

Is Balancing Family and Work a Sustainable Metaphor?

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Abstract

*Using personal, clinical, and research experiences, the author explores various challenges families and therapists face in the information society and how new dominant metaphors about personhood and family have the potential of entrapping families and individuals. The author reflects on how to frame therapeutic work with couples and families as they attempt to navigate through a new economic order and its predominant discourses in post-industrialized societies such as the United States. As a political activist in South America and, later, a clinically minded systems clinician, my awareness of social ecologies as framing our experiences and agency informs these reflections. This paper developed out of an earlier presentation at a meeting of the Council on Contemporary Families Annual Meeting in 1999<sup>1</sup> and formulated as a response to the question What Works for Families?*

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<sup>1</sup> More information can be found at the CCF website <http://www.slip.net/~ccf/>

*Forms of practice and forms of knowledge, although distinct, often converge in their consequences. Practices codify actions and prescribe how to deal with individuals, groups, families, and communities. Knowledge produces formulations of “truth.” We come to “see” things in particular ways through the concepts and theories we develop about them: how we name, characterize, explain, and predict. Understanding is imposing a view upon reality. (Chambon, 1999, p. 17)*

*We forget that we are history.... We are not used to associating our private lives with public events. Yet the histories of families cannot be separated from the history of nations (Griffin, 1992, p.4)*

Like many readers of this journal, my work as a clinician, consultant, and scholar includes consulting with individuals, couples, families, and systems to find resolution to family life and organizational problems or to navigate various life challenges.

Zimmerman and Haddock (2000) have suggested, “it is important for therapists to analyze societal messages and their own stereotypes about the dual-earner arrangement and working mothers” (p.4). Similarly, Strober (1988) concluded, “we are moving toward a world where men and women are more equal, both at home and at the workplace. Despite the wishes of some, it seems unlikely that public policy can reverse the trend. The sensible role for public policy is to facilitate the transition” (p. 185).

Studying this issue has focused on role strain and how fathers and mothers differently experience combining work and family activities. Attention has been given to these difficulties as they relate not only to the care of young children, but also of disabled relatives and elderly parents. Juggling work and family has also been addressed as it impacts and is affected by employers and workplace environments. In this paper, I

explore how the discourse<sup>2</sup> of balancing work and family affects both therapists and families. Its focus on resolutions that are solely based on individual and family interventions rather than in a larger critique of new societal trends that organize our lives is problematic.

The discourse of balancing work and family creates stressful demands in an accelerating quest for productivity in the remunerated working environments and the intimate spaces that are not income producing. From a therapeutic perspective, Fraenkel and Wilson (2000) have suggested that the myths of “spontaneity,” “infinite perfectibility,” and “total control” trap couples in the notion that it is possible to resolve privately what I call the dilemmas of parental “multitasking” in the new economy. Levner (2000) has proposed to redefine dual earners as families with “-three-career:” one partners, the other partner’s, plus their family’s career. These authors address the limits to how much couples can actually accomplish in a finite amount of time—myths that there are no limits are conveniently fed by notions of balancing work and family. Social policy and market demands do not necessarily facilitate couples’ healthy resolution of these demands, not just because we have to work more hours to sustain a certain kind of

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<sup>2</sup> Discourses are the linguistic practices which in particular historical periods allow certain kinds of social relationships to emerge, while many others are silenced or forgotten. Discourses in therapy, therefore, articulate the prevailing ideologies in therapeutic practices. Discursive structures are essentially expressions of faith and truism that reflect fundamental knowledge structures. They define the practices and conceptual formulations in a particular historical, social, and political context. A discourse provides us with "not just a way of seeing but a way of constructing seeing" (Edwards, 1991, p. 523).

life style, but also because dominant discourse assumes that it is possible to achieve such a balance.

Some people who come to therapy have “unsuccessfully negotiated” this social and political dilemma in their relationships. The dilemma is not personal, however, but rather a systemic difficulty that has more to do with available moral discourses about how work and family relate. Like many of my clinical colleagues, my own family’s struggles often seem to parallel those of the clients and professionals with whom I consult. Their stories, like ours are often part of a larger problem-saturated scenario gone berserk by institutional oppression. A brief description of my own family life, nonetheless, may suggest otherwise.

As a “successful” immigrant, I have achieved what predominant hegemonic discourses suggest is constitutive of the “American dream.” My wife and I are married, own a single detached house (and a large mortgage) in a beautiful neighborhood; we have a bright adolescent girl in a prestigious public school system and a shy but energetic toddler who attends a childcare facility close by. My employment provides a variety of opportunities as I work towards obtaining a tenured position at an urban university, consult with various public and private organizations, and have a small private practice at my home office. My wife works full-time as a director of a nonprofit community organization, is often hired to carry out program evaluations, and sometimes trains professionals about gender and development. Definitely, we represent a success story; the census statisticians are not troubled when they have to categorize our socioeconomic status. What is the problem then? How can I dare to compare our life with the lives of some of my non-wealthy clients and students, and less economically successful

clinicians? How can the life of a multi-stressed family served by a family stabilization team compare with the life of the privileged, successful professional?

Financially, however, my life is fairly unstable. Not like venture capitalists, my salary as a professor pays only about two thirds of the mortgage and our house is only a few months away from being owned by one of the largest banks in the country. The childcare bill is as expensive as the college my daughter may attend in a few years; our au-pair and/or childcare costs are so expensive that one of our salaries could be eliminated to compensate for the cost of taking care of our toddler. With no savings, with elderly parents and relatives who will soon need our financial support, and rising health costs, a small turn of events could quickly turn our upper-middle status into question. Our son has severe chronic asthma and other allergies that doctors overmedicate or are unable to treat, another source of uncertainty added to medical, psychological, and financial problems. Both cars, bought when we were graduate students, are becoming rusty and unsafe. Counter to research and clinical descriptions of Latino families, since our immigration has not been part of an extended family migration process, we have no local relatives to help us with our children or other emergencies.

Some of these dimensions and challenges are also pervasive among some of my clients, friends, and colleagues. The idea of family as the place where the private is protected from the public space, “a world of our own making” (Gillis, 1996), feeds a mythical discourse about boundaries between work and family, boundaries intended to protect us from the dynamics of the workplace. The family context is, however, a site in

which adults, today, transform themselves into multitasking<sup>3</sup> beings. We carry on an innumerable number of tasks familiar to many readers, often several at the same time. We—in alphabetical order—analyze, answer, argue, awake, bargain, bathe, buy, call, clean, contain, cook, cure, deal with, decide, discuss, drive, feed, fix, freeze, gather, give, go, handle, hold, imagine, instruct, junk, listen, lose, love, make, meet, move, negotiate, open, organize, pay, plan, praise, prepare, prioritize, receive, repair, rub, shop, reheat, ritualize, run, say, scrub, sign, stay, talk, throw away, treat, wash, watch, work, worry, write, zip, on and on. Purposely, I have not organized this list in any special order, since for the most part they are tightly and unexpectedly linked in a unrelenting pattern in which we respond to the demands of “balancing work and family”—all while we do other things.

We are immersed, without relief, in a continuous multitasking environment while we attempt to create a sense of intimacy and “spontaneous flow.” We also try to stay attuned to the needs of each other as a couple, as parents, as friends, etc. Furthermore, many of us (and not as an afterthought) attempt to do this while we claim some form of feminist sensibility. For couples that include a feminist agenda that question a patriarchal order in their relationship changes and introduces expectations of equality that are not supported by the larger system. The balancing of family and work is not only about one

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<sup>3</sup> Multitasking is synonymous in the computer world with “multi-processing,” “multiprogramming,” “concurrency,” and “process scheduling.” It refers to the ability to execute more than one task or program at the same time. It is a technique used in a computer operating system for sharing a single processor between several independent jobs. In multitasking, only one computer processor unit (CPU) is involved, but it switches from one program to another so quickly that it gives the appearance of executing all of the programs at the same time.

member taking the burden for finding this balance as the media often suggests. In parallel, caring in a multitasking context, immigrants have an additional set of demands. We have to bear, confront, critique, and deconstruct subtle forms of racism, the burden of continuous translation, and the silent task of keeping multiple identities alive (see for example Arthur & Shapiro, 1996; Thompson & Tyagi, 1996). In our own and many of my immigrant clients' experiences, for instance, calling and setting up an appointment with the pediatrician are stressful activities that are full of potential misunderstandings. The telephone operator may be confused with the foreign language accent. The day of the appointment, the receptionist may react impatiently with the immigrant's family lack of knowledge about written forms as well as the rules that govern "good patient but assertive client" behaviors. Furthermore, subtle forms of racism may foster a climate of distrust and confusion towards the medical and paramedic personnel.

While carrying on, my partner and I, both attempt to work at empowering others, often in very impoverished community, educational, and organizational contexts. Both of us are inclined to define our professional work as political endeavors: our assumptions tell us that we are agents of change. Our positions place us in contact with people who are mostly poor, of color, immigrants, survivors of psychological or social trauma and violence, or some combination of any of these dimensions. Besides reflecting upon my own experience as a clinician, educator, and researcher, some of these concerns also reflect the challenges of my students, whose juggling act may be similar but compounded by even fewer resources as they pursue graduate studies and work full-time.

The Clinical Practitioner's Challenge: What Works for Families and the  
Practitioners that Work with Them?

As Coontz has stated (2000), we must have a political sensibility in the clinical room, bringing our understanding of how the larger context impacts the family's reality and available stories about this dilemma. As a therapist working with human rights violation victims intimate violence survivors, and child sexual abuse survivors [(Bacigalupe, 1990, 2000a, 2000b, in press), I find that an explicitly political mind is not only necessary but also an ethical imperative in therapy. A family benefits from a vision rather than from expert predictions. A clinical stance that emphasizes a prognosis that is attached to psychopathology or interactional dysfunctionality overwhelms families and makes practitioners less accountable.

At the age of seven, our daughter had a traumatic accident at her after-school program. She started to have academic and behavioral problems in the classroom, although she had been a bright and avid learner. Worried about the psychological impact of the accident on her well-being and academic success, we requested help from a school counselor. The counselor's first comment was actually a very firm recommendation about my wife and me attending couples therapy. Although our daughter was presenting serious posttraumatic symptoms a few weeks after the accident, the counselor stated that we needed to deal with our marriage first to be able to help our daughter. Her plausible but inaccurate clinical diagnosis missed our deep sense of isolation and devastation during that period, in which we, recent immigrants, were both studying and working while raising our daughter in a semi-rural community in New England. Her clinical approach was informed by a specific causal theory about children's behaviors, not only a conceptual framework, which suggested that our daughter's difficulties were due to couple problems, but a theory that she applied without listening carefully to our needs in

a contextually informed stance. We discarded her “expert” assessment and sought other forms of support, including frequent communications with our family abroad and the help of a psychologist who worked with our daughter for a few months and invited us to work with her jointly in an effort to heal her psychological and physical wounds.

Striking a balancing between family and work in a stressful period is a tremendous burden. Balancing is somewhat possible when there is some level of optimum fit in various dimensions of families’ lives. Families in therapy are often going through a difficult period in their lives. Besides having to adapt to rapid changes of the new economy and resolve family stresses, they attempt to find solutions within the constraining discourse of balancing work and family. A therapist, under these circumstances, must frame the couple’s concerns within the context of family’s positioning vis-à-vis the struggle with social inequities. Choosing to individualize these experiences as solely personal and/or familial prevents one questioning a core oppressive element in the changing economy: the idea that people need to resolve their struggles via personal changes rather than through the redesign of friendlier working places, just salaries, and institutionalized forms of solidarity and justice (i.e. access and quality of child care).

To help families succeed requires acknowledging the need for others to support and accompany them; families need validation through discovery, remembering, and affirmation (financial, social, psychological, and cultural). When I ask my family therapy interns, early in their training, about how they plan to work with families to connect with resources, they start by naming what they know are available social services. Yet reimbursable services (to use an administrative perspective), are often unrelated to the

actual needs of an individual or family. Many therapists, under these conditions, do not design treatment plans based on what may work better for the people requesting help, but rather according to existing institutional resources. Beginning therapists often neglect to involve families in finding out carefully about their requests and in assessing whether these resources are available outside the formal service system. For example, solutions may exist within the clients' network, but not necessarily on the form of another professional providing services. Clinical practitioners may take for granted the idea that all families find professional resources useful or meaningful to their lives. In the case of poor and minority families who "may not see social services as central to addressing their problems" (Halpern, 1999, p.13), exploring what professionals can provide evolves into a futile and frustrating task.

Reciprocal collaboration, which includes a "not knowing" stance of respectful curiosity (Anderson, 1997), is a powerful stance since professionals are located within the system rather than being neutral observers. Locating the clients' dilemmas in the larger political and economic context (Kliman, 1994) invites conversations about our own position vis-à-vis the discourses of family and work. Reflecting upon our own struggles with the burdens of multitasking may initiate a more meaningful engagement with the difficulties that families bring forth in the clinical context. Second, in addition to acknowledging the reconstructive power of language in the therapeutic encounter, we need to reach out to families and share our expertise about concrete and symbolic resources (Boyd-Franklin & Bry, 2000; Minuchin, Colapinto, & Minuchin, 1998). And third, besides the clinical encounter, institutions and practitioners must intervene preventively and offer resources before a major crisis. For instance, we should offer

supportive and creative spaces for pre-teens and teens before we have to help them replace antisocial or destructive behaviors. Families that are served through institutionalized programs (protective services, welfare, justice system, etc.) encounter service systems that assess their situation based on bureaucratic expectations. Programmatic decisions made on the basis of an assessment of how things may change in an optimum situation construe unrealistic or vague expectations about families (and practitioners). Thus, fear of failure, emergencies, and unsuccessful engagement of families (and clinical practitioners) becomes the norm. Community mental health clinics, for example, calculate clinicians' productivity as if clinicians were disembodied robotic entities who do not get sick, need a vacation, have children, etc. In this environment, clinicians evaluate their own work based on their capacity to write treatment plans that fulfill insurance regulations, and without a strict regard for the families' welfare. From a policy perspective, the last decades redesign of the administrative apparatus—managed care—has not necessarily resolved the compounding problems families confront as they attempt to cope with health, financial, educational, and emotional stresses in the new economic order (Sluzki, 2000).

Minority and poor families, in particular, are more impacted than other families by social policies and less able to protect themselves from social policies that target them (Sugrue, 1999). Policies that target poor families and minorities have done little to integrate them “into the economic and social life of mainstream society” (Lawson & Wilson, 1999, p.472). Their familial and social networks, like those of immigrants, are more affected and thus under more stress. Lack of supportive policies destabilizes social networks by reducing affordable housing, childcare, health, job opportunities, and

welfare benefits. These families are then further strained, not just because of a lack of resources but also because that very lack forces others to help and use their own resources. These changes and related lack of support impact a whole extended network system, rather than only a few individuals. In the case of immigrants who continue to support families in their countries of origin (Hondagneu-Sotelo, 2000), savings by one family unit may be spent to aid another extended family or neighbor. For immigrant families, who rely on other families to make ends meet, changes in social policy or drastic economic changes in other countries can have a profound impact on the livelihoods of those who are thriving here but do not necessarily have accumulated resources (i.e., savings). For families to thrive under these conditions and for practitioners to be effective, the art of collaborative networking is paramount: learning about its value, the ways you carry it out, and the tools that are needed.

An extraordinary amount of persistence is needed for families to access resources. They need a listening stance sustained in a deep care rather than a pro forma application of some bureaucratic procedure (Pakman, 1999; Weingarten, 2000). Immigrant families, for instance, cannot be just asked to respond positively to an offer of help in the form of a list of phone numbers when they are overwhelmed with multiple demands that involve their family and work (Bacigalupe, 2000c). A colorful brochure does not invite these families to engage collaboratively with those who attempt to help them; nor does this approach aid them in resolving the demands of work and family. For low-income families, this balance is compounded by the intervention of protective or social services that insist on their “reformation” through parenting classes or other interventions designed as if the sole focus of parents’ attention could be on parent-child boundary

making, affective responses, or couples communication (see Dodson, 1999; Garcia Coll, Survey, & Weingarten, 1998). Practitioners and institutions should not simply make resources available for families; they should make sure mutual caring is embedded in the process, which when lacking is emotionally, socially, and financially straining for family members within networks. Families are sustained by relationships of reciprocity even in the context of evolving boundaries (as in the case of continuous immigration) (Falicov, 1998). Searching for what works can elicit partnerships and communities that can effectively overcome the tremendous social disparities that go unvoiced when professionals individualize social inequities and mythical discourses into personal and familial experiences.

Practitioners working with families need to recognize cultural difference and its challenge to power and authority, depending upon how social class, race, and gender intersect. The power of the intersection of these various markers is compounded by how the social context provides families with the possibility of partnerships, projects, sites of worship, places to construct and dream, vacations, and weekends. The unavailability of these spaces curtails families' capacity to balance work and family tasks, introducing new forms of marginalization and oppression. Trust has qualitatively diverse meanings among groups of communities; recognizing these nuances may make the difference between life and death. Minority families, for instance, are generally suspicious of non-medical professionals and thus their capacity to access resources that would strengthen their capacity to resolve the strains of managing multiple tasks are severely diminished (Bacigalupe & Gorlier, 2000). And, as we have learned well from brief therapy and

solution-focused approaches (Berg & Reuss, 1998; Turnell & Edwards, 1999), professionals need to step out appropriately and timely.

#### Deprived of a Vacation (And Much More)

María, a thirty-seven year old immigrant from Ecuador who has lived in Los Angeles for more than a decade is concerned about the behaviors of her 14 years old son.<sup>4</sup> She describes her former husband and the father of her four children, who abandoned the family two years ago, as physically abusive and a substance abuser. Like his father, Maria's older adult child is not attending the consultation; he is also described as a substance abuser and physically abusive. Various therapists have diagnosed Maria with depression and given her medications. Her family therapist requested a consultation to explore a strength-based approach with María's family after intervening unsuccessfully to try and help her cope with family and individual difficulties. I interviewed María and her three youngest children and reflected with her therapist and a reflecting team. For the purpose of this paper, I highlight how one of the most powerful turning points in the session was when the family concluded that María unrelenting pace has impacted each one of them, including the "rebellious" 14 year old. At the beginning of this segment, it is not María who is sensitive to the burden of work. Rather, it is her adolescent boy and her sister, who clearly voice how work is María's life.

The transcript that follows highlights only one important aspect from the whole consultation. Previous to this dialogue with the family, we had explored their immigration and couple history including a clear acknowledgement of how Maria's former husband violence has been traumatic to her and the children. As a consultant, I

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<sup>4</sup> Names have been changed to protect family's confidentiality

mapped their previous efforts at dealing with some of their problems and how they may be able to access other forms of support. Weaving a complex intervention that validates this family's inner pain as well as the social contexts that constrain their present and future was initiated through the help of the team watching behind the one way mirror and the reflecting team that the family listen to.

The conversation with the family gave birth to the "vacation", and idea that is instructive as a metaphoric comment of larger social issues and not necessarily as the solution to this family's ordeal.<sup>5</sup> It is not a coming back to individualistic, family therapy solutions, or simple social policies that reify a specific family structure. It is, however, a reminder for therapists that "details" like this one are a powerful metaphor that captures the complexity of this family and many other families' dilemmas.<sup>6</sup>

*G (Consultant): Noel, you are very aware of your mom's needs, you said twice "Calm down, Mom," and you are really concerned about her taking all of the time. Do you have a sense? I know this is a wild guess (laughter) and I don't want you to tell me "I don't know;" just make a wild guess. How much time do you think your mom needs to get rid of that suffering and pain that she has?*

*N: (Teenage Son): She needs a vacation.*

*G: She needs a vacation. Have you ever seen her take a vacation?*

*N: She doesn't have time.*

*G: Does it make you sad that she doesn't take a vacation?*

*N: Very sad....*

*G: She hasn't taken a vacation for a long time. What do you think needs to happen for her to take a vacation?*

*N: I don't know. Could you repeat the question?*

*G: What do you think needs to happen for her to take a vacation?*

*N: Big thing is the money.*

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<sup>5</sup> I thank the reviewers for highlighting the need to highlight this dimension.

<sup>6</sup> The transcript that follows was translated by the author

*G: Besides the money, I was saying before that we may win the lottery and things will change, but sometimes that won't happen and we'll be struggling with financial things for a while.*

*N: She is worried about us, she gets up and starts doing things, she doesn't stop, and nothing stops her*

*G: So she cannot take a nap and forget the world?*

*N: No, I don't think so.*

*G: Do you think that if you leave, then she will be able to take a rest?*

*N: Maybe. I doubt it though*

*G: So if you have the money you will pay for her to go on a cruise, right?*

*N: Yeah.*

*G: That won't happen?*

*N: You never know.*

*G: There is something else I am going to ask you. I was thinking when I was interviewing the three therapists before (reflecting team) and thinking about this idea of what it means to be a man in this house, in this family. It must be extremely hard to be the last on in the line.*

*N: Yeah, there is still my older brother (he did not attend the session) too though.*

*G: You're the last one who can buy her cruise. It will be as hard, right? Did you have a sense that at some point he might have thought what you need is a cruise?*

*M (María): Not really*

*G: Do you have a sense of what your mom needs to? Your brother thinks that she needs a vacation; I called it a cruise.*

*A: (Youngest Daughter): I think she should go on a vacation....*

*G: So you agree with your brother that she has a hard time to take a nap, to take thirty minutes off.*

*V (Older Daughter): If we tell her to take a nap, she says, "No, I have to go, I have to sell Avon things."*

*G: So you also sell Tupperware?*

*M: Yes, a little bit.*

*GB: So you say that she doesn't give herself the rest at all.*

*N: She doesn't know when to take a break.*

*V: Always doing something.*

*G: Have you thought about taking a nap when you come to therapy here?*

*M: Yes.*

All: (Laughter)

*G: When you're in the waiting room and you want a nap, well, the next therapist can tell you to come half an hour earlier and then you can take a nap in the waiting room, unless you want to sell Avon products to people in the waiting room.*

*V: She's like that, she's taking care of us in the pool and she starts talking.*

*GB: So they call you the little ant, you look like a big ant.*

*MA: Aha.... (laughter). Yes, that's what those who know me, call me....*

This consultation segment highlights how an accepted notion of what a good parent and hard worker has been left untouched in previous conversations between this woman and her family therapists. The children's assessment of their mother's overworked schedule seems like a breakthrough as it reveals not only her efforts and ways of coping but the larger problematic nature of work and parenting for those who are barely making it in this country. María's multiple roles may be a source of serious individual and familial difficulties that are compounded by a history of violence and abuse. What have been available for her and her family, however, have been mostly psychological descriptions that do not support a political and ecological understanding of these difficulties. The vacation conversations is only a step, addressing these concerns is only a first step in acknowledging the need for a larger support. For María, the burden of balancing work and family has intersected with serious difficulties in both realms. In her family, she has been abused and traumatized. At work, she may not be obtaining enough income to sustain four children and herself in a large urban city. A therapist would need to be both attentive to María's concerns (including a history of abuse and trauma) and the

trappings of coping with parenting in a social context that does not provide enough concrete social support and/or discursive resources that facilitate making meaning of the problems and potential resolutions. For Maria, the multitasking metaphor may have not been as useful as it would be for families that are more privileged.

#### Concluding Comment

We are all positively affected by more accepting and affirmative ways of defining different family forms. Normative models of family can have a pernicious effect on families undergoing drastic changes due to traumatic events and/or dislocation in new lands and may not really capture complex issues like balancing work and family. Families, practitioners, and researchers may be caught in either/or choices (the opposing choices media likes to play out) that restrain our knowledge and our capacity to change the dominant ideas shaping family policy. We are required to search for a *both/and* logic. Like María's family, all families need space and time to carry out their multiple tasks. Since interdependence is sustained on dependency, passion, and desire, multitasking exhausts families. The requirements of relationships involve "non-productive time."

At the time I write the last words of this article, our youngest child's au pair is no longer helping us take care of him. Re-imagining our family routines reminds me again of the struggle to find out how to balance the needs of each of these many routines. Besides the "real" struggle" with an enormous amount of tasks, as related earlier in this article, we have to find out how to counter mainstream messages about idealized views of balancing family and work. It demands a collective effort that includes others rather than an individual family effort. It seems that little is available "out there" about the never-ending process of not finding such a balance; it is quite an unbalancing act.

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