Press.

Harper, K. V., & Lantz, J. (1996). *Cross-cultural practice: Social work with diverse populations.* Chicago, IL: Lyceum Books.

Hines, P. M., & Boyd-Franklin, N. (1996). African American families. In M. McGoldrick, J. Pearce, & J. Giordano (Eds.), *Ethnicity and family therapy* (pp. 66–84). New York: Guilford Press.

Ho, M. K. (1993). *Family therapy with ethnic minorities.* Newbury Park, CA: Sage.

Hong, G., & Ham, M. D. (1992). Impact of immigration on the family life cycle: Clinical implications for Chinese Americans. *Journal of Family Psychotherapy, 3*, 27–40.

Johnson, C. L. (1995). Cultural diversity in the late-life family. In R. Blieszner & V. H. Bedford (Eds.), *Handbook of aging and the family* (pp. 307–331). Westport, CT: Greenwood.

Jung, M. (1998). *Effective guidelines for treating Chinese Americans.* San Francisco: Jossey-Bass.

Katz, R., Daatland, S. O., Lowenstein, A., Bazo, M. T., Ancizu, I., Herlofson, K., et al. (2003). Family norms and preferences in intergenerational relations: A comparative perspective. In V.L. Bengston & A. Lowenstein (Eds.), *Global aging and challenges to families* (pp. 305–354). New York: Aldine de Gruyter.

Kim, B. -L. (1996). Korean families. In M. McGoldrick, J. Pearce, & J. Giordano (Eds.), *Ethnicity and family therapy* (pp. 281–294). New York: Guilford Press.

Kite, M. E., & Johnson, B. T. (1988). Attitudes toward older and younger adults: A meta-analysis. *Psychology and Aging, 3*, 233–244.

Kleinman, A. (1982). Neurasthenia and depression: A study of somatization and culture in China. *Culture, Medicine and Psychiatry, 6*, 117–190.

Klintworth, G. (1996). Taiwan's international identity: 400 years in the melting pot. *Journal of East Asian Affairs, 10*, 373–394.

Koyano, P. (1999). *Changes in intergenerational relationships and support of Japanese seniors.* Paper presented at the Asia-Pacific Regional Conference for the International Year of Older Persons. Hong Kong, April 26–29.

Koyano, W., Hashimoto, M., Fukawa, T., Shibata, T., & Gunji, A. (1994). The social support system of Japanese elderly. *Journal of Cross-Cultural Gerontology, 9*, 323–333.

Koyano, W., & Okamura, K. (1996). Filial piety and co-residence in the Japanese context. *Hong Kong Journal of Gerontology, 10*, 122–125.

Kumabe, K., Nishida, C., & Hepworth, D. (1985). *Bridging ethnocultural diversity in social work and health.* Honolulu: University of Hawaii Press.

Laird, J. (1998). Theorizing culture: Narrative ideas and practice principles. In M. McGoldrick (Ed.), Revisioning family therapy: *Race, cultural, and gender in clinical practice* (pp. 20–36). New York: Guilford Press.

Lee, E. (1996). Chinese families. In M. McGoldrick, J. Pearce, & J. Giordano (Eds.), *Ethnicity and family therapy* (pp. 249–267). New York: Guilford Press.

Lee, E. (Ed.). (1997). *Working with Asian Americans: A guide for clinicians.* New York: Guilford Press.

Lee, M. Y. (1996). A constructivist approach to client's help-seeking process: A response to cultural diversity. *Clinical Social Work Journal, 24,* 187–202.

Lee, M. Y. (1997). A study of solution-focused brief family therapy: Outcomes and issues. *American Journal of Family Therapy, 25,* 3–17.

Lee, M. Y. (2000). Understanding Chinese battered women in North America: A review of the literature and practice implications. *Journal of Ethnic and Cultural Diversity in Social Work, 8,* 215–241.

Lee, M. Y., (2002). *Working with Asian American populations: A treatment guide.* Columbus, OH: Asian American Community Services.

Lee, M. Y. (2003). A solution-focused approach to cross-cultural clinical social work practice: Utilizing cultural strengths. *Families in Societies, 84,* 385–395.

Lee, M. Y., Sebold, J., & Uken, A. (2003). *Solution-focused treatment with domestic violence offenders: Accountability for change.* New York: Oxford University Press.

Leong, F. T. L., Wagner, N. S., & Tata, S. P. (1995). Racial and ethnic variations in help-seeking attitudes. In G. Ponterotto, J. M. Casas, L. A. Suzuki, & C. M. Alexander (Eds.), *Handbook of multicultural counseling* (pp. 415–438). Thousand Oaks, CA: Sage.

Leong, F. T. L., & Lau, A. S. L. (2001). Barriers to providing effective mental health services to Asian Americans. *Mental Health Services Research, 3,* 201–214.

Littlewood, R. (1988). Towards an inter-cultural therapy: Some preliminary observations. *Journal of Social Work Practice, 5,* 9–19.

Locke, D. (1992). *Increasing multicultural understanding.* Beverly Hills, CA: Sage.

Lum, J. (1998). Family violence. In L. C. Lee, & N. W. S. Zane (Eds.), *Handbook of Asian American psychology* (pp. 505–525). Thousand Oaks, CA: Sage.

Lung, A. Y., & Sue, S. (1997). Chinese American children. In G. Johnson-Powell & J. Yamamoto (Eds.), *Transcultural child development: Psychological assessment and treatment* (pp. 208–236). New York: John Wiley.

Ma, J. L. C. (1998). *Cultural construction of the roles and functions of family therapists: The Hong Kong experience.* Paper presented at the Second Pan Asia-Pacific Conference on Mental Health, Beijing, China, October 13–15, 1998.

Maeda, D. (1996). Filial piety and the care of aged parents in Japan. *Hong Kong Journal of Gerontology, 10,* 126–129.

Matsui, W. T. (1996). Japanese families. In M. McGoldrick, J. Pearce, & J. Giordano (Eds.), *Ethnicity and family therapy* (pp. 268–280). New York: Guilford Press.

McGoldrick, M., Pearce, J., & Giordano, J. (Eds.). (1996). *Ethnicity and family therapy* (2nd ed.). New York: Guilford Press.

Mjelde-Mossey, L., Chi, I., & Lou, V. Q. (2003, November). *Measuring family tradition in Chinese elders in China.* Paper presented at the 56th Annual Scientific Meeting of the Gerontologial Society of America, San Diego, CA.

Mills, C. S., & Granoff, B. J. (1992). Date and acquaintance rape among a sample of college students. *Social Work, 37,* 504–509.

Min, P. G. (1995). *Asian-Americans: Contemporary trends and issues.* Thousand Oaks, CA: Sage.

Miyamoto, F. (1939). *Social solidarity among the Japanese in Seattle.* Seattle, WA: University of Washington Press.

Montalvo, B., & Gutierrez, M. J. (1990). Nine assumptions for work with ethnic minority families. In G. W. Saba, B. M. Karrer, & K. V. Hardy (Eds.), *Minorities and family therapy* (pp. 35–52). New York: Haworth Press.

Murphy, C. M., & Baxter, V. A. (1997). Motivating batterers to change in the treatment context. *Journal of Interpersonal Violence, 12,* 607–619.

Pak, J. K. (1996). The ideal of filial piety in modern times. *Hong Kong Journal of Gerontology, 10,* 130–132.

Pang, K. Y. C. (1990). Hwabyung: The construction of a Korean popular illness among Korean elderly immigrant women in the United States. *Culture, Medicine, and Psychiatry, 14,* 495–512.

Proctor, E. K., & Davis, L. E. (1994). The challenge of racial difference: Skills for clinical practice. *Social Work, 39,* 314–323.

Rapp, C. A. (1998). *The strengths model: Case management with people suffering from severe and persistent mental illness.* New York: Oxford University Press.

Reischauer, E. (1988). *The Japanese today: Change and conformity.* Cambridge, MA: Belknap.

Rose, S. M. (1990). Advocacy/empowerment: An approach to clinical practice for social work. *Journal of Sociology and Social Welfare, 17,* 41–51.

Saleebey, D. (1996). The strengths perspective in social work practice: Extensions and cautions. *Social Work, 41,* 296–304.

Schmidley, A. D. (2001). *U.S. Census Bureau, Current Population Reports, Series P23-206, Profile of the Foreign-Born Population in the United States: 2000.* U.S. Government Printing Office, Washington, DC.

Shapiro, V. (1995). Subjugated knowledge and the working alliance: The narratives of Russian-Jewish immigrants in session. *Psychotherapy in Practice, 1,* 9–22.

Shonfeld-Ringel, S. (2001). A re-conceptualization of the working alliance in cross-cultural practice with non-Western clients: Integrating relational perspectives and multicultural theories. *Clinical Social Work Journal, 29,* 53–63.

Song, Y. I. (1996). *Battered women in Korean immigrant families.* New York: Garland.

Song, Y. I., & Moon, A. (Eds.). (1998). *Korean American women: From tradition to modern feminism.* Westport, CT: Praeger.

Sorenson, S. B. (1996). Violence against women: Examining ethnic difference and commonalities. *Evaluation Review, 20,* 123–145.

Sue, D. W. (1981). *Counseling the culturally different: Theory and practice.* New York: Wiley.

Sue, D. W., & Sue, D. (1990). *Counseling the culturally different: Theory and practice.* New York: Wiley.

Sutton, C. T., & Broken Nose, M. A.. (1996). American Indian families: An overview. In M. McGoldrick, J. Pearce, & J. Giordano (Eds.), *Ethnicity and family therapy* (pp. 31–44). New York: Guilford Press.

Tamura, T., & Lau, A. (1992). Connectedness versus separateness: Applicability of family therapy to Japanese families. *Family Process, 31,* 319–340.

Triandis, H. C. (1995). *Individualism and collectivism.* Boulder, CO: Westview.

U.S. Census Bureau (2000). *Census 2000 Summary File 1 (SF1) 100 Percent Data.* Retrieved May 2, 2002 from factfinder.census.gov/servlet/QTTable?ds-mae DEC 2000 SF1 U&gp id=p 1000 US&gr name=DEC 2000SF1 U DT

Yamashiro, G., & Matsuoka, J. K. (1997). Help-seeking among Asian and Pacific Americans: A multiperspective analysis. *Social Work, 42,* 176–186.

Yoon, G. (1996). Psychosocial Factors of Successful Aging. *Hong Kong Journal of Gerontology, 10,* 33–38.

Previous First