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# CULTURAL SYSTEMIC THERAPY ON THE KIBBUTZ: COMMUNITY AND FAMILY-BASED TREATMENT OF ANOREXIA NERVOSA

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**ABSTRACT.** *A cultural approach to therapy assumes that community organization and social ideology can contribute to the genesis and maintenance of mental health problems, and also to their resolution. Cultural systemic therapy applies this insight to all relevant levels of the family-community ecosystem. This is demonstrated by focusing on the treatment of anorexia nervosa in the Israeli kibbutz. We analyze the confluence of cultural characteristics with the anorectic syndrome and then illustrate in a case study of how these characteristics can be employed in therapy. Two particular interventions are delineated to document the powerful impact that can be achieved when this approach is applied to severe and long-term disorders: the establishment and ongoing collaboration with an expanded community/family team and a home confinement program. © 1999 Elsevier Science Ltd*

AS WE APPROACH the end of the century, one of the most significant developments in the clinical *weltanschauung*, apparently cutting across different schools of psychotherapy, is an improved understanding and consideration of culture. Looking at pub-

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lished books, training programs, or actual field work, it seems that more clinicians than ever before are applying cultural concepts to the assessment of pathology and resources within context, and to the planning and implementation of treatment programs (Sue & Sue, 1990). Moreover, there is an increased awareness that employing a culturally sensitive approach is essential for making mental health care more accessible and effective among underserved populations (Rogler & Cortes, 1993). Family systems theory is readily amenable to such a development because it is fundamentally concerned with a contextualized wide-angle view of human action. Initially, it focused therapists' attention on the way that family processes shape behavior. Subsequently, the concept of the problem-defined system created a broader perspective that includes the myriad of social contexts playing a part in maintaining the problems (Anderson, Goolishian, & Winderman, 1986). This expansion has been supported by theory and research that demonstrated the effects of multilevel social processes on human development (Bronfenbrenner, 1986), and the influence of human-service-provider institutions on therapy (Elizur & Minuchin, 1989). At the same time, systems therapies have been developing ways of working with larger social organizations, thereby creating multileveled solution-defined systems (Carpenter & Treacher, 1993; Elizur, 1996b; Henggeler, Melton, & Smith, 1992).

The publication of *Ethnicity and Family Therapy* (McGoldrick, Pearce, & Giordano, 1982) was an important milestone in the development of a more integrated ecological framework that is cognizant of the role of culture in family structural patterns and belief systems. Since then, family therapists have learned to think of families as meaning-producing systems that are also parts of the wider society and involved in intersubjective meaning-shaping dialogs with their environment. But because people belong simultaneously to multiple contexts, and their world views are shaped accordingly, simple descriptions of families according to their ethnic backgrounds are insufficient to encompass the complexity of social and psychological interactions (DiNicola, 1997). Moreover, the very heterogeneity of ethnicity, especially the ethnic group as defined by Western culture, makes it difficult to attribute cultural stereotypes to specific families. This point was made following an extensive review of research on psychotherapy with culturally diverse populations (Sue, Zane, & Young, 1994). Homogeneous ethnic groups were more the exception than the rule and within-group differences were found to defy generalizations, all the more so within societies composed primarily of immigrants. Hispanics, for example, immigrate to the United States from as far away as the southern parts of Chile, yet together with those who are born in Texas, Mexico, and Brazil, are considered Latin Americans. Moreover, within-group cultural diversity has also been increasing as a result of worldwide migration. Thus, acculturated Asian Americans will describe their problems as emotional, whereas more traditional Asian Americans see them as either physical or work-related (Tracy, Leong, & Glidden, 1986). Consequently, despite the increasing interest in psychotherapy with different ethnic groups, studies with solid research outcomes are few and far between.

In this article, we take the view that when a social system has a highly cohesive cultural world view, the understanding of custom, language, community organization, and ethnic beliefs will be especially crucial for designing effective engagement and intervention practices. For example, in traditional Arab communities that have a negative attitude toward concern for self, Western psychotherapy, which has an emphasis upon self and individualism, can be counterproductive. With these clients, a form of intuitive metaphor therapy has been found to be more congruous (Dwairy, 1998; Dwairy & Sickle, 1996). It is for this reason that clinical work in Israeli kibbutzim (plu-

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