

Strategies for Working with Culturally Diverse Couples in the Hope Focused Couples Approach

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In working with couples, therapists will encounter clients from cultural and ethnic backgrounds that differ from his/her own. These therapeutic encounters require sensitivity in approaching issues of cultural diversity. According to Bhugra and De Silva (2000), cultural differences in therapy create problems beginning at the expectation stage. Clients enter therapy with a schema regarding therapy that may differ greatly from that of the therapist. Client schema may include beliefs about help-seeking, the self, and the self's role within the marital dyad and broader family context. What the therapist might view as dysfunction may very well be the couple's culturally approved style of interaction.

Therapist Issues

The first issue to be addressed by the therapist should be his/her own cultural influences and biases. The therapist should trace his/her cultural background and examine how the therapist's cultural heritage has impacted his/her current beliefs, values, and behaviors (Stampley & Slaght, 2004), particularly in regards to norms for intimate relationships. For instance, the therapist should seek to understand his/her values regarding communication between spouses. According to Nolte, Caucasian therapists should remember that white is a color too, and be careful not to neglect understanding their own cultural background (Nolte, 2007) or that of Caucasian clients. Cultural countertransference is often rooted in the therapist's underlying biases and, unexamined, may manifest as a lack of empathy (Stampley & Slaght, 2004). The therapist should examine his/her own beliefs regarding a variety of marriage issues, including culturally sanctioned norms for marriage, criteria for spouses entering marriage, and expectations regarding the marriage relationship and relationships with outsiders.

Questions to ask yourself:

- What are my beliefs regarding marriage, including gender roles, typical course of the relationship, role of extended family, etc.?
- How have those beliefs been influenced in my life? By my family, culture, church background?
- How might these beliefs automatically influence my work with married couples if I am not aware of them?
- How can I use clinical diversity awareness and skills to bridge the gap between diverse clients and myself?

Assessment Issues

Assessment of a couple from a different culture should be thorough. It is important to include questions about the presenting problem and how the couple views the problem from their unique cultural perspective. Ask both spouses about their roles within the home and within their family. Inquire about the role of each spouse's family of origin, as dictated by their cultural norms. Other areas of assessment with culturally diverse couples include a wide range of norms for the marriage relationship. The therapist should remember to ask questions regarding such issues as the customary age for men/women to marry within the client's diversity group, expectations regarding husband/wife prior to

and after marriage, basis for mate selection, responsibilities of each spouse, conceptualization of sexual relationship, and expectations for interaction with outsiders (Bhugra & De Silva, 2000).

Cultural Views of Therapy

The therapist should sensitively probe for information regarding each partner’s view of help-seeking, and inquire what prompted the couple to seek help at this point in their marriage. Couples from different cultures may have much higher or lower tolerance for marital discord as viewed from an American/Western perspective, and/or may view seeking help with a greater or lesser degree of discomfort. It is important for the therapist to feel out the couple’s views of therapy and how the need for outside help is viewed within the couple’s culture, since these factors can have a great impact on the couple’s willingness to engage in and implement interventions. Does the couple feel that they must hide the fact that they are in therapy from other family members? Do they trust help from an outsider who may not understand the nuances of their cultural background? It is imperative that the therapist approaches these questions with great humility and openness to learning what the couple expects and needs from the therapeutic experience.

Questions to ask the couple:

- What is typical for marriages in your country/ among your friends and family (probe relevant issues such as age and eligibility criteria of spouses, roles within marriage, style of communication, and interactions with extended family)?
- How do your friends and family view therapy and help-seeking? Is this something you openly share with family and friends?
- How do those from (your cultural background/kinship group) usually relate to outsiders, particularly with regard to seeking help?
- Was there anything you wanted me to know about (your culture, where you grew up, your country, being African-American etc) that would be helpful for me to understand? (Having a “teach me” attitude will make up for a lack of knowledge in many ways)

Common Pitfalls

Bhugra and De Silva (2000) also highlight some common pitfalls in couples’ therapy with spouses from cultural minorities. These pertain to client-therapist attitudes and dynamics, and are adapted in the table from Bhugra and DeSilva’s (2000) article. It is particularly important for a therapist from the majority culture to be aware of and avoid these pitfalls, but there are several pitfalls geared toward minority therapists as well.

Table 1: Common Pitfalls

Pitfall	Description
Diversity blindness	Assumption that client is the same as a majority client.
Diversity consciousness	All problems result from the minority status or lack of privilege

Diversity transference	Client's feelings result from therapist's race, gender, or other diversity variables
Diversity counter-transference	Therapist's feelings toward client result from the client's diversity variables
Diversity ambivalence	Therapist wishes to help but needs to have control to maintain power
Over-identification	Minority therapist over-identifies everything in terms of diversity and defines problems as diversity or privilege-based
Identification with oppressor	Minority therapist denies his/her status by virtue of power and because it is painful to do so

It is clearly important for the therapist to evaluate his/her own beliefs and values concerning those from ethnic minorities or disadvantaged diversity categories. Even subtle racism, or "missionary racism" with a goal of "rescuing the people from their plight" (Bhugra & De Silva, 2000, p. 191) can be detrimental to the therapeutic relationship and prevent the couple from enjoying the benefits of therapy. These authors emphasize the need for adequate supervision as a therapist finds his/her way in working with culturally diverse couples.

Case Vignette

Cindy and Stephen Smith is an interracial couple that sought marriage therapy from Linda, an African American psychologist. Stephen, who is Mexican American, is a lawyer at a competitive law firm at which he is striving to become a partner. Cindy, who is Caucasian, is a stay at home mom who cares for the couples' only child. The couple has sought therapy due to a reported lack of intimacy in their marriage, which Cindy attributes to Stephen's busy work schedule. Cindy and Stephen were high school sweethearts who were married shortly after graduating from high school, and have been married for 10 years. When asked about her educational and vocational background, Cindy reported that she never attended college. She explained that she got pregnant three months after they were married, and desired to stay at home to care for the baby.

When the therapist asked Cindy to explain why she felt distanced from her husband she said, "all he cares about is his job, he has no time for us [Cindy and their daughter]. He works long hours and on the weekends, he works more than anyone else at the office." Stephen admitted that he does work for longer time periods than most people at the firm, but that he felt it necessary if he is to become a partner. After being prompted by Linda to explain why he felt the extra work was necessary to become a partner, Stephen confessed that since he is one of few minorities at the firm he feels pressured to prove himself. "I have to work ten times as hard as the next guy, just to prove that I belong there. She [Cindy]

has no idea how hard it is for me, I am doing this so we can all have a good life, I don't get why she doesn't understand that," Stephen stated. Linda, the psychologist, identified with Stephen's plight since she too is one of few minorities at the counseling center at which she works, and often feels the need to prove herself. By her second session with the couple, Linda felt that she had developed a strong rapport with Stephen but had trouble connecting with Cindy. She began to view Cindy as fastidious, and naive of Stephen's struggles. Her goal for therapy was to help Cindy to be more understanding, and to enlighten her [Cindy] on the plight of minorities in the workforce.

Script:

Cindy: He leaves the house at 7am and he doesn't come home till 8 or 9pm. I hardly see him, and our daughter never sees him.

Stephen: That's not true, she's exaggerating. I'll work till 7pm, maybe 8pm at the latest. I'm home in time to put our daughter to bed almost every night.

Cindy: Once or twice a week is not almost. This is not how it's supposed to be. My father was a lawyer but he was always around, he never let work get in the way of his family.

Linda: Cindy, you do have to acknowledge that your father's experiences will be very different from Stephen's.

Cindy: I know that they are different, but he does not have to work that much. He's smart and his bosses know that, he doesn't have to prove anything.

Stephen: Being smart isn't always enough. I have to show that I'm serious. *[To Linda]* I love my family, but I also love my job and if I want to excel there I need to put in long hours sometimes.

Linda: Cindy, I think what Stephen is trying to say is that as a minority, he has to work harder than others in order to get the same opportunities as someone who is not a minority, like your father for example.

Cindy: I know all about racism and how certain people can be, but I think he's taking this to the extreme.

Linda: *(getting impatient with Cindy's "ignorance")* Maybe it's harder for you to understand because you're not a minority, and you're not in the workforce. Your perspective may be a little skewed given your background.

Cindy felt that Linda did not understand her views; she also felt significantly distanced from Linda like she was attacking her because she was not a minority.

In subsequent sessions Cindy appeared more reserved, remaining quiet for most of the session and responding with no more than a few words when Linda directed questions toward her. Noting the change in Cindy's disposition, Linda asked Cindy about her thoughts on the sessions. Fearing that she might be "attacked" by Linda if she disclosed her perception of Linda's attitude toward her and her displeasure with the sessions, Cindy simply responded that she thought the sessions were fine. Unlike his wife, Stephen felt understood and supported by Linda, and expressed his contentment with the sessions. The couple continued to receive therapy from Linda for a month, until Stephen's work schedule and Cindy's indifference made it difficult to continue and they terminated.

Summary

Linda compromised rapport with Cindy when she failed to validate Cindy's concerns and feelings. It is important for therapists to be respectful and validating of their client's feelings, even if they disagree with the client's views.

Linda allowed her personal struggles with equality in the workplace to affect and dictate her conceptualization and subsequent treatment of the couple. She aligned herself with Stephen, and vilified Cindy, rather than remaining objective and impartial. Although therapists may observe similarities between their personal struggles and those of their clients, they must keep their personal lives separate from the therapy. Failure to do so may result in a loss of objectivity, insight, and rapport with the client, thus compromising the efficacy of the therapy.

Annotated Bibliography

Berg, I.K., Sperry, L., & Carlson, J. (1999). Intimacy and culture: A solution-focused perspective: An Interview. *The intimate couple* (pp. 41-54). Philadelphia: Brunner/Mazel.

In this chapter the authors attempt to create a definition for intimacy, while addressing the complication of applying an American definition to people of differing cultures. The issues of gender difference, and culture difference in therapy are discussed as the authors attempt to provide a solution-focused view of intimacy.

Foster, R. P. (1998). The clinician's cultural countertransference. The psychodynamics of culturally competent practice. *Clinical Social Work Journal*, 26, 253-270.

This article focuses on the clinician's cultural countertransference in a cross-cultural therapeutic relationship, and assesses its influence on the therapist's ability to offer culturally competent services. It is noted that countertransference attitudes can influence the course of treatment chosen by the therapist. It was also noted that patients often perceive the unspoken assumptions and attitudes of the therapist.

Hill, D., Herbert, G. C., & Rugby, E. (1999). Ethics in the training of psychosexual and couple therapists. *Sexual & Marital Therapy*, 14, 299-314.

This article is looking at the subtle influence of cultural differences in the therapeutic relationship. The need for continual re-evaluation of ethical judgment is also analyzed, including a look at how context and cultural differences can modify those ethical judgments.

McGoldrick, M., Giordano, J., & Garcia-Preto, N. (Eds.). (2005). *Ethnicity and family therapy*. New York: The Guilford Press.

This book provides information on a variety of different ethnic groups, from Native Americans to Slavs. It helps the clinician understand broad generalities about families from each culture, including family dynamics, cultural values, and communication patterns. The book encourages therapists to be informed about their client's cultural background, but to remain open to learning more about the client's individual experience.

Schworer, L.D., Sholevar, G.P., & Combs, M. P. (2003). Impact of culture and ethnicity on family interventions. In *Textbook of family and couples therapy*:

Clinical applications (pp. 725-745). Washington, D.C.: American Psychiatric Publishing.

This chapter looks at the biases that therapists may have when working with patients of different cultures. It highlights the importance of cultural sensitivity, while encouraging the reader to reflect on his/her own biases.

Stampley, C., & Slaght, E. (2004). Cultural countertransference as a clinical obstacle. *Smith College Studies in Social Work*, 74, 333-347. Retrieved on April 20,

2008 from PsychINFO database.

In this article the authors identified the source of countertransference as the clinician's cultural biases and/or insensitivity to cultural differences. The article examines the impact that countertransference may then have on the therapeutic relationship.

Additional References

Bhugra, D. & De Silva, P. (2000). Couple therapy across cultures. *Sexual and Relationship Therapy*, 15, 183-192.

Nolte, L. (2007). White is a colour too: Engaging actively with the risks, challenges and rewards of cross-cultural family therapy training and practice. *Journal of Family Therapy*, 29, 378-388.

Stampley, C. & Slaght, E. (2004). Cultural countertransference as a clinical obstacle. *Smith College Studies in Social Work*, 74, 333-347.