

家族治療本土化的研究與展望

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摘要

本文主要討論西方系統理論概念下的家族治療，其本土化的研究及展望。本土化家族治療中，家庭系統觀點指引實務工作者將注意轉向家庭正在發生的互動模式，而不是嘗試從個別成員的經驗中，找出事件發生的單一解答（Goldenberg & Goldenberg, 2011/2012）。然而家庭成員互動的內涵也受文化影響，在不同的文化下家庭也將有不一樣的互動方式。這些源自於西方文化的家族治療概念遇上一樣具有獨特且根深蒂固色彩的東方文化時，可能會遇到理論或技術使用上的困難或是難以介入本土家庭文化之中（黃伊伶，2016）。游淑瑜（2002）提出當我們從事本土家族治療實務工作時，文化間的差異及影響、省思西方理論在本地文化架構下的調整、在實務與經驗中提供本土思考的觀點及從臺灣文化角度建立屬於臺灣本土的理論。

本文筆者將回顧 2011-2020 十年間家族治療相關文獻，對目前國內家族治療研究的進行，整合自身的經驗後提出本土化反思與觀點。本文將從以下三個方向來討論家族治療本土化的困境：（1）西方家族治療研究設計的困境；（2）西方家族治療理論與華人文化衝突；（3）家族治療領域專業人力的訓練。而因應上述面臨困境，筆者於綜合討論中提出本土化家族治療的展望：（1）研究設計的創新；（2）建構本土化理論及西方理論本土化；（3）本土家族治療訓練系統的建立。

關鍵詞：本土化、家族治療

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壹、前言

家族治療理論是經二次世界大戰後時代變遷的產物（游淑瑜，2002），有著與過去許多心理學理論截然不同的觀點。過去，包含精神分析取向、個人中心取向等，看的是「個人」，然而家族治療理論則將目光置於「家庭」或是「家庭系統」。Minuchin（1974）認為要了解個人或家庭問題時，需將焦點置於家庭，要從家庭互動與關係的角度去看待個體問題。雖然，如陳沛溙與卓妙縈（2012）所提出的，不表示系統理論的治療師不對個人進行工作，而是採用系統理論的治療師會擴大視野遍及整個系統，即使只對一人工作，也會聚焦於家庭的關係脈絡進行了解與介入，非著眼在個人的問題。從系統當中看見家庭組織的僵化，並加以挑戰與改變，是系統取向家族治療師所致力行動的（Yaccarino, 1993）。也就是說，有別於個別治療的方式，家庭系統概念將引導實務工作者將注意轉向家庭正在發生的互動模式，而不是個人經驗的探索（Goldenberg & Goldenberg, 2011/2012）。

系統家庭概念是可以融入本土家庭中，如結構家族治療理論，當應用於華人文化的家庭當中，從治療的態度上，它是可以積極修正家庭當中不合理的規則，向家中僵化、一再重複的互動型態挑戰（何怡穎，2008）。而結構學派這樣的積極態度，卻不會讓案家感到冒犯，像是治療師會尊重對個案症狀的架構，可以治療個案個人為目標鋪陳家庭系統的觀點，讓他能參與治療中，而不會感受到個案是被治療師視為問題起源而以嚴重的眼光看待（賈紅鶯等人，2003）。當然，家族治療師富有觀察力，且能夠具有彈性、尊重、包容的態度打入家庭系統當中，這種順應家庭文化的方式，也是家族治療能夠融入華人家庭文化的一個特點（Yaccarino, 1993）。

雖說系統概念易融入華人家庭文化，然而家庭成員的互動規則、方式及內涵也受文化影響，在不同的文化下家庭也將有不一樣型態的互動方式（李岳庭，2018）。這些源自於西方文化而產生的家族治療，執行於東方文化中，其理論將遇上一樣具有獨特且根深蒂固色彩的東方文化時，可能會遇到使用上的困難或是難以介入本土家庭文化之中（黃伊伶，2016）。因此在進行家族治療實務工作與研究的同時，也須將東西文化歷史發展脈絡、意義與之間差異考量進去，進行本土化的反思，以符合目前華人本土文化之家族治療實務工作及研究（游淑瑜，2002）。王智弘（2017）也認為本土諮商心理學的研究三個類別中的文化融合的本土化（acculturative indigenization），是將西方文化所產生的理論與技術，結合本土文化，使理論與技術的詮釋及使用，更流暢地運作於本地人的實務工作上，並提升理論與技術運用的適切性及寬廣度。相同的概念於家族治療中，李岳庭（2017）稱之為本土化的第二波。

Hwang（2016）指出一個理論進行本土化時，必須經過哲學的反思、理論的建構及實徵的研究等三階段。在面對上述這些困難與矛盾時，針對原取向的理論與技術，應保有重要核心概念，並加以反思，以發展出西方家族治療本土化的調整及應用，這將會是

一個重要議題。游淑瑜（2002）也提出當我們從事本土家族治療實務工作時，有四個方向值得省思：一是了解文化間的差異及如何影響家庭的樣貌，從之中找出華人家庭心理及行為現象；二是對於西方理論觀點的熟悉，進而省思如何在本土文化架構下調整；三是蒐集有關華人在此方面的相關文獻，在實務與經驗中提供本土思考的觀點；四是從臺灣文化變遷的角度思考文化的衝擊、衍義，以建立屬於臺灣本土的理論。這樣建立的理論才是真正「根生於地」屬於臺灣本土的思考觀點，符合本土家庭的需求模式。因此，本文將由筆者回顧家族治療相關文獻，對目前國內家族治療研究的進行，整合自身的經驗後提出本土化的反思與建議。

貳、臺灣家族治療發表現況

Chao（2011）對過去 1969-2009 年間，127 篇臺灣家族治療的發展與文獻進行系統性回顧，其中指出家族治療於 1960 年代引入臺灣，起初以讀書會方式進行研修，而後 1980、1990 年代，邀請國外知名家族治療大師在臺灣開設工作坊並訓練相關領域工作者，使家族治療漸漸在臺灣發展起來，這段時間國內研究從發展初期的理論介紹，逐漸轉移成家庭議題的探討，在當時的時代背景下，作者對家族治療研究與實務，提出幾點需面臨的挑戰與困境：專業人員的訓練、建構本土文化之家庭理論、鼓勵實務工作者將臨床經驗發表。

如今又一個十年過去，筆者於華藝資料庫使用「家族治療」、「家庭治療」作為關鍵字搜尋 2011-2020 年間發表之期刊文獻，加以整理後得 29 篇文獻。研究主題主要包含：5 篇家族治療理論與技術的介紹及應用（陳姝蓉等，2016；陳淑芬、陳秉華，2018；陳偉任，2019；許皓宜，2012；張麗鳳，2018）、13 篇以家族系統觀點進行個案及家庭議題分析（李威，2016；吳岱涓，2012；林舒婷，2013；林筱甄，2020；陳沛澄、卓妙縈，2012；洪佳慈，2012；恩悅，2012；張苑馨，2016；黃殊文，2013；歐陽儀、吳麗娟，2014；蘇益志，2012；廖祈幃、李曜任，2013；謝昀庭，2020）、2 篇以個人觀點探討自身在學習家族治療之經驗與反思（邱珍琬，2012；謝時，2019）、5 篇隸屬於對家族治療法進行文獻回顧或提出的反思（王鑾襄、賈紅鶯，2013；李岳庭，2018；楊連謙、董秀珠，2019；賈紅鶯，2011；傅明俐、黃宗堅，2014）、4 篇家族治療實徵研究（巫珍宜，2020；李韻如，2014；邱珍琬，2018；修慧蘭，2011）。

經上述文獻整理，筆者發現國內家族治療研究，以理論技術的介紹與應用及以家族系統觀點進行個案及家庭議題分析為大宗，筆者也發現其中幾篇研究，嘗試以家族治療理論的研究結果，將本土文化考量進去並進行對話與反思的研究，如黃宗堅（2010）在研究大學生情侶所展現的親子三角關係配對類型，以及情侶兩人親子三角關係配對類型、衝突因應策略與親密關係滿意度之關聯的結果發現與理論的推論不合，而將本土社會文

化脈絡考量進去；莊慧美與卓紋君（2006）從本土文化考量，重新反思西方文化脈絡下 Bowen 自我分化概念對本土文化心理現象的定義；鄭淑君與郭麗安（2008）在研究中也特別提到，將本土文化中的孝道 納入親子權益的詮釋；陳秉華（1996）的研究中也論述了大學生因本土文化中的孝道，影響了他們與親人分離的心理現象。這些從研究結果將本土文化因素考量進去的研究，著實是令人興奮，應給予肯定及鼓勵，而這些在實證研究中以實徵研究針對家族治療理論提出本土化反思的部分有足見增加的趨勢，期待未來有以本土文化建立的家族治療理論並且有根據本土家族治療理論所展開的實證研究。

Chao（2011）對臺灣四十年家族治療研究的回顧及之後的十年，都有提到考量本土文化的因素，然而這十年來的發表量相較過去並沒有大量地增加，平均一年大約 3 篇。因此，期待有更多家族治療領域實務工作者與研究者進行臨床實徵研究，將研究成果發表，並於研究及實務過程中，對家族治療本土化的適用性進行反思，為建構本土化的家族治療理論鋪路，雖然建構本土家族治療的理論有一定的難度，但是這是一個需要開展的路。

參、家族治療本土化的困境

承上所述，本章筆者結合國內家族治療進行研究及實務經驗，以及於大專院校學碩士班開設婚姻與家族治療課程之教學經驗，針對國內今日家族治療研究以三個方向進行反思：西方家族治療研究設計的困境、西方家族治療理論與華人文化的衝突及家族治療領域專業人力的訓練。

一、西方家族治療研究設計的困境

如何從系統觀點來界定家庭議題，以及如何透過系統觀點促發伴侶與家庭系統模式的改變與轉化，是現今家族治療研究所著重的觀點（孫頌賢，2019）。此家族治療的思考脈絡應用於研究中，也提醒著研究者進行家族治療研究，需有別以往進行個體研究時所採用的研究方法與研究設計，從以個體為單位進行的研究，走向以家族為單位進行的研究。以下筆者從研究對象、研究方法等面向探究其在家族治療研究上面臨的難題及挑戰。

目前進行家族治療研究對象，多為家庭當中的某位成員具有個人診斷，針對其具有個人診斷之問題以及其家庭進行家族治療，如巫珍宜（2020）針對 ADHD 兒童之家庭進行研究，並訪談案中父母親參與家族治療之歷程經驗。因此，在研究對象的篩選條件及選取範圍時，如何建立家族治療中針對案家互動模式的評估標準，將是一個重要概念的建立，也就是說對家庭成員間互動模式進行概念化，以取代對家中成員個人進行診斷及個別概念化。而成員間相互互動的模式，在分析上就有一定的難度，且多位成員互動

模式的研究方法也尚未成熟，比如兩兩研究參與者的「對偶研究」，都尚未有定型，更別說是多人的互動模式研究。另一方面，研究參與者的流失率較高也是家族治療研究困難的部分，有別於個別研究，當一名研究參與者退出研究時即流失一個研究參與者，而家族治療研究中，當家庭有任何一成員退出研究，一個研究參與家庭就會流失，造成家族治療研究的流失率較高，導致研究資料難以收集，此點影響研究的成敗或資料的豐富性，進而影響了家族治療研究的難度，降低了研究的量。

此外，在東西方不同文化的差異下，筆者進一步考量華人本土文化內涵之特質，認為華人家庭較難以接受個人的症狀便是系統症狀的觀點。華人家庭前來求助原因，多半皆因孩子出現不適應症狀，期待孩子能透過治療緩解症狀。但家族治療中觀點，認為孩子的問題通常代表著家庭問題的呈現。此時若是家族治療師粗糙的引導雙親正視自己的關係議題，並暗示父母自己的關係狀況才是影響孩子問題的根源，這與華人文化中的觀點是相衝突的。因雙親會較不能接受自己的婚姻關係有問題，但可以接受孩子有狀況，這也是反映華人家庭在治療室中維護家庭的外在形象、家醜不外揚等根深於文化中之態度（黃伊伶，2016；賈紅鶯等，2003）。這樣的文化態度，也影響著遇見困難之家庭，以較抗拒求助的方式面對或接受家族治療。如需招募家庭成員成為研究參與者參與研究時，案主也可能因此文化態度，擔心家庭隱私會曝光而有較低參與意願。

二、西方家族治療理論與華人文化的衝突

游淑瑜（2002）認為西方家族治療理論發展是屬於「根生於地」的成長模式，而本土家族治療則多是學習及應用西方的觀點，因此認為必須了解東西文化上歷史發展脈絡、意義及之間的差異，以期達到修正，適切於文化中。

筆者認為華人文化中親子關係的考量即與西方文化家庭所擁有的差異性，因孝道為華人文化中重要的價值觀，進而影響親子關係的內涵，如葉光輝（2009）曾針對孝道此親子關係內涵進行探討，並提出雙元模式。這是西方理論中未涉及的部分，當家族治療師對華人家庭中親子關係進行探討時，其理論的文化適切性需要被調整。李岳庭（2018）也提出 Bowen 自我分化具有著跨文化的差異，西方文化中重視自我分化且較獨立者擁有較佳的親子關係，而在前述重視孝道的文化脈絡中，自我分化程度與親子關係間的關聯，需被打破且重新進行思量，進而建構與西方文化下家庭不同的本土化家族治療理論。

以結構學派為例，結構學派治療師於進入華人文化家庭中工作時，也將有許多應用於華人文化中的衝突以及需調整的部分。在華人文化當中，家庭成員關係緊密的部分，在結構學派的治療師看來，常會被視為一種糾結的界限，導致在處遇上與文化有所衝突（Epstein et al., 2012）。華人文化中家人一體、不允許孩子離家和獨立的文化特色，因此對於華人家庭來說，要劃清與孩子的界限是有相當的困難度的（賈紅鶯等人，2003）。再

來是華人文化重視的「以和為貴」的部分，由於結構學派的家族治療的對話都是較為直接，而且有張力的，此外結構學派的治療師也很勇於挑戰家庭的症狀以及既定的模式，像是衝突事件的行動促發，對於抗拒高情緒張力的華人家族來說，會是需要磨合與討論的地方，避免治療師與案家因為這樣而有所隔閡（Epstein et al., 2012）。華人文化具獨有的父系社會架構，結構治療學派的家族治療師若是挑戰父權架構，其後果與反撲是會造成案家退縮及更大的衝擊，針對大家族的掌權者進行挑戰與加壓，對於擁有經濟壓力的家族，家庭當中的連結是其唯一的依靠，而家族權力最大者，也賦予了一個安定成員的意象，這是結構學派的家族治療師必須敏感覺察的（Ko, 1986）。而在孝道的討論上，華人文化講求孝道，希望孩子有時要替雙親的角色考量；有時會擔任雙親的調解者；或是取代雙親，成為親職化的孩子。另外，雙親也會因孝道關係，需要順從與尊敬上一輩的觀念和想法，無法輕易地為自己的家庭作主，時常要納入長輩的建議與決定權。當結構家族治療師需要考量這層的連帶關係與尊重此家庭的長輩。因此，當家族治療師介入家庭的互動時需慎思與謹慎（黃伊伶，2016）。

三、家族治療領域專業人力的訓練

一名助人者接受家族治療相關訓練，進到家族治療領域，如何從一對一的治療模式，進到一對多的治療模式，將會有兩項挑戰：一為系統觀之認識與建立，二為學習家族治療與個別治療關注不同之焦點。當家族治療師與案家進行會談時，將關注焦點更多地放在成員間彼此的關係與互動模式。將關注家庭成員間的互動模式，將治療焦點聚焦於關係議題上。以關係議題為例，關係議題意味家庭成員將環繞兩個關鍵主軸：「如何在一起？」以及「如何分開？」，當探討到關係議題時，米蘭學派家族治療師以循環式詢問，依序詢問家庭每一位成員對關係互動模式的觀點，並要每一位系統中的成員回答此相同的關係問題，以此方式系統性的尋找家庭成員在行為、關係、覺知與建構事件的差異，藉此揭露家庭間的多元觀點，以及找到重複發生的家庭模式。透過此方式，家庭成員能持續地彼此回應與回饋自身於關係中的位子，而家族治療師則致力於建構出家庭成員間相互關聯的地圖。這些系統觀點以及問話技巧，皆是有別於個別治療的情境。

劉焜輝與洪莉竹（2003）認為治療理論源自於西方，臺灣土生土長的諮商員在訓練過程中，並未實際經歷西方文化的發展，因此在理論基礎上受限於文化脈絡因素，以及本土價值觀的干擾，而無法深入及完整。因此，筆者也認為家族治療領域之研究者與實務工作者，在接受國內外家族治療相關訓練後，將面臨不同面向的挑戰。

以國內目前狀況，學員主要接受訓練來源為大專院校於在學階段開設婚姻與家族治療等概論性課程，受限於心理師法規及系所課程安排考量，此概論性課程僅能提供修課學生對於家族治療概論的初步介紹認識，作為認識家族治療相關理論之入口。如欲更精

進了解各家族治療學派之精髓或是技術，需於日後持續參與家族治療訓練之主題性工作坊進修，接受這些想法上的刺激，並於有豐富實務經驗之資深家族治療師帶領下，接受督導，持續累積經驗，以密集且完整模式，傳承家族治療中系統概念，以對於目前西方理論及技術有全面性且清晰的了解。

在國外接受家族治療訓練，雖有較完整且系統性的訓練以及被督導的工作經驗，但當回國時，於西方文化與環境中所累積的經驗，將重新面臨文化間的衝突與對話。如一味西學東用而缺乏對本土化家庭的概念，忽略文化、社會傳統脈絡對家庭所形成的影響，在實務上一定會沒有效率，因此實務工作者需對其技術重新進行反思，將理論與實務相結合，根植於本土文化的心理諮商文化才能真正符合本土家族需求，更有效地服務求助者（劉焜輝、洪莉竹，2003）。

總之，系統概念的運用，需要時間來訓練，並以西方的文化來理解其理論與技術，並不是單單使用個別晤談在多人的會談中。另外，在本土的運用上，一定要將本土文化考量進去，這個部分需要成熟的督導以敏銳的反應，提醒被督者，以案家的文化為主軸來了解這個家庭。因為臺灣多元文化中的習俗儀式以及家族組成方式，也將是西方家族治療理論中無法接觸到及考慮到的，如入贅、原住民各族祭典、家族位階、家族儀式，這些都是值得實務工作者注意的。

家族治療本土化研究與展望需要處理研究參與者定義的改變，此點牽扯到研究法，而文化不同造成理論與技術的衝突，凸顯了西方理論的適應性及本土理論的需要。目前國內對家族治療理論與技術的實務工作，需要有督導去訓練新手的治療師。

肆、建議

筆者以自身對於國內當前家族治療領域的本土化反思，針對家族治療本土化研究未來發表之展望提供以下待努力方向：（1）研究設計的創新；（2）建構本土化理論及西方理論本土化；（3）本土家族治療訓練系統的建立。

一、研究設計的轉變

研究設計的概念需要由個別轉向家庭，這個概念的轉變將需要研究法的專家協助，在研究設計上研究參與者的單位為一個家庭或是一個小團體，統計法及質性研究法和資料收集及分析，全都要有新的方式。對於研究參與家庭流失率大，除了設計的創新外，在研究過程中加入提高家庭成員的彼此信任及安全保密，被協助家庭成員中有股向心力將會大大減低參與家庭的流失率。這個部分，在招募研究家庭時，就應該協助，知情同意書也需要將家庭成員的不安及不信任放進考量。如參與家庭成員每個人都各別簽屬一

張研究同意書跟一個家庭共同簽署一個研究同意書，在保密及信任的處理上是不一樣的，在研究計畫中都要考量進去。

二、建構本土化理論及西方理論本土化

王智弘（2017）將本土諮商心理學的研究分為三個目標，分別為外學引入的在地化（*localization*）、文化融合的本土化（*acculturative indigenization*）及文化繼承的本土化（*enculturative indigenization*）。就文化繼承的本土化而言，需要建構本土化理論。而建構本土化理論，首先需要深入學習本土文化，並與已建構本土理論之學者交流，學習本土文化下的理論建構，並與西方理論進行對話，達到文化交流與了解。邀請研究法之專家，對本土文化所建構出之理論所需之研究法提出創建，進而對理論進行實證研究，以驗證或修改理論。根據理論，在實務上鼓勵使用技術，使本土化家族治療的理論及技術逐漸被建構成形，研究上也可以探索此本土化的理論與技術對某議題或是族群所提供的介入，其成效如何，使得本土理論可以扎根發展。

就文化融合的本土化而言，家族治療領域的實務工作者與研究者，應先暫時放下過往於西方治療理論的背景知識，心態須歸零，反思及解構由西方文化脈絡中，學習到的理論及技術。同時透過現象觀察，重新認識本土化之家庭之特性，將所學針對本土化家庭特性與環境進行反思，了解西方理論執行於華人文化中的衝突，並進行更多西方理論與技術本土化的家族治療實徵研究，修正理論與技術並建構本土化的常模及量表，使成果能應用於更多在地的本土家庭，並產生更多西方家族治療理論與技術，在本土化調整及反思的研究。

三、本土家族治療訓練系統的建立

國內對於家族治療訓練除在學間的課程外，皆以工作坊或相關單位引入之訓練為主，因循著現今此學習系統的特性，筆者有兩方向建議：一是引進更多的家族治療學派工作坊及訓練，其中最重要的是本土的理論與技術；二是建立穩定的督導與訓練系統。

綜觀國內家族治療領域的課程訓練及工作坊，相較於國內個別心理治療領域課程的百花齊放，系統概念下的家族治療課程，多以 Bowen 理論、薩提爾模式或結構學派等為少數較易接觸的課程及訓練。而家族治療的領域多元，因此第一步，筆者認為應由國外引進更多元且不同的家族治療學派工作坊，邀請各領域學派的專家學者來台進行推廣與交流，以鼓勵學習者從認識更多元學派理論。對本土化的西方理論，學習調適後的理論概念及技術，熟悉運用在本土族群上的限制與優勢。最後是以本土文化所建構的理論及其技術，應該多多被推廣，並加入家族治療專業養成訓練的基本要素中。

第二步，筆者認為除短期的工作坊介紹該理論學派的知識外，應建立更完整且長期的督導及訓練系統，以對於家族治療理論及技術有全面性且實用性的學習。在督導下紮根學習多元的家族治療理論及技術之應用，並時刻於學習中自我提醒且反思理論及技術形成的因素，對自身本土文化進行反思與考量。除了學派技術的督導外，對系統概念下的家族治療一般基礎技巧也要熟練，如一對多的晤談技巧及問話內涵或是家庭問題互動模式的觀察等，都需要有經驗的督導來協助，才能打下穩定的基礎。

筆者期待，家族治療本土化的研究與展望能面對上述之困境，創新研究方法。建構本土家族治療理論及反思西方家族治療理論與技術運用在華人文化中，修改或調整其理論與技術以適應本土文化，提供更貼切的協助。在家族治療的訓練能更有系統，包含對本土文化敏感的督導，來訓練學習西方理論與技術的新手，運用在本土文化中。

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Research and Prospect in the Indigenization of Family Therapy

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Abstract

This study focused on discussing of research and prospect in the indigenization of family therapy under western family system concepts. In family therapy, therapists have always focused on the present interaction between family members, and avoid try to probe at one particular interpretation by a single family member (Wu et al., 2019). The interaction between family members is greatly affected by culture influences. Different cultures have distinct family interactions. When concepts of family therapy, which were originated from western culture, encounter the unique yet deep-rooted aspects of eastern culture, it is not surprising to find difficulties that emerge due to the theory or technical application, and problems of intervening into the indigenous family culture (Huang, 2016). You (2002) pointed out that when researchers attempt to engage in indigenous family therapy practice, we must keep in mind a few important aspects: One, is to understand the cultural differences and how it can influence the family. From this perspective, try to develop the Chinese family psychological and behavioral phenomenon. Second, be familiar with the western theory and perspective, in order to modify and make it more applicable towards the indigenous culture framework. Third, is to collect literature pertaining to the Chinese family culture, and to provide an indigenous perspective both in practice and experience. Forth, is to keep in mind how the Taiwanese culture transition may have an impact on our culture, in order to construct Taiwan's own indigenous theory.

The author will review past literature relating to family therapy, examining up-to-date domestic family therapy research, and combined with personal experience, attempt to make a comprehensive reflection and outlook on the indigenization of family therapy. Currently, difficulties in the indigenization of family therapy include: (1) Problems with western family therapy research design. (2) Dissonance between the western family therapy theory and eastern culture. (3) Training of family therapy professionals. In order to cope for the above-mentioned difficulties, the author has provided the following suggestions and prospects in the discussion section: (1) Creating new research methods. Constructing a family therapy training system. (2)

Constructing indigenous family therapy theories and localized western family therapy theories.
(3) Establishing indigenous family therapy training system.

Keywords: Family therapy, Indigenization

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I. Preface

Family therapy theory is a product of the changing times after World War II (You, 2002) and has an entirely different perspective from many psychological theories in the past. Historically, psychoanalytic approaches, person-centered approaches, etc., focused on the “individual.” However, family therapy theory focuses on the “family” or “family system.” Minuchin (1974) believes that to understand personal or family problems, one needs to focus on the family and view individual problems from the perspective of family interactions and relationships. However, as proposed by Chen and Zhuo (2012), this does not mean that therapists with systems theory do not work with individuals, but rather that therapists who adopt systems theory expand their horizons to encompass the entire system, even if they are working with only one person. Understand and intervene in family relationships rather than focusing on personal issues. Seeing the rigidity of family organization in the system and challenging and changing it is what systems-oriented family therapists are committed to doing (Yaccarino, 1993). In other words, different from individual therapy, the concept of family systems will guide practitioners to turn their attention to the ongoing interaction patterns of the family rather than the exploration of personal experiences (Goldenberg & Goldenberg, 2012).

The concept of systemic family can be integrated into indigenous families, such as the theory of structural family therapy. When applied to families in Chinese culture, from a therapeutic attitude, it can actively correct unreasonable rigid rules and challenge Interactive repeated regulations in the family (Ho, 2008). However, the positive attitude of the structural school will not offend the client. For example, the therapist will respect the structure of the patient’s symptoms and can treat the patient individually to lay out the family system’s perspective so that he can participate in the treatment without a sense that the therapist views the patient as the source of the problem seriously (Chia et al., 2003). Of course, family therapists are observant and can penetrate the family system with a flexible, respectful, and tolerant attitude. This method of adapting to family culture is also a feature of family therapy that can be integrated into Chinese family culture (Yaccarino, 1993).

Although the system concept can easily be integrated into Chinese family culture, the rules, methods, and connotations of interaction among family members are also affected by culture. Families in different cultures will also interact differently (Lee, 2018). When these family therapies originating from Western culture are implemented in Eastern culture, their theories encounter the same unique and deep-rooted Eastern culture; they may face difficulties in use or intervention in the culture of native families (Huang, 2016). Therefore, while carrying out

family therapy practical work and research, it is also necessary to take into account the historical development context, significance, and differences between Eastern and Western cultures and conduct localized reflections to conform to the current family therapy practical work and research of Chinese indigenous culture (You, 2002). Wang (2017) also believes that acculturative indigenization among the three categories of research on indigenous counseling psychology is to combine the theories and techniques produced by Western culture with indigenous culture so that the interpretation of theories and techniques can be used to operate more smoothly in the practical work of local people and improve the relevance and breadth of the application of theory and technology. The same concept is used in family therapy, which Lee (2017) calls the second wave of indigenization.

Hwang (2016) pointed out that when a theory is indigenized, it must go through three stages: philosophical reflection, theoretical construction, and empirical research. In the face of the above-mentioned difficulties and contradictions, essential core concepts should be retained and reflected on the original-oriented theories and techniques to develop localized adjustments and applications of Western family therapy. This will be a vital issue. You (2002) also pointed out that when we engage in local family therapy practice, there are four directions worthy of reflection: First, understand the differences between cultures and how they affect the appearance of the family, and find out the psychological and behavioral phenomena of Chinese families; The second is to become familiar with Western theoretical viewpoints, and then reflect on how to adjust within the local cultural framework; the third is to collect relevant literature on the Chinese in this regard, and provide local thinking perspectives in practice and experience; the fourth is to learn from Taiwan's cultural changes and think about the cultural impact and implications from a different perspective to establish a theory that belongs to Taiwan. The theory found in this way is a truly "rooted in the ground" thinking perspective that belongs to Taiwanese people and is in line with the needs of local families. Therefore, in this article, the author will review the literature related to family therapy, review the current domestic family therapy research, and put forward localized reflections and suggestions after integrating his own experience.

II. Current status of family therapy research in Taiwan

Chao (2011) systematically reviewed 127 articles on the development and literature of family therapy in Taiwan from 1969 to 2009. He pointed out that family therapy was introduced to Taiwan in the 1960s and was initially conducted in the form of reading groups, and then in

the 1980s and 1990s, inviting Well-known foreign family therapy masters set up workshops in Taiwan and trained workers in related fields, which gradually led to the development of family therapy in Taiwan. During this period, domestic research gradually shifted from theoretical introduction in the early stages of development to discussing family issues. Against this background, the author points out several challenges and dilemmas that need to be faced in family therapy research and practice: training professionals, constructing family theories in indigenous culture, and encouraging

Now, another ten years have passed. The author used “family therapy” and “household therapy” as keywords to search for journal documents published between 2011 and 2020 in the Airiti Library database, and after sorting, 29 papers were obtained. The research topics mainly include: 5 articles on the introduction and application of family therapy theories and techniques (Chang, 2018; Chen, 2019; Chen & Chen, 2018; Chen et al., 2016; Hsu, 2012). 13 articles analyzed cases and family issues from a family systems perspective (Chen & Zhuo, 2012; En, 2012; Hong, 2012; Hsieh, 2020; Huang, 2013; Li, 2016; Liao & Li, 2013; Lin, 2013; Lin, 2020; O-Yang & Wu, 2014; Su, 2012; Wu, 2012; Zhang, 2016). Two articles discuss their own experiences and reflections on learning family therapy from a personal perspective (Chiu, 2012; Hsieh, 2019). Five articles were part of a literature review or reflection on family therapy (Chia, 2011; Fu & Huang, 2014; Lee, 2018; Wang & Chia, 2013; Yang & Tung, 2019). Four empirical studies on family therapy (Chiu, 2018; Hsiu, 2011; Li, 2014; Wu, 2020).

After sorting through the above-mentioned literature, the author found that most domestic family therapy research focuses on introducing and applying theoretical techniques and analyzing individual cases and family issues from a family system perspective. The author also found several of these studies, which are for graduate students at the graduate school stage, trying to use family theory, review the literature, and conceptualize and analyze families, which should be affirmed and encouraged. There are relatively few empirical studies and indigenous reflections on family therapy theory, but content gradually increases. For example, Huang (2010) found that the research results are inconsistent with the theoretical inferences and should consider the local social culture context. Juang and Cho (2006) rethink the definition of indigenous cultural and psychological phenomena in the context of Western culture from the perspective of indigenous culture; Cheng and Kuo (2008) also explicitly mentioned in their research that filial piety in indigenous culture should be included in the interpretation of parent-child rights. Chen (1996) also discussed the psychological phenomenon of college students being separated from their relatives due to the filial piety in the indigenous culture. These are studies that take cultural factors into account.

Chao's (2011) review of 40 years of family therapy research in Taiwan and the following ten years mentioned considering indigenous cultural factors. However, the number of publications in the past ten years has not increased significantly compared with the past, with an average of about three articles per year. Therefore, it is expected that more practitioners and researchers in the field of family therapy will conduct clinical research and publish the research results. In the process of research and practice, they will reflect on the applicability of the indigenization of family therapy and lay the foundation for the construction of indigenization. Although it is challenging to construct an indigenous family therapy theory, it is a path that needs to be developed.

III. Dilemma of indigenization of family therapy

Following the above, the author of this article combines the research and practical experience of family therapy in Taiwan, as well as the teaching experience of offering marriage and family therapy courses in master's classes in colleges and universities, to reflect on today's domestic family therapy research in three directions: The dilemma of Western family treatment research design, the conflict between Western family therapy theory and Chinese culture, and the training of professional manpower in the field of family therapy.

1. The dilemma of Western family treatment research design

How to define family issues from a systems perspective and promote changes and transformations in partner and family system models through a systems perspective are the focuses of current family therapy research (Sun, 2019). Applying this line of thinking to family therapy in research also reminds researchers that when conducting family therapy research, they need to be different from the research methods and designs used in individual studies in the past and move from research conducted on individuals to family-based research. Research conducted for the unit. The following author explores the difficulties and challenges faced in family therapy research from the aspects of research objects and research methods.

The current subjects of family therapy research are mostly when a family member has a personal diagnosis, and family therapy is conducted on the problems with the individual diagnosis and the family. For example, Wu (2020) researched families of ADHD children and interviewed parents' experiences participating in family therapy. Therefore, when selecting research objects and selecting them, establishing evaluation criteria for the client-family

interaction model in family therapy will be an essential concept. That is to say, conceptualizing the interaction model between family members will replace the evaluation of the interaction model between family members. Diagnosis and individual conceptualization are performed by family members individually. The interaction model between members is difficult to analyze, and the research methods for the interaction model of multiple members are not yet mature. For example, the study of pairs of participants has not yet been finalized, let alone the multi-member model—the analysis of human interaction patterns.

On the other hand, the high attrition rate of research participants is also an intricate part of family therapy research. Unlike individual studies, a research participant is lost when a research participant withdraws from the study. In family therapy research, when any family member withdraws from the research, a research participating family will be lost, resulting in a high attrition rate in family therapy research and making it challenging to collect research data. This affects the success or failure of the study or the richness of the data, affecting the quality of family therapy research. Difficulty reduces the amount of research.

In addition, given the cultural differences between the East and the West, the author further considered the characteristics of the local Chinese culture and believed that it is more difficult for Chinese families to accept the view that individual symptoms are systemic symptoms. Most of the reasons why Chinese families come to seek help are because their children have maladaptive symptoms, and they hope that their children can alleviate their symptoms through treatment. However, in family therapy, it is believed that children's problems usually represent the presentation of family problems. At this time, if the family therapist crudely guides the parents to face up to their relationship issues and implies that the parents' relationship status is the root cause of the children's problems, this conflicts with the views in Chinese culture. Because parents are less able to accept that there are problems in their marital relationship, but they can accept that their children have problems, this also reflects the attitude of Chinese families in the treatment room to maintain the external image of the family and not to publicize family scandals, which is deeply rooted in the culture (Chia et al., 2003; Huang, 2016). Such cultural attitudes also influence families who encounter difficulties to face or accept family therapy in a way that is more resistant to seeking help. When it is necessary to recruit family members to become research participants, clients may also be less willing to participate due to cultural attitudes and concerns that family privacy will be exposed.

2. the conflict between Western family therapy theory and Chinese culture

You (2002) believe that the development of Western family therapy theory is a growth model “rooted in the locality,” while local family therapy mostly learns and applies Western perspectives. Therefore, he believes that it is necessary to understand the historical development context, meaning, and differences between Eastern and Western cultures. The differences between the two are modified with expectations appropriate to the culture.

The author believes that the consideration of parent-child relationships in Chinese culture differs from that of Western families. Because filial piety is an essential value in Chinese culture, it affects the connotation of the parent-child relationship. For example, Yeh (2009) studied filial piety, the connotation of the parent-child relationship. Explore and propose a dual model. This is a part that is not covered in Western theories. When family therapists explore parent-child relationships in Chinese families, the cultural appropriateness of their theories needs to be adjusted. Lee (2018) also proposed that Bowen’s self-differentiation has cross-cultural differences. In Western culture, those who value self-differentiation and are more independent have better parent-child relationships. In the aforementioned cultural context that values filial piety, there is a relationship between the degree of self-differentiation and the parent-child relationship. The relationship needs to be broken and reconsidered, and then an indigenous family therapy theory different from families in Western culture can be constructed.

Taking the structural school as an example, when therapists from the structural school work in Chinese cultural families, they will also have many conflicts and areas that need to be adjusted in the Chinese culture. In Chinese culture, the close relationship between family members is often seen by structural therapists as a tangled boundary, leading to treatment conflicts with culture (Epstein et al., 2012). In Chinese culture, family members are united, and children cannot leave home and become independent. Therefore, it is difficult for Chinese families to draw clear boundaries with their children (Chia et al., 2003). Next is the “harmony is the most important” part that Chinese culture attaches great importance to. Since the conversations in family therapy at the structural school are relatively direct and tense, the therapists are also brave enough to challenge family symptoms and establish patterns, such as actions triggering conflict events; for Chinese families who resist high emotional tension, it will be an area that needs to be adjusted and discussed to prevent the therapist and the client from becoming separated due to this (Epstein et al., 2012). The unique patriarchal social structure in Chinese culture. If a family therapist from the structural therapy school challenges the patriarchal structure, the consequences and counterattack will cause the client to retreat and have a more significant impact. Suppose the therapist challenges and pressurizes the man with power in the big family, which is under financial pressure. In that case, the connection with him

in the family is their only reliance on finance, and the person with the most influence in the family also gives the image of a stable state of the family. This is something that family therapists of the structural school must be sensitive to (Ko, 1986). When it comes to discussions about filial piety, Chinese culture emphasizes filial piety and hopes that children will sometimes be considerate of the role of their parents, sometimes act as mediators for their parents, or replace their parents and become parental children. In addition, due to the filial piety relationship, parents need to obey and respect the concepts and ideas of the older generation. They cannot easily decide for their own family and often must incorporate the elders' suggestions and decision-making rights. Structural family therapists need to consider this level of bonding and respect the family's elders. Therefore, when family therapists intervene in family interactions, they must be thoughtful and cautious (Huang, 2016).

3. the training of professional manpower in the field of family therapy.

When a helper receives training related to family therapy and enters the field of family therapy, there will be two challenges in moving from a one-to-one therapy model to a one-to-many therapy model: one is the understanding and establishment of a system view. The second is to learn the different focuses of family therapy and individual therapy. When family therapists conduct interviews with clients, they focus more on the relationships and interaction patterns between members. Attention will be paid to the interaction patterns between family members, with the therapeutic focus focusing on relationship issues. Take relationship issues as an example. Relationship issues mean that family members will revolve around two key axes: "How to be together?" and "How to separate?" When discussing relationship issues, family therapists of the Milan School will ask each member of the family for their views on the relationship interaction model in a circular manner and ask each member of the system to answer the same relationship question. In this way, we systematically look for differences in behavior, relationships, awareness, and construction events among family members, uncovering multiple family perspectives and identifying recurring family patterns. In this way, family members continue to respond to each other and reflect on their place in the relationship while the family therapist works to construct a map of the interconnectedness among family members. These system's perspectives and questioning techniques are different from individual therapy situations.

Liu & Hong (2003) believe therapy theory originated from the West. Counselors born and raised in Taiwan have not experienced the development of Western culture during the training process. Therefore, their theoretical basis is limited by cultural context factors and interference with local value perspectives and cannot be deep and complete. Therefore, the author also believes that researchers and practitioners in the field of family therapy will face different challenges after receiving relevant training in family therapy at home and abroad

Based on the current situation in the country, the primary source of training for students is introductory courses such as marriage and family therapy offered by colleges and universities during their studies. However, due to considerations of the Psychologist Act and departmental curriculum arrangements, this introductory course can only be provided to students. A preliminary introduction to family therapy is an entry point to understanding family therapy-related theories. Suppose you want to understand better the essence or techniques of each family therapy school. In that case, you need to continue participating in thematic workshops of family therapy training in the future, accept the stimulation of these ideas, and be led by senior family therapists with rich practical experience. Under their supervision, you will continue accumulating expertise and passing on the systematic concepts in family therapy through an intensive and complete model to have a comprehensive and clear understanding of current Western theories and techniques.

If you receive family therapy training abroad, you will have relatively complete and systematic training and supervised work experience. However, when you return to your country, you will face conflicts and dialogues between cultures based on your experience in Western culture and environment. Suppose we blindly apply Western knowledge to the East without the concept of local families and ignore the influence of families on cultural and social traditions. In that case, it will be inefficient in practice. Therefore, practitioners need to rethink their techniques and combine theory with practice. Only when combined with practice can a counseling culture rooted in local culture genuinely meet the needs of local families and serve the clients more effectively (Liu & Hong, 2003).

In short, using system concepts requires time to train and understand its theories and techniques in Western culture. It is not just about using individual interviews in multi-person interviews. In addition, when applying in local areas, the local culture must be used. Considering this, this part requires a mature supervisor to respond sensitively and remind the supervisee to understand the family based on the client's culture. Because the customs, rituals, and family formation methods in Taiwan's multicultural culture will not be accessible and

considered in Western family therapy theories. Such as matrilineal marriage, Aboriginal festivals, family rank, and family rituals are all worthy of the attention of practical workers.

Indigenous research and prospects for family therapy need to deal with changes in research participants' definitions, which involve research methods. Cultural differences cause conflicts between theories and techniques, highlighting the adaptability of Western theories and the need for indigenous theories. The current domestic practice of family therapy theories and techniques requires supervision to train novice therapists.

IV. Recommendations

Based on my own reflection on the indigenization of the current field of family therapy in Taiwan, the author provides the following directions for efforts regarding the future publication of indigenous research on family therapy: 1. Innovation in research design. 2. Constructing indigenous theory and localization of Western theory. 3. The establishment of an indigenous family therapy training system.

1. Innovation in research design

The concept of research design needs to shift from individuals to families. This change in concept will require the assistance of experts in research methods. Regarding research design, the unit of research participants is a family or a small group; statistical methods, qualitative research methods, data collection, and analysis require new methods. Regarding the high attrition rate of participating families in the research, in addition to design innovation, improving mutual trust, safety, and confidentiality among family members during the research process and having a centripetal force among the family members being assisted will significantly reduce the attrition rate of participating families. This part should be assisted when recruiting research families, and the uneasiness and distrust of family members also need to be considered in the informed consent part. If each participating family member signs a separate research consent form and a family jointly signs a research consent form, confidentiality and trust are handled differently and must be considered in the research plan.

2. Constructing indigenous theory and localization of Western theory

Wang (2017) divided the research on indigenous counseling psychology into three goals, namely localizative indigenization by localization of foreign theories, acculturative indigenization by cultural integration, and enculturative indigenization by cultural inheritance.

A theory of indigenization needs to be constructed regarding the indigenization by cultural inheritance. To construct indigenous theory, we first need to study indigenous culture in depth, communicate with scholars who have built indigenous theories, learn theoretical construction under indigenous culture, and have dialogue with Western theories to achieve cultural exchange and understanding. Invite experts in research methods to create research methods needed for theories constructed by indigenous culture. The theory is then empirically studied to verify or modify the theory. Based on theory, the use of technology is encouraged in practice so that the theory and technology of indigenous family therapy are gradually constructed. Research can also explore the intervention of this indigenous theory and technology on a particular issue or ethnic group and its effectiveness so that indigenous theory can take root and develop.

Regarding localization by cultural integration, practitioners and researchers in the field of family therapy should temporarily put aside their past background knowledge of Western therapy theories, return to zero mentality, and reflect on and deconstruct what theories and techniques they have learned from Western cultural contexts. At the same time, through phenomenon observation, we will re-understand the characteristics of local families, reflect on the characteristics and environment of local families, understand the conflicts between the implementation of Western theories in Chinese culture, and carry out more localization of Western theories and techniques. Then, conduct practical research on family therapy, revise theories and techniques, and construct localized norms and scales to apply the results to more local families and produce more reflective research of Western family therapy theories and techniques.

3. The establishment of an indigenous family therapy training system

In addition to inter-academic courses, family therapy training in Taiwan is mainly based on training introduced by workshops or related units. Due to the characteristics of this current learning system, the author has two suggestions. One is teaching workshops and training from more different schools of family therapy, the most important of which are indigenous theories and techniques; the second is establishing a stable supervision and training system.

Looking at the courses, training, and workshops in the field of family therapy in Taiwan, compared with the proliferation of courses in individual psychotherapy fields in Taiwan, family therapy courses under the systemic concept mostly use Bowen theory, Satir model, or structural school as a few courses and training that are easier to access. The field of family therapy is diverse, so as a first step, the author believes that more diverse and different family therapy school workshops should be introduced from abroad, and experts and scholars from various schools should be invited to Taiwan for promotion and exchange, to encourage learners to start from understanding More multi-school theories. For localized Western theories, learn adapted theoretical concepts and techniques and become familiar with the limitations and advantages of applying them to local ethnic groups. Finally, theories and techniques based on local culture should be promoted and added to the essential elements of family therapy professional development training.

In the second step, the author believes that in addition to short-term workshops to introduce the knowledge of this theoretical school, a more complete and long-term supervision and training system should be established to provide comprehensive and practical learning of family therapy theories and techniques. Under supervision, we will learn the application of diverse family therapy theories and techniques, constantly remind ourselves and reflect on the factors that form the theories and techniques during the study, and reflect on and consider our local culture. In addition to the supervision of school techniques, you must also be proficient in the general basic skills of family therapy under the concept of the system, such as one-to-many interview skills and the connotation of interviews or the observation of interaction patterns of family problems, etc., all of which require the assistance of experienced supervisors. Only then can a stable foundation be laid.

The author hopes that the research and prospects of family therapy indigenizing can face the above difficulties and innovate research methods. Construct indigenous family therapy theories and reflect on the application of Western family therapy theories and techniques in Chinese culture, modify or adjust their theories and techniques to adapt to local culture, and provide more appropriate assistance. Training in family therapy can be more systematic, including supervision sensitive to local culture to train novices who are learning Western theories and techniques and apply them to local culture.

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