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Integration of a Cultural Lens With Emotionally Focused Therapy

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The purpose of this paper is to explore the assumptions, the goals, and the process of emotionally focused therapy (EFT) for couples and families through a cultural lens. The theoretical tenets of EFT are based on the integration of attachment theory, affect theory, experiential therapies, and system theory. In this article, the assumptions of the EFT model are examined through a cultural lens with the help of postmodern and feminist ideas. This synthesis provides a conceptual expansion of EFT within different cultural contexts. This conceptualization of EFT is also supported with case examples in which cultural intervention strategies are used.

KEYWORDS emotionally focused therapy, culture, postmodernism, feminisism, multiculturalism

As a professional field, couple and family therapy (CFT) has experienced a significant evolution from its beginnings during the past century. The zeitgeist of the CFT field is the development of a research tradition that integrates theories, phenomena, techniques, and philosophies into a more comprehensive vision. Many therapists have tried to identify commonalities and complementarities in the assumptions, concepts, and interventions related to different therapeutic approaches and synthesize them into a larger integrated theoretical perspective of families and family treatment. Emotionally focused therapy (EFT) reflects this zeitgeist by being a well-developed,

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empirically based approach. In other words, the effectiveness of the model is extensively supported (Dessaulles, Johnson, & Denton, 2003; Johnson & Whiffen, 1999; Schwartz & Johnson, 2000).

CFT as a field has been influenced by many new ideas. Postmodernism and feminist theories have contributed to the development of the field by providing critiques of past and current practices (Goldner, 1988; Hare-Mustin, 1978; McGoldrick, Giordano, & Garcia-Preto, 2005). An important critique to CFT came through the use of a multicultural lens (McGoldrick, 1998). As part of postmodern thinking, the cultures of the clients became central rather than being only a peripheral part of the treatments. The social categorization process by which we gain knowledge about ourselves and about "others" became a central concern of the field. Similarly, EFT has also been challenged by postmodern and feminist thinking in much the same way. Recent revisions of EFT have successfully integrated feminist frameworks into the core of the model by including a discussion about power and the role of gender in family life (Vatcher & Bogo, 2001). However, little has been done to integrate culture and a cultural lens into the EFT approach. A flexible approach that integrates a cultural and systemic understanding of couple and family interaction with a focus on emotions of each individual has been needed for a long time. A therapist could expect that, with increasing globalization, immigration, and changing attitudes toward mental health services, more clients from different cultural and ethnic backgrounds would visit couple and family therapists. Consequently, the importance and need to include a cultural lens in clinical practices have increased significantly. Although EFT was found to be effective and beneficial for clients from a range of different socioeconomic statuses (Johnson & Denton, 2002), older couples (Bradley & Palmer, 2003), and same-sex couples (Josephson, 2003), more research is needed to further understand the process of change in EFT among different cultural and racial groups and subgroups. In this paper, we begin by examining in a qualitative way with case examples just how this might be accomplished.

EMOTIONALLY FOCUSED THERAPY (EFT)

EFT is a synthesis of an experiential approach with a family systems perspective. EFT views the relationships among family members or between partners as the actual clients. EFT combines experiential interventions to change the interactional patterns that underlie this relationship through expanding and reshaping inner emotional experiences with structural systemic interventions (Johnson, 1996). EFT is also based on an attachment and affect regulation framework of human development, both of which have been extensively studied. As described later, EFT also has a clear theoretical foundation for showing how and what to focus on in therapy (Greenberg & Johnson, 1988; Greenberg & Paivio, 1997; Johnson, 1996).

According to the EFT perspective, emotion is the main mechanism in organizing attachment behaviors as well as determining how self and others are experienced in close relationships. Meanings given to perceptions and attachment responses are influenced by emotions. Moreover, emotions organize a partner's responses when they are expressed and communicated. Expressing underlying feelings creates a secure base, from which individuals, couples, and family members can explore their relationships. Therefore, the most powerful route to shaping new responses is to access and reorganize primary emotional experiences with the significant other. Creating a safe environment and relationship in which to express underlying feelings is very important. EFT aims at utilizing affective, cognitive, and behavioral pathways to promote change through these channels.

EFT depathologizes dependency and gives precedence to interpersonal connections. EFT views attachment needs and desires of partners as healthy and adaptive. In some frameworks, women have been seen as overly emotional, dependent, and even enmeshed because they care and prioritize connections. EFT normalizes the need to be connected and comforted. In other words, for both women and men, EFT appeals for extended emotional responsiveness and behaviors, thus challenging traditional gender role socialization (Johnson, 1996).

EFT Model and Mechanisms of Change

EFT started as a couple therapy model (Greenberg & Johnson, 1988) and was later extended to work with families (Johnson, 1996; Keiley, 2002). EFT proposes that relationship distress is a result of attachment insecurity and separation distress that results in intractable interactional cycles from which there is no escape. For example, anger is formulated as the most common response of an individual to a partner's attachment-related negative responses such as unavailability, detachment, or rejection, which threaten an individual's attachment needs and sense of security (Bowlby, 1973). Moreover, crystallized interactional patterns, due to clients' insecure attachment patterns and mental representations, are toxic for relationships (Johnson & Denton, 2002).

Therapists with knowledge about the cultural socialization of emotions and close relationships of both partners are better able to help them to relate to each other in a more supportive, caring, and comforting way that is also culturally appropriate. By doing so, the partners can develop closer, more intimate relationships with each other, which will increase their feelings of connectedness and decrease their feelings of loneliness.

Therefore, the goal of therapy is to help improve couples' or family members' capacity to regulate emotions, solve problems, and communicate by promoting security in their relationships. EFT is a nine-step, three-stage

process. The first stage is cycle deescalation. In this stage, an expanded version of the couple's or family members' problems will be shaped by the individuals and the therapist. This involves validating each person's reality and supporting their ability to "stand together against the common enemy"—the interactional cycle. In the second stage, therapists focus on the partners' or family members' attachment needs and helping individuals to express and own those needs and their corresponding emotions. Withdrawer engagement and blamer softening are fostered during this stage; these changes in attachment positions foster the related change in the interactional cycle. The last stage is consolidation and integration. In this stage, therapists help partners and family members to continue to engage in new interactions. Couples and family members develop a coherent story of their pathway into their problems and their pathway out of problems. They also receive coaching about how to deal with their concrete problems by creating new solutions.

In order to access and work with emotions and to restructure interactions, EFT therapists must create a secure base for both partners. The ability to flexibly move from processing inner experiences with an individual to choreographing interactions between partners or family members is necessary to create a secure base. Common interventions that are used by EFT therapists include accessing underlying emotions, empathic conjecture, tracking, reflecting, and replaying interactions to slow down the process, reframing the interactions to alter the meaning of specific situations and encourage more constructive perceptions of the partner. The clients' positions in the interactional cycle are framed in terms of underlying vulnerabilities and the attachment process.

Postmodernism, Feminism, and Multiculturalism

Previous research has shown the presence of similar primary emotions across different cultures (Ekman & Friesen, 1975). However, significant variability exists across cultures in terms of communicating emotions, expressing emotions, and making meaning from emotions (Mesquita & Frijda, 1992). In order for an EFT therapist to be culturally competent, the therapist should explore EFT's assumptions, interventions, and the steps involved in the therapeutic process through a cultural lens. For this purpose, we discuss how a cultural lens can be integrated into EFT process in an intellectual framework that brings together ideas from postmodernism, feminism, and multiculturalism.

Feminist critiques of systems theory within CFT were initiated in 1978 with an article written by Hare-Mustin entitled "A Feminist Approach to Family Therapy." These critiques were followed by Goldner's (1988) article in *Family Process* entitled "Generation and Gender: Normative and Covert Hierarchies." Both women were not only critiquing family therapists for their failure to address gender as a powerful organizing variable in family life but

also promoting a revision of practices to make gender awareness critical to family therapy. Feminist critiques also directed attention to the ignorance of historical and contextual power arrangements and gendered roles in the family. Prior to these critiques, families were not commonly considered a part of a larger social context, in which different roles were prescribed for men and women. Feminists' primary targets became power differences, and more recently, this critique was combined with postmodern thinking. Social constructionist thinking, feminist critiques, and multiculturalism have transformed many CFTs' consciousness about the world and challenged early family theorists' narrow approaches based on ideas of a "typical" family.

Social representations of gender, class, ethnicity, and race inform and form our manner of living. In general, women have suffered more from oppressive cultural practices than have men because most often they have lacked the power to access needed resources to change their lives. Construction of gender roles based on biological sex, which exploits the differences between men and women, has led to more oppression of women. These gender roles have also led to problems in family life and have discouraged the search for new balanced, more egalitarian ways of interaction among family members. EFT has some parallels with feminist thinking (Vatcher & Bogo, 2001). For example, EFT depathologizes dependency and need for connection and challenges the western scripts for men. EFT was found to be effective with men who were described as inexpressive by their partners (Johnson & Talitman, 1997). According to the EFT model, expressing underlying feelings, especially fears and the attachment needs of both partners, is important in the therapeutic process (Johnson & Denton, 2002), as is trying to form a more egalitarian, reciprocal, and interdependent relationship.

Social labeling based on differences and ignorance in the areas of some important issues such as race, culture, and sexual orientation have been extensively criticized by multicultural theorists. Laird (2000) never believed in the isolated development of personality; she always focused on the importance of context in shaping who we are, how we think, and what we achieve. According to Laird (2000), "Culture is an individual and social construction, a constantly evolving and changing set of meanings that can be understood only in the context of a narrativized past, a cointerpreted present, and a wished future" (p. 348). EFT endeavors through understanding and validating clients' realities to become sensitive to these concerns rather than to pathologize them. Moreover, EFT therapists assist couples and family members in deconstructing their culturally situated problems and bringing marginalized, disowned, and unspoken elements of couples' and family members' realities into focus within an attachment framework.

Furthermore, EFT therapists dealing with other cultures cannot become totally free from their own culture, because their perspectives as therapists reflect their own cultural assumptions. These assumptions guide their behaviors, feelings, and ways of thinking. Therefore, they should be aware of

their own thinking style and be open to learning about different cultures. However, culture is so complex that one cannot understand it just by learning about one particular culture. EFT therapists' aim should be to achieve second-order learning about many cultures rather than learning about one particular culture. In this way, they can become "informed not-knowers." By asking culturally informed questions, therapists can help to make the clients' cultural lenses, and the sources of those lenses, more visible both to themselves and to the "other" (Laird, 2001; Shapiro, 1995).

Cultural Lenses and EFT

Although cultural background is mostly considered in the context of ethnicity, it is a multidimensional phenomenon. Cultural background is also related to other factors such as social class, religion, migration, gender, race, and sexual orientation. The ways that family members relate to their cultural heritage, to others of their own social group, and to each other are affected by their cultural background and influence their sense of well-being within the society in which they live (McGoldrick, Giordano, & Garcia-Preto, 2005). EFT has underlying theoretical tenets and application models that are flexible enough to incorporate multiculturalism into its framework. In the next section, we discuss in detail the EFT model and mechanism of change in different cultural contexts, followed by case examples.

In the engagement and assessment stage of EFT, to be culturally sensitive, the therapist must understand each partner's cultural reality as he or she experiences it and reflect that understanding to them. If the therapist is not knowledgeable about the client's cultural heritage, she or he must become aware, either by asking the client directly or getting information indirectly by reading, watching documentaries and films, and talking with others. However, while relating to clients, the therapist should keep in mind that respect, curiosity, and humility are as key to the development of culturally competent EFT therapists as is cultural information.

In the cycle deescalation stage, the therapist must understand each client's attachment needs contingent on his or her specific cultural context. She must help all clients to express and own those needs and corresponding emotions in a culturally acceptable way. While doing so, the therapist must be aware of culturally specific nonverbal and verbal expressions of emotions. Moreover, the therapist should have knowledge about the various cultural norms for emotional expressions. Sociocultural norms influence how people express emotions (Mesquita & Frijda, 1992) and how much affect display the members of a group will tolerate. In cultures in which emotional expression is discouraged, fewer words for describing internal emotional states exist (Katon, Kleinman, & Rosen, 1982; Lipowski, 1990). For example, in one study, Kleinman (1986) found that the Chinese clients with depression often presented with physical symptoms rather than depressive ones.

In the consolidation and integration stage, the therapist needs to help clients to continue engaging in their new interactional patterns within their cultural context. As in all the previous stages, the therapist must continue to direct clients in a manner that is acceptable in their specific cultural context. The therapist must be responsive to the cultural needs of the clients and create a safe environment for clients to continue these new ways of interacting.

CASE EXAMPLES

In a client's life, culture is not just another variable that creates individual differences in personal experiences among people. Culture cannot be separated and treated as an external factor. Because culture is everywhere and serves to organize all experiences, it cannot be the main focus of therapy for only one or two sessions; culture should be embedded in the entire therapy process.

Case Example 1

Edgar and Maggie were planning to get married in a year. Maggie was a second-generation Asian American, and Edgar was Caucasian with a European American background. They had been together for more than three years. They had a long-distance relationship and had not had many opportunities to be together physically. They reported that recently they had been fighting a lot. They wanted to deal with the situation before it got worse. When they talked about how their relationship had begun, the therapist realized that Maggie's eyes started tearing. The therapist asked, "Maggie, what is behind your tears?" She told the therapist that a couple of months after they started to date, Maggie's mother had gotten sick and had passed away. The anniversary of her mother's funeral was approaching and Maggie missed her. Maggie reported that while she was growing up as a second-generation Asian American, especially when she was a teenager, a lot of tension had existed between her and her mother. However, just a couple of years before her mother's death, they had started to develop a more intimate relationship. It was very painful for Maggie to think about never being close to her mother again. Maggie reported that when she feels devastated by her loss, she shuts down. Edgar reported that at those times he does not know how to make her feel better and that makes him feel helpless and inadequate. Then he shuts down as well. After identifying this cycle, Maggie said that she did not know that her shutting down was making Edgar feel helpless. She reported that she did not want to burden him, since she knew nobody could do anything about her loss. Following this session, Maggie reported going to Edgar more

often when she was longing for her mother and needed comfort from Edgar. Edgar started to listen and tried to be there for her in a more consistent way.

Maggie's privacy about her feelings toward her mother's death was better understood by paying close attention to Asian culture. Although Asian American families differ in their language, culture, socioeconomic status, and acculturation level, being aware of some common values is beneficial for clinical practice. One common value of Asian families is that the family's privacy is sacred, which often makes them prefer to keep their problems within the family circle (Kim, Bean, & Harper, 2004). Talking about this assumption with Maggie provided better understanding of her experience. This helped explain her tendency to keep her feelings related to her mother to herself. In the following sessions, she was able to talk to Edgar about her underlying feelings of needing comfort and Edgar started comforting her. These changes indicated that they were establishing a more secure relational bond. Maggie began to see Edgar as becoming part of her "Asian family" at the dawn of their marriage.

By informing herself about and paying close attention to Maggie's cultural reality and reflecting this reality to the both partners, the therapist used a cultural lens to create an opportunity for change in the interactional cycle. The therapist managed this by paying close attention to Maggie's privacy about her feelings toward her mother's death and by observing verbal and nonverbal cues of Maggie's emotions. This helped the therapist recognize the cultural underpinnings of Maggie's secrecy. By the therapist's open reflection to both Maggie and Edgar of Maggie's culturally based moves to keep her desire for comfort private, she helped them to create a deeper connection in their relationship.

Case Example 2

A therapist was working with a Turkish couple, Elif and Ozgur. They had been married for three years and had been living in the United States while they completed their higher education. They reported that they experienced several physical separations because of their school work. When the therapist saw them, Elif had been living with Ozgur for four months after a long separation. Elif reported that she was feeling lonely since she did not have many friends in the United States and she was not getting along with some of his friends. In their interactional cycle, Elif blamed Ozgur for not protecting her and not being on her side when there was tension between her and his friends in social situations. Ozgur felt that he was caught in the middle of his friends and his wife. He seemed confused and frustrated.

Recent conceptualization and studies in Turkish culture indicate that, from a sociological perspective, Turkish families are in transition from

collectivism to individualism and from traditional to more modern families (Kagitcibasi, 1996). Being aware of the European, Middle Eastern, Asian, Mediterranean, and Islamic influences on Turks was helpful for the therapist while working with this Turkish couple. Exploring their family history indicated that Elif came from a family that valued education, and she was encouraged to seek higher education and achievement. Her own family experienced long separations due to her father's job. During these long separations, her mother had a lot of support from their neighbors, extended family members, friends, and co-workers to deal with their daily life challenges.

During their conversations, the therapist found discovered that after moving to the United States, the couple found themselves in a traditionally individualistic society, away from home and supportive friends. Under these circumstances, Elif needed more affection and support from Ozgur. On the other hand, Ozgur was brought up in a more traditional (eastern) region of Turkey in which harmony in social groups and a strong sense of hospitality and politeness were valued. In this collectivistic milieu, people are not expected to show their negative feelings or disagreements to others, particularly to those who are not part of the immediate circle. Consequently, it was harder for Ozgur to manage the tension between his friends and his wife. He always felt that he had to please both his "guests" and his wife. Exploring their interaction with a cultural lens in depth, the therapist was able to help them identify their underlying feelings toward each other. Elif felt that she was not a priority in his life and she felt hurt and fearful that she was not. When the therapist helped Elif tell her husband how worried and scared she was about their relationship's future, Ozgur had a better understanding of Elif's experience and how his own efforts to be a good host had frightened her. As they continued to identify their fears and to listen, hear, and understand each other, they strengthened their connectedness as a couple.

In Elif and Ozgur's example, the therapist developed a deeper understanding of each partner's cultural reality. She reflected the cultural norm of hospitality to both partners. Since the therapist grew up in Turkish culture, she was knowledgeable about the partners' cultural heritage. However, in order not to be stereotypical about their experiences, she checked her assumptions with her clients by directly asking questions about these assumptions. The therapist also paid close attention to each partner's attachment needs within the framework of Turkish culture. There were cultural differences between the partners in expressing their emotions in different situations. This was reflected to both partners; Elif freely expressed her anger and disappointment, while Ozgur had a hard time expressing his sadness. The therapist helped Elif to soften and Ozgur to express his sadness, which was generally not expected from Turkish men. This helped them engage in new interactions that were more satisfactory for both of them within their emerging Turkish American cultural context.

CONCLUSION

A basic need for human beings is having a sense of belonging to historical continuity and identity. Our well-being is strongly influenced by our cultural identity. Feminist theorists and attachment theorists state that identity formation is an ongoing process that is formulated in interactions with others. Therefore, as therapists, we must integrate cultural acknowledgement into our therapies, so that our clients do not feel lost or displaced.

We must help our clients clarify their identity in relation to family, community, and their history and how their identity is an important part of both their strengths and their difficulties. In this spirit, EFT will contribute to sensitive interviewing in therapy with curiosity, humility, and awareness of one's own cultural values by focusing on underlying emotions.

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