Critical Consciousness, Accountability, and Empowerment: Key Processes for Helping Families Heal

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Families are inextricably embedded within their larger sociopolitical contexts, an observation acknowledged by many theorists. The field of family therapy is working on its translation into comprehensive and effective approaches for helping families change. This article illustrates the use of the Cultural Context Model to help families change, guided by the linked foundational concepts of accountability, critical consciousness, and empowerment. The authors support their discussion of theory with examples illustrating the ways in which social patterns connected to race, gender, class, and sexual orientation shape the dilemmas that family members encounter, as well as their access to solutions.

From its inception, the family therapy movement emerged as a radically different way to address the tasks of healing in the mental health field (Ackerman, 1937; Bowen, 1978; Haley, 1963; Jackson, 1957; Satir, 1964; Selvini-Palazzoli, Boscolo, Cecchin, & Prata, 1978; Watzlawick, 1976; Whitaker & Bumberry, 1988). Emerging models from various systemic perspectives offered their unique conceptual and technical contributions to this task (Alexander & Parsons, 1982; Andersen, 1987; Anderson & Goolishian, 1988; Carter & McGoldrick, 1988; de Shazer, 1985; Madanes, 1981; Minuchin & Fishman, 1981; Napier, 1987; White & Epston, 1990). Although some of these models address the impact of social realities connected to gender, race, class, and sexual orientation, few address the systematic ways in which

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the intersectionality[1] of these factors shapes family and community (Collins, 1990; Crenshaw, 1996).

Family therapy approaches developed a more complex articulation of issues of power, history, and context in the therapeutic process. In different but not unrelated ways, both postmodern and postcolonial approaches have taken the task of studying family processes through the decentering of ethnocentric (Western, heterosexual, White) conceptions of family life. For example, the social constructionist feminist perspective that has evolved since the 1990s (Avis, 1991; Avis & Turner, 1996; Hare-Mustin, 1994; Laird, 1989; Weingarten, 1991, 1998) revolves around examining the construction of gender discourses and their implications in day-to-day social practices. This perspective involves deconstructing, reconstructing, and transforming dominant and oppressive discourses and practices.

Tamasese and Waldegrave (1993) articulated a therapeutic paradigm aligned with a vision of social justice. Waldegrave (1998) posited that people give ''preferred meanings'' (p. 405) to events occurring in the physical world, and that those meanings depend on values. Thus, ''if there is no objective meaning, but simply explanations of meaning, then we have to start assessing our values and ethics in relation to these meanings—particularly when we work with individuals or with a family'' (p. 405). Tamasese and Waldegrave (1993) and Jenkins (1990) view accountability as a critical dimension of enacting a social justice approach to clinical work.

In critical psychology and critical social work, postcolonial theory has been strongly influenced by Fanon (1963, 1964), Foucault (1977, 1979), Spivak (1991), and Martín-Baró (1982, 1990, 1994). Comas-Díaz, Lykes, & Alarcón (1998) have proposed the shared ideology of liberation psychology and feminism. Duran and Duran (1995) and Yellowbird (2001) exemplified this type of analysis in their work with First Nations peoples. For example, they offered therapeutic practices based on the belief that acknowledging the Native American genocide, its intergenerational impact, and the appropriateness of reparations will lead to liberating experiences. More specifically, they connected a client family's experience of domestic violence and substance abuse to their peoples' history of violent colonization. This history includes the community's exile onto reservations and the mass kidnapping of their children into Christian boarding homes, where a myriad of inhuman offenses were perpetrated. The ongoing court battles for the return of stolen lands is evidence of the ongoing domination of First Nations people. Highlighting this history locates the family's troubles within a collective social and political lineage and helps them recognize that their intrafamilial struggle to assert positive human interactions is part of a larger communal struggle to regain wholeness and security in the face of the centuries-old colonial holocaust. Contextualized in this manner, domestic violence and substance abuse are understood not primarily as evidence of family or individual pathology, but as the result of the longstanding institutionalized terrorism suffered by a colonized people. Healing is unlikely to come through submission to the expertise of Eurocentric practitioners, for that is the problem masquerading as the solution. Rather, healing will come through resistance to colonialism.

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[1] Intersectionality refers to an analysis of the dynamic interplay of one's gender, race, sexual orientation, age, disability status, and other diversity characteristics upon multiple aspects of one's identity; including the resources and lack of resources these differences convey upon the individual within their current societal context. This term is used by scholars of the anti-racist/colonization demography.

In this article, we offer a contribution to the field by further articulating a post-colonial analysis of healing in family therapy. The simultaneous accounting for the historical and current impact of oppressive social forces, including sexism, racism, homophobia, and classism, is what we term a *postcolonial analysis*. It is important to note that the prefix ''post'' is not meant to imply that colonialism is a thing of the past, but a ''meta'' perspective. A postcolonial analysis recommends that therapists consistently attend to their clients' diversity of backgrounds, including their communities' experiences of oppression and privilege, as a fundamental part of the healing endeavor. We present a postcolonial paradigm of family therapy in which liberation is key to healing. Liberation is a system of healing that embraces critical consciousness, empowerment, and accountability as guiding principles. In order for liberation to occur for all members of a family, accountability and empowerment must operate simultaneously. Family interactions take place within the societal context that teaches differential valuing of people according to identity characteristics such as race, gender, sexual orientation, immigrant status, and class. These variables infuse family interactions with patterns of inequality that are too often unacknowledged and un-challenged. We discuss how unpacking these patterns through developing critical consciousness is key to healing. Critical consciousness, understood as the development of critical awareness of personal dynamics in social and political situations (Freire, 1982), opens paths for liberation from oppressive societal discourses. In redefining family processes as inextricably linked to their larger social contexts, we redefine family intervention in a manner that incorporates community-based systems of accountability and empowerment within the Cultural Context Model (Almeida, 2004; Almeida & Durkin, 1999; Almeida, Woods, Messineo, & Font, 1998; Hernández, 2003).

The Cultural Context Model: a Brief Description

The Cultural Context Model (CCM) is anchored within a postcolonial perspective.[2] We use it as one way to illustrate the application of postcolonial ideas in family therapy. Because the CCM has been described and discussed extensively elsewhere (Almeida, 2003; Almeida, 2004; Almeida & Dolan-Del Vecchio, 1999; Almeida & Durkin, 1999; Almeida & Hudak, 2002; Almeida et al., 1998), we offer an overview of two main components of the model: socio-education and culture circles.

Family Therapy Services with the CCM: The Socio-Education Process

At the point of intake, each family is introduced to two therapists: one who will be behind the one-way mirror, and another other who will be in the room with the family. After a basic genogram is constructed with the entire family present, all family members join small, ongoing culture circles,[3] preferably the same day. For example, clients are informed that we use power and control wheels and genograms together

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[2] This overview illustrates the CCM as it is structured at the Institute for Family Services in New Jersey (IFS). The IFS is a private family therapy and training institute that offers to families services that reflect the spectrum of ethnic and economic backgrounds.

[3] The term *culture circle* was borrowed from Freire (1982) and expanded by Almeida and Durkin (1999). It describes a heterogeneous helping community involving families who come for treatment, a team of therapists, and sponsors from the community. The use of this term denotes a break with traditional therapeutic group work in which clients are organized around presenting problems,

with other tools to gather and organize information. Typically, the genogram is used to explore the family structure—who resides in the household, their occupations and incomes, and brief history of migration and loss. Issues pertaining to integenerational family legacies and how presenting issues and patterns of resilience are connected to all members of the family are obtained after the socio-education phase, and during a community circle meeting. This allows the entire community to witness and hold the memory of each person's social and political family story.

The families are not joined by diagnostic category or presenting problem. This type of segregation around the presenting problem, although intended to create community through shared experience, actually further compartmentalizes one's sense of identity (Haley, 1963). It reforms the identity of a family/individual around ''pathology'' and punctuates experience around ''the problem'' rather than around alternate life stories and themes of liberation. Instead, these small culture circles are same-gender groups made up of members of multiple families who come together in community every other week.

When the family members are assigned to the small culture circles, each member is assigned a same-gender sponsor. Sponsors are mentors who assist each family member to develop a critical consciousness through a process of socioeducation. Socioeducation is the presentation and discussion of didactic materials to clients in an effort to develop critical consciousness about the ways in which gender, class, ethnicity, and sexual orientation construct relationships. During the socioeducation process, the context for social inquiry is created through a combination of film clips, books, articles, and sponsor narratives. Documentaries and film vignettes such as *Killing Us Softly*, *Men's Work*, *Dialogues With Mad Women, Aladdin, Pocahontas, Girl Fight, The Joy Luck Club, Monsoon Wedding, Bowling for Columbine, Desert Heart*, and others are used to address the intersections of power, privilege, and oppression. Families remain in these small culture circles for a period of 8 weeks. Family genograms continue to be constructed within these small culture circles to explore multigenerational legacies within the families, gendered and racial norms, and immigration patterns throughout time.

This process of separating the family into larger gatherings of men and women who create a community together emphasizes the notion of a family as an open unit. This reorganization by gender creates a context for interrogating the different ways that dominant patriarchal discourses affect women and men. We find that women's and men's development of critical consciousness, empowerment, and accountability occurs at different paces and is best enhanced by a same-gender community. Further, it rapidly shifts expectations for change away from the psychology of individual autonomy to that of a collective consciousness—the collective of social origin within which all families are located (Crenshaw, 1996).

Within this model, building compassion and relatedness is essential, and sponsors play a very valuable role. Sponsors are adult community members (e.g., graduates of the program and clients who are in the later stage of therapy, graduate students who might serve as cultural consultants, and church or civic leaders) who join a 12-week training in ''critical consciousness,'' centering on issues of oppression (e.g., institutionalized racism, male dominance, homophobia, and capitalism class discrimination).

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contracts prohibit clients from social contact, and there is a focus on each individual in the group receiving equal time.

After their training, these individuals serve as sponsors for families who come for treatment. Sponsors contribute to the healing process within and outside the therapeutic encounter, model equity in relationships, break isolation, and expand conversations about family life. A thorough description of the sponsorship program (sponsors as men) is discussed elsewhere (Almeida & Bograd, 1990). The shift from the traditional paradigm that continually privileges work on oneself as a standpoint toward empowerment is challenged and replaced with listening and participating in the therapeutic work of others. Finally, the valued commodity of time is shared with a diverse circle.

Thus, the main tasks in the healing process at this stage center on assisting clients in listening to each other's views, questioning their own racism, sexism, classism and homophobia, and linking larger societal oppressive discourses with their lives and the lives of others through discussions of the didactic materials presented in the small culture circles. In this way, the empowerment dimension of liberation as a system of healing that enacts critical consciousness and accountability is put into practice.

Parallel and isomorphic conversations occur among clinicians, supervisors, and therapists in training who discuss the ways in which dominant discourses have impacted their families as well. A comparable process of learning from each other takes place among all the clinicians working at the IFS. Thus, supervisors and therapists in training join the intakes, the intake observations, and the small culture groups. Live supervision occurs throughout this phase and focuses on the development of skills to deconstruct dominant discourses impacting a family in painful ways (Hernández, 2003).

Family Services Within the CCM: Culture Circles

Following the socio-educational process, family members are invited into the larger culture circles. Most of the therapy with in the CCM occurs in the culture circles, with occasional couple or family sessions. There are two types of culture circles—same gender and mixed gender—and they occur on a rotating basis.

For example, in the women's culture circle, therapists might work simultaneously with relationship issues in lesbian couples, addictions, domestic violence, parenting issues, and depression. In the men's culture circle, therapists might be working simultaneously with domestic violence, chronic illness, addictions, depression, and sexual identity development issues. Further, in order to build support, clients are encouraged to build relationships from within the culture circle community and to contact the sponsors often. This is a powerful tool in dismantling rigid norms of masculinity, race segregation, homophobia, and classism for clients and therapists in training (Almeida, 2004; Hernández, 2003). The larger circles include one or two sponsors, a few newly entering families, and many more members who have been working within this model for a longer time. The goal of the larger culture circles is to assist families in finding solutions that liberate them through empowerment and accountability.

In the larger culture circle, the role of the therapist behind the mirror is to assist the therapist in the room in achieving a sense of balance between the processes of accountability and empowerment. This balance is achieved through the discussion of intergenerational legacies, liberation-based stories, letters of accountability and empowerment, rituals, and concrete interventions designed to assist clients in moving

beyond traditional family boundaries as the site of healing. Therapists work simultaneously with heterosexual relationships, sexual identity development issues, addictions, domestic violence, parenting, work loss, and depression. The discussion that follows illustrates how the family processes of critical consciousness, accountability, and empowerment are understood and applied in clinical practice in the CCM.

Critical Consciousness

The process whereby therapists, clients, and communities develop critical consciousness is the first and necessary step toward empowerment and accountability. In this section, we elaborate on the family process of raising critical consciousness and its relation to empowerment and accountability.

Conceptually anchored in the work of Paulo Freire (1982), *concientización* is defined as the development of a critical awareness of how personal dynamics unfold within social and political contexts.[4] Postcolonial approaches emphasize the location of families with regard to colonization, class, gender, ethnicity, and sexual orientation, and foster concientización (critical consciousness and social action) within these areas. Social action requires a critique of the institutions within which lives unfold, and joint efforts toward change within these institutions. The distinct aspects of power, privilege, and oppression are context markers. These approaches acknowledge that the causes and/or consequences of some clinical problems reflect political, economic, and psychological oppression, and that experiences of oppression require public, institutional, and internal family process solutions (Prilleltensky, 1997).

Martín-Baró (1994) further elaborated how critical consciousness develops and its possible impact on people's lives.

1. The human being is transformed through changing his or her reality.

2. Through the gradual decoding of their world, people grasp the mechanisms of oppression and dehumanization. Critical consciousness of others and of the surrounding reality brings with it the possibility of a new praxis, which at the same time makes possible new forms of consciousness.

3. People's new knowledge of their surrounding reality carries them to a new understanding of themselves and, most important, of their social identity. They begin to discover themselves in their mastery of nature, in their actions that transform things, in their active role in relation to others. (p. 40)

Martín-Baró explained that ''reality'' is too often defined by those who, because of their social locations and unexamined social beliefs, remain unable or unwilling to identify the contradictions between their personal experience and larger systems of domination. The process of raising critical consciousness presupposes that when we transform ourselves, we simultaneously transform our relationships with others and the communities that embrace us. This process entails looking at the self only in relation to others—that is, within concrete social and political locations. Thus, there is no dichotomy between the personal and the institutional, but rather an appreciation

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[4] Freire (1982) defined three levels of social consciousness: naïve, mythological, and critical. A naïve consciousness refers to a person who accepts his or her oppressed role as a given, and is fatalistic about this role. A mythological consciousness refers to a person who recognizes oppression but reacts mostly based on his or her emotions (Korin, 1994).

of the interweaving of the two. Through dialogue, connection, and social action, families remodel their lives along with their communities.

The development of critical consciousness is an example of second-order change because it alters the fundamental organization of the family system. In addition, therapists pay careful attention to both the language they use and the way that they make connections to institutional contexts. This helps frame issues and stories in ways that develop critical consciousness during the therapy process. Almeida (2004) offered several illustrations of the family process of raising critical consciousness within the CCM. For example, when dealing with the intersecting cultures of religion and gender, clients of the Islamic faith sometimes argue in favor of the spiritual necessity to veil their adolescent daughters, or ascribe the concept of female enslavement to the Koran. To address this gender oppression, we use videotapes of some of our Muslim sponsors and notable Arab feminists (Mernissi, 2001, 1992) who challenge patriarchal interpretations of the Koran that neglect the fact that Mohammed had only daughters and honored every single one of them. As members of the culture circle gain this new knowledge, they begin to have conversations—from tradition to liberation—regarding the intersection of gender and culture. We encourage participants to question each other about gendered norms within family life and to contribute to the circle's conversation by asking the following questions: In your culture, who is expected to educate children regarding the rules of relationships? How are children taught to respect elders, fathers, mothers, uncles, and aunts? Are children taught to respect all elders regardless of gender, class, and society? Who gets blamed when children do not follow these expected rules of society? Is there a difference in expectations for male and female children?

These questions yield a range of responses. Newer members of the culture circle offer responses that state unequivocally that their view holds the mother responsible for socializing children to men's ways of defining family and childrearing. Further, they assert that their position is necessary to maintain a just and civilized society. Those participants, including sponsors with a critical conscience, provide responses that begin to gently dismantle culture from tradition and from patriarchy—for example, responses such as, ''I know that you are Muslim, or I know that Mohammed is the God you observe, or I know you believe in Christ and all of his followings, but I am unclear as to how this relates to the dehumanization of others? How does this relate to the control and subjugation of women?'' There are many epitaphs launched by the newer members of the culture circle in support of their position of domination. Those with a critical conscience are able to receive these barrages respectfully. These conversations and challenges lead to evolved conversations that make apparent the fact that in most cultures, wives/mothers are expected to socialize children according to patriarchal standards that excuse abusive/misuse of power behaviors of the man in the house. In this way, the power of social class often overrides the plight of the disenfranchised. Men and women who challenge these norms of the status quo are seen as less-than-perfect fathers, sons, husbands, mothers, wives, and daughters.

The impact of the above questions on members of the culture circle can be very powerful. The following example illustrates how these sorts of conversations operate at multiple levels, promoting cultural resistance and leading to second order change (Martín-Baró, 1994; Weingarten, 1995). A middle-class Jewish man, the father of a 5-year-old girl, told a story about his experience confronting the regular harassment of his daughter by her 7-year-old male cousin. At a family gathering, when the children

went off to play, his daughter was soon brought to tears. After he attended to her, the man returned to the main room and challenged his cousin about his responsibility as a father to a son who continually harassed the younger girls in the extended family. The story that evolved in the family was one in which our client was viewed as embarrassing the father of the young boy for challenging him publicly. The members of the culture circle congratulated him on exposing this oppressive family dynamic and supported him in resisting and finding alternate ways to handle it. The interpersonal skills required for the conversation held in the culture circle involved a great deal of compassion, sensitivity, and knowledge about the politics of gender in families. Further, the father's description of how he talked to his cousin involved both taking a risk to challenge the family and extending an invitation for further conversation.

Developing critical consciousness is a social and political process that occurs within the communities with which one is in contact. The culture circles are one community in which the questioning of a ''reality'' develops in conversation with other clients and therapists, leading to the transformation of one's beliefs and experiences. Clients and therapists decode current dynamics of their world and come to understand how domination and oppression operate within.

Accountability: Dismantling Dominance

Families are open systems vulnerable to all of the dimensions of domination and subjugation that operate in the larger society. Therefore, to avoid reinforcing oppressive realities within the practice of family therapy, therapists need to recognize and challenge the ways in which societal patterns of domination are woven into the fabric of family life and the therapeutic endeavor (Hare-Mustin, 1994). This is far easier said than done because many oppressive patterns are ubiquitous and largely taken for granted by both therapists and client families alike. Having a culture circle of men and women engaged in developing a critical conscience certainly makes the task of dismantling dominance a less formidable one.

It is important that therapists seeking to dismantle patterns of domination and subjugation within family life become cognizant of the many complex, multi-systems-level manifestations of such patterns. Almeida and Dolan-Del Vecchio (1999) created the term *systemic cultural analysis* to describe the process of identifying and addressing the impact of multiple layers of domination. There are at least three levels of inquiry that can be pursued within this analysis, each addressing broader institutional levels. The first level addresses the experiences of those oppressed within family life; the second addresses institutional processes within our society around multiple intersections of power; and the third addresses global issues through an examination of various economic, immigration, and military policies around the world. Paying attention to these multiple systemic levels forces us to consider the impact of larger systems of domination and entitlement upon families, and the violation of human rights that is at the center of human pain and suffering for our communities. Considering the impact of these reciprocally intersecting systemic levels invests the family therapy field with an ethical and moral responsibility to place social justice and liberation principles at the center of the helping effort for all families. Parker's (2003) research at IFS demonstrates the importance of this and how it can be done.

This definition of accountability is broader than linking voices of diversity within the therapeutic context; it includes building and embracing families in communities

that uphold values and lifestyles for a just and civic community. Systems of accountability must address the multiple institutions that maintain and perpetuate racism, sexism, homophobia, and economic exploitation, and the ways that those forms of oppression are manifest in family life. One can find examples in families' experiences that show how the system uses White heterosexual middle-class norms as the standard for normality, rendering members of other communities vulnerable.

For example, when addressing second-shift imbalances between a middle-class couple and a working-class heterosexual couple, the difference in economic resources will create different paths toward accountability. The middle-class man might offer reparations in all of the ways in which, before, he chose to limit generosity to his wife. For example, he may now nurture her through cooking and shopping for groceries and household necessities, and offering and planning social outings with her family of origin, relationships that he had heretofore blocked. The working-class man, on the other hand, might learn to invite other men into his home to help in manual tasks that he might be unable to afford but that are essential to his family. He can too learn to nurture his wife in ways that call for expanded norms that might otherwise threaten his masculinity. He might also engage in tutoring his young children through asking and getting help from men in his culture circle.

We encourage an examination of the difference between a right and a privilege, because until that distinction is made, members of a dominant society can remove themselves from being accountable to the rest of society. The experience of dominance is the other side of the coin from the experience of oppression (Spivak, 1991). For example, the experience of a single Latina working-class mother who was unable to attend her child's back-to-school night or parent-teacher conferences was contrasted with that of a married White middle-class employed mother who could afford to leave her job early. Although both women have *a right* to participate in their child's education, the latter woman counts on greater privileges with regard to personal time, support systems, and benefits afforded to those who are married, employed, and middle class.

Activities of daily living provide a fruitful venue to notice how societal dominance operates in the personal sphere. By comparing what one can or will not do in daily family life, one finds which aspects of one's identity are privileged in society (Kivel, 1996; McIntosh, 1988; Pharr, 1996). Through such an exercise, some heterosexual men from diverse backgrounds, through naming the tasks they do as compared with their wives (performing child care and housework, doing relationship building, and sharing power around money), are able to distinguish some of their privileges from their rights. A White middle-class man compares his experience of daily living with that of a man of color: walking out the front door onto the street, he is less likely to be physically attacked, accosted with suspicion by police officers, or followed as a suspected shoplifter when inside a store; entering an unfamiliar corporate workplace for a meeting with potential new business partners, his skin color is unlikely to cause others to assume that he is a messenger or support staff instead of one of the principals at the meeting; shopping for a mortgage application, his gender and skin color are likely to predispose the loan officer to think that he has adequate financial understanding and that he is gainfully employed. Exposing these taken-for-granted privileges reveals more clearly the sharp differences between a right and a privilege.

Within the work domain, individuals do not readily see their roles in the structures of dominance—along the dimension of rights to privileges—nor do they feel morally

obligated to effect change. Therefore, it is necessary for therapists to bring these issues into their work with clients, engaging heterosexuals and GLBT (gay, lesbian, bisexual, and transgendered) clients of all colors with each other in joint conversations and social change projects. Through this kind of therapeutic work, clients and therapists alike confront their participation in systems of dominance. The clearer we are about this participation, the more actively we confront our moral obligation to interrupt its perpetuation.

From this perspective, the therapy encourages clients to be accountable for their actions, values, and the changes in institutional traditions that they endorse. This process leads to deconstructing dominance in family life. Being silent upholds the power and privilege of dominant groups, and therefore perpetuates oppression.

The following examples illustrate accountability as a central theme within the therapeutic process as it occurred in a men's culture circle.

1. David, an African American college student, was stopped by university police and his car was impounded. This harassment was part of the police's profiling endeavor. A group of Caucasian men supported him financially to obtain legal counsel. They assisted him in suing the police department and supported his settling out of court.

2. Sudip, an Indian man, believes that unless his son enters medical or business school, he will have failed as a parent. His son wants to study art and music, while his daughter is interested in pursuing a medical career. He was urged by others in his circle to consider options for each of his children and to consider that neither of these ''alternatively'' gendered options would reflect negatively on his competence as a parent. He was also assisted in thinking through the traditions that allot a certain amount of money to a daughter for her dowry, while investing in the son's education.

3. Luis, an immigrant who worked as a carpenter, suffered economically because he was not fluent in English. Others more proficient in English helped him handle his work-related problems with pay raises, overtime, and health benefits.

4. Steve, a European American Jewish man who had spent thousands of dollars on pornography and the sex industry, worked on writing a letter of accountability to his partner and family, and agreed to pay his partner a sum of money for the years he committed these acts of thoughtlessness against the family. He was also encouraged to get involved in a college program that helps young men and women learn about and stop date rape.

Empowerment: Dismantling Subjugation

The processes of raising consciousness and empowerment are closely related. Feminist and narrative approaches refer to the empowerment process as ''resulting from one person having the experience of another person accepting and collaboratively elaborating what she has to say'' (Weingarten & Cobb, 1995, p. 1). The empowering dimension of these therapeutic approaches stems from the mutual creation of meaning in which the therapist is key in stimulating the reconstruction of the clients' life stories. This mutual creation requires that therapists acknowledge their locations in the social world in terms of gender, race, class, ethnicity, sexual orientation, and the implications of these social locations. It also requires that therapists

acknowledge the contribution of the therapeutic interaction to their own lives. The postcolonial stance takes empowerment processes a step further by expanding the boundaries of nuclear family therapeutic conversations to community conversations, and linking therapeutic conversations to social action. The following example illustrates how a client's voice developed, was validated, and further expanded in community conversations.

Sylvia, a 40-year-old middle-class European American woman, and her husband Karl, 42, also of European American heritage, entered treatment for marital issues. Their daughter Suzie was 6 years old. Sylvia's main complaint was her husband's refusal to participate in the daily parenting of their daughter—that is, in the second shift (Hochschild & Machung, 2001). Karl's actions were consistent with his position that he was a good provider, did all of the seasonal work around the yard, and took care of the cars. He was unwilling to participate in what he termed ''women's work.''

During the process of couples' work, we did extensive family-of-origin work with both partners. Karl's father Nate was an extremely privileged and wealthy man who supported both his sons in not being ''sissies'' in order to have a successful marriage. His mother Janet, a homemaker, dropped out of medical school when she had her first son. Sylvia's parents were distressed over the news that Sylvia was experiencing some marital discord. Inspired by the work in the couple therapy, Sylvia and one of her two younger sisters confronted their father about his drinking and sexualizing of them during their teen years. Although he had stopped drinking, he never participated in a recovery program. This was the first time that the impact of his alcoholism on the family was discussed. Addressing his misogyny, however, was a little more complicated because he was not an ongoing member of her therapeutic circle. Moreover, her mother, veiled by the trappings of heterosexism, was in no position to challenge him.

During the course of treatment, Sylvia divorced her husband of 8 years and came out as a lesbian shortly thereafter. Although her family was initially rejecting of her, her mother and sister did eventually support her. Her father Kevin, however, remained distant and rejecting. Two years later, Sylvia continued to feel his rage toward her and his sexualizing of her daughter Suzie during family visits. As part of her treatment, Sylvia wrote him a letter of empowerment. He responded with criticism of her choices and lifestyle. He turned down her offer to attend a session with one of the therapists from her culture circle, but instead offered to meet her at a midpoint location between Minnesota and New Jersey. Aware of the pattern of ongoing domination toward Sylvia, the men in her mixed culture circle offered to support her by writing a letter to her father. She consented to their writing the letter.

In their letter, they embraced Kevin as a father, son, and partner. They wrote about the real difficulties that men face in learning to be good parents, while also consuming competing messages about men's roles. They offered to stay in touch with him as his family negotiated this new stage. Kevin responded back and forth a few times, clearly curious about this circle of men who would support his daughter in these uncommon ways and simultaneously be open about their own experiences with a ''stranger.'' He asked them many questions, including their choice of work. He was surprised to experience a collective of men who ranged from a schoolteacher, carpet layer, and university professor to physician, businessman, accountant, and insurance salesman—all embracing the same message of empowerment and accountability.

Although in the end, Sylvia's father turned down all of the men's offers, what remained compelling for Sylvia was the empowerment that she experienced both from

writing her own letter and from having a circle of men counter the traditional and rigidly masculine ways in which her father was invested. This example demonstrates a healing process that operated collectively, even in the face of one family member's choice not to meet with the culture circle. In this situation, individual, family, and community conversations were all linked with social action, producing empowerment for Sylvia, the members of her women's circle, and the men's circle. As critical consciousness develops around one's personal and societal identity, the relationships between structural injustice and personal oppression become evident. By contrast, when personal suffering is framed within dominant ideologies, it maintains the privilege of those who define normality for others.

LIBERATION PRAXIS IN FAMILY THERAPY: ACCOUNTABILITY AND EMPOWERMENT

By addressing critical consciousness, empowerment, and accountability, therapists exercise their therapeutic responsibility to bring social justice to the ways that they attend to families' suffering. From this perspective, it is equally important to expose and address the dynamics surrounding both those who suffer and those who perpetuate the suffering.

When those who are victimized develop critical consciousness, they begin to understand how the ideology of ethnocentric individualism robs them of their collective identity and community ties. Likewise, people in positions of privilege understand how they automatically take for granted rights and access to resources that are denied to others. They draw their power from an established collective. People in positions of privilege understand that they are in positions in which they define the other and use her or him for the enrichment of their own class, gender, and ethnic group (Pharr, 2002). As people acknowledge their origins, community identity, and history, and develop a critical consciousness about the ways in which their social location has afforded and constrained privileges, they become aware of the way their lives and those with whom they interact are governed by reciprocity. Therefore, helping families take responsibility for how family members use, abuse, and share power in personal and community relationships is an essential factor in effective family therapy.

The field of family therapy has done a great deal in the past several decades to expose gender-based patterns and inequities within family life. More needs to be done to help family therapists to help families effectively challenge the interwoven institutionalized patterns of dominance and oppression that are based on the entire range of human differences (McDowell & Jeris, 2004). Our experience shows us that therapeutic strategies directed toward facilitating critical consciousness, accountability, and empowerment can and do contribute to this essential enterprise.

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