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HOUSE TAKEN OVER BY GHOSTS:
CULTURE, MIGRATION AND DEVELOPMENTAL CYCLE IN A MOROCCAN FAMILY
INVADED BY HALLUCINATIONS¹

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In the field of family therapy, and perhaps in other fields in the behavioral/social sciences as well, the professional literature dealing explicitly with cross-cultural issues (McGoldrick, Giordano and Pearce, 1996; McGoldrick, 1998; Falicov, 2000) displays and discusses a dynamic tension between two orientations, namely, cultural sensitivity and cultural specificity. The former espouses that what is most important is to foster in therapists an awareness of the unavoidable presence of culture-based concepts, percepts and constructs in our as well as our patients' organization of reality. Consequently, therapists are encouraged to develop a healthy a priori attitude of "cultural ignorance", refraining from rushing to conclusions or assumptions in any interaction in order to reduce the risk of defining as singular elements those that may be culture-based, and vice-versa. The latter recommends that therapists' priority should be to become reasonably informed about the traits of whatever the specific culture of specific patient –individual or family—may be so as to increase a contextual/cultural understanding and reduce in that way the above-mentioned risks, namely that of falling for type I (assuming that an outlier, singular, element is culture-based) or type II (vice-versa) errors (cf. Falicov, 1968, and Avruch 2003.) It also advises that, if culture-specific knowledge is absent, cultural brokers—specialists in the patients' culture -- sometimes family members themselves— should be relied upon. ¹ This tension entails alternative understandings of what "culture" is about. The richness of this dilemmas is fully described by Falicov (1995) when she proposes four possible assumptions about families-and-culture: universalist ("all families are more alike than they are different", p.373), particularist ("families are more different than they are alike", p.374), ethnic-focused ("families differ...primarily due to one factor: ethnicity", p.374-5), and multidimensional (complex, multidimensional, p.375-6.)

The multidimensional view, that that author—as well as this one— advocates, leads to a complementary, rather than mutually exclusive,

¹The title of the article, while pertinent *per se* to this family's story, has an added cultural resonance for the author: it evokes "Casa tomada" ("House taken over"), a rather surreal short story by the Argentine writer Julio Cortazar (1985), with a minimalist plot: a perhaps retired brother and sister pair living together who, almost without talking about it, progressively restrict their living area closing one door of their house after another as rooms seems to become occupied by the (never seen) "others."

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approach: a therapist may retain a stance of “cultural ignorance.” and minimize value attribution and a priori assumptions, even while being or becoming familiarized with their patients’ given (micro and macro) culture. Further, he/she would be well served by following this both/and approach in any circumstance and with any family, regardless of cultural labels: each family is a culture-specific world, “culture” including not only ethnic/regional influences but a variety of factors, among which social class-informed distinctions, echoing Cecchin’s (1987) recommendation for a stance of “curiosity” as well as Dyche and Zayas’ (1995) praise of “naiveté” in clinical practice.

When tracking cultural variables as they impinge upon families, a particularly interesting natural experiment occurs during and following a migration, a process that frequently constitutes a paradigm of cultural transition, whether expected, predicted, wanted, or not by those exposed to it. While it could be said that, in the evolutionary cycle of a family, any family metaphorically migrates from stage to stage, the impact of a literal migration such as transitioning between countries with different embedded rules and expected behaviors is much more visible. The unavoidable struggle to retain cultural identity and sense of continuity while adapting to a new environment leads to pain, disorientation, and emotional overload, not infrequently translated into intra-familial conflicts, especially across generations, with youngsters representing the values of the new culture and older members the ones of the culture of origin (Sluzki, 1979, 1992, 1998, also several contributors in Falicov, 1986.)

According to the latest figures (Migration News, 2003), 170 million persons worldwide can be labeled as immigrants.³ More specifically, in the United States, 36.4 million people, that is, a 10% of the total population, is foreign born (Migration News, 2000). Each and all of these individuals have been exposed to the shock of the cultural transition and the tension between the assumptions, norms and mores of the country of origin and those of the country of option. And, while this crisis is normative, those conflicts acquire a specific, distinct face in each family’s microcosm. The balance required to avoid falling in what has been called Type I and Type II errors (making generic the specific and vice-versa) requires of the therapist both some knowledge of generic traits as well as enough caution and respect so as to assume his/her own cultural ignorance.

What follows is the transcription of an interview that I conducted recently in Belgium with a family that had emigrated from Morocco twelve years before. The interview took place as a consultation to a team of therapists of a family therapy center that serves families referred by the judicial system. I have chosen to present this clinical material as a platform to explore issues and dimensions discussed above.

³ The UN Population Division defines a migrant as someone outside her country of birth or citizenship for 12 months or more (Migration News, 2003)

The transcription of the interview is interspersed with comments. Questions that guided these comments include: (a) How can we navigate the fuzzy boundaries between the tangible and the phantasmagoric or imaginary world of this family, without misrepresenting my beliefs or values and at the same time without distorting the beliefs of the family, that is to say, without pretending that we are yielding to their beliefs but without imposing our own vision? (b) How can we incorporate ourselves into the *themes* of the family? In other words, how can we legitimize ourselves as a participant in the conversational process where the stories of the family are shared, without imposing, I hope, our own themes nor allowing ourselves to be absorbed by those family's themes, which ultimately would only hamper our clinical flexibility; (c) How can we destabilize some narratives associated to suffering and impasse, facilitating some possible changes in family beliefs and interactive styles, without disrupting their sense of identity? (d) How can we explore some of our own professional concerns without risking violating the family's view of themselves in the process? (e) How can we navigate without violence issues of gender? (This will become a particularly delicate theme given the dissonance among my cultural values and the ones of a family clearly rooted in North African/Muslim culture and practices); (f) How can we deal with evolving family life cycle in this family, with thresholds marked by the entering into adolescence of the older offspring? and (g) How can we maintain a balance between our role as a professional seeder of ideas with germination potential, and that of a therapist—or physicians, or other health workers—as witness of changes that are (already) taking place?

While some of these theoretical issues will be discussed at the end, I will leave many others just as guides for the readers, hoping that they may trigger some musing distilled from their own experience while reading the transcript.

Presentation of the family and of the consultation

Rashid, the 16-year old eldest son of the family C., a family originally from Morocco that migrated to Belgium 12 years before, appeared with multiple bruises in the local public school where he attends. The director of the school called him to his office and explored the causes of those contusions. Rashid informed that they were the result of a major beating that he received, one of the many that constituted the habitual disciplinary method used by his father. The director, following prescribed procedure, requested the immediate intervention by the local juvenile court authority, and the boy was placed in a public shelter for battered minors. His parents were in turn summoned and, as a condition for eventual reintegration of the minor to his home, the family was referred to a local mental health center for conjoint family treatment. The two-person therapeutic team for this family described it as including many children, all very well behaved, a marginal mother, generally silent and smiling, and a father who kept everybody under his iron-fisted control. Further, the therapists were frustrated because of the impervious nature of the father's hegemonic style, which seemed to display expressions of agreement if not of submission to the therapists' recommendations but managed not to follow any suggestions.

The therapists described their futile efforts at improving communication by trying to make the family members speak with one another. Disheartened by their sense of lack of change, the therapists volunteered the family for a consultation with me, taking advantage of the fact that I was visiting their city to lead a workshop on family therapy. When I explored with the therapists what was their expectation of me, they expressed their wish to be guided on how to speak with this family without becoming infuriated with the father and, broadly speaking, find a silver lining in the cloud of their own sense of hopelessness. They also mention, almost as an aside, another area of concern: several of the siblings of this family were hallucinating, a situation that they have been avoiding dealing with; however, they were interested in a psychiatrist's view of all this, as they were pondering the need for a referral to explore the use of neuroleptic medication.

After expressing my appreciation to them for having brought the family, I relayed back my understanding of their expectations to assure a consensus for the focus of the consultation, and asked how they framed this consultation to the family. They state that they had informed them that a visiting expert was coming to the agency for consultations and they wanted to benefit from my opinion about the progress of the therapy. I invited the team to join us in the interview room and to participate freely during the interview. They answered that they would be happy to sit in but they would prefer to see me work rather than to talk much. I agreed.

The interview

The therapists introduce me to the family in the hallway. I greet them one to one and invite them in. They enter, in order, father, youngest daughter, daughter who follows in age, mother, two other daughters in order of increasing age, third son in order of age, eldest son and finally second son, followed by the two family therapists, an interpreter and myself. They sit spontaneously in the order indicated in diagram 1.

I conduct the interview in French (with the occasional help of the interpreter, who translates for me into Spanish when I fail to understand a word or a sentence). The conversational style of the group includes many overlapping utterances throughout the interview, both in the exchanges in French with me and in simultaneous conversations in French and Arabic within the family. The father speaks clear French with a strong North-African accent, and he expresses himself with intensity and vehemence. The mother, contained in her expressiveness, smiles when I address her, tends to answer with monosyllables and often signals that she does not understand French; her husband translates some exchanges to her into Arabic. The mother is covered from head to toe with European clothing - trousers, raincoat, shawl-, leaving only face and hands

uncovered⁴. All the rest are dressed in a European informal but rather conservative style. The children are well disciplined and attentive.

The following text contains the complete transcription of the session, as well as commentaries about the therapeutic process (the latter in italics).

Therapist (while I sit down): This lady (the translator), who is also a family therapist, is here to help me, because, unfortunately, my French is not good. Well, thank you very much for having come.

Father: No, no thanks to you.

T. (To F., signaling the rest of the family): What power of convocation you seem to have! So many of them came!

F.: (With a proud tone) And only half of them came! The other half stayed at home.

T.: You have a true battalion!

F.: This is how our life is. Because our parents have also done it, they had many children.

T.: Is your family of origin very large?

F.: We are 14, 10 alive and 4 dead, we are 14.

T.: And in this current family?

F.: They all are alive.

T.: I am glad to hear that. And in your family, ma'am?

(F. speaks in Arabic with his wife, apparently translating my question.)

Mother: My mother has 12, 7 alive and 5 dead (she has some added exchanges in Arabic with her husband, apparently continuing with the theme).

T.: (to both) Have you thought of having more children?

F.: No, with the 13 we have is enough.

T.: Thirteen is a good number; it is a magical number.

I introduced the word "magical" inspired by the information provided by the therapists that in this family there were several children who have hallucinations, in preparation for possible reformulations.

F.: Good magic, I hope, because some type of magic may be problematic, magic may bring problems.

T.: (I begin to address a question towards the child sitting to my left, but F. anticipates my move)

F.: This is Karim. This (Rashid) is the oldest one, then Hassan, then Karim, then comes **** (names in Arabic that I do not understand), then Apria, then ****, then ****, then Emal, then Sounia, then Salema, and then ****. And the little one, two months old, stayed at home.

T.: And by what logic did you decide which child to come and which to stay at home?

⁴ She/they thus convey the double inscription of Muslim and of Europeization, perhaps as a signal of cultural transition in their family, perhaps as a choice to muffle the religious/ethnic signal send by traditional garment or style so as to blend in a society where they are a disadvantaged or discriminated minority.

Some of my questions are addressed to the parental couple, some to the whole group, and some to a particular member. However, the father answered the majority of the questions. I do not interfere with this style, which I assume culture-driven, though occasionally I will simply repeat my question until the addressee answers.

F.: I only brought the people who have the problem, the problem of the phenomenon. Rashid has the phenomenon, Hassan has the phenomenon, Karim has the phenomenon, Apria has the phenomenon, Emal has the phenomenon, Sounia has the phenomenon and Salema has the phenomenon. But Rashid (pointing at him expressively) is the one with the big problem.

T.: So the oldest son has the biggest problem. It sounds reasonable. And what is the problem or, rather, for whom is this problem a problem?

F.: The problem began ... (to the wife) when did we buy the house? (Short conversation in Arabic) ... five years ago. After we bought the house there were no problems for five years, and suddenly the problem began. A dog appeared in the house. Rashid has seen the dog, Apria has seen the dog, Emal has seen the dog, Sounia has seen the dog, and Salema has seen the dog.

Rashid: I had an experience in which I saw a woman with a knife wanting to attack me as well as the younger ones (an animated conversation in Arabic ensues, while I double-check with the translator as I wasn't sure whether they are referring to a factual dog or a vision of a dog.)

T.: Was it like a ghost?

R.: I woke up scared; there was a woman with hair made of worms or snakes that wanted to kill me with a knife.

T.: Like a Medusa! Ah, it was something like nightmare! Was that woman in the same plot or fantasy that the dog?

"Ghost", "nightmare", "fantasy," as well as the previous word "magical", are introduced as alternative benign labels for what the therapists of this family seemed to have defined as possible psychiatric symptoms.

R.: Yes, but it continued to appear later. When I want to sleep it reappears and does not want to disappear. Every time I want to sleep ...

T.: Aha, whenever you want to start sleeping it reappears! How unpleasant!

R.: Yes, very unpleasant.

T.: And what is the relationship between that nightmare and the one of the dog?

R.: It happened in the same room in which I saw the black dog. And she (Apria) has also seen the black dog.

I notice that the label "nightmare" seems to becoming accepted and incorporated into the conversation.

T.: (To Apria): You also? Were you awake or asleep?

Apria: I was awake, in the same room, at night.

T.: Ah, it is a collective nightmare ... but some of you seem to have been awake during that time.

F.: I am going to explain it to you. He (Rashid) saw the woman. Apria saw a man and a dog. Sounia saw a man and a dog. Emal saw the dog and she covered her head, out of fear, with her bed sheets, and on the following day ... she was normal the previous day, and when she woke up she was cross-eyed.

T.: Oh, yes?

F.: Yes, but now, after her surgery, she is fine again.

T.: Oh! Did she have surgery? (I called Emal with a gesture, she approaches me confidently, I hold her head in a friendly gesture, look at her eyes, perform a quick exploration of convergence eye movements –i.e., ask her to look at my finger and slowly approach it to the bridge of her nose and back--, thank her, and send her back to her seat.)

The topic of the nightmares and the information that they may be sharing rooms worried me; more specifically, it made me think about the possibility of incest. My interaction with the young girl (and later with another one of the daughters), that tolerated without any discomfort a short body distance and my touching her face, reduced my worries, as I didn't perceived any mistrust, rejection, fear, or seductive behavior in the children nor alarm in any of the adults: they all behaved appropriately to the situation.

F.: One year later Sounia also saw the dog and she also became cross-eyed. She also had to have surgery. The same thing happened to this one (Apria) after the phenomenon occurred to her.

T.: (to Apria): Really? Did you also see the dog and later had problems with your eyes? (To Rashid.) What about you? Didn't you have problems with your eyes after the dog visited you?

R.: No, I did not have problems, but my vision has diminished.

T.: (To Apria): And this happened to you after the dog visited you (with a gesture, I invite her to approach me, she does it, and I take her glasses off, examine her sight; she collaborates without mistrust.) Aha, it is the left eye. (She returns to her place).

F.: All four of them have the problem in their left eye. Last year, it happened to the youngest. I had risen for dawn prayers, and I found her with her head covered in a blanket. I asked her "What happened to you?" and she answered "I am scared, because I saw the dog under the wardrobe". Since then she always covers herself. I talked to a Muslim counselor about the problem of the phenomenon, and he recommended that I should read the Koran. I did it, every morning I read a bit of the Koran, and things are improving. There are walls in the house that make noise, cupboards that crack, but overall things are getting better. All of this has been happening during the last five years.

T.: How do you explain all of that?

F.: You see, before us, there was a disabled person living in that house, and he had a dog.

T.: What about you? Do you have a dog in the house?

F.: No, we don't have a dog. We Muslims cannot have dogs inside the house; only out, in the garden, because we say that when a dog enters the house, the angels cannot come in. Cats can be in the house, but dogs cannot.

T.: Aha, so you have to choose between dogs and angels. And who has not seen to the dog?

F.: He (Hassan) has not seen it, he (Karim) has not seen it, and also ***, ****, and ***** who have not seen it either.

T.: So the family could be divided between those who have seen the dog and those that did not see it. Have you yourself seen the dog?

To organize a whole group of those "who have seen the dog" allows placing Rashid as part of a set, instead of isolating him, and de-pathologizes the experience, a move furthered by my last question, addressed to the father.

F.: I am going to tell you. While still in Morocco I have seen a wolf in the house, and all the little ones ran to me so that I could protect them. I have seen it twice.

T.: But it has not had any physical effect on you, correct? (He shakes his head in denial.) What about you, ma'am? Have you had these types of experiences?

F.: She has not had those experiences. (She nods in agreement)

T.: So the family contains two complementary sectors.

Vague as this statement may be, to define both family sectors as complementary expands the attempt of de-pathologizing, as now they are all part of a group in equilibrium.

F.: Yes, the sector around me and the sector that is with her.

T.: Now, for you, Hassan, who did not have that kind of visual experience, this not having had it is something positive, that is, good, or is it something bad?

This question conveys the idea that I do not take for granted that "the phenomenon" is bad (moreover, I call it a "visual experience," quite a benign label), it takes away immanence from it and transforms it into an opinion.

Hassan: It is good.

T.: Aha, it is good. (To Karim.) And for you?

Karim: It is also good.

T.: And for you, ma'am?

F. It is good. (She smiles and nods)

As mentioned above, I do not interfere with this pattern of the husband speaking for the wife...and for some of their children –as I would probably would have done, one way or another, with a western family that I would see in my clinical practice in the US-, because I saw it less as an idiosyncratic act of control on the part of the man than as the enactment of a cultural practice.

T.: Ah, because I was thinking that they would feel excluded from this experience, like: "What happens with me, that I cannot have these magical experiences?"

F.: Yes, yes, but for me it is not magic, it is a misfortune. Allow me to explain. There is magnificent magic and there are bad things. After the phenomenon occurred, I had problems with the oldest one: lack of communication. Before

that he was magnificent, but after the phenomenon he is like a foreigner in our house.

T. (To Rashid): Are you also experiencing this distancing? (F. explains in Arabic to R. what I have said –and, let's admit it, my French is far from perfect, and my added Anglo-Argentine accent may have justified occasional translations.)

F.: Yes, the same experience.

T. (To Rashid): Do you also have the same experience, of distancing, with your father?

R.: Yes, yes.

This is one of my many attempts, in the course of the session, to keep talking to the specific members of the group until they answer directly to me, gently attempting to destabilize the (collective) pattern of the father's hegemony.

T.: For how long?

(F. translates the question into Arabic.)

R.: For five years approximately.

T.: Did it begin before or after the experience?

R.: Before, I mean, after I had the vision of this woman who was not walking but flying with the knife.

T.: Aha, how have you explained that effect?

R.: Since then I cannot stay in the house, it's as if she was there.

T.: What have you tried to do against this vision, this anguish?

The attachment of the emotion continues reducing the labeling of the son's symptom.

R.: My father said that I should read the Koran. And I went to the Mosque, and prayed. But the effect stayed. This woman does not appear any more, but I have other nightmares in which the devil appears and comes to attack my little brothers and I have to defend them.

T.: This type of dream is, from your point of view, positive or negative?

This type of circular question continues the practice of destabilization. Furthermore, I chose for its focus the nightmare, a potentially "negative" experience that could also be interpreted positively (as a "heroic" theme, as I will say later).

R.: Negative.

T. (To F.): And from your point of view?

F.: Negative.

T. (To Hassan): And from your point of view? Is it also negative?

Hassan: Yes, yes.

Exploring the point of view of the different members of the family has a dually important function: not only does each one have a voice, but "positive" and "negative" are transformed into opinions instead of being intrinsic attributes of these dreams –in the best tradition of the effect of circular questions.

T.: I ask you because there are many people, not religious but scientific, who say that having the possibility of having dreams and even nightmares is very positive, it is like having a connection with our complex interior world. Moreover, there are people who interpret dreams so they can read the inner conflicts, that type of things.

“Dreaming is good” is an affirmation that includes a good part of what we are discussing, though with another sign.

F.: Yes, yes, yes. I understand it very well, but for us it is the opposite thing. Among us, in Morocco, there are good phenomena and bad phenomena. But the boys have not had good phenomena. For example this one (Rashid), until he had the phenomenon he was fine he was good, kind, communicative, serious, he had the character of a 40 year old person, he was taking care of his brothers and sisters, without problems, very well, magnificent, he was in first place. But, after the phenomenon, he was bad; he confronts everybody, he is nervous, contradicts everyone, gets angry, fights, and creates a real wall between him and myself.

T.: However, if I understood it correctly, the last nightmare or dream that he described was a noble dream, he was taking care of his little siblings, he was kind.

F.: Yes, yes, yes, but he continues with the barrier.

I continue fearlessly with my positive description.

T.: I believe this family is blessed with the special capacity of expressing many emotions in the world of dreams. (Silence) And maybe an activity that you might turn out to find useful would be to gather together everybody every morning to tell each other your dreams and compare one another's dream.

After locating everyone as part of the same group, that of the dreamers, I suggest a concrete experience in the world of the imaginary, to continue -in another level- the decontamination of the experience of the nightmares.

F.: Yes. What I do when they have the nightmares is to read the Koran. But he continues having the nightmares.

(Rashid begins to talk but I interrupt him)

T. (To Hassan): Do you remember your dreams?

Hassan: Yes.

T. (To Karin): and you?

Karin: Yes.

T.: Ah, what a magnificent possibility you all have of remembering your dreams!

Rashid (interrupting): Since we moved into this house we share a bedroom with my brothers, and I always have the same dream, the one I told you, in a very long corridor, always the same one. I wake up and continue seeing the appearance of the devil, it looks at me, it wants to attack my brothers, I defend them, and it is always the same dream.

T.: Did you tell someone about this dream?

Rashid: No, I really didn't tell it to anybody.

T.: Well, I believe that, to complement the readings of the Koran, the idea of talking about the dreams may deserve consideration, because the world of the dreams is a rich world. There are people who never remember their dreams. I have several children, not as many as you but several. Two of them never remember their dreams; even when they have a nightmare they wake up and forget the content! And that they do not remember their dreams makes me very sad. It is like a loss of... collective capital. And, aside, in the world of dreams there is no authority: nobody can say: "You must dream this way, or that way".

F.: (Quite enthusiastic) Among us, Ber Bahab says: "Dreams are to be studied". One learns much from dreams.

T. (To F.): The dreams cause harm only when one conceals them, isn't it so? When they are shared, it is good for everyone. The toughest dreams are softened when one tells them. (Silence.) Ma'am, you, to my understanding, is one of those that do not have intense dreams. But the division must not be so sharp. I imagine that you also have dreams, isn't that true?

(Silence, they look at each other.)

F.: She did not understand what you said. (She smiled.) No, she does not have intense dreams, it is another style, she just dreams of things, of what happened in the morning (Rashid help in the description, and with small translations in Arabic to his mother, who smiles).

T. (To the mother): Aha, you have less symbolic dreams

F.: Yes, yes. I, on the other hand, when someone dies, I dream it, I bury them in my dreams.

T.: Aha, so there is a sector of the family that is more magical, and another one that is more concrete and realistic.

F.: I, for example, when someone is going to die, I dream it, and in the morning I say to my wife "There is someone who is packing his bag to go on a long trip", like that, in jest.

T.: After you, who is the person with the longest history of powerful dreams and with dreams that have negative aspects? After you, who is the second person in the family that has this type of virtue, this quality?

This question –one of order or sequence, also in the tradition of circular questions- prepares for exploring the reintroduction of the theme of Rashid as second to his father. As not infrequent in this interview, a surprise awaits me.

F.: I believe it is my brother.

T.: And in this family?

F.: I don't think anybody.

I do not have other option but introduce the idea myself.

T.: What about him? (Rashid).

F.: But he has bad dreams, nightmares.

T.: They were not only bad dreams.

R.: I also have good dreams.

T.: This is what I am talking about. Do you tell your family your good dreams or only the nightmares?

R.: No, only the nightmares.

T. (To F.): That is why I have the impression that maybe Rashid is the second person after you who has this power, this virtue.

F.: I also thought this about him before: he is the oldest one, he is the chief, and he is going to have the responsibility of the family, the one who directs the family, deals with the boys when we go out. He is the one that is the chief...but then he ended everything.

A new emotional climate and thematic tension is developing in the conversation: the voice tone of the father is more sadness than anger; however, he appears too offended with Rashid to accept my suggestion of including Rashid in the group he belongs to –that of the magic dreamers. I then try another formulating of all this.

T. (To Rashid): It seems to me that, for reasons that are not very clear to me, you talk only about the nightmares, about the negative dreams, and not about others. But you also have other dreams; you have good dreams, a rich interior life (Rashid: Yes, yes), like your father has. So, maybe "the problem of communication" is that you have been choosing for a while now not to open all the other dreams to the rest of the family, an opening that might show to your father that you are the second great dreamer. I have the impression that you have chosen for a while not to be the successor.

I collapse with this comment the theme of dreams and the issues of family hierarchy –and of obedience to cultural mandates of submission to the expectation of responsibility in the family order-- that the father mentioned as source of resentment.

F.: It is like that, exactly, it is like that.

To have defined the position of Rashid as volitional ("... you have chosen...") seems to have made acceptable the formulation.

T.: At what age did you choose, temporarily, not to be your father's successor?

Notice the incorporation of the word "temporarily" (and, in the prior formulation, "for a while") that introduces the hope of the potential reversibility of the situation.

R.: At the age of 12. (Conversation in Arabic between the father and son.)

F.: At the age of 12.

T.: Maybe at the age of 12 it is a very heavy load (F. helps me providing me in French with the word "heavy") to be the successor, the chief of the family. At that age, one wants to play.

F.: It is just.

T.: Not only is it just but maybe also reasonable. "I want to play, and not be in charge of the house." It is a decision that has had complicated effects, because it left a hole in the family. (A silence ensues.) Is there someone who has occupied that place of number 2?

F.: It is Hassan.

T.: You are Hassan, yes?

Hassan: Yes.

T.: Now, if your brother would decide to recapture this position ... If Rashid would tell you "Ok, I decided to finish my strike of 5 years" ... (Now to Rashid.) If you would choose to finish your strike, do you think it could be difficult for your brother to give up his current position of power, or maybe, I don't know, perhaps to share it?

"Sharing" is a very tentative idea that I floated around, since I do even not know whether it is culturally applicable.

R: Yes, I think so, but I do not want to do it (i.e., to re-claim the duties of the first-born male) now.

T.: Yes, yes, indeed, this is only a hypothetical question. And you (Hassan), what do you think? If your brother would decide to claim his position as your father's second in command, would it be difficult for you?

H.: For me it is the same, if my father wants it.

F.: But I would not accept it. I would not agree to share it.

T.: You are angry or offended (I stated this with a voice tone of tenderness and understanding).

F.: Not offended, but it is he (Rashid) who has to make the effort to share it.

T.: What you say is very wise, because unless he wants it and makes the effort, it would be an uneven share of the burden.

Though the focus of the father is in "it is he", I underline "to share," in order to be able to continue with the topic of the overload of the role of first-born, that looks to me as a theme with transformative potential: to be "the person in charge of the family" Moroccan style may have turned out to be an excessive expectation for a teenager raised in Belgium.

F.: Yes, I know it well. But what I do not know is why he stopped communicating with me. If he wants now to return to be the chief of the family, I would not accept it, but I would be willing for them to share it.

An interesting, novel olive branch offered by father.

T.: Very wise certainly. It may be a way of avoiding the excessive weight of the whole responsibility on one person's shoulder, in addition to allowing you to welcome once more a son that you miss.

The introduction of the emotion "to miss" is not questioned by the father.

F.: Because now it is he (Hassan) who has the power and the responsibility of the house.

T. (To Rashid): So it is up to a point *your* choice to decide whether to open this other, more tender, part of you –your good dreams-- and reconnect with the family without having to overburden yourself. But let it be clear, as with many other changes in life, if you decide to finish your strike, it would be very important that you do it very slowly, perhaps just by beginning to describe also -as you did here- your noble dreams. Because I believe your father values very much this virtue of having access to the most creative aspects of the dreams. Maybe you, ma'am, might help your son in this process (exchange in Arabic between father and mother).

It seems abundantly clear to me that "good dreams", a positive attitude from Rashid, and his re-incorporation to a certain "natural order" of the family and the emotional welcome of the father have become all related subjects.

F.: Yes, but he has cut the communication also with her, not only with me. He is like a foreigner with everybody.

I ponder: is Rashid a representative of the culture of the adopted country? Are we involved in a Levi-Straussian equation in which Rashid is for the rest of the family what the family is for Belgium?

T.: I understand it. But, a moment ago, I asked your son and he said to me that he was interested in opening this part of the world of the dreams. If this is the case (to Rashid), I am inviting your mother to be the one who can entice you to open up. (F. seems to be translating word by word to his wife what I say). But you have established a precedent of 5 years of strikes, and it is not easy to shift ---or for others to accept-- a different behavior.

F.: We can try.

I decide to anchor the affirmation of the father, said with a tone of doubt but in a thoughtful and conciliatory tone, while looking at Rashid.

T. (To the whole family) We will stop here. This has been a very rich conversation. (And to the family's therapists, until then silent) I would appreciate very much if you could send me a letter in two or three months so I could know if these ideas have been useful for this family. This family has a special virtue, the capacity to connect with the magical inner world. This is important and valuable, even if it risks connecting with negative experiences.

F.: Among us, the Muslims, the Koran says that it is necessary to accept the good things and the bad things, the phenomena exist.

T.: I hope that my suggestions have been harmonic with the Koran.

F.: All the sacred books are wise, and have similar ideas, the Bible, the Talmud, and the Koran. In Morocco, there are Jewish doctors who give medicines to the Muslims and read the Torah to them.

T. (Smiling): And there are family therapists who fulfill also these functions.

(The Belgian co-therapists make a closing speech, expressing their appreciation to the family and to me for our participation. We all stand up and greet each other formally and affectionately.)

F.: (While shaking hands with the therapists and with me) In dreams problems appear and within dreams solutions also appear.

T.: Wise once again.

(The family leaves)

Some elements for a discussion of this interview

This material could be utilized it as a platform to exchange ideas about universal issues of our daily clinical practice, such as tensions intrinsic to the family's evolutionary cycle, issues of gender-expressed in different ways in different subcultures- and, the potential clash between the bio-psycho-social and the medical models⁵, and, in general terms, the vicissitudes of the healing process. It could also be discussed in terms of problems of cross-cultural adaptation in families that have transferred from one cultural context to another and issues that arise when families who consult us come from cultures with which we may not be very familiar.

A central topic to any consideration of this interview is acculturation. In fact, this family not only has migrated but it has done so into a culture that is very discontinuous to theirs. This is reflected in a transparent way during the interview: a family with extreme internal cohesion, with a very authoritarian centralized structure, clear borders that establish an implicitly and explicitly distinction between "in" and "out", "we" and "others". The dearth of outside (exo-cultural) connections makes the isolation of the wife-mother in this family is particularly dramatic: she is triply alienated, by the trans-cultural distance between her immediate family and milieu and her extended social environment, by the contrasting role of women between both culture, and by her lack of knowledge of the dominant language in that country – probably cause and result of the other two variables-. In fact, had I not been informed otherwise in advance,

⁵ While I kept in mind the therapists' concern about "hallucinations," the collective nature of those experiences as well as their clearly traits as parasomnia made me consider unnecessary to explore further clinically those manifestations. An interesting question may be posed, however: What would have happened if what called the school's attention –or that of their family physician--would have been the "phenomenon", and they would have convinced the family to consult a bio-medically-oriented psychiatrist? Out of context, these visions may have been considered either night terrors or actual hallucinations of a schizotypal disorder, and perhaps medicated accordingly. A whole different destiny would have ensued then –perhaps Rashid's behavior would have been "explained" by the diagnosis and that explanation reconfirmed by the use of medication, perhaps his schooling (and his problem-generating socialization into the new culture) would have been thwarted with that argument, perhaps...

good part of their social behaviors and external appearances would have made me believe that they had immigrated a couple of months, rather than twelve years, ago.

As mentioned above, in most immigrant families who cross cultural and language barriers, children and adolescents are the vehicle of entry into the new culture. It could be reasonably hypothesized that, in this family, the older offspring—the first who has been also socialized in the schools of the country of adoption—must have been the prime importer of the new norms and mores into the family, and that role may have strongly determined the collective process leading to his disaffiliation to the family's cultural tradition and the multi-layered family crisis it entailed.

The intervention of the regional Social Services agency triggered by signs of the father's violent behavior against the son, and the subsequent removal of the son from the family household by the judicial authority may be defined as harsh acculturation by default, as it conveys the message: "In this country (Belgium) physical violence with children is not allowed". And the father behaved as submissive to the authorities of the country of adoption (represented, among others, but the therapists themselves, as the therapy is mandated and not sought) but was reluctant to accept any suggestion entailing change in what it was for them a culturally consonant authoritarian family structure and communication, ⁶ to the dismay of the therapists.

The course of this interview portrays, microcosmically, a two-way process of acculturation. First, my position of active ignorance and of adaptive respect to their culture-informed behavior educated me about some cultural assumptions and the style of the family, to which I broadly speaking yielded. This stance allowed me to progressively become a legitimate interlocutor of the stories offered by the family and a credible, reliable source of comments.⁷ In turn, this allowed me to introduce, progressively and in a not non-abrasive way, comments and interactive behaviors that may have challenged some of their cultural assumptions—as they were, in fact, imports from the "new" culture--, that were accepted, or at least not openly rejected by the father, as spokesperson for the old culture or by the family as a whole. Among them may be listed: the recognition of the difficulty of the role of "son number one", the idea of sharing

⁶ Nuha Abudabeh, in the chapter "Arab Families" (in McGoldrick, M., Giodano, J., and Pearce, J, 1996), describes a Muslim/Arab "family type" as patriarchal and authoritarian, with pyramidal hierarchy according to age and gender, scarce horizontal communication, with prevalence of rationale based on obligations and self-sacrifice at the service of the family group and of the widespread family. Parents communicate with offspring through lessons, challenges and punishments rather than dialogue, and children are expected to self-censor expressions of distress or rebellion viz. parental rules and styles of discipline. Mother is generally the messenger between father and children. Chastity is a dominant value, and incest is very infrequent.

⁷ Stories lodge in the interpersonal space of those who share a description of reality that is consonant with the one evoked by the specific stories. (Sluzki, 1997). Correspondingly, the etymological Latin root of **interlocutor** is *inter*, "between", and *locutor*, "speaker(s)."

the leadership, soliciting opinions instead of giving orders, the legitimacy of each one's voice, reciprocal respect regardless of age - all norms acted upon (not forced nor preached) by me during the interview. My behavior, hopefully, conveyed to the family –or at least to the therapists who were witnessing the session—the notion that a good process of acculturation entails being able to internalize new norms without disconnecting or denigrating the original ones.

Follow-up information

Following my request, ten months after this interview I received a letter from the therapists in which they informed me about the evolution of this family. "Your participation", they wrote, "has been a very enriching experience, since it allowed all of us - family and therapists - to put in perspective our infallibility, until then not questioned. The fact that we needed to consult someone made us more human in their eyes, and allowed us to accompany them in their process of change, rather than guide it ... that elicited only reluctance on their part. The nightmares continue appearing every now and then, and we have the impression not only that they are a family language but also that they are used instrumentally to retain the contact with us. The dynamics of the family has changed considerably: the father seems more willing to listen to his children, reducing his moralizing sermons, and has even recognized in front of his wife and children past mistakes. The daughters also participate more actively and they make themselves heard. We were not very surprised when there was a relapse: two months after the session with you, the father gave another beating to Rashid, but since then there has not been any more violence - the father continues using some medicinal Moroccan plants and occasionally he relies on the religious healer/counselor. Rashid has returned to live with the family, and maintains a good attitude and contact with his father. Both sons and daughters display excellent school performance and they are proud of their grades. Finally, the family asked us in a couple of opportunities what was your opinion about them ... and we have soothed them with praises."

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