

Decolonization of Family Therapy Epistemology: A Dilemma for the Conscious Therapist

*Iman Dadras , Ph.D (iman.dadras@alliant.edu)
Sandra Espinoza, Psy.D (sespinoza@alliant.edu)*

Alliant International University, Los Angeles
Couple & Family Therapy Program
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An Epistemological Review

- The field of systemic family therapy has historically been obsessed with evidenced based models and western family therapy concepts.
- An ethnocentrically colonial view has further marginalized the indigenous cultural knowledge of different ethnic groups for emotional healing .

Orders of Cybernetics

- First order cybernetic had a functionalist view of symptoms within family in the sense that symptoms serves a purpose and families were seen as live organism that perpetually desire homeostasis. In the first order cybernetic, therapist is distantly objective observer who looks for familiar circular pattern within family in order to fix the system.

Orders of Cybernetics

- Second order cybernetics does not believe in objective reality and proposes that families idiosyncratically construct their own perception of reality that makes sense to them. In order to bring the change therapist, join family system and co-construct the reality with family members (Mills & Sprenkle, 1995).

Third Order Cybernetics

- Finally, third order cybernetics, utilizes a social constructionist perspective and proposes that reality has been shaped by power structure at socio-political level and being internalized by individuals and families. In the third cybernetics, the individual and family experiences are defined, transformed, and shaped by the dominant cultural discourses

Strategies for Decolonization of clinical Practices

- Examining one's own privilege; questioning personal assumptions about various aspects of cultural identity (Laird, 2000)
- Developing one's cultural identity along various dimensions (McDowell et al., 2005)
- Building awareness of how one's own homophobia, classism, racism, or other forms of oppressive thinking might influence interventions, whether consciously or unconsciously (Laird, 2000)

Strategies for Decolonization of clinical Practices

- Challenging one's own oppressive and discriminatory thinking (Laird, 2000).
- Ask questions about clients' social contexts and the effects of multiple forms of oppression on their lives (Ariel & McPherson, 2000)
- Use cultural genograms to facilitate conversations about the impact of oppressive forces on their lives and their personal histories (Milan & Keiley, 2000)
- Critically reflect on and deconstruct cultural myths, stereotypes, and oppressive cultural narratives, as well as subjugating meanings in personal narratives (Laird, 2000)

Strategies for Decolonization of clinical Practices

- Question the invisibility of certain groups in the cultural discourse (Killian, 2001)
- Use externalizing language to combat internalized social messages that are oppressive (Milan & Keiley, 2000)
- Encourage clients to resist oppressive narratives by developing stories about coping strategies, management of hardship and adversities, and strengths across generations of families, families of choice, or kin networks (Milan & Keiley, 2000)

Strategies for Decolonization of clinical Practices

- Encourage clients to create affirming personal and family identities (Killian, 2001)
- Encourage clients to act in order to change social situations (McDowell et al., 2005).
- Emotional attunement to oppression and the suffering caused by oppression
- Cognitive awareness of the structures that create power imbalances and oppression
- Skills to directly address issues of power, privilege, and oppression (Vera & Speight, 2007)