

Researching Ethnic Family Stereotypes

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Ethnic stereotypes in the family therapy literature make intuitive sense, but are based on surprisingly little empirical data. In a questionnaire survey of the family experiences of 220 mental health professionals representing eight American ethnic groups, most items differentiated the groups as predicted. A smaller, partial replication study comparing samples from Holland, Ireland, and North America found fewer discriminating items, but the differences that did appear were again as predicted. Implications for therapy and research with ethnic families are discussed.

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OURS is a nation of immigrants but, until recently, public discussion of differences among American ethnic groups has been virtually taboo. Ethnicity is of interest to family therapists because cultural norms and values prescribe the "rules" by which families operate, including how family members identify, define, and attempt to solve their problems, and how they seek help. Some authors believe that therapists who appreciate the cultural relativity of family life are in a position to

intervene more effectively (2, 4, 13, 20). It has also been suggested that a therapist's own ethnicity influences the helping process (11) and that our therapeutic models are themselves reflections of the cultures in which they developed (13).

For the most part, the ethnic differences described in the family therapy literature embody common cultural stereotypes. For example, Jewish families tend to value education, success, encouragement of children, democratic principles, verbal expression, shared suffering, guilt, and eating (8, 15, 22). British-Americans generally value control, personal responsibility, independence, individuality, stoicism, keeping up appearances, and moderation in everything (10). By contrast, Italian-American families (6, 18) generally value the family, not the individual; food is a major source of emotional as well as physical nourishment, traditional male/female roles are strong, and loyalty flows through personal relationships. Irish families, on the other hand, have been characterized as having strong mothers and often weak or distant fathers. Drinking rather than eating is central. Children are rarely praised and are raised to behave well and "not make a scene." There are strong prohibitions against sexual expression and against the expression of anger, except against outsiders. Religion, particularly religious rules, plays a major role in family values. Suffering is expected and is to be borne in silence or "offered up" in atonement for one's sins (11, 12).

In Black families (9, 17), ethnic differ-

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ences are compounded by our culture's institutionalized racism. The church plays a major role in black culture. Family members' ability to survive under all conditions is an important value. In order to help their children achieve, families often have to make heroic efforts. In part because racism created such an impossible situation for males, women often have become the heads of families and male/female relationships have a greater flexibility in roles.

Hispanic families make up a complex ethnic mixture of Indian, Spanish, African, and even Asian cultures, and come from different geographic, economic, and political contexts (Mexico, Puerto Rico, Cuba, and so on). The generalizations about this group include the importance of a strong family, pronounced differences in sex roles, with "machismo" being an important value for men, a pronounced emphasis on personal relationships, respect for older people, and a strong love of children (1, 3, 5).

Asian culture (19), which also represents a complex mixture of groups, including Chinese, Japanese, Korean, and others, are noted for the high value placed on the family, the importance of respect and obligation toward older family members, clear-cut sex roles, with men handling the outside world and women maintaining the family, and for the great emphasis on their children's education and success. Much attention is also paid to form—to the manner in which things are said and done, and in not "losing face."

Finally, Greek families (15, 21) are described as having strong "traditional" sex roles and strong ties to the extended family, as distrusting yet hospitable toward outsiders, and as placing a high value on children's success.

These stereotypes make intuitive sense; everyone knows ethnic families that fit them. Yet, in searching the social science literature for evidence supporting these stereotypes, we found few systematic

research studies. In other words, what "everyone knows" about ethnic-family stereotypes appears to be based on surprisingly little empirical data.

In 1982 we developed an ethnicity questionnaire as a teaching aid for workshops on Ethnicity and Family Therapy. The questionnaire was designed to sensitize workshop participants to ethnic issues in their own family experiences, while highlighting what we assumed to be important differences between ethnic groups. The items were drawn from *Ethnicity and Family Therapy* (11), an edited volume describing the family patterns and basic values of 17 different American ethnic groups. Items were revised and added from workshop to workshop, and, as questionnaires accumulated, we began entering the data into a computer for statistical analysis. This report summarizes our informal program of ethnicity research, which is still in progress. The results are by no means definitive, but they do suggest that certain ethnic-family stereotypes may have some validity, at least in the families of mental health professionals. The data also highlight some methodological issues worth considering in future research of this kind.

STUDY 1: SURVEY OF AMERICAN MENTAL HEALTH PROFESSIONALS

The first version of the Ethnicity Questionnaire was completed by over 400 mental health professionals attending family therapy workshops in the Northeastern United States during 1982 and 1983. From this pool, we selected for analysis 220 questionnaires completed by respondents who identified at least three of their four biological grandparents as belonging to a particular ethnic group. The sample (all American citizens) included 50 Jews, 50 WASPs (Americans of British ancestry), 34 Irish, 23 Blacks, 20 Italians, 11 Greeks, 9 Hispanics, and 8 Asians. There were also 14 subjects of Northern European extraction (German, Dutch, Flemish, and Scandanav-

ian), but not enough for any of these groups to be examined separately.

The mean age of the subjects was 39; 80% were women and all were helping professionals, primarily social workers. Nineteen percent had spoken a language other than English at home when growing up; 51% had either a parent or grandparent who had immigrated to the U.S., and 10% had immigrated themselves.

The main body of the questionnaire consisted of 78 statements hypothesized to differentiate at least one ethnic group from the others. The range of content was broad, including such areas as the meaning of "family"; relationships between men and women, nuclear and extended kin, and the family and community at large; child rearing and launching; family rituals; old age; beliefs about illness, suffering, and seeking help; attitudes about communication and expression; attitudes about education, work, and success; and general social values. The instructions were to rate each item on a 5-point scale according to how well it characterized the subject's family life when she or he was growing up.

A second section, added to the questionnaire after the study was underway, consisted of check lists for indicating typical male and female responses to stress and scales for rating male and female values. Additional data in this format were obtained from 90 of the 220 respondents: 23 Jews, 10 WASPs, 15 Irish, 13 Blacks, 10 Greeks, and 6 Italians.

One-way analyses of variance (ANOVAs) showed significant differences among the eight ethnic-group means on 60 of the 78 items ($p < .05$). In addition, two-tailed t -tests were computed to identify items that differentiated each ethnic group from the others combined. Table 1 summarizes the main results. Overall, there was a significant ($p < .05$) difference between the mean of at least one ethnic group and the mean of all others on 72 (92%) of the 78 items. Some groups were differentiated by

more items than others, with proportions of significant comparisons ranging from 60% for Jews to 13% for Blacks.

Before seeing the statistical results, one of us (M.M.) had written down predictions about which items would differentiate each ethnic group and in which ways. For items where predictions had been made, virtually all the significant differences observed were in the predicted direction. Moreover, all ethnic groups showed a much higher proportion of significant items when differences had been predicted than when they had not.

Some of the items that differentiated each group from the others are listed in Table 1. (Poorly worded and highly redundant items are not included.) The means for these items were either significantly higher or lower for one group than for the other groups combined. As can be seen, most of the differences in Table 1 are consistent with the cultural/family stereotypes in the literature.

Interesting group differences were also found for the subsample of 90 respondents who completed the check lists on values and male and female responses to stress. Compared to other groups, Jewish men under stress were more often described as ruminating and Jewish women as complaining. Both turned to the family more often than other groups, but less often to religion or drink. Irish respondents, in contrast, more often reported that the men in their families used denial, blamed themselves, or turned to drink, while Irish women became fatalistic or turned to religion. Greek men were more often described as complaining or becoming aggressive; Italian men as blaming others or becoming aggressive; and Black women as turning to religion or becoming fatalistic. In terms of family values, education was checked more often by Jewish respondents, religion by Irish, extended family and wisdom of the aged by Blacks, and food by Italians. WASP families reported that they placed

TABLE I
Selected Items Differentiating Each Ethnic Group from the Others

	This Group	Means Other Groups	t-value
Jewish Families (N = 50)			
<i>Higher</i>			
You were not supposed to marry outside the group.	4.32	3.06	5.76
Talking about one's problems was considered the best way to cure them.	3.38	2.33	5.49
Success was valued more highly than anything else.	3.83	2.98	4.65
Eating was a symbol of nurturing.	4.28	4.43	4.23
Suffering could be born more easily when expressed and shared.	3.44	2.70	3.65
Guilt was one of the major ways of shaping children's behavior.	4.20	3.51	3.55
You really got attention when you were sick.	4.10	3.46	3.31
Children were encouraged to discuss and give their opinions on family problems.	2.96	2.29	3.25
<i>Lower</i>			
Complaining about problems was bad form.	2.24	3.45	-6.40
Children were not to be praised or they would get a swelled head.	2.30	3.18	-4.19
Drinking was an important part of social occasions.	1.73	2.62	-3.98
Children were to be seen and not heard.	2.30	3.08	-3.70
Sex was something you shouldn't talk about.	2.94	3.69	-3.38
Bodily functions were not to be mentioned if you could help it.	2.78	3.39	-2.83
Males were always dominant.	2.62	3.18	-2.82
It was best never to work for anyone else, so you could be independent.	3.36	2.79	-2.77
You had to be careful what you said; a rash word could never be taken back.	2.89	3.43	-2.55
Conflicts were covered over, especially in public.	3.58	4.01	-2.16
Wasp Families (N = 50)			
<i>Higher</i>			
Men and women were expected to be strong and able to make it alone.	3.78	3.21	2.80
Independent exploration of the world was always encouraged.	3.54	3.00	2.67
Conflicts were covered over, especially in public.	4.30	3.80	2.65
Self control was highly valued.	4.38	3.94	2.53
Suffering was to be born in silence.	3.18	2.57	2.61
People were seen as basically responsible for what happened to them.	3.88	3.45	2.40
<i>Lower</i>			
No matter how busy you became, you were still expected to give time, money, and other assistance to any family member who needed it.	2.70	3.73	-5.33
Babies were indulged, constantly picked up, cuddled, and allowed to sleep with parents.	1.84	2.93	-5.00
Nothing was more important than the family.	2.86	3.75	-4.90
Eating was regarded as a wonderful source of enjoyment.	2.88	3.79	-4.51
Grown children were expected to live near their parents.	2.22	3.10	-4.09
Family members were expected to care for elderly parents and not put them in nursing homes.	3.22	3.95	-3.89

TABLE 1
(Continued)

	Means		t-value
	This Group	Other Groups	
You really got attention when you were sick.	3.04	3.78	-3.87
Bad behavior was seen as a reflection on the whole group.	2.74	3.57	-3.86
Talking about one's problems was considered the best way to cure them.	2.00	2.73	-3.69
We always liked to have a good time.	2.78	3.31	-3.09
Personal connections were the way to get things done.	2.58	3.15	-2.91
Older family members were respected for their wisdom.	3.18	3.69	-2.82
Irish Families (N - 34)			
<i>Higher</i>			
Church rules were considered all important.	4.44	2.60	7.31
Suffering was God's punishment for our sins.	3.49	1.85	6.99
Drinking was an important part of social occasions.	3.82	2.16	6.95
Suffering was to be done alone.	3.97	2.72	4.84
Complaining about problems was bad form.	4.03	3.01	4.50
Children weren't to be praised too much or they would get a swelled head.	3.85	2.81	4.28
Children were to be seen and not heard.	3.65	2.76	3.64
Being strong and psychologically tough was highly valued.	4.18	3.50	2.79
In the final analysis, women were expected to have to take care of things.	3.85	3.18	2.68
Self-control was highly valued.	4.44	3.96	2.35
Sex was something you should not talk about.	4.03	3.42	2.32
<i>Lower</i>			
Eating was regarded as a wonderful source of enjoyment.	2.82	3.72	-3.83
Suffering could be born more easily when expressed and shared.	2.21	2.99	-3.25
Children were encouraged to discuss and give their opinions on family problems.	1.79	2.56	-3.21
Eating was a symbol of nurturing.	3.03	3.73	-2.96
Talking about one's problems was considered the best way to cure them.	2.06	2.66	-2.51
Black Families (N - 23)			
<i>Higher</i>			
Church was seen as a place you could express your sadness.	3.26	2.27	3.45
Men and women were expected to be strong and able to make it alone.	4.09	3.26	3.01
Having the strength to survive was highly valued.	4.70	4.01	3.01
Being a religious person was highly valued.	4.14	3.27	2.76
Men and women were expected to be nurturing and supportive of each other.	3.78	3.13	2.59
Women were seen as strong.	4.09	3.05	2.49
Parents wanted nothing more than they wanted their children to succeed.	4.09	3.53	2.16
Bad behavior was seen as a reflection on the whole group.	3.95	3.33	2.10
Children were to be seen and not heard.	3.45	2.84	2.07
<i>Lower</i>			
Conflicts were covered over, especially in public.	3.38	3.97	-2.15

TABLE 1
(Continued)

	This Group	Means Other Groups	t-value
Italian Families (N = 20)			
<i>Higher</i>			
Eating was a symbol of family connectedness.	4.85	3.54	4.68
Eating was a symbol of nurturing.	4.70	3.52	4.03
Eating was regarded as a wonderful source of enjoyment.	4.65	3.47	3.99
Nothing was more important than the family.	4.30	3.47	3.03
Men and women had separate and defined roles: men to protect, women to nurture.	4.10	3.20	3.02
Personal connections were the way to get things done.	3.79	2.95	2.93
Babies were indulged, picked up, cuddled, and allowed to sleep with parents.	3.40	2.61	2.39
Men were always dominant.	3.65	2.99	2.27
We always liked to have a good time.	3.70	3.14	2.22
<i>Lower</i>			
Men and women were expected to be strong and able to make it alone.	2.35	3.44	-3.77
Conflicts were covered over, especially in public.	3.00	4.01	-3.66
Self control was highly valued.	3.25	4.11	-3.42
Suffering was to be done alone.	2.00	3.01	-2.99
Children were expected to take care of themselves at an early age.	1.65	2.50	-2.61
It was important to give to charity.	2.90	3.55	-2.41
Greek Families (N = 11)			
<i>Higher</i>			
Babies were indulged, constantly picked up, cuddled, and allowed to sleep with parents.	4.00	2.62	3.05
Grown children were expected to live near parents.	4.09	2.84	3.01
Sex was something you shouldn't talk about.	4.64	3.46	2.74
Males were always dominant.	4.00	3.00	2.62
Women were expected to stay in their place.	3.73	2.66	2.55
Parents always warned us about the dangers of the outside world.	4.18	3.12	2.46
Older family members were respected for their wisdom.	4.36	3.53	2.41
Parents wanted nothing more than they wanted their children to be successful.	4.36	3.55	2.25
<i>Lower</i>			
Independent exploration of the world was always encouraged.	2.00	3.19	-3.10
Hispanic Families (N = 9)			
<i>Higher</i>			
Babies were indulged, constantly picked up, cuddled, and allowed to sleep with parents.	4.44	2.60	3.91
Grown children were expected to live near parents.	4.33	2.84	3.28
Men and women had separate and defined roles: men to protect, women to nurture.	4.56	3.23	3.07
Boys were indulged and girls made to toe the line.	3.89	2.51	2.95
Family members should take responsibility for elderly parents and not put them in nursing homes.	4.89	3.74	2.89
No matter how busy you became, you were still expected to give time, money, and other assistance to any family member who needed it.	4.67	3.45	2.86

TABLE 1
(Continued)

	Means		
	This Group	Other Groups	t-value
Older family members were to be respected for their wisdom.	4.56	3.53	2.71
"Losing face" was probably the worst thing that could happen to you.	4.13	3.00	2.68
Parents always warned us about the dangers of the outside world.	4.33	3.13	2.55
Children were to be seen and not heard.	4.00	2.85	2.55
Women had to put up with what men did to them.	3.88	2.82	2.19
<i>Lower</i>			
Woman were seen as strong.	2.89	3.59	-1.96
Asian Families (N = 8)			
<i>Higher</i>			
Babies were indulged, constantly picked up, cuddled, and allowed to sleep with parents.	4.50	2.61	3.78
Parents had a great deal of anxiety about their children doing well in school.	4.50	3.60	2.21
No matter how busy you became you were still expected to give time, money, and other assistance to any family member who needed it.	4.75	3.45	2.89
Older family members were respected for their wisdom.	4.63	3.54	2.73
Bad behavior was seen as a reflection on the whole group.	4.63	3.34	2.70
Parents wanted nothing more than for their children to be successful.	4.63	3.55	2.56
Men and women had separate and defined roles: men to protect, women to nurture.	4.38	3.24	2.46
Men were expected to handle the outside world.	4.50	3.48	2.36
Nothing was more important than the family.	4.50	3.51	2.34
Eating was regarded as a wonderful source of enjoyment.	4.63	3.54	2.34
Losing face was probably the worst thing that could happen to you.	4.00	3.00	2.32
You should be careful what you say; a rash word can never be taken back.	4.33	3.27	2.07

less value on having a good time. Again, although sample sizes were relatively small, most of the differences on these items were consistent with ethnic-family stereotypes.

STUDY 2: PARTIAL REPLICATION

The questionnaire from Study 1 was revised for use in a second round of family therapy workshops: three in North America, one in Dublin, Ireland, and one in Holland. The revised instrument consisted of 93 items presented in a similar format. Discriminating items from the first survey were retained, redundant items were eliminated, and new items were added based on

written suggestions from the first cohort of respondents. Several of the retained statements were edited to improve clarity while preserving their meaning.

The subject sample comprised 45 Dutch (from Holland), 19 Irish (from the Republic of Ireland), and 96 North Americans (from the northeastern U.S. and Canada). The North Americans included 27 Jews, 17 WASPs, 10 Irish, 8 Germans, and 24 "others" (Italians, Hispanics, Blacks, and so on) who were not represented in sufficient numbers to be grouped separately. Again, all were mental health professionals (mostly social workers) who identified at

least three of their four grandparents as being from one ethnic group. Respondents' mean age was 38, and 67% were female.

T-tests showed that 59 (63%) of the 93 items differentiated at least one group from the others beyond the .05 level of confidence. Thus, there were fewer significant items than in Study 1, with the highest proportion being only 30% for Jewish Americans. The native Irish and Dutch differed from their comparison groups on 12% and 16% of the items respectively.

This second sample allowed us to check the consistency of group differences on 64 items that were common to the first and second surveys. Indeed, the patterns of item differences for Irish-Americans, Jewish-Americans, and British-Americans followed quite closely the patterns found in Study 1. Nineteen (45%) of the 42 significant items for Jews in the first survey were also significant in the second. The comparable figure for Irish-Americans was 30% and for WASPs 8%. In no case was an item significant for one of these groups in Study 2 but not in Study 1.

We were also able to examine similarities and differences between Irish and Irish-American respondents. The two groups had almost identical significant items, predominantly those on religion, suffering, and the importance of discipline for children. *T*-tests comparing these two groups with each other revealed that the native Irish held somewhat more to "traditional" values. The Dublin-Irish, for example, gave higher ratings to "Men and boys were waited upon," and "Men and women had separate and defined roles." They gave lower ratings than American-Irish to "Being strong and psychologically tough was highly valued," and "Our family's rules for right and wrong took precedence over society's."

The Dutch sample differed from the other groups on 15 items, many reflecting an endorsement of individuality and independence similar to stereotypic WASP val-

ues. The Dutch mental health professionals tended to deemphasize family cohesion in describing their backgrounds.

DISCUSSION

The mental health professionals' descriptions of their family experiences suggest that American ethnic groups may differ in their values, beliefs, and rules of family functioning along the lines of the traditional stereotypes. Compared to other groups, for example, Jewish respondents more often reported that their families valued education, success, encouragement of children, verbal expression, shared suffering, guilt, and eating. WASP families emphasized personal control, stoicism, individuality, moderation, and keeping up appearances. The Irish reported more self-control, suffering, drinking, strength in women, and respect for Church rules; Italians more expressiveness, traditional sex roles, relatedness through eating, getting things done through personal connections. With few exceptions, the differences were consistent with cultural stereotypes and with characterizations of ethnic American families in the family therapy literature (13).

But, of course, these are only preliminary data and they have many limitations. One is that all the respondents were mental health professionals and, hence, were probably not representative of American ethnic groups in the population at large in terms of socioeconomic status and in personal values. Second, the data are self-reported recollections of earlier family experiences, which could easily be distorted. Third, because the subjects knew that we were studying ethnic differences, they could have responded on the basis of stereotypes (theirs or ours) about how ethnic families *should* behave, rather than on the basis of what actually happened in their families. Finally, little is known about the psychometric properties of the Ethnicity Questionnaire itself. For example, there is no

evidence that subjects would give similar responses on a second administration (test-retest reliability), and no evidence of discriminative validity other than the group differences reported. We did factor analyze the 78 items from Study 1, but the sample size was limited and many of the item factors that emerged were hard to interpret. Clearly, much more needs to be done in terms of scale development.

Although similar items differentiated specific ethnic groups in the two surveys, we were surprised to find fewer significant differences in Study 2 than in Study 1. At first we attributed this to the elimination of redundant items in Study 2 and the addition of new items, but on closer examination the mixed comparison groups in Study 2 consistently appeared to show more response variability than those in Study 1, even on common items. In this design, the likelihood of a particular ethnic group being "different" depends to a large extent on the context of comparison. One factor may be that Study 2 also included Canadians of various ethnic backgrounds. In addition, the high variability within the Dutch sample seemed especially important in reducing significant between-group differences. Also, the Dutch respondents were tested at a conference on Ethnicity. To some extent, the diversity of their responses may be analogous to what would show up if all Americans were considered to have the same ethnic background.

Future research in this area should consider several variables that we did not examine. One is the number of generations since immigration. Obviously, a first generation Greek immigrant who grew up in Athens and came to the United States at age 23 is likely to have different attitudes and report different family experiences than a third-generation Greek-American from a midwestern community in which his was the only Greek family. Geographic, regional, and urban-rural differences should also be considered. For example,

ethnic values are more likely to be retained by families living in an ethnic neighborhood or enclave with limited exposure to other groups. Socioeconomic status is also important; that is, as families move up in education and economic status, their values often move more toward the life style of the dominant culture. Several studies, in fact, suggest that racial/cultural differences in family functioning are greatly reduced when SES is carefully controlled (7, 16). On the other hand, if ethnic differences are more pronounced when families are recent immigrants, culturally insulated, and low in SES, the differences found in the present study are all the more impressive; if anything, these factors should have reduced differences in our sample of mental health professionals, most of whom were not recent immigrants and were relatively high in SES.

An important therapeutic implication of the data is that therapists and clients of different ethnic backgrounds can easily misunderstand each other. For example, Jewish and Irish respondents differed sharply on the item, "Children were encouraged to discuss and give their opinions on family problems." Jewish subjects rated this item higher than the other groups, and the Irish rated it lower. On this basis, one could imagine a Jewish therapist encouraging children to give their opinions of family problems, and finding it problematic that the Irish were reluctant to respond. On the other hand, an Irish therapist might consider children in a Jewish family presumptuous or ill-mannered because of their outspoken opinions on family problems. Another item, "You really got attention when you were sick," received a positive Jewish response, but a relatively negative WASP response. Imagine a WASP therapist's reaction to a Jewish patient complaining about feeling sick, and that patient's reaction to the "withholding" therapist.

Regarding future research, it is noteworthy

thy that some of the strongest group differences appeared on items concerned with expressing feelings, either directly or through complaining and suffering (allowed by Italians and Jews but not by WASPs, Asians, or Irish). Ethnic variations in how, when, and to whom feelings can be expressed would seem an important focus of further investigation. We should also examine the fit (or lack thereof) between the values of different ethnic groups and the values implicit in different therapy approaches. For example, are approaches that rely on talking about problems and improving communion better suited for some groups than others? Does it make a difference if therapy focuses narrowly on the nuclear family household or addresses the extended family? Is an active, dramatic therapeutic stance more adaptive with some groups and a low-key, casual style with others?

It is striking how little systematic research has been done on ethnic differences, despite what we think we know about the subject. The study presented here suggests the need for further exploration of these important differences in how family members orient themselves to each other and to the outside world.

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