

The growing pains of family therapy in Singapore

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Abstract

Family therapy in Singapore is both short on history and overdue for development. Through in-depth interviews with six experienced local family therapists and trainers, this article explores the challenges of family therapy development in Singapore, giving particular attention to practice, supervision, training, and research. Over time, family therapy practitioners in Singapore have gained insights in applying systemic ideas in this pluralistic society where there is a rich mix of race and ethnicity. This paper highlights the contribution Singapore's experience of family therapy can make to a more global picture, in view of its rich multicultural context despite significant challenges.

Key words

Singapore, family therapy, culture

Singapore is a small island nation that enjoys one of the world's highest standards of living. The country was referred to, rather unkindly, by William Gibson (1993) as "Disneyland with the death penalty". The well behaving 4.8 million population lives on a mere 707 square kilometers, comprises a pluralistic society with approximately 75% Chinese, 14% Malays, and 9% Indians. All three major ethnic groups generally give serious credence to the family, and are usually somberly circumscribed by familial values and rules. For example, in a survey on social attitudes of Singaporeans, 89% respondents regarded that "it is better to get married than to remain single" and 84% respondents thought that "married couples should have children" (Chan, 2002). Blake (1991) listed its rich migrant background, rapid economic development, changing demands on the families, as well as its educated population as factors that created a favourable context for family therapy to develop. In a more recent study, Lee and Bishop (2001) indicated that psychological treatments were preferred over indigenous modalities for one group of clients, non-clients and local therapists. Given its colorful ethnic mix, Sternberg (2002) firmly believed that if any successful multicultural application of psychology were to be discovered, Singapore would be a likely source. Sternberg further noted that Singapore's small geographic size belies the huge influence the country has in the region and around the world on economic, socio-political, and educational issues. Given its unique contexts, the family therapy field in Singapore has the potential to make a significant contribution to global family therapy even though its origins primarily lie in its importation by therapists who were initially trained overseas.

The Emergence of Family Therapy in Singapore

It is probably not controversial to associate the emergence of family therapy in Singapore with the Counselling and Care Centre (CCC, <http://www.counsel.org.sg/>) (Tan, A., 2003), particularly two key members of staff: the late Mr. Anthony YEO and Mrs. Juliana TOH, who received their family therapy training in the United States of America (USA) and United Kingdom (UK), respectively in the mid-1980s. They were responsible in initiating “live” supervision, the use of the one-way mirror, and the first family therapy related publication in Singapore “Family Oriented Practice”. Most importantly, they were instrumental in setting up the first introductory course in family therapy in 1989. Subsequently, the two pioneers were responsible for collaborating with the Institute of Family Therapy in the UK to develop the first ever formal family therapy training in Singapore in 1991. This was a postgraduate diploma in family therapy, which has now evolved into the only family therapy postgraduate degree in Singapore, which is jointly conferred by Middlesex University, United Kingdom. The Association of Family and Marital Therapy (Singapore) (AMFT[S]) was founded in November 1995, with the late Mr. Anthony Yeo as its president since its inauguration until his recent death. The Association currently has about 60 members.

The emergence of family therapy in Singapore is heavily influenced by family therapy overseas. A child psychiatrist, the late Dr. Goh Choo Woon of the Child Psychiatric Clinic at the Ministry of Health received a one-year training in Tavistock Institute in the early 1980s (Tan, A., 2003). Many

early family therapists in Singapore received training overseas, particularly in the UK, USA, and Australia. Many of them who returned from overseas training have remained in the sector, which indicates that they continue to contribute their skills back to the community.

Many overseas expert therapists have also been invited to conduct family therapy training in Singapore at the Counselling and Care Centre since the early 1990s. They include Alan Cooklin, Gill Gorell Barnes, David Campbell, Elsa Jones, Hugh Jenkins, Barry Mason, and many others from the United Kingdom.

John Banmen from the Satir Institute of the Pacific, British Columbia, Canada, has been actively promoting the Satir brief therapy in Singapore since mid-1990s. His close associate, Mr. Warren Tan made conscious efforts to introduce and train professionals and lay counsellors and social workers in the Satir Model in Singapore and Malaysia since 1997. In the same year, they inaugurated an 18-month post-graduate diploma in Satir systemic brief therapy in Singapore.

At the turn of the Millennium, the Academy of Human Development offered a one-year training in solution-focused brief therapy, in conjunction with the Brief Family Therapy Centre in Milwaukee, Wisconsin. Insoo Kim Berg, had also travelled to Singapore to conduct training. Other overseas trainers, such as Michael White, Wai-yung Lee, have also travelled to Singapore. However, there is little documentation of attempts to integrate or

contextualize family therapy in the Singaporean multi-cultural context so far (Lee, 2004). Considering the importation of family therapy concepts and methods, Blake (1991) has poignantly pointed out:

... “the question is to ask in what ways Western approaches need to be adapted to fit different cultural and socio-economic contexts. This question relates to the fact that most practitioners of family in Asia have been trained in Western countries or in programmes influenced by Western training” (1991: 32).

With its well endowed heritage, available resources, and a conducive environment for the development of family therapy, what are the challenges of developing family therapy in Singapore in recent decades? What are the possible contributions Singapore may make in illuminating cultural issues in therapy? The author interviewed six experienced family therapy trainers and practitioners in Singapore with the aim of exploring the above questions

Method

This study is part of a larger, and the first, research project of the Association of Family and Marital Therapy (Singapore) (AMFT[S]), to understand the development of family therapy in Singapore. The method included adapting the American Association of Marital and Family Association (Northey, 2005) survey. The author and the late president of the AMFT[S] conducted in-depth interviews first. We selected experienced family therapy practitioners and trainers whom we considered to have contributed actively and

significantly to the development of family therapy in Singapore. Seven experienced therapists and trainers were selected to represent a range of backgrounds, as reflected in Table 1. Unfortunately, one of the participants, a psychiatrist, was unable to manage a suitable time for the interview due to work commitments and frequent travels.

Table 1 about here.

As I was familiar with all of the participants, having known and worked with each of them in a different capacity in the past decade, it was relatively easy for me to conduct the individual in-depth interview, and relatively relaxing for me to probe using an interview guide. The guide included 5 main research questions: (a) the historical development of family therapy in Singapore; (b) the application of family therapy in Singapore [e.g., What are the theoretical models commonly used by Singaporean family therapy practitioners?]; (c) the unique strengths, weaknesses, opportunities and threats of family therapy practice, supervision, training and research in Singapore; (d) a profile of family therapists in Singapore [e.g., Who are the clients of family therapy practitioners in Singapore?]; (e) family therapy training [e.g., What are the family therapy training and courses available in Singapore?]; (f) family therapy research in Singapore [e.g., What family therapy research has been conducted in Singapore?]. Each individual interview lasted for about 120 minutes on the average. With consent, all interviews were recorded and carefully transcribed. The transcription was then sent to individual participants to review and checked for accuracy.

Content analysis was conducted with the aid of the computer assisted analysis package, NVivo, to facilitate analysis procedures with the aim of enhancing accuracy and the trustworthiness of the analysis. The analysis was then presented to the interview participants for review and verification. Permission has been obtained from each interview participant to quote their words.

Challenges of family therapy practice in Singapore

There are two notable characteristics of family therapy practice in Singapore. First, a sense of professional inadequacy seems to be an important reason for many professionals pursuing training in family therapy:

Before I got into family therapy, I found that I was handicapped in helping the patients and the family. So I needed more tools to work with.

Participant B

But the idea of seeing family members is not something that most practitioners would contemplate without hesitation at the beginning:

I think the hesitation on the part of social workers was, “I already have difficulties working with one individual. If I bring the whole family in, how do I manage the family dynamics?”

Participant C

Even after having undergone systemic training, such as a postgraduate diploma or a master's degree in family therapy, few considered themselves competent practitioners of family therapy:

Except for the more mature therapists who know quite a bit of different models and actually attempt to learn family therapy, there are the majority who basically don't call themselves family therapists.

Participant F

Whether this is the characteristic modesty of an Asian society or a true reflection on professional training, this may be related to the second characteristic of family therapy practice in Singapore, which is that family therapy is mostly practiced by social workers.

I think many of them (family therapists) are social workers... easily 70%.

Participant E

The other professionals who practice family therapy in Singapore include some counsellors, psychologists, and a few psychiatrists. Counselling and Care Centre (CCC) also developed counselling training programmes for church pastors and workers using the systemic framework. However, it is no longer provided currently. Some of the church pastors and workers are eligible to enrol in CCC's current training programmes nevertheless. It is hard to provide the estimated number of trained family therapists who are not associated with the AMFT[S], but the figure is unlikely to be more than a

handful. Apart from these professionals, there are a few who do not have a baccalaureate degree but have many years of working experience in the social services sector.

Since social workers are the key people applying family therapy, the most prominent setting where family therapy concepts and methods are generally applied in Singapore would be family service centres (FSCs). FSCs are neighbourhood-based voluntary welfare organisations supported by the Ministry of Community Development, Youth and Sports (MCYS) and the National Council of Social Service (NCSS). Any Singaporean, regardless of age, race, language or religion, can benefit from FSC services. FSCs provide programmes and services such as family life education, talks on marriage preparation, parenting, caring for the elderly, stress management and so on. They also provide support services such as student care centres, drop-in centres for the elderly, and toy & book libraries (http://app.mcys.gov.sg/web/faml_supfaml_familyservicesctr.asp#1). In recent years, a few FSCs have been able to develop a special focus on working with clientele with special needs, such as spousal violence, anti-social behaviour in young people, and addictive behaviour such as gambling. The Centre for Promoting Alternatives to Violence (PAvE) (<http://www.pavecentre.org.sg/researching.html>) is one excellent example, which was developed out of The Ang Mo Kio Service Centres, one of the pioneering FSCs in Singapore (<http://www.amkfsc.org.sg/>).

In recent years, medical social workers have been actively promoting family therapy. For instance, Singapore General Hospital has started running a family therapy unit within the medical social work department in 2002. There is also a medical social worker who has set up an eating disorder clinic with a psychiatrist in Singapore General Hospital, employing family based approaches to help patients who have eating disorders. However, there are no known psychiatric nurses who are practicing family therapy in Singapore.

The Singapore Armed Forces Counselling Centre, Singapore Prison Service, Probation Service, primary and secondary school counselling units, are beginning to be staffed by social workers and counsellors who have received family therapy training locally or overseas. In recent years, there are also a handful of family therapists in private practice.

In sum, social workers are key players in family therapy in Singapore. This presents some challenges. The first relates to the issue of diffusion:

Even counseling centers run a lot of programs, so again it becomes diffused somewhat you see... .. We have tried to at least inject systemic thinking into their counseling practice or their social work practice. And since family therapy is also evolving anyway, it's not strictly family therapy anymore. I think Singapore will probably simply go a long way because we have been like that anyway, the generic practice. The difference between overseas is that they have gone one round, but we have not.

In general, social workers and counsellors trained in family therapy do not focus on providing family therapy. For instance, social workers in a FSC are responsible for child study programs, volunteer management program, apart from their usual caseload of 30 to 40 cases. These cases may need more practical help, such as applying for financial assistance and immediate housing, which might require a brief intervention (two to four sessions). Though social workers and counsellors can attempt to apply systemic ideas into different domains of work, they do not often have the opportunity to apply what they have learned directly. They therefore have little opportunity to continue to develop their therapeutic skills.

This relates to the third challenge of internalizing systemic thinking into practice, which is an arduous and long process as it involves a shift in paradigm. Given the little time and opportunity to apply systems ideas with families, many workers in the field do not seem to have a good grasp of systems concepts, and find it challenging to apply them in working with families.

I think training is one thing, I think practice is the other. Like you know David Olsen [of the USA] said, it took him ten years! How can we be so arrogant to think we can do it in five years?

The difficulty of engaging family members is the fourth challenge workers in Singapore constantly contend with, particularly in situations which might be called stigmatizing. For example, when there is a family member who has a mental illness or a different sexual orientation:

You know, “how come you didn’t bring him earlier?” or “did you recognize the signs”, “what did you do’, all these things. It’s the same too with chronic illnesses. Some family members take on a very self blaming position. It doesn’t help when the medical team asks these kinds of questions. Family members may not be able to answer them. Then they feel very bad about it so they rather divorce themselves from the problem and the problem just remains with the ill child.

Participant A

But such a challenge in engaging family members may also involve the reluctance of the therapist to address sensitive issues: Singaporean has a generally conservative outlook:

I think therapists have to come to terms with their own bugbears. Because when we try to run workshops on lesbians, gay and bi-sexuals [LGBs], therapists themselves are uncomfortable. They are not in a good position to say that ‘Yes I can be, I can make a difference to the lives of...’ How can then we offer a service to those in need?

Participant A

The difficulty in engaging family members for therapy may also be related to economic factors such as the pressure to work and the limited leave available. Though social workers may make home visits, it is not a common practice for them to conduct therapy at the homes of the clients. This may be related to the workers' sense of competence in working with families outside their organization setting, as well as the lack of support of the organization, which leads us to the next challenge.

The fifth challenge is the lack of organizational support for workers in applying family therapy. Some settings, such as schools and hospitals, have policies that do not encourage workers to meet with family members:

The need to see clients on a regular basis involves a lot of paper work that funding bodies require. The [workers] find that they don't want to trouble themselves by including too many people; there is just too much work. The organizations they work with don't understand family therapy, so they are not out to promote anything. They are out to make sure that whoever needs to be seen is seen, and the statistics and all are compiled and given to the relevant people who need the statistics.

Participant F

Conversely, in organizations where family therapy practice is encouraged, workers do not necessarily get sufficient support in practicing family therapy. Those who are trained in family therapy usually make up the minority in a team. They may not get adequate supervision, both at a peer and more

advanced level, which relates to the challenges of supervision in family therapy in Singapore.

In sum, practicing family therapy is challenging in Singapore, particularly since most family therapists do not necessarily focus on delivering only therapy, but have many other duties and responsibilities. This unfortunately, may continue to sustain a sense of inadequacy, which is often one of the motivating reasons for them to turn to family therapy in the first place.

Challenges of family therapy supervision in Singapore

There is no stipulation or requirement for family therapists in practice to be supervised in Singapore. There is therefore no systematic documentation or administration of supervision in family therapy, compared to the other professional bodies such as the Singapore Counselling Association or the Singapore Association of Social Workers, and family therapy practice and in the West.

Recently, more resources for supervision have become available. For instance, since 2002, there is a Voluntary Welfare Organizations' Capability Fund, which could provide subsidies of up to 50%. This fund is administered by the NCSS (<http://www.ncss.org.sg/vwocorner/vcf.asp#about>). But administering supervision at an agency level poses a challenge. As in the practice of family therapy, when only a few workers out of the entire team of workers may have undergone family therapy training, the pace and focus of supervision is often diffused. There is a lack of a common language and

conceptual understanding amongst workers who have not been trained in family therapy.

I think the whole idea of not having consultation or supervision has been going on for too long. Because of that, ... they are always asking “am I doing the right things” ? I don’t think the issue is whether “I’m doing the right thing or the wrong thing”, but more about “how am I practising it” and “how can I learn from this practice”?

Participant E

One other inherent reason that family therapy supervision is not well developed in Singapore is the lack of trained supervisors.

Having good supervision is already a problem, many family therapists don’t even have supervisors who are trained in family therapy.

Participant F

Even membership to the American Association of Marital and Family Therapy (AAMFT) does not help as so far there is only one AAMFT qualified supervisor in Singapore. Another important reason that most therapists give for not seeking supervision is the lack of time amidst their heavy workload. It is not surprising then that very few therapists were keen to take up supervision until recently, even if they were available at a minimal cost:

Well I think it's due to lack of time because if you're talking about FSCs, even in child psychiatry, because the number of cases is so high. It's very difficult.

Participant B

More therapists are taking personal ownership in seeking individual supervision recently despite the lack of a requirement and heavy workload. For instance, the Satir brief therapy group has been organizing regular supervision sessions; there is a diploma on systemic clinical supervision conducted by St. Andrew's Lifestreams (SAL); the Counselling and Care Centre also started a diploma in clinical supervision in 2001.

In sum, family therapy supervision is a recent enterprise in family therapy in Singapore. Hopefully, it will steadily develop.

Challenges of family therapy training in Singapore

Currently, there is only one master's level course provided by Counselling and Care Centre (CCC) based on general systems theory:

At the moment, CCC seems to be the monopoly. As long as the CCC personnel involved have a lot of experience, I think the course should be a good one.

Participant B

Other available family therapy training tends to be based on specific models and is usually short-term that does not lead to any official qualification, such

as Satir brief therapy, narrative therapy, solution focused brief therapy. But continuity and follow up for such short-term training is a challenge:

Because you can have tons of people coming in to provide 2 days, 5 days, 2 months' training. I think training is not a problem. I think it's the carry forward of the training afterward that's more important.

Participant A

The local universities do not provide any formal training in family therapy systematically, other than offering one to two modules, at both undergraduate and postgraduate levels in social work and counselling programmes.

The Singapore government and the National Council of Social Services decided to promote family service centres as a holistic approach to provide services to the family in the early 1990s. The Family Resource and Training Centre, a training arm of the Singapore Association of Social Workers, was commissioned by the Ministry of Community Development (as known then) to run a two-year family therapy training program leading to a post-graduate diploma in family and marital counselling from 1994 to 1995 for a group of 20 trainees, of whom 16 had majored in social work at the National University of Singapore. Dr. Myrna Blake, a veteran social work academic from the National University of Singapore led the programme. Other than a multidisciplinary team of local trainers, a mix of academics and practitioners, mainly from the United States, also taught in the programme. The

programme made a special attempt to imbue in the trainees the need to consider cultural and contextual issues, and not simply be comfortable in providing psychological oriented “talk-therapy”.

We decided that we would have a programme that trained social workers to do family and marital counselling. We were very careful not to use the word ‘therapy’ for this programme... We sort of pitch it in the context of social workers having to do financial aid, casework, community work and so on, in addition to counselling.

Participant C

However, this programme did not have a second run with the same investment and profile. This is not unrelated to the heavy cost of running family therapy programmes. For instance, the longest running family therapy master programme provided by the Counselling and Care Centre costs Singapore \$29,000 (equivalent to £13,124). This poses a serious problem to practitioners who are mostly from non-profit organizations in Singapore. They do not have the resources for such a desired but expensive investment. As Tan, A. (2003) observed:

Social workers and counsellors in Singapore, such as those around the world, tend not to be highly remunerated. Also, additional training does not necessarily translate into higher income, unlike, for example, training in information technology, which given Singapore’s stress on a knowledge-based economy, frequently

translates into significant increases in financial remuneration.

Although sponsorships to professional training programs currently are available through the National Council of Social Service, more can be done. (p. 52).

Apart from the need of more funding, there needs to be more collaboration of different organizations. There is little exchange of ideas and experiences at the moment among the various family therapy providers. This may be related to the different orientations adopted by the different bodies, for instance the Family Resource Training Centre – Singapore Association of Social Workers (FRTC-SASW) Training Academy is a project started by SASW. Whereas the CCC is more counselling based and has a strong Christian orientation.

In sum, family therapy training has been rather limited over the years in Singapore, despite its readiness to import know-how from overseas. The resources accessible to therapists are also lacking. More substantial input from the social service sector and the government is needed to make family therapy training more affordable and available. And training bodies in Singapore would probably benefit from more exchanges and collaboration in developing systemic training for the field in Singapore.

Challenges of family therapy research in Singapore

Other than student dissertations, there is hardly any research and evaluation of family therapy practice, supervision, or training in Singapore. As Participant D summed it all:

Ok, that's where it's virtually non-existent.

Participant D

Tan (1997)'s monograph on the therapeutic effectiveness of marital therapy is the only known piece of research published thus far.

I recently conducted a survey (from September to November 2008, with the support of the AMFT[S]) to explore the profile of family therapists in Singapore. We adapted a survey, with permission, originally designed by the American Association of Marital and Family Association (Northey, 2005). There were only 42 multiple choice questions, which may require about 10 to 25 minutes to complete. The questionnaire was sent out three times, between September and October 2008, via electronic mails by the Association's Chairman and Secretary, and another distribution was made during the Annual General Meeting on September 18, 2008. There were only 14 questionnaire returned out of a list of more than 60 members, both via electronic mail and personally. This is a low response rate of only 23%. The little interest of therapists to participate in such a study does not help advance the development of research.

Cultural challenges of family therapy in Singapore

Jennings et al. (2008) noted that though many Singaporean therapists are trained within Western traditions and in Western countries (particularly the United States, United Kingdom, and Australia), many appeared to be very knowledgeable about helping others within an integration of Western and Asian customs, traditions, and cultural taboos. Jennings and colleagues considered these Singaporean therapists “psychotherapy innovators, navigating emic (culture specific) and etic (culture general) dimensions in their clients as well as integrating East-West philosophies in helping and healing” (p.518). Specific to applying family therapy in Singapore, several challenges and nuances were noted in the interviews. These may, as believed by Jennings and colleagues, be of useful reference for the application of family therapy elsewhere.

When transporting Western concepts and methods in working with families, Singaporean therapists ought to be careful with idiosyncratic cultural expressions. One common challenge is dealing with the overt expression of emotions.

Vocalization of emotions very often is not a familiar thing for a lot of us. Things are increasingly changing, but over the years, certain things you still don't just do it in a session. I will go slowly on getting the couple to talk directly to each other. I will let them talk through me to each other, then slowly to each other. Whereas I think

of practicing in the USA, I don't think about things like this. So that's one kind of distinction I will make.

Participant D

Though Singapore has joined the league of developed countries in the conduct of its business and employing technology, many of its cultural beliefs have been preserved. Observing hierarchy in social intercourse and family relationships is one such important dimension. The issue of gender and power may take centre stage in the West. It does too, in Singapore, but in a different fashion.

In my own experience of working in a child psychiatric setting, sometimes I can team up with the psychiatrist or the psychiatric trainee, as it is easier for the father to be present, because of the status. Otherwise we [female social workers] would have to work around him, or mostly with the mother, so it is a big loss definitely... For the younger ones, I guess they will have to learn how to get round the cultural blocks. If you are a young Indian female therapist, it may be harder to work with an Indian family where the father is much older. Because of the cultural expectation involved.

Participant B

Other than observing the hierarchy between the therapeutic and family system, the need for therapists to observe the hierarchy among family members cannot be overemphasized:

People are more open nowadays, but you realized you don't just get them to speak. So this has to be contextualized. I find that we have to modify that and respect that hierarchy. Respect the fact that families don't normally sit around and talk like this. So how do we make sure that they do not then take it home and punish the children who spoke up? The kids may get into trouble for speaking up in the presence of other people, embarrassing their parents and so on.

Participant D

Singapore, despite its developed economy and education systems, has its own unique fashion of constructing its relationships and reality. Efficiency is stressed. Pragmatism is the call of the day. There is also an expectation for the therapist to be an expert who is certain, directive, and efficient.

Strategic therapy can be very appealing to Asians because they are problem-focused and directive. People want things to be done, so in a sense it is active... Asians generally like a more concrete kind of response rather than a psychodynamic originated kind of thing.

Participant D

One of the cultural challenges of practicing family therapy is the ability to note the idiosyncratic differences which may seem similar. This calls to mind a crude but candid Asian expression: "same-same, but different".

The key thing for me is every therapy context is a cross-cultural context. In my view, I may be a Chinese, or more specifically, a

fook-chow [a minority Chinese dialect group] Chinese. When I am seeing another fook-chow Chinese, it's very easy to assume that the culture is the same. But it is not. There are a lot of layers there that we do not know. When I come from the position of curiosity, I am there with the person, taking what you may call a culturally-sensitive position.

Participant E

It may be easy for therapists of the same race or ethnicity to assume they understand families similar to them. The need for therapists to be curious and respectful may be an important recipe of success in working with Singaporean families, instead of becoming presumptuous about what is culturally appropriate or not appropriate.

You could ask 'could you talk about this', or 'could you tell me a bit more'. At most the person says "No, I'm not ready to talk about it". You should not try to assume that there are cultural issues, and maybe the therapist is not uncomfortable himself or herself! Maybe it's not because the client doesn't want to talk about it.

Participant E

Discussion

Expanding family therapy in tandem with social work

In Singapore, as in other western countries, family therapy developed out of a search for new solutions to common problems (Kaslow, 2000; Tan, A.,

2003). The dominant presence of social work in family therapy in the island state, however, contrasts starkly with the varied background of family therapy practitioners in western countries. The well being of the family has long been a vital concern of the social work profession (Thorman, 1997), and has traditionally been a critical component since its inception (Proctor, Davis, & Volser, 1995). Mary Richmond (1917) regarded the family as the primary unit of attention for social workers and argued that the good results of "individual treatment would crumble away" if social workers failed to consider the family (1917:134). Visiting the families, working with different family members, dialoguing with more professionals and referrals for practical help for needy family members are often an integral part of the work done. Blake (1991) advocated for the translation of family therapy concepts when working with the lower social economic and ethnic minority groups in Singapore. This includes the need for social workers to consider the impact of larger social economic factors on these under-privileged families, and the need to work with larger systems, such as negotiating with bureaucracies. This may imply a need for social workers in Singapore to streamline their work, and not be overly charged with a wide range of responsibilities like running a gamut of programmes for different client groups.

Recently, the Ministry of Community Development, Sports and Youth, which is responsible for social services development, has started exploring the possibility of engaging social work assistants. If this materializes, this may help to alleviate the current heavy workload of social workers and

sharpen the focus of their work. Social workers may then be able to run fewer activities and programmes, giving them more time to work with individuals and their family members. Of course, working with the individuals more systemically is not about the number of people in the therapy session, therapy may or may not involve seeing all the family members in the same room for every session. As reflected by the expert participants in this paper, systemic practice is a mindset.

It should be noted that it is arguable that social work in Singapore is more developed than the other professions, such as counselling, psychology, and psychiatry. Moreover, social work development is not the most exemplary in the region. For instance, the Singapore Association of Social Workers currently has approximately 500 members to serve its population of 4.8 million. This is a far cry from Hong Kong, which has over 10,000 professionally trained social workers, to serve a population of about 7 million. On the whole, many Singapore social service agencies are governed by board members who have no training in social work, counselling, psychology or other relevant professions. Moreover, it is not uncommon that agencies are led by individuals not adequately trained in social sciences. Voluntarism is highly promoted. This is highly connected to the Singapore government's emphasis on the "many helping hands" policy. This policy encourages the public to participate in helping the less privileged and needy, and aims to reduce reliance on the government for aid and assistance. With financial constraints, it is challenging for social services to garner adequate financial resources in attracting talents, funding programmes,

providing training and supervision for staff. Nevertheless, it is a professional duty incumbent upon the employers and practitioners to ensure safe and ethical practice.

To add professional vibrancy and diversity to its development, there may be a need for the Singapore family therapy field to promote the discipline more actively in related fields, such as counselling, nursing, psychiatry and psychology. In recruiting the next generation of marriage and family therapists, Smith and Allgood (1991) reported that MFT faculties have developed several methods of introducing marital and family therapy, these include advising, course work, guest lectures, and speaking at different professional and undergraduate organizations. Prouty, Hohnson, and Protinsky (2000) found undergraduate family therapy field study placements for human service students most enjoyable and probably most influential. The professional family therapy bodies in Singapore could consider instituting these strategies.

Reflecting practice in a culturally dynamic context

There is a great potential for family therapy practitioners and researchers in Singapore to contribute to the world of therapy because of their background that is rich in diverse cultural contexts. It would be a great opportunity missed should Singapore therapists remain inactive in reflecting and documenting their practice. More importantly, carelessly employing Western theories that accompany different therapeutic techniques and intervention approaches in such a cultural context might cause damage.

When rigidly used without sensitively considering the cultural differences of clientele, these imported inventions may be inappropriate or even offensive (Soong, 1997). Indeed the constant search for ‘new’ techniques may lead to family therapy becoming only a technological mechanism for ‘fixing’ families’ problems (Yeo, 2000). Blake (1991) cautioned in her paper of the “portability” of Western theories in an Asian context that “therapists outside Western/European cultures must learn to analyse their own intuition and practice wisdom for concepts and principles which underlie successful work and which represent difference from Western ideas. Such observations would enrich the whole field” (1991:57).

The need to document the practice experience and systematic reflection on that practice in Singapore cannot be overemphasized. Specific to multicultural practice, qualitative research to study expert clinicians, training programmes, and community mental health agencies serving multicultural clients (Merchant and Dupuy, 1996; Ponterotto, 1998) may provide new insights. But as clinical research moves forward in demonstrating that family therapy is effective in the “real world” with clients with varied and complex problems (Doherty, 1997), front-line therapists may not always be ready to participate in it. They may cite time constraints, outside limitations, client concerns, and a lack of understanding about research as major reasons for refusal to participate in research studies (Sandberg, Johnson, Robila & Miller, 2002). Whilst practitioners in the field may lack the time, resources and expertise to conduct systematic study, they could collaborate with academics in universities (Sim & Ng, 2008).

Due to the extensive cultural variations in Singapore, therapists must not assume cultural homogeneity with different ethnic groups, and must be prepared for sub-group difference, even if the therapists share the same ethnicity (Blake, 1991). The bottom line is, Singaporean therapists must analyse their own intuition and practice wisdom, which may differ from Western ideas. In practice, it may be imperative that therapists continue to be irreverent to what they think they know, and what they have been taught (Cecchin, Lane, & Ray, 1992). As Yeo (2000) suggested:

Despite being informed by various models and theoretical approaches, I have found it useful to adopt a posture of neutrality, meaning I would move along with clients' stories and experiences with minimal prejudgment. I would also remain curious and tentative, seeking to enter into conversation with the client. I find myself asking a lot of questions about traditionally held beliefs about the world and human phenomena. Most of which are considered grand narratives and ultimate truths are given space for re-examination and alternative perspectives are explored. (p. 18)

Conclusion

The challenges of family therapy practice, supervision, training and research in Singapore are indicative of the growing pains of a young profession in a culturally diverse and dynamic society. Despite the challenges, family therapy can continue to develop when stakeholders, such as the government, social service funding bodies and voluntary welfare organizations, continue to invest more time and resources to develop family therapy practice,

supervision, training and research. The need for family therapists to document their practice, supervision and training systematically could help to reflect what may be relevant to the multicultural context, especially when foreign models are applied to multi-cultural communities. For this process to be meaningful, we must not neglect what our clients are telling us.

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Table 1*Profile of Identified In-depth Interviewees*

Participant	Sex	Affiliated field	Current work-setting	Number of years of experience in the field	Description of experience to family therapy in Singapore
A	Female	Counselling, psychology, & family therapy	Clinical Director of a counselling centre [voluntary welfare organization]	More than 30 years of family therapy practice, training and supervision experience	Veteran family therapy trainer and consultant in Singapore
B	Female	Social work, counselling & family therapy	Retired	More than 30 years of family therapy and social work practice in child psychiatric setting	Instrumental in pioneering family therapy practices in Singapore government child psychiatric setting, as a formal chief medical social worker.
C	Female	Social work, & social policy	University professor	More than 30 years of management, training, research, and teaching experiences in various setting	Formal director of the Family Resource and Training Centre, who was responsible in designing and organizing the first government funded family therapy programme. She is also the former Deputy CEO of the National Council of Social Service in Singapore.
D	Male	Social work, counselling, & family therapy	Clinical Director of a counselling centre [voluntary welfare organization]	More than 30 years of family therapy practice, publication, training and supervision experience	Veteran counseling trainer and consultant in Singapore, Ex-president, Association of Marital and Family Therapy [Singapore]
E	Male	Social work, counselling, & family therapy	Executive Director of a counselling centre [voluntary welfare organization]	More than 30 years of family therapy practice, training and supervision experience	Veteran counseling trainer and consultant in Singapore Published the first family and marital therapy related study in Singapore
F	Male	Social work & family therapy	Private practitioner	More than 30 years of experience in family service, training and supervision.	Instrumental in introducing Satir family therapy to Singapore and Malaysia, and systematically conducting family therapy training and supervision to the region.
G	Male	Psychiatry	Consultant psychiatrist of a private hospital	More than 30 years of experience in psychiatry and family therapy practice and training	Actively promoted family therapy in Singapore as well as supervise family therapy trainees.