

「家族治療本土化的研究與展望」回應文： 從實務導向研究來建構本土化家族治療模式的可能性

孫頌賢*

摘要

本篇論文主要回應〈家族治療本土化的研究與展望〉，探討在家族治療本土化的過程中，可從「對行為問題的看法」、「對改變的看法」、以及「如何促成改變的方法」等三部分，來考量如何進行家族治療理論與實務的本土化建構。並認為，除了由上而下（**Top-down**），從理論層面來建構本土化的家族治療模式，是否可能自實務現場汲取經驗，從實務工作者的身上看見本土化家庭的樣貌？故本文試圖提出三種建構本土化家族治療乃至家族治療本土化的三種可能，包括：第一，實務導向研究的方法來建構本土化家族治療模式，強調由下而上（**bottom-up**）的研究取向；第二，探尋能促成「具系統觀的問題意識（**problem awareness**）」之本土化介入策略——對華人文化家庭來說，雖然不習慣採取「具系統觀的問題意識」來看待家庭問題，但在系統觀的知識論下，仍可協助家庭成員意識到需要改變的是彼此負向的互動循環模式；第三，尋找跨文化中的家庭共通本質——在強調本土化家庭與西方家庭的差異時，我們是否有可能更關注不同文化下，尋找與探討跨文化中的家庭共通本質，以期望建構出更務實、對全體人類更有用的家族治療理論與模式。期望可透過這些論述，對於如何透過實務導向研究來建構本土化家族治療理論與實務工作模式，能起投礫引珠之效，能換得更多人對於華人與臺灣家族治療實務工作的關注，讓臺灣的心理健康實務工作，能有更豐富、更務實的發展。

關鍵詞：本土化、家族治療、實務導向研究

孫頌賢 國立臺北教育大學心理與諮商學系 (sonhein@mail.ntue.edu.tw)

家族治療與個別諮商各有其功效與用途，家族治療強調以系統、關係為改變的單元，而個別諮商則強調協助個體對內在、外在環境的努力。家族治療以系統觀點為核心，其採取更寬廣的角度來看待個案心理健康的議題，包括從個體生物系統與心理層次的內在運作模式、所處的家庭系統、社區系統、社會與文化系統等來重新定義個案主述，個案的症狀或困擾只是突顯出個體是一個「被指認的個案 (identified patients, 簡稱 IP)」，該改變的其實是系統運作的方式，促發系統運作的改變之後，個案的困擾隨即消失或重新被定義 (Pinsof, 1992)。家族治療在助人實務工作現場所產生的效果，有時是個別諮商所不及的。不管是哪一種家族治療學派，所有的家族治療理論與實務，不外乎都包含三大觀點：第一，對行為問題的看法；第二，對改變的看法；第三，如何促成改變的方法等。

在家族治療理論與實務的第一部分，對「行為問題的看法」方面，所有家族治療學派，幾乎都認同 Pinsof 與 Lebow 在 (2005) 家庭心理學 (family psychology) 典範中所提出的「生物心理社會－系統理論 (biopsychosocial approach)」作為知識論的視框，看待家庭中所有的心理或行為問題，都必須從「系統性」、「歷程性」、「整合性」等三個視框來看待個體的行為問題，系統性強調在看待個人行為或心理議題時，要從隱藏的家庭系統模式來檢視之，歷程性則強調要從變動的互動時間序來理解個人與家庭議題，而整合性則強調要從不同科學領域來理解個人行為與家庭議題。但系統觀只是一個知識論的視框，只是如何看待家庭議題的方式，而無法回答到底什麼是「常態家庭 (normal family)」的樣貌，常態家庭則受到文化與社會情境的不同，而會有不同的展現 (Walsh, 2012)。如同李岳庭教授在該文〈家族治療本土化的研究與展望〉綜觀臺灣家族治療的研究成果，臺灣的家族治療實務缺乏對本土化家庭內涵的理解，李岳庭教授提出了深切且重要的提醒。更精確地來說，臺灣的家族治療的實務應用，的確在「對行為問題的看法」上，大多沿用了西方對「常態家庭」的理解，不一定適合臺灣甚至更大的華人文化家庭的內涵。如同黃宗堅 (2010) 的研究發現，部分女大學生在親子三角關係上發生自我分化不甚良好的現象，但其與分化較佳的男大學生成為伴侶後，仍可預測其有較高的親密關係滿意度。又如同黃明慧、黃宗堅 (2004) 針對婚姻暴力受虐婦女療癒歷程之個案分析可知，若使用 Bowen 強調自我分化對身心健康的重要影響，可能不完全適用於受虐婦女的創傷修復歷程，強調自主性的自我分化可作為具象化的行為指引，但是受虐婦女在創傷修復的歷程中，如何重建與他人的依附關係，則是自我分化理論所缺乏的。對本土化的家庭心理學來說，什麼是健康的家庭互動與家庭關係？的確需要更廣大、更整合性的研究來進行探討。

而家族治療理論與實務的第二部分，則以論述「對改變的看法」為主，也通常包括論述治療師如何與家庭維持「治療關係」的方法。林耀盛 (2011) 則整理出四種心理治療的存有論隱喻法則，來形容對改變的看法，包括：形式論 (formism)，重視分類邏輯

與心理診斷學，改變的目標以強調症狀消除或減緩為主；機械論（mechanism），強調在治療中尋找因果關係，探討可能影響心理或行為適應結果的中介或調節變項，並以改變中介與調節變項為主；有機論（organism），認為個體成熟的發展，具有朝向某種神性或本體的通性，治療目標就是能促成個體朝向人類成長的自然通性為主；脈絡論（contextualism），強調個體所處的情境脈絡以及歷史本性，認為所有的行為問題都是個體所處情境脈絡的變動狀態，對改變的看法，則是強調以理解個體所處的脈絡為主。而家族治療所強調的系統觀，則不再採取形式論語機械論的觀點，後現代取向的家族治療則強調脈絡論，部分家族治療，則是綜合了有機論與脈絡論，作為「對改變的看法」之知識論，例如情緒取向治療伴侶與家族治療（emotionally focused couple and family therapy, EFT）以依戀理論為基礎（Johnson, 2004, 2007），強調在系統互動中（脈絡論），協助伴侶與家庭朝向重現健康的依戀連結（attachment bonding）（有機論）；結構學派提出界限（boundary）觀點（Minuchin, 1974），強調看見家庭系統中隱藏的互動模式（脈絡論），並協助家庭關係朝向健康的界限關係為目標（有機論）。而李岳庭教授所撰寫的〈家族治療本土化的研究與展望〉中，也明確地指出，若要建立本土化的家族治療理論與實務，在研究方法須符合系統觀點，需要有別於過去個體研究為主的研究方法，故在家族治療研究上就有許多困難與限制需要被克服。換句話說，本土化家族治療模式的建立與發展，需要透過更多研究的探索，而該研究方法是否能以有機論或脈絡論為知識論，才更能看到本土化家族治療在「對改變的看法」上的特殊之處。

而家族治療理論與實務的第三部分，則以論述「如何促成改變的方法」為主。此部分是指治療歷程或是改變階段，也包括治療策略與晤談技巧。不同的家族治療學派，會依據其各自的「對行為問題的看法」以及「對改變的看法」，而發展出不同的促成改變的方法與技巧。如同李岳庭教授在該文章所論述，西方家族治療理論放在華人文化中時，會在家族治療實務上產生衝突，若在家族治療的介入策略中，太過強調孩子的問題是跟整個家庭系統互動模式有關係，則太容易讓父母覺得被責備。亦或是華人家庭中有其穩固的權力結構，若家族治療師在介入過程中，威脅了原先站在權力位置較高的成員，家族治療有可能無法進行。

可知，若要建立本土化家族治療理論與實務，可能就需要在前述「對行為問題的看法」、「對改變的看法」、以及「如何促成改變的方法」等三大部分著手。然而要發展出適用於華人文化的家庭心理學，建構出屬於華人文化的「對行為問題的看法」，則是一件龐大的功夫，也較不符合目前實務上的需要。尤其若依據「有機論」來進行家族治療，則需要探討到底對華人文化來說，什麼是健康的「常態家庭」？則是一項巨大的工程，但也是迫切的工程。但家族治療更採取「脈絡論」與「系統觀」的知識論，仍有機會發展出跨文化適用性的「對改變的看法」以及「如何促成改變的方法」。我們若無法一下子從理論觀點的層面來建構本土化的家族治療模式，是否可能實務現場的經驗中汲取經驗，

從實務工作者的身上看見本土化家庭的樣貌？以進一步發展出適合臺灣文化的家族治療模式。這是否比先解決本土化家庭心理學的問題，可能來的更容易且直接呢？相當認同李岳庭教授的觀點，我們需要建構符合華人文化甚至臺灣文化的家族治療模式，但該怎麼建構？該怎麼發展？以下，將提出如何發展本土化家族治療理論與實務的可能三種方法與想法，在此進行拋磚引玉，一方面回應李岳庭教授這篇大作，另一方面也期望讓更多的家庭心理學家與家族治療實務工作者，更關注此方面的議題。

壹、採實務導向研究的方法來建構本土化家族治療模式

實務導向研究（*practice-based research, PBR*）典範，來探討與發展本土化家族治療模式，可能是相當適合的方式。廣義的 *PBR* 是指採取非實驗研究，而是在自然且具常規的臨床環境中，探討從實務工作者的經驗或特定治療的研究方式，最常見的研究方法，包括：個案研究法、諮商歷程研究、諮商效果研究等（Henton, 2012, 2020），是屬於從實務現場中由下而上（*bottom-up*）來累積臨床知識的研究方法（Dufour, 2020; Nielson, 2015; Rijn, & Wild, 2013）。過去常見的證據導向實務（*evidence-based practice, EBP*）是指在諮商臨床的實務工作中，在做出重要臨床判斷時，採取科學研究結果作為依據，並從中累積臨床知識（Carey & Dimmitt, 2008; Chorpita et al., 2007; Chwalisz, 2003; Cooper et al., 2008）。相較於 *EBP*，*PBR* 更重視從實務現場的視野來累積臨床知識，而 *EBP* 雖然也重視臨床實務的回饋，但基本上依然以科學研究結果做為臨床判斷依據，偏屬於由上而下（*top-down*）的實務工作取向。誠如前述，若要先建構屬於本土化的家庭心理學知識、找出本土化的對家庭與行為問題之看法，這是一個巨大且需要長期時間累積的過程，對實務現場而言是緩不濟急的。大部分的實務現場工作者採取的是 *EBP* 精神，將西方對家庭的觀點，應用於家族治療實務中，但若家族治療實務工作者，或是進行家族治療研究的研究者，能具備李岳庭教授在文章所強調的「反思」能力，則較有可能從實務經驗中，發展出本土化的家族治療模式。

故採取 *PBR* 來進行家族治療研究，更能結合反思與實際的實務經驗，來建構本土化家族治療模式。也就是說，在進行家族治療模式的建構歷程中，研究者關注的，可能不只是華人文化下的家庭與伴侶關係之樣貌，關注的不只是家庭成員本身，研究對象更可以移動到「家族治療實務工作者」身上，透過他們的實務經驗，並且透過嚴謹的學術研究方法，協助這些實務工作者進行反思，來建構本土化家族治療模式之內涵。一方面可透過實務工作者的眼光，看見本土化家庭的樣貌與內涵，另一方面，實務工作者也可以透過學術研究帶來的「反思」，再次進入家族治療實務現場中進行試驗，並且在將其反思帶來的改變帶回研究中，不僅可以報告出本土化的「對行為問題的看法」，甚至也可以報告出本土化的「對改變的看法」以及「如何促成改變的方法」等實務經驗。實務導向

研究的方式，更可能提供了建構本土化家族治療模式，也可能解決李岳庭教授強調「研究設計的困境」，以及呼應在進行家族治療研究時需要進行「研究設計的轉變」。

貳、探尋能促成「具系統觀的問題意識」之本土化介入策略

在建構本土化家族治療模式的過程中，除了需要探討適合華人文化的家庭心理學，以作為治療模式中「對行為問題的看法」之依據，然而，在知識論上，家族治療強調系統觀以及脈絡觀，似乎是在不同文化脈絡下進行家族治療實務時，皆可通用的基礎。而家族治療有異於個別諮商的心理介入方式，也因為其「系統觀點」而突顯其珍貴，系統觀似乎是家族治療實務不可或缺，也不會因文化差異而予以消除了。故在家族治療實務中，如何讓每個參與治療的家庭成員、夫妻或伴侶，能在對家庭問題的界定上，即所謂的「主述問題 (Stated Problem)」，產生具系統觀點的「問題意識 (problem awareness)」，就顯得相當重要 (孫頌賢，2022)。

此部分家族治療中的「問題意識」，是指在系統晤談中，家庭成員對主述問題的理解，例如：家庭成員如何理解我們家到底發生了什麼？究竟該改變的是什麼？諮商目標在哪裡？等議題。在家族治療理論與實務的「對改變的看法」方面，家族治療實務工作者，都需要依據系統觀或脈絡論等知識論，在系統晤談歷程中，協助家庭「重新理解」什麼才是要解決或面對的問題之「問題意識」。而「具系統觀的問題意識」，即是指在家族治療實務中，協助家庭成員意識到，某個成員的行為問題，更可能是家庭中隱藏著某個系統互動模式，而真正要改變的是這個「負向互動循環」，而非個人行為所造成。而家族治療實務工作者，能否辨識、甚至能指出這個隱藏的系統互動模式或負向互動循環，並且以降低或改變這個負向互動循環為真正的主述問題以及諮商目標，就成為實務工作者的重要任務之一。此過程，也是協助家庭成員發生「具系統觀的問題意識」的過程。

然而，如同李岳庭教授在該文章所說，對華人文化家庭來說，並不習慣採取「具系統觀的問題意識」來看待家庭問題。但是這並不代表，華人文化的家庭成員，無法產生具系統觀的問題意識，甚至無法視其為主要的諮商目標。更精確地來說，更需要依據 PBR 典範，進行本土化的部分，是如何促成「具系統觀的問題意識」之介入策略與晤談技巧。而讓家庭成員意識到需要改變的是彼此互動的方法、是關係模式，似乎並非本土化的重點，而此部分也是家族治療實務獨特之處，也因為系統觀的知識論，讓心理健康的助人工作者，多了一項方式來解決人們的苦難。

參、尋找跨文化中的家庭共通本質

非常同意李岳庭教授在文章中所建議，應「建構本土化理論及西方理論本土化」，也就是說，在目前的家族治療實務中，並非要移除西方對「常態家庭」的觀點，而是一方面積極建構本土化的家庭心理學，另一方面也採在西方研究的基礎上，將其觀點予以本土化。若依據《大乘起信論》中，提出可以「三大」來探討生命的本質，包括「體」、「相」、「用」三大（楊維中，2002），「體」是指不生不滅、不垢不淨、不增不減的真如本體，「相」是指本「體」所呈現的無量功德相，「用」則是「相」因應不同因緣、情境而產生的作用。例如，梨花木可以製成木雕佛像，也可以做成傢俱木椅，梨花木可譬喻為「體」，而可能呈現出佛像、木椅等不同的「相」，而在不同的因緣與情境中，有著不同的作「用」，但同樣是佛像，有人把佛像供在佛桌上，以作為修行的皈依，有人則是放在玄關當作擺設，而有不同的「用」。而目前本土化家庭心理學的研究，其實大多聚焦於家庭關係或家庭功能本體上，其所呈現出不同的「相」，不同文化可能有不同的常態家庭樣貌與內涵，並因為文化與社會環境的不同，所謂健康家庭與功能的樣貌，自然有不同的表現「相」，但不同文化下「常態家庭」的本質是什麼？其「體」面向是什麼？

例如 Bowlby 所提出的依戀（attachment）研究，認為依戀行為系統（attachment behavioral system）（Bowlby, 1988; Johnson, 2003; Mikulincer & Shaver, 2016）中，人與人之間原本具有維持接近性（proximity）的本質，這是一種並非滿足心理需求而自然存在的予人連結的本質，一種無私、而非利益交換的連結，這個是否就可能是不同文化下都具備的家庭與關係的共同「體」呢？在強調本土化家庭與西方家庭的差異時，我們是否有可能更關注人類在不同文化下的，家庭的功能與樣貌的共同「體」？尋找與探討跨文化中的家庭共通本質，是否更可能建構出更務實、對全體人類更有用的家族治療理論與模式？

結語

李岳庭教授這篇〈家族治療本土化的研究與展望〉文章，可謂對華人文化、臺灣建構家族治療本土化的研究與理論模式，做了一項開創性且具重要啟發性的引論。其清楚地點出目前臺灣家族治療研究上的問題，以及在未來研究、建構本土化家族治療模式、以及教育訓練上的有效建議，是值得讀的文章。而本篇回應文，期望可透過這些論述，對於如何透過實務導向研究來建構本土化家族治療理論與實務工作模式，能起投礫引珠之效，也期望此引玉之磚，能換得更多人對於華人與臺灣家族治療實務工作的關注，讓臺灣的心理健康實務工作，能有更豐富、更務實的發展。

參考文獻

- 林耀盛 (2011)。心理諮商學派的「改變」觀點：哲學與心理學的互為建構。《*哲學與文化*》，38 (1)，87-110。
- 孫頌賢 (2022)。愛在第二回合——依戀取向治療的理論與實務。載於，*風華心現：守心人創思錄* (113-133 頁)。張老師文化。
- 黃宗堅 (2010)。大學生親子三角關係配對類型及其親密關係滿意度：一個對偶資料的分析研究。《*中華心理學刊*》，52 (1)，25-46。
- 黃明慧、黃宗堅 (2004)。婚姻暴力受虐婦女療癒歷程：以 Bowen 代間系統理論之處遇為例。《*輔導季刊*》，40 (2)，42-53。
- 楊維中 (2002)。本體之性與主體之性如何可能合一——《大乘起信論》心性思想論析。《*哲學與文化*》，29 (11)，999-1008。
- Bowlby, J. (1988). *A secure base: Parent-children attachment and healthy human development*. Basic Books.
- Carey, J., & Dimmitt, C. (2008). A model for evidence-based elementary school counseling: Using school data, research, and evaluation to enhance practice. *The Elementary School Journal*, 108(5), 422-430. <https://doi.org/10.1086/589471>
- Chorpita, B. F., Becker, K. D., & Daleiden, E. L. (2007). Understanding the common elements of evidence-based practice: Misconceptions and clinical examples. *Journal of the American Academy of Child and Adolescent Psychiatry*, 46, 647-652. <https://doi.org/10.1097/chi.0b013e318033ff71>
- Chwalisz, K. (2003). Evidence-based practice: A framework for Twenty-First-Century scientist-practitioner training. *The Counseling Psychologist*, 31(5), 497-528. <https://doi.org/10.1177/0011000003256347>
- Cooper, S. E., Benton, S. A., Benton, S. L., & Phillips, J. C. (2008). Evidence-based practice in psychology among college counseling center clinicians. *Journal of College Student Psychotherapy*, 22(4), 28-50. <https://doi.org/10.1080/87568220801952214>
- Dufour, G. (2020). Current challenges in student mental health and counselling provision: How practice-based research can help demonstrate effectiveness. *Counselling & Psychotherapy Research*, 20(4), 565-570. <https://doi.org/10.1002/capr.12310>
- Henton, I. (2012). Practice-based research and counselling psychology: A critical review and proposal. *Counselling Psychology Review*, 27(3), 11-28.
- Henton, I. (2020). Introduction to a special section on practice-based research and counselling psychology. *Counselling Psychology Quarterly*, 33(1), 1-7.

<https://doi.org/10.1080/09515070.2019.1570081>

- Johnson, S. M. (2003). Attachment theory: A guide for couple therapy. In S. M. Johnson & V. E. Whiffen (Eds.), *Attachment processes in couple and family therapy* (pp. 3-17). The Guilford Press.
- Johnson, S. M. (2004). *The practice of emotionally focused couple therapy: Creating connection*. (2nd ed.). Brunner-Routledge.
- Johnson, S. M. (2007). A new era for couple therapy: Theory, research, and practice in concert. *Journal of Systemic Therapies*, 26(4), 5-16. <https://doi.org/10.1521/jsyt.2007.26.4.5>
- Mikulincer, M., & Shaver, P. R. (2016). *Attachment in adulthood: Structure, dynamics, and change* (2nd ed.). The Guilford.
- Minuchin, S. (1974). *Families & family therapy*. Harvard University Press.
- Nielson, T. (2015). Practice-based research: Meeting the demands of program evaluation through the single-case design. *Journal of Mental Health Counseling*, 37(4), 364-376. <https://doi.org/10.17744/mehc.37.4.07>
- Pinsof, W. M. (1992). Toward a scientific paradigm for family psychology: The integrative process systems perspective. *Journal of Family Psychology*, 5(3-4), 432-447. <https://doi.org/10.1037/0893-3200.5.3-4.432>
- Pinsof, W. M., & Lebow, J. L. (2005). *Family psychology: The art of the science*. Oxford University Press.
- Rijn, B. van, & Wild, C. (2013). Humanistic and integrative therapies for anxiety and depression practice-based evaluation of Transactional Analysis, Gestalt, and Integrative Psychotherapies and Person-Centered Counseling. *Transactional Analysis Journal*, 43(2), 150–163. <https://doi.org/10.11770362153713499545>
- Walsh, F. (2012). Clinical views of family normality, health, and dysfunction: From deficit to strengths perspective. In F. Walsh (Ed.), *Normal family processes: Growing diversity and complexity* (4th ed., pp. 27-54). The Guilford Press.

Response to “Research and Prospect in the Indigenization of Family Therapy”: Exploring the Feasibility of Constructing Indigenous Family Therapy Models through Practice-Based Research

Sung-Hsien Sun *

Abstract

This paper mainly responds to the paper of “Research and Prospect of Indigenization of Family Therapy“. In the process of indigenized family therapy, we can consider how to indigenize the theory and practice of family therapy from three parts: “views on behavioral problems“, “views on change“, and “how to promote change“. In addition to constructing an indigenized family therapy model from a theoretical level (top-down), is it possible to learn from the experience of the practice with the indigenous family from the practitioners? Therefore, this paper attempts to propose three possibilities for constructing indigenous family therapy and even the indigenization of family therapy. First, the method of practice-based research (PBR) to construct the indigenous family therapy model, emphasizing the research approach of bottom-up. Second, to explore localized intervention strategies that can promote “a systematic-perspective problem consciousness“. For Chinese cultural families, although they are not accustomed to use “a systematic-perspective problem consciousness“ to view family problems. However, under the paradigm of the systematic perspective, it can still help family members realize that what needs to be changed is the negative interaction cycle pattern with each other. Third, explore the common nature of families across cultures. When emphasizing the differences between indigenous families and Western families, is it possible to pay more attention, not only to find cultures different, but also to find and explore the common nature of families across cultures. Find out the common nature of families in different cultures, and hope to construct more practical and useful family therapy models for all human beings. It is hoped that through these discussions, more people will pay attention to how to construct indigenization

of family therapy through practice-based research, more people's attention to the practice of Chinese and Taiwanese family therapy. Let the mental health practice work have a richer and more pragmatic development in Taiwan.

Keywords: Family therapy, indigenization, practice-based research

Sung-Hsien Sun* Department of Psychology and Counseling, National Taipei University
of Education (sonhein@mail.ntue.edu.tw)

Family therapy and individual counseling each have their effects and uses. Family therapy emphasizes systems and relationships as units of change, while individual counseling emphasizes assisting individuals in dealing with the internal and external environment. Family therapy takes a systems perspective as its core, which takes a broader perspective to look at individual mental health issues, including the internal operating model of personal biological systems, psychological levels, the family system, the community system, and the social-cultural system in which they live, etc. Redefine the case description. The symptoms or troubles of the case only highlight that the individual is an “identified patient (IP).” What has changed is the way the system operates. After the change in system operation is triggered, the case of distress disappears or is redefined (Pinsof, 1992). The effects of family therapy in helping practice settings are sometimes beyond the reach of individual consultations. No matter which school of family therapy one belongs to, all family therapy theories and practices contain only three significant perspectives: first, the view on behavioral problems; second, the view on change; third, how to promote change—methods, etc.

In the first part of family therapy theory and practice, in terms of “perspectives on behavioral problems,” almost all family therapy schools agree with the “biopsychosocial” approach proposed by Pinsof and Lebow in their (2005) family psychology paradigm-system theory (biopsychosocial approach)” as an epistemological perspective. When looking at all psychological or behavioral problems in the family, individuals must be viewed from three perspectives: “systemic,” “processual,” and “integrated.” In behavioral problems, the systemic emphasis is that when looking at personal behavior or psychological issues, we must examine them from the hidden family system model; the processual focus is on understanding individual and family issues from the changing interaction time sequence, and the integration emphasizes Individual behavior and family issues need to be understood from different scientific fields. However, the system view is only an epistemological perspective and a way of examining family issues. It cannot answer what a “normal family” looks like. An ordinary family is affected by different cultural and social situations; there are different manifestations (Walsh, 2012). As Professor Lee reviewed the research results of family therapy in Taiwan in the article “Research and Prospects of Indigenization of Family Therapy,” Taiwan’s family therapy practice does not understand the connotation of indigenous families. Professor Lee put forward a profound and essential reminder. More precisely, the practical application of family therapy in Taiwan mostly follows the Western understanding of “normal families” regarding “views on behavioral problems,” which may not necessarily be suitable for the connotation of families in Taiwan or even the larger Chinese culture. As Huang’s (2010) research found, some female

college students have poor self-differentiation in the parent-child triangle relationship. However, after they become partners with male college students who are better differentiated, they can still be predicted to have higher intimate relationship satisfaction. As Huang and Huang (2004) conducted a case analysis on the healing process of abused women who suffered from marital violence, it can be seen that if Bowen is used to emphasize the critical impact of self-differentiation on physical and mental health, it may not be fully applicable to the trauma repair process of abused women, highlighting that Autonomous self-differentiation can be used as a concrete behavioral guide, but how battered women rebuild their attachment relationships with others in the process of trauma repair is lacking in self-differentiation theory. For indigenous family psychology, what is healthy family interaction and family relationships? Indeed, broader and more integrated research is needed to explore this issue.

The second part of family therapy theory and practice mainly discusses “perspectives on change” and usually discusses how therapists maintain a “therapeutic relationship” with families. Lin (2011) sorted out four ontological metaphor rules of psychotherapy to describe views on change, including: Formism, which emphasizes classification logic and psychological diagnosis, and the goal of change is to highlight the elimination of symptoms or Mainly slowing down; Mechanism, emphasizing the search for causal relationships in treatment, exploring mediators or moderating variables that may affect psychological or behavioral adaptation results, and focusing on changing mediators and moderating variables; Organism, it is believed that the mature development of an individual has a common tendency towards some divinity or ontology, and the treatment goal is to promote the natural common tendency of the individual to grow towards human beings; Contextualism emphasizes the contextual context and historical nature of the individual, believes that all behavioral problems are changes in the context of the individual’s situation, and his view of change emphasizes understanding the context of the individual’s situation. The systemic perspective emphasized in family therapy no longer adopts the mechanistic view of the Analects of Confucius. Postmodern-oriented family therapy emphasizes context theory. Some family therapy combines organic theory and context theory as a “response to change.” “View” theory of knowledge, such as emotionally focused couple and family therapy (EFT), is based on attachment theory (Johnson, 2004, 2007), emphasizing the interaction in the system (context theory), assisting partners and families are oriented toward reproducing healthy attachment bonding (organism theory); the structural school proposes a boundary perspective (Minuchin, 1974), emphasizing seeing the hidden interaction patterns in the family system (context theory), and assisting families Relationships aim toward healthy boundary relationships (organism). The “Research and Prospects of

Indigenization of Family Therapy” written by Professor Lee also clearly pointed out that to establish localized family therapy theory and practice, the research method must conform to the systematic perspective and be different from past individual research. Therefore, many difficulties and limitations need to be overcome in family therapy research. In other words, establishing and developing the indigenous family therapy model requires more research and exploration. Whether the research method can be based on organic theory or context theory as the theory of knowledge, we can better see the role of indigenous family therapy in “Specialities in Perspectives on Change.”

The third part of family therapy theory and practice mainly discusses “how to promote change.” This section refers to the treatment process or stages of change and includes treatment strategies and interview techniques. Different schools of family therapy will develop various methods and procedures for promoting change based on their respective “views on behavioral problems” and “views on change.” As Professor Lee discussed in this article, when Western family therapy theory is placed in Chinese culture, it will cause conflicts in family therapy practice. If the intervention strategy of family therapy puts too much emphasis on the interaction of the child’s problems with the entire family system, if the pattern is related, it is too easy for parents to feel blamed. Or the Chinese family has its stable power structure. If the family therapist threatens the members who originally stood in a higher position of power during the intervention process, family therapy may not be carried out.

It can be seen that if we want to establish indigenous family therapy theory and practice, we may need to start with the three parts above: “perspectives on behavioral problems,” “perspectives on change,” and “how to promote change.” However, it is a considerable effort to develop family psychology suitable for Chinese culture and construct “views on behavioral problems” that belong to it. It is not in line with current practical needs. Especially if family therapy is based on “organic theory,” it is necessary to explore what is a healthy “normal family” for Chinese culture. It is a massive project, but it is also an urgent one. However, family therapy adopts the knowledge theory of “context theory” and “system view,” and there is still an opportunity to develop cross-culturally applicable “views on change” and “methods on how to promote change.” Suppose we cannot simultaneously construct an indigenous family therapy model from a theoretical perspective. Can we learn from practical field experience and see what a localized family looks like from practitioners? To further develop a family therapy model suitable for Taiwanese culture. Is this easier and more direct than solving the problem of indigenous family psychology first? I entirely agree with Professor Lee’s point of view. We need to construct a family therapy model consistent with Chinese and Taiwanese cultures. But

how to make it? How to develop? The following proposes three possible methods and ideas for developing indigenous family therapy theory and practice. Here, we will provide some suggestions. On the one hand, we will respond to Professor Lee's masterpiece, and on the other hand, we hope to attract more family psychologists and families. Treatment practitioners are more concerned about this issue.

I. Adopting practice-oriented research methods to construct an indigenous family therapy model

The practice-based research (PBR) model may be suitable for exploring and developing indigenous family therapy models. In a broad sense, PBR refers to non-experimental research, but in a natural and routine clinical environment, exploring research methods based on the experience of practitioners or specific treatments. The most common research methods include case study method, consultation Process research, and consultation effect research, etc. (Henton, 2012, 2020) are research methods that accumulate clinical knowledge from the bottom-up in the actual field (Dufour, 2020; Nielson, 2015; Rijn & Wild, 2013). Evidence-based practice (EBP), which was common in the past, refers to using scientific research results as a basis when making critical clinical judgments in consultation with clinical practice and accumulating clinical knowledge from them (Carey & Dimmitt, 2008; Chorpita et al., 2007; Chwalisz, 2003; Cooper et al., 2008). Compared with EBP, PBR pays more attention to the accumulation of clinical knowledge from the perspective of the practice site. Although EBP also attaches importance to feedback from clinical practice, it still basically uses scientific research results as the basis for clinical judgment, which is a top-down practical work orientation. As mentioned above, if we first want to construct indigenous family psychology knowledge and discover indigenous views on family and behavioral problems, this is a vast and long-term accumulation process, which is ineffective in urgent practice. Most practical field workers adopt the spirit of EBP and apply Western perspectives of the family to family therapy practice. However, suppose family therapy practitioners or researchers who conduct family therapy research can have the experience of Professor Lee. In that case, the "reflection" ability emphasized in the article makes it more likely to develop an indigenous family therapy model from practical experience.

Therefore, using PBR to research family therapy can better combine reflection and practical experience to construct an indigenous family therapy model. In other words, in constructing a family therapy model, researchers may focus on the appearance of family and partner relationships in Chinese culture and the family members themselves. The research

object may also move to “family “therapeutic practitioners” through their practical experience and rigorous academic research methods, helping these practitioners to reflect and construct the connotation of an indigenous family therapy model. On the one hand, we can see the appearance and connotation of indigenous families through the eyes of practitioners. On the other hand, practitioners can also enter the family therapy practice site again to conduct experiments through the “reflection” brought by academic research, and when the changes brought about by their reflections are brought back to the research, not only can they report indigenous “views on behavioral problems,” they can even report indigenous “views on change” and “how to promote change” methods” and other practical experience. A practice-oriented research approach is more likely to provide a way to construct an indigenous family therapy model. It may also solve the “dilemma of research design” emphasized by Professor Lee, and echo the need for “changes in research design” when conducting family therapy research.

II. Explore indigenous intervention strategies that can promote “systematic problem awareness.”

In the process of constructing an indigenous family therapy model, in addition to the need to explore family psychology that is suitable for Chinese culture as the basis for “views on behavioral problems” in the treatment model, however, in terms of epistemology, family therapy emphasizes the systemic view and the context view seems to be a universal basis for family therapy practice in different cultural contexts. Family therapy is a psychological intervention method that is different from individual counseling. It also highlights its value because of its “systemic perspective.” The systemic perspective seems indispensable in family therapy practice and will not be eliminated due to cultural differences. Therefore, in family therapy, how can each family member, couple, or partner participating in the therapy formulate a systemic perspective on the definition of family problems, which is the so-called “Stated Problem”? “Problem awareness” is critical (Sun, 2022).

The “problem awareness” in this part of family therapy refers to family members’ understanding of the main problem during the systematic interview. For example: How do family members understand what happened in our family? What exactly should be changed? What is the goal of consultation? etc. issues.

Regarding “perspectives on change” in family therapy theory and practice, family therapy practitioners must rely on knowledge theories such as systems view or context theory to help families “re-understand” what needs to be solved during the system interview process. Or the

“problem awareness” of the problems faced. “Problem awareness with a systemic view” means that in family therapy practice, we help family members realize that a specific member’s behavior problem is more likely to be a systematic interaction pattern hidden in the family and what needs to be changed. It is this “negative interaction cycle,” not personal behavior. Whether family therapy practitioners can identify or point out this hidden system interaction pattern or negative interaction cycle and reduce or change this negative interaction cycle as the actual main problem and counseling goal becomes practical. One of the essential tasks of workers. This process is also a process of helping family members develop a “systematic problem awareness.”

However, as Professor Lee said in the article, Chinese cultural families are not accustomed to adopting a “systematic problem awareness” to view family problems. However, this does not mean that family members of Chinese culture cannot develop a systematic awareness of problems or even regard them as the primary goal of counseling. To be more precise, what needs to be indigenous based on the PBR paradigm is how to promote intervention strategies and interview skills that promote “systematic problem awareness.” Making family members realize that what needs to change is the way they interact with each other, and the relationship model does not seem to be the focus of indigenization. This part is also a unique feature of family therapy practice. Because of the systematic view of knowledge can help mental health workers have one more way to solve people’s suffering.

III. Searching for the common essence of family across cultures

I strongly agree with Professor Lee’s suggestion in the article that we should “construct indigenous theories and localized Western theories.” In other words, in the current family therapy practice, we do not need to remove the Western view of “normal families,” but rather, on the one hand, it actively constructs indigenous psychology. On the other hand, it also adopts indigenous perspectives based on Western research. According to “Mahayana Awakening of Faith,” it is proposed that the essence of life can be discussed with “three elements,” including “Essence,” “Appearance,” and “Function” (Yang, 2002). The “Essence” is the true essence that neither arises nor perishes, neither impure nor pure, neither increases nor decreases. The “Appearance” refers to the immeasurable merits and virtues presented by the original “Essence,” and the “Function” refers to the effect of the “Appearance” in response to different causes and situations. For example, pear blossom wood can be made into wooden Buddha statues, furniture, and wooden chairs. Pear blossom wood can be likened to the “Essence” and may show different

“Appearance” such as Buddha statues and wooden chairs. Under different causes and situations, they have different “Function,” but they are identical Buddha statues. Some people put the Buddha statues on the Buddha table as a refuge for practice, while others put them in the entrance hall as decorations, but they have different “Function.” The current research on indigenous family psychology focuses mainly on the ontology of family relationships or family functions, which present different “Appearance.” Different cultures may have different normal family appearances and connotations. Because of the differences between culture and society, depending on the environment, the appearance and function of the so-called healthy family naturally have different “Appearance,” but what is the essence of a “normal family” in different cultures? What is its “Essence” aspect?

For example, the attachment research proposed by Bowlby believes that in the attachment behavioral system (Bowlby, 1988; Johnson, 2003; Mikulincer & Shaver, 2016), people initially maintain proximity. This nature of connection exists naturally and does not satisfy psychological needs. It is a selfless connection rather than an exchange of interests. Is it possible that this is a common “Essence” of family and relationships in different cultures? “When emphasizing the differences between indigenous and Western families, is it possible for us to pay more attention to the common “Essence” of human beings in different cultures and the functions and appearance of families? Is it possible to construct family therapy theories and models that are more pragmatic and useful to all humans by searching for and exploring the common essence of families across cultures?”

Conclusion

Professor Lee’s article “Research and Prospects on the Indigenization of Family Therapy” is a groundbreaking and important instructive introduction to the research and theoretical model of the indigenization of family therapy in Chinese culture and Taiwan. It points out the current problems in family therapy research in Taiwan, practical suggestions for future research, construction of localized family therapy models, and education and training. It is an article worth reading. This response article hopes these discussions can serve as a starting point for constructing indigenous family therapy theory and practical work model through practice-oriented research. It is also expected that this brick can serve as a starting point. In exchange for more people paying attention to the practical work of Chinese and Taiwanese family therapy, Taiwan’s mental health practice can have a more prosperous and more pragmatic development.

Reference

- Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development*. Basic Books.
- Carey, J., & Dimmitt, C. (2008). A model for evidence-based elementary school counseling: Using school data, research, and evaluation to enhance practice. *The Elementary School Journal*, 108(5), 422-430. <https://doi.org/10.1086/589471>
- Chorpita, B. F., Becker, K. D., & Daleiden, E. L. (2007). Understanding the common elements of evidence-based practice: Misconceptions and clinical examples. *Journal of the American Academy of Child and Adolescent Psychiatry*, 46, 647-652. <https://doi.org/10.1097/chi.0b013e318033ff71>
- Chwalisz, K. (2003). Evidence-based practice: A framework for twenty-first-century scientist-practitioner training. *The Counseling Psychologist*, 31(5), 497-528. <https://doi.org/10.1177/0011000003256347>
- Cooper, S. E., Benton, S. A., Benton, S. L., & Phillips, J. C. (2008). Evidence-based practice in psychology among college counseling center clinicians. *Journal of College Student Psychotherapy*, 22(4), 28-50. <https://doi.org/10.1080/87568220801952214>
- Dufour, G. (2020). Current challenges in student mental health and counselling provision: How practice-based research can help demonstrate effectiveness. *Counselling & Psychotherapy Research*, 20(4), 565-570. <https://doi.org/10.1002/capr.12310>
- Henton, I. (2012). Practice-based research and counselling psychology: A critical review and proposal. *Counselling Psychology Review*, 27(3), 11-28.
- Henton, I. (2020). Introduction to a special section on practice-based research and counselling psychology. *Counselling Psychology Quarterly*, 33(1), 1-7. <https://doi.org/10.1080/09515070.2019.1570081>
- Huang, M. H., & Huang, T. C. (2004). The healing process of battered women in domestic violence: A case study using Bowen's intergenerational systems theory. *Guidance Quarterly*, 40(2), 42-53. <https://doi.org/10.29742/GQ.200406.0006> (in Chinese)
- Huang, T. C. (2010). Typology of Triangulation among college student couples and their satisfaction to intimate relationships: Dyadic analysis of matched couples. *Chinese Journal of Psychology*, 52(1), 25-46. <https://doi.org/10.6129/CJP.2010.5201.02> (in Chinese)
- Johnson, S. M. (2003). Attachment theory: A guide for couple therapy. In S. M. Johnson & V. E. Whiffen (Eds.), *Attachment processes in couple and family therapy* (pp. 3-17). The

Guilford Press.

- Johnson, S. M. (2004). *The practice of emotionally focused couple therapy: Creating connection*. (2nd ed.). Brunner-Routledge.
- Johnson, S. M. (2007). A new era for couple therapy: Theory, research, and practice in concert. *Journal of Systemic Therapies*, 26(4), 5-16. <https://doi.org/10.1521/jsyt.2007.26.4.5>
- Lin, Y. S. (2011). Views of 'change' in counseling theories: Co-construction of philosophy and psychology. *Universitas: Monthly Review of Philosophy and Culture*, 38(1), 87-110.] <https://doi.org/10.7065/MRPC.201101.0087> (in Chinese)
- Mikulincer, M., & Shaver, P. R. (2016). *Attachment in adulthood: Structure, dynamics, and change* (2nd ed.). The Guilford.
- Minuchin, S. (1974). *Families & family therapy*. Harvard University Press.
- Nielson, T. (2015). Practice-based research: Meeting the demands of program evaluation through the single-case design. *Journal of Mental Health Counseling*, 37(4), 364-376. <https://doi.org/10.17744/mehc.37.4.07>
- Pinsof, W. M. (1992). Toward a scientific paradigm for family psychology: The integrative process systems perspective. *Journal of Family Psychology*, 5(3-4), 432-447. <https://doi.org/10.1037/0893-3200.5.3-4.432>
- Pinsof, W. M., & Lebow, J. L. (2005). *Family psychology: The art of the science*. Oxford University Press.
- Rijn, B. van, & Wild, C. (2013). Humanistic and integrative therapies for anxiety and depression practice-based evaluation of transactional analysis, gestalt, and integrative psychotherapies and person-centered counseling. *Transactional Analysis Journal*, 43(2), 150-163. <https://doi.org/10.11770362153713499545>
- Sun, S. H. (2022). Love's second act: Theory and practice of attachment approach therapy. In *Elegance revealed: Keeper's creative chronicle* (pp. 113-133). Living Psychology Publishers. (in Chinese)
- Yang, W. Z. (2002). On the mind-nature thought in "On the awakening of the faith": How to unite the nature of ontology and mind of subject. *Universitas: Monthly Review of Philosophy and Culture*, 29(11), 999-1008.] <https://doi.org/10.7065/MRPC.200211.0999> (in Chinese)
- Walsh, F. (2012). Clinical views of family normality, health, and dysfunction: From deficit to strengths perspective. In F. Walsh (Ed.), *Normal family processes: Growing diversity and complexity* (4th ed., pp. 27-54). The Guilford Press.