INTRODUCTION

The role of religious beliefs and values in family life has been accorded little prominence in the development of family therapy theory and practice. I argue in this chapter that this needs to change if family therapists hope to work effectively with ethnic minority families which tend to be of a traditional patrarchal form, grounded in strongly held religious values.

Therapists and professionals with western feminist values often experience tensions and dilemmas in cross-racial and cross-cultural author believes that many of these tensions stem from a lack of understanding of the central importance of religious ideas in the framing and organisation of value and priorities for the ethnic communities. This creates a boundary between western theory and practice of family therapy and its applicability to non-western cultures (Bott and Hodes 1989- Kinzie et al 1972).

In such communities, traditions and rules governing family life and sources of family and communal authority often have strong religious underpinnings. Many ethnic communities are also religious communities. For example, the religious leader or Rabbi of an orthodox Jewish community often wields considerable personal and community authority. His views on a particular family issue may well carry more weight than those coming from the secular organisation that the family therapist represents, especially where those views appear to be in conflict.

Families strive to preserve their group values, identity and coherence while participating in the challenges and opportunities offered by a largely secular British society. It is the women who are still to a large extent the tradition carriers and are expected to socialise children to take on these group determined norms. In Jewish families for example, home observance of religious ritual (e.g. the lighting of Shabbat candles) - largely a woman’ function, whereas men play the more dominant role in public worship and in the community. The 1983 report of the Research Unit Board of Deputies of British Jews on the Anglo-Jewish Community in Redbridge, Essex, found high levels of home observance by women to be correlated with the presence of children in the household and the desire to transmit Jewish values and knowledge to children.

This chapter will first describe some aspects of the traditional family and then go on to explore how family therapists to a western European cultural tradition can best manage the differences between their own values and those of non-western European ethno-cultural traditions. In my view the only way to work with ethnic families is through an understanding and respect for traditional religious and cultural values (McGoldrick 1982; Weisberg 1992). This does not mean, however, that one colludes with abusive practices such as childhood prostitution, slavery, female circumcision, and suttee - affecting the lives of women and children where women in these communities define the practice as abusive. The point in therapy is to work within the meaning systems of the client in order to empower through making informed choices available.

UNDERSTANDING THE TRADITIONAL FAMILY

Life cycle issues

In the non-western European family, there are important differences in the construction of ‘family’ as a concept and the role of the individual in the family. The importance given to interdependence and the need to preserve harmonious family relationships has led to the development of structures like extended family groups within the same household. Life cycle transitions and discontinuities are managed in the context of rules with regard to authority, continuity and interdependence which differ from
those of western European families. In traditional Asian or Oriental family, relationships are hierar-chical between the sexes as well as between the generations. Authority is invested in the paternal grand father or the most senior male member of the extended family. Fathers generally function as heads of households. Elder siblings are differentiated from younger sib-lings and expected to exercise authority over them. The presence of the aged provides continuity and a link between the generations. Where kinship systems are highly structured, kinship terms delineate not only the individual's place in the family but also his/her duties and obligations.

There are differences in the developmental tasks for the child and stage-specific family tasks be-tween the western European nuclear family, with its contemporary and egalitarian traditions, and the non-western European traditional extended family. Children growing up in these traditional hierar-chical families will find the importance of interdependence and, as a consequence, dependability, stressed at every stage in the life cycle. They learn the importance of reciprocal obligations and duties towards parents and other significant adults, from whom they can then expect favours. Girls, for ex-ample, learn from day to day observations of their mothers, grandmothers, aunts and female cousins about their own place in the kinship system, and what the expected role obligations are for them as young women growing up. They also learn about cultural and religious rules governing relationships between the sexes and the generations, and the limits of expected behaviour, both within and outside the family.

Competent young people will show a strong identification with the reputation and honour of the family (Ballard 1979). This enables them to function well within the hierarchical intimate relationships of the extended family and ethnic community (Tamura and Lau 1992). The public behaviour of chil-dren and young people must reflect well on the family which would otherwise lose face and standing within the community. Where arranged marriages are the norm and virginity is expected as part of the marriage contract, the post-adolescent girl is not expected to have boy friends, or to have an active social life in the evenings unless within the family circle. Within the family, the young person also learns the importance of controlling aggression and strategies for tension diffu-sion. These are particu-larly Important skills in families where several generations live under the same roof. Such traditional values will be reinforced at every level of socialization - home, school, religious institution and the media, including popular films, traditional and con-temporary literature.

Adolescence often comes to an end in the modern western family on leaving home. For the young woman from the traditional family however, adulthood is assumed on marriage. The differences in stage-specific family tasks in traditional families compared with the modern western family are thrown into stark relief in cultures where arranged marriages are still common. In order that the young wife can survive within the context of a new family in which her mother-in-law may well be the most sen-ior family member in the female kinship network, she must have been carefully prepared by her family of origin to respect her mother-in-law’s authority, and to negotiate skilfully her place within the fe-male hierarchy. In other words, it is not sufficient for her to have a good relationship with her husband. She also needs to support her husband’s traditional role expectations, and it would not do, for exam-ple, to create conflict between him and his mother. Here early links with sisters-in-law are often ex-tremely useful. In a well-known poem from the Tang dynasty by Wang Chien, a young bride asks her sister-in-law to taste the soup she has just prepared, to ensure will be to her mother-in-law’s liking.

The presence of the wider family on both sides is also important to help negotiate conflicts between the couple particularly in the first year of marriage, when teething difficulties are expected to occur, as the couple will not have had the opportunities to know each other beforehand and will not have spent much time together. The ready availability of the bride’s family of origin helps cushion the impact of the early transitional years. It would not, for instance, be deemed unseemly for the new wife to return to her own family for refuge at particular times of family stress, for example, if her husband is violent. Young wives separated from their families of origin coming to the UK for an arranged marriage are therefore more at risk-ing unsatisfactory marriages, unless they have the means to seek help from other family members, or to establish for themselves a degree of economic independence.

Mothering

No role in traditional families is more respected than that of the mother. (For a fuller discussion of ethnicity and mothers than is possible here, see Braver man 1990). A well-known Muslim proverb refers to paradise as lying under one’s mother’s feet. Mothers have a prior claim even over fathers for their sons’ allegiance: ‘a man asked the Holy Prophet (peace be on him): Who has the prior claim on
my duty? He answered: Thy mother. And after her? Thy mother. And thereafter? Thy mother. And then? Thy father and after him other kindred according to their degree of kinship’ (The Holy Quran). A man’s primary duty is to his mother, just as his wife’s primary duty is to him (Khan 1981).

Guru Nanak taught Sikhs that a daughter was as good as a son - 'Why call her inferior who gives birth to Kings and great men?' (Sidhu et al. 1974). More often than not, however, mothers were revered for their role in supporting and encouraging sons who then went on to achieve. One of the most famous mothers in Chinese history was Yueh Fei’s mother. She is remembered for reminding her son that his duty was to repel the invading Mongolian armies in his role as a Sung Dynasty general. These instructions to her son were tattooed by her on his back in the form of four Chinese characters. He was thus ‘driven’ by the sacred vow to his mother, inscribed in blood on his back. Mothers evoked respect, veneration; in fact, they commanded power. It would be unthinkable to say no to your mother. No wonder then, that pregnancy and childbirth are hallowed states, with a wealth of prescribed ritual in the majority of traditional cultures. The post-partum period is one of the few times in a woman’s life when she can be assured that she will be waited on hand and foot, especially by her mother-in-law; and for a brief period relieved of all household responsibilities.

Knowing about the different ways in which different cultures manage life cycle issues and define competence is crucial to successful therapy. For example, the therapist who does not understand the importance for the extended family of a behavioural repertoire that enhances connectedness between family members (Tamura and Lau 1992) may inadvertently devalue these skills. Similarly, if the therapist chooses to highlight separation and independence at the expense of family honour and community standing, the chances are that the therapist may be seen as an alien influence the family can do without. Thus supporting a Muslim girl’s wish to be more like her English peers by being allowed to go out at night in mixed company, to pubs and discos would likely result in the family dropping out of therapy.

Family rituals

A ritual is usually defined as a patterned sequence of behaviour with emotive associations (Wolin and Bennett 1984). Family rituals are family events which happen on a regular basis, with a clear structure and a defined, predictable sequence. Through regular participation in family rituals, i.e. meals, group outings, festivals, religious events, the girl child will learn a variety of cultural and religious rules, beliefs and practices. She will have observed the use of various rituals for catharsis (as in bereavement) or for contract-setting (in the context, for example, of marriage). An example of the latter will be the Chinese custom of the public serving of tea to one’s parents on marriage, often on the bended knee. In serving tea to her in-laws, the new wife is publicly acknowledging her new status; in accepting the offered tea the elders are publicly accepting her into their family. A gesture of disfavour from the elders would be to refuse to be served tea in the context of the ceremony described, with its clearly explicit contractual intent.

A knowledge of what rituals are important for the family from a particular culture enables the informed therapist to use the symbolic meanings attached to the ritual. For example, I once treated a young Chinese-Vietnamese man who had been admitted to a psychiatric ward in a state of depression with numerous physical conversion symptoms and who was spending his time moping aimlessly or lying on his bed. I employed the ritual of serving tea to cement a contract between him and his elderly parents, which committed the man to taking part in a physical mobilisation programme to which he had hitherto refused to attend.

On another occasion, I encouraged an Indian mother and daughter to communicate with each other through the medium of massage. I knew that traditionally, mothers in the Indian subcontinent routinely managed their babies with oil. This particular mother and daughter had become polarised as the girl approached adolescence, with discussions about difference sending on most occasions with escalating conflict. Using massage enabled the mother to once again mother her daughter in a conflict-free way; it was also a familiar cultural medium and for her had good memories, for the daughter it enabled her to experience her mother more positively. In taking turns to offer massage, she developed competencies that her mother appreciated. It also affirmed ideas of interconnectedness, and their mutually supportive roles in the family.

Religious and cultural mythology

Intensieve opleiding transculturele systeemtherapie “In het Voetspoor van Historie en Cultuur” 3
The growing child in the traditional family will be exposed to religious and cultural mythology and it is the stuff of these stories which form the child's ego ideals. The message to the child is, 'These are the stories of our people, these stones tell us what kind of people we are'. Many of these stories within traditional cultures stress the importance of putting the group before the individual, and that altruistic self-sacrifice in the service of one's parents is one of the noblest achievements attainable.

Guru Gobind Singh (1666-1708), the Tenth Guru of the Sikhs, lived an exemplary life as a 'saint-soldier' and is revered by all Sikhs. He had four sons, all of whom gave their lives for the Sikh cause. The first two sons, Ajit and Jujhar, aged 14 and 12 respectively, rode out of the fortress of Chamkaur single-handed, to die challenging the might of the Mughal army laying siege to the Sikh camp. Sometime later, the Guru's two younger sons, Fateh, aged 9, and his brother, Zorawar, aged 7, were captured with their grandmother by Wazir Khan, Governor of Sirhind. They were offered free-dom if they renounced the Sikh religion and embraced Islam, and death if they refused. That evening they were reminded by their grandmother of the importance of upholding family loyalties and the family faith. The next day the boys were bricked up alive in a wall, having refused the offer of life which would have been tinged with dishonour (Sidhu et al. 1974).

Similar stories are to be found in other religious and cultural traditions. A common Muslim story is one in which a young man carries his frail, aged father on his back in order that the father could fulfill the religious duty of going to Mecca, the holy place of the Prophet Mohammed, before his death. A Chinese story describes how a little boy, tending his father's water-buffaloes, practises his writing using a stick and the river bank, and in time passes the imperial civil examinations that are the path-way to a comfortable old age for his parents. Another Chinese story recounts how a filial daughter, Hua Mu-Lan put on male attire so that she could take her aged father's place when the imperial sum-mons came with the decree that every household must produce an able-bodied male to fight in the Sung army against the invading Mongols. Hua Mu-Lan eventually became the victorious general of the Sung army, having repelled the Mongolian advances. As the story goes, her male guise was not discovered while she served as a soldier. Following her triumphant return to the capital, the emperor asked her to name her reward. She then disclosed that she had family obligations and wished to be allowed to retire to her village in order to resume her role and duties as a daughter. This story illustrates an important cultural ego ideal for the Chinese woman, which is echoed in many stories from traditional cultures; whatever the woman's achievement in the public arena, she needs to remember that she is, first and foremost, a daughter, for as long as her parents are alive and her filial duties take precedence over other things.

Therapists with sufficient cultural knowledge can use such stories in their work with traditional families. Weiselberg's (1992) paper on working with ultra-orthodox Jewish families also illustrates the greater effective-ness of therapists who are able to use cultural materials. In her paper, the therapist, who was conversant with the Halachah, was able to mobilise a counter-quotations in defence of a par-ticular principle, a highly effective strategy with a group for whom the laws of the Halachah were the ultimate authority. The 'insider therapist' has the advantage over the 'outsider therapist' in being able to invoke the strength of religious and cultural authority through direct familiarity with cultural mate-rials (Lau 1992). The use of cultural metaphors inherent in poetry, proverbs, folk-tales and myths by 'insider therapists' engages and facilitates the family's growth potential within a framework and par-terning that is culturally congruent (Levick et al 1981; Peseschkian 1986; Scheff 1979).

If therapists are 'outsiders', how can they find out about cultural differences in belief systems and practices? Should therapists ask the family or client directly? Is it appropriate to expect a family in crisis to explain their culture? While some exploration with the family may be helpful it is important to be aware that the client's view of 'objective reality' may differ from that of other family members and from well-functioning members of the same cultural/ethnic group. For example, I was once involved in a court appearance on behalf of a local authority seeking a care order in a child protection case. The mother was a Chinese-Vietnamese refugee, who had been repeatedly physically and sexually abused to the point where her own sensitivities were dulled and she felt her children suffered no permanent harm from inappropriate sexual experiences with men who came to her flat. Her barrister asked me in court if this mother's behaviour and attitude were 'culturally normal' because she did not feel her children were being damaged. In other words, the implication was that the majority of Vietnamese refugee mothers would have the same grossly deviant attitudes to child rearing that this particular mother did. My response was to say that this conclusion was inappropriate and culturally invalid.

I strongly believe that therapists need to take time to learn about the cultural patterns, values, perceptions and practices of the group that derives from a different historical tradition to themselves be-
fore they undertake work with members of that group. The therapist needs to be able to locate the family on a continuum from traditional/hierarchical on the one hand, where roles are prescribed, to modern/egalitarian on the other, where roles and expectations are much more subject to flux and change (see also Ratna and Wheeler, Chapter 8 this volume). It is important that ‘helping agencies’ have access to good cultural advice, preferably from professional members of the ethnic community. Good public relations with local religious groups often help. For example, a therapy group for young Asian Muslim women would not get very far if this did not receive approval from the local Imam. Work with young people is a particularly sensitive issue; adolescent s who feel marginal and caught between the demands-of different loyalties, e.g. school and home, exams or marriage, often present with seemingly intractable difficulties for support teachers in schools. Good liaison links with the ethnic community would help the therapist to take a balanced view of the case.

Gender and status

In the majority of families living in patriarchal societies, sons are more valued than daughters, as the continuation of the line will be assured by the birth of a son. In Singapore today, for example, a young Chinese mother will still feel a sense of failure if she does not produce a son. ‘Bu xiao you san, wu hou wei da’, a much quoted Chinese saying, is translated as ‘Of the three unfilial acts, the greatest is the lack of posterity’. It is the expected duty of a Chinese family to bear children and ensure continuity of the family name. In times past, the lack of sons was sufficient justification for remarriage in cultures permitting polygamy, common in Chinese communities. The introduction of gender clinics (where the Y-chromosome sperm which produces male children can be identified) is seen as contro-versial in Great Britain and considered unethical by the British Medical Association and leading churches. The availability of the service, however, may at least reduce the number of abortions of un-wanted girl babies. In the Indian sub-continent (according to The Times, 5 March 1993) 7 per cent more boys than girls are born because of the use of female infanticide and selective abortion.

For the young wife particularly from an arranged marriage, the birth of a healthy son often pro-vides an element of protection from adverse developments such as divorce, with its resulting shame. The mother of a son has enhanced status in the family, with a natural claim to more rights and protection. She also rises in the pecking order within the female kinship system; that is, compared to other sisters-in-law who have not yet produced sons. The young woman who consistently produces de-formed children or has a series of miscarriages is therefore in a highly vulnerable position, being una-ble to demonstrate her ‘worth’ to the family as a bearer of health children.

I saw such a young woman some years ago (Lau 1986), but on this occasion was reassured that the young wife was much valued by noticing that members of the joint extended family were observ-ing the various rituals around childbirth that indicated caring for the young wife. This included the preparation of special foods and total relief from household duties. Blame for the family misfortune was in this instance ascribed to the house, or the ‘bad vibes’ thereof, and plans were discussed for moving house. I have found the use of this defence, i.e. projection of blame on to the physical envi-ronment, a common one. This particular family also accepted the need for genetic counselling.

Chastity

Chastity has always been a principle determining the limits of appropriate behaviour, particularly in traditional societies. Where religious authority has been stamped on cultural tradition the consequenc-es of infringement have often been correspondingly severe. Islamic tradition has clear-cut guidelines for both men and women. Male believers are to guard against being overwhelmed by sensual tempta-tions. Both men and women have a common duty to cast down their looks in public. Women have additional restrictions: they shall not make a display of their elegance and ornamentation or behave in such a way as to draw the attention of men. There is also the compulsory duty from puberty onwards of keeping certain parts of the body covered and not exposed to anyone except the wife or husband, or in the case of medical necessity. These parts, ‘Sa t r’, are, for men, the area of the body between the knees and the navel and, for women, the entire body, except the hands, feet and face. ‘Women who re ma i n naked even after putting on dress and draw others into temptation, or walk and move in an al-luring manner shall not enter paradise, nor get even its scent’ (The Holy Quran).

Other social restrictions limit men’s freedom of action, again with the view of rewarding their sexual purity. They cannot enter another person’s home without permission, or approach a woman

Intensieve opleiding transculturele systeemtherapie “In het Voetspoor van Historie en Cultuur” 5
Annie Lau

when she is along. Women also should stay at home and not wander about displaying their beauty and finery. All these injunctions emphasise that the home should form the centre of interest and activity for the woman, and there should be no unnecessary intermingling of the sexes in daily life. A more liberal interpretation suggests women can enter wider social and political fields provided they do not neglect their primary domestic functions. The social and religious restrictions regulating sexual behaviour and family life are based on an assumption that men and women have different roles, functions and re-sponsibilities in society (see also Perelberg 1990, 1992).

It is not unknown for extreme social sanctions to be applied for cases of sexual transgression of group norms. A common belief in the Kurdish refugee community in London is that adultery is the only justifiable reason for divorce. Kurdish widows who fall pregnant and become ‘unclean’ as a re-sult have been reported to be killed by their families in Iraq as a means of protecting the dignity and honour of their families.

Therapists are often confronted by similar traditional values articulated by Muslim girls, women and their families. It is important for the worker to have an appreciation of the whole corpus of beliefs, rather than taking a section of the cultural-religious system out of context. In my experience it is often more productive to engage parents in a discussion of the changing world that they expect their daugh-ter to grow up in, and her role in that; in other words, to look at the widest possible level of agreement before one goes into the detail, which may then be easier to negotiate. Mediation as a therapeutic stance fits in with longstanding traditions found in these families of problem solving through negotia-tion and mediation, rather than head-on confronta-tion (Messent 1992). The solutions need to be con-sistent with the family’s life-style and value system (Berg and Jaya 1993), but can helpfully draw on different interpretations to be found within the culture in order to expand choices or reframe meanings.

For example, I worked with a Muslim family in which one of the points of conflict revolved around the issue of the adolescent daughter’s dress. She had been wearing boys’ trousers to school in order not to expose her legs, but now wanted to wear a dress. In order to meet the parental require-ments of Muslim dress it was decided to consult an Imam from Egypt who could offer the most liberal interpretation of the rules - which in this case was a calf-length skirt with thick opaque tights. This allowed the girl to fit in with her friends yet retain parental approval, which was important to her.

In another case, a 15-year-old Muslim girl was described by the parents as out of control as she insisted on behaving ‘like a white girl’, i.e. going out at night with boys and staying out till midnight. The father punished her by hitting her. By the standards of the average English Essex family her aspi-rations for a social life would be regarded as perfectly normal and not a cause for concern. However, her family felt she was being unchaste, and her behaviour would set a bad example to her younger sisters as well as damage the family reputation. Tensions escalated around her refusal to conform to family norms to the point of extreme behaviour including suicidal attempts. Wac thought the father was too rigid with respect to his daughter’s behaviour and that the girl was at physical risk of abuse. We felt we could no longer support parental authority, and recommended alternative accommodation after exhaustive attempts at negotiating failed. This girl was temporarily accommodated by the local authority, as she said she was afraid to go home because her father would beat her.

Muslim foster-parents were found who supported the parents’ view of correct behaviour for Mus-lim women, and eventually the girl was persuaded to accept the restrictions in social behaviour as a prelude to rehabilitation with her family. The difference was that the foster-mother was much more prepared to listen to the girl’s accounts of her difficulties compared to her parents, who were condemn-natory of her behaviour in an excessive way. For the father, his daughter’s ‘sexually provocative be-haviour’ equated to sexual promiscuity, whether she was having sexual relationships or not.

Violence

Nowhere in traditional families is the gender divide more pronounced in terms of access to power than in the area of physical and sexual abuse. My experience suggests that it is often the marginal family, unconnected to supportive family networks, that presents with major difficulties in these areas. The family network that is potentially most protective of a woman in adverse circumstances is, as dis-cussed earlier, her own.

I was recently asked to assess the rehabilitative potential of a Kurdish refugee family, where the woman had on a previous occasion fled for protection from her husband’s violence to a women’s ref-uge. She subsequently withdrew all previous allegations against her husband, stating she had been ‘tricked into lying’ by the social worker who had promised better accommodation if she complied.
When I interviewed her (with an interpreter) I asked what sources of protection she had in the community if her husband ever hit her in the future. None, she said; she had no family in England. The local Kurdish community centre was male dominated and in fact did not feel the occasional chastisement of one’s wife to be overly aberrant. What if she reported him to the police? She believed the police would in most cases seek to facilitate a reconciliation and ‘turn a blind eye’.

When I spoke to the husband his view was that occasional chastisement of one’s wife was ‘normal’. In his own family of origin he had often seen his father beat his mother.

It was clear to me that this was not a religious position, as the teaching of The Holy Quran on this subject is clearly otherwise: ‘Do not strike the handmaidens of Allah’. Also, ‘Provide for their necks as you provide for your own. Do not strike them nor speak to them uncivilly’. In this particular case my advice to the local authority was not to waste time in formal family therapy sessions that were doomed to failure, as the woman would not be able to confront her husband. Instead I recommended a strategy of empowering the woman through individual support with a female social worker and help-ing her gain access to English classes, as eventual competence in English would allow her a wider range of choices and more control of her own destiny. I also made it clear in my session with the husband that the law in this country takes the view that physical chastisement of women and children is not tolerated. It was interesting that the husband had been unable to work with the original social work team, consisting of two young women, and was only able to cooperate when the case was transferred to a team with a male worker. I felt his experiences from his rural background made it difficult for him to take young female workers seriously, as he was unused to the idea of young women being in positions of authority. Me had however been able to relate better to a female middle-aged guardian-ad-litem who had better flitted his cultural ideas of age conferring authority. This case illustrates an important point about ensuring ‘fit’ between clients and workers in ways that are culturally congruent.

Using the concept of family honour may also enable the therapist to reframe a difficult situation so that the concerns of the vulnerable woman may be heard. Sometime ago I worked with a traditional Sikh family where the most junior daughter-in-law was being overwhelmed with family expectations and there was a high incidence of accidents involving injury to her young charges for whom she was the family childminder. I was able to mobilise family members in higher positions of authority to initiate changes that enabled this young woman to function more effectively in a more secure physical environment (Lau 1988).

DISCUSSION

It is important in therapeutic practice to work within religious and cultural traditions whenever possi-ble to widen choices for both men and women. A knowledge of cultural norms and values enables one to ask the most appropriate questions; for example, why in a violent family has there been a failure to teach and to practise strategies for tension diffusion? What culturally determined factors make a particular family more vulnerable to stress? Does it, for example, relate to a breakdown of family links and the absence of buffering family networks?

Traditional families believe that effective problem solving of family conflicts is towards integra-tion of the family unit rather than towards increasing differentiation and separation. This has clear implications for the credibility of therapists from a western cultural tradition working with 7 families from traditional hierarchical cultures. Tamura (Tamura and Lau 1992) has developed this argument with case examples of work with Japanese families, where therapist interventions that are not seen as congruent with ethnic group values tend to be disqualified. Families from traditional cultures often fall back on these values to deal with the stresses inherent in discontinuity and change. In general, I believe it is most effective to work within the cultural/religious frame, yet to also work with the family to construct other meanings, or to find the most liberal interpretation of the rules in order to promote flexibility land growth, particularly for women.

I believe that women have to find solutions that resonate with their ethnic and religious identities. If the western feminist therapist is unable to empathise with, and respect, the values of an alien reli-gious faith, then he or she should steer clear of working with these families and stay on ground that is culturally congruent. The view that women can only be empowered if they espouse the values and practices of western feminists, derived from western cultural traditions, is both insulting and racist. It is akin to the fundamentalist Christian preacher who sees heresy and damnation in any spiritual jour-ney that does not affirm (he ‘fact’ of original sin and the need for salvation through Jesus Christ.
However, respecting the values of other cultures is not the same as (accepting them in their entire-ty. I, for example, was brought up in a traditional patriarchal Chinese family where sons are of more ‘value’ than daughters because the family line continues through the son. Though I accept the principle of family continuity (and that, for example, important family treasures such as my grandfather’s famous calligraphy need to stay in the ‘Lau’ (male) bit of the family) it has not stopped me from pursing individual self-fulfilment through a successful career in which I know my family track consider-able pride. I do not accept that as a woman I am of less value, and have good memories of being made to feel privileged by my grandfather as the first grandchild. My family obligations are still very important, however, and had I not won a medical scholarship to Canada, I would have accepted that my father’s finances would only have allowed one child to go to university, and that it would be a son - once of my younger brothers. I feel a strong sense of family connectedness and pride in the historical achievements of my family. This includes two generations of physicians in the Imperial Chinese court, and my paternal grandfather’s work in Singapore Chinatown as a respected headmaster in a community school.

Women of different faiths have begun to find their own voices, to articulate their experiences and challenge tradition in ways that are meaningful to them. It is increasingly recognised that the interpretation of religious values has by and large been by men. The rendering of reality in its many forms has always been the prerogative of those in power (men), who have had both the authority and the means to punctuate and frame both social constructs and the boundaries of permissible experience. Women are endeavouring to find new meanings and sustenance from the rich religious and cultural sources of their varied pasts. In Judaism for instance, there is a search to rediscover the role of the Jewish woman in religious myths in a way that can meet some of the challenges of the present. Ultra-orthodox women are beginning to challenge the doctrine of separation in worship. Muslim women are also engaged in this process of exploration; rediscovering, for instance, famous holy women of Islam who have stood out for truth and justice (personal communication, Interfaith seminars, Leo Baeck College, North Lon-don). In India, a well-known women’s paper, Manushi, regularly highlights women’s issues including resistance to the infamous practise of suttee, where the wife followed her husband to the funeral pyre - a practise that stemmed from the myth of Sita emerging unscathed from the trial by fire when her sex-ual purity was called into question.

It is crucial that therapists from within the western traditions find out about, respect and support these various attempts of women to asser t their own voices from within their religious and ethnic communities. What is often disconcerting is to find the western therapist not only unsympathetic but also often ‘intolerant’ of these moves, because the outward forms of these challenges to the status quo do not correspond to those characteristic of western culture that are more familiar to the therapist. For example, Muslim women may attempt to reconcile the challenges and rewards of a professional life (e.g. the female registrar in a hospital setting) with the religious requirements of Muslim dress for women, by going to work with a headscarf on. The issue of arranged marriage is also one that the ma-jority of western therapists find totally alien and difficult to work with; not having had experience of successful and happy arranged marriages, the specific difficulties of a particular arranged marriage under stress requiring professional intervention is often seen as a prototype of all arranged marriages. The strengths for many women of the arranged marriage system when it is working were often unacknowledged. ‘Normal’ reparative processes, for example, the involvement of the elders of the extended family on both sides, may hot be mobilised by the western therapist, who is unaware of the potential effectiveness of these manoeuvres because within his or her own cultural context it would be inappropriate to involve extended family in conflict resolution or decision making.

Finally: ‘What about the dilemmas which arise when a therapist cannot see a way to help women improve their lot within their culture or indeed where the women themselves accept their lot?’

I believe that the therapist’s task is to help individuals or families with their own agendas for change and if one cannot agree on the terms of the therapeutic contract then it is best to part company.

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