



# **Multicultural Couple Therapy**

## **Emotionally Focused Couple Therapy with Intercultural Couples**

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## **Emotionally Focused Couple Therapy with Intercultural Couples**

Paul S. Greenman, Marta Y. Young, and Susan M. Johnson

In the past three decades, there has been an unprecedented increase in the number of intercultural marriages worldwide (Frame, 2004; Molina, Estrada, & Burnett, 2004; Waldman & Rubalcava, 2005). Intercultural relationships typically refer to a union between partners from different racial, ethnic, national, or religious backgrounds (Ho, 1990). Although all couples negotiate their individual differences to a certain extent, intercultural couples are faced with a “synergy of differences” that often taxes the relationship (Sullivan & Cottone, 2006). Despite the prevalence of intercultural marriages and the unique stresses of such relationships, including higher rates of divorce and a greater tendency to be in second marriages compared with intracultural couples (Gaines & Agnew, 2003; Gaines & Ickes, 1997; Gaines & Liu, 2000; Waite, Bachrack, Hindin, Thomson, & Thornton, 2000), the impact of cultural factors in couple therapy has largely been ignored, with a few notable recent exceptions (e.g., Bhugra & De Silva, 2000; Biever, Bobele, & North, 2002; Thomas, Karis, & Wetchler, 2003; Sullivan & Cottone, 2006).

The principal aims of this chapter are therefore to outline the impact of cultural issues on couples' interactions, and to describe the advantages of Emotionally Focused Therapy (EFT) in working with intercultural couples. Therapists who practice EFT focus on problems of direct relevance to couples who, in addition to dealing with issues common to couplehood, may also be challenged by cultural differences and by the stresses of acculturation. A discussion of the process and the empirical support for EFT will set the stage for a detailed case study of a couple in which one partner was of Middle Eastern background and the other was English Canadian. The case study will illustrate the usefulness of EFT with intercultural couples, the challenges EFT therapists face in their work with members of various ethnocultural groups, and the adjustments that need to be made to EFT interventions to ensure their effectiveness in multicultural contexts.

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### **Unique Experiences of Intercultural Couples**

Although intercultural couples face many of the same stresses and challenges as their endogamous counterparts, there are unique experiences that shape and challenge their

relationships. Bhugra and De Silva (2000) identified two primary sources of distress that intercultural couples may experience, namely macrocultural or systemic influences and microcultural individual differences. In addition, for those partners who have experienced migration, there are a number of acculturative stresses related to emigration and resettlement that may impact the couple.

### **Systemic Influences**

At a more macro or systemic level, intercultural couples are subjected to three main types of influences: social messages, family influences, and acceptance from the community (Molina, Estrada, & Burnett, 2004). Many intercultural couples are affected by the implicit and explicit oppressive messages regarding exogamous relationships (Killian, 2001; Molina et al., 2004). Examples of such social messages include statements like “You know he only wants to improve his social status by marrying a White woman,” or “You would be better off staying with one of our girls who will know how to honor her man.” With respect to family influences, family opposition to marrying outside of one's cultural group is often a significant challenge. Intercultural couples may be subjected to discrimination, hostile and violent behaviors, banishment, and even death in some extreme cases. These unsupportive family influences can profoundly affect the social and emotional well-being of the couple. Community acceptance or rejection has also been found to be an important influence on intercultural couples that can have a negative impact on their relational adjustment (Hsu, 2001).

Throughout history, individuals have experienced rejection and oppression because of their membership in particular groups (e.g., Native peoples, immigrants, visible minorities). When couples experience exclusion from the community, they are often faced with additional stressors such as housing discrimination, problems with colleagues and employers, social isolation, and witnessing their multicultural children being ostracized. Furthermore, members of privileged groups may suddenly find themselves the target of discrimination because of their choice of a culturally different partner (Biever et al., 2002).

### **Microcultural Differences**

Intercultural couples are, by definition, faced with negotiating differences they may have in terms of habits, beliefs, values, and customs. Common challenges and conflict areas include gender-based role expectations, fidelity, attitudes toward work and leisure, orientations toward time, importance of fate versus control, individualism/collectivism, financial matters, sexuality, religion and holiday traditions, language, verbal and nonverbal communication, expression of emotions, moods, and problem-solving strategies (including conflict resolution, child-rearing, definition of family, and family boundaries and obligations) (Biever et al., 1998; Hsu, 2001). In addition, differences in terms of age, race, social class, and “minority/majority status,” to name a few, may also contribute to an intercultural couple's distress.

Factors related to initial attraction can also become a source of conflict. Often, couples may have unrealistic or misguided expectations about other cultures. When there is a gap between their fantasies and reality, confusion and resentment may surface. An Asian woman from a more traditional family and culture, for example, may marry a North American man, assuming that he will hold more liberal views regarding women and gender roles. But he may expect his Asian wife to be more deferential to his male authority (Crohn, 1998).

### **Migration-Related Factors**

In addition to the macro and micro influences outlined above, issues related to acculturation become relevant if one or both partners have experienced migration. Many immigrants and refugees resettle in countries that are culturally very different from their homeland. After an initial period of elation and excitement, migrants often find themselves experiencing culture shock (Oberg, 1960). This phase is characterized by confusion regarding cultural norms, values, and roles; changes in the living environment (e.g., housing, diet, climate); and language difficulties. In addition, they are faced with the challenge of learning how to navigate largely foreign government agencies, such as the social, financial, and legal services, and the educational system. Securing employment may also be stressful due to discriminatory hiring practices, and lack of language skills or job experience in the country of resettlement (Winter & Young, 1998). Although many resettle successfully, most do experience, at some time or other, feelings of uncertainty, loneliness, homesickness, and general psychological distress (Al-Issa & Tousignant, 1997). Other related difficulties include substance abuse, marital distress, family violence, depression, and anxiety (Negy & Snyder, 1997; Winter & Young, 1998).

In the case of refugees, who typically have emigrated for involuntary reasons (e.g., war, persecution, torture, genocide), resettlement may be particularly difficult. In addition to these preimmigration traumas, refugees have often experienced additional horrific experiences during flight (e.g., rape, losing family members, being attacked). Those who are successful in fleeing often spend years in refugee camps, where day-to-day life is exceedingly difficult and precarious (e.g., shortages of food and water, overcrowded conditions, physical and sexual violence). Not surprisingly, many refugees are at higher risk for posttraumatic stress disorder (PTSD), adjustment disorder, depression, substance abuse, and family violence. Both immigrants and refugees are also often targets of prejudice, discrimination, and racism, which negatively affect their well-being (Beiser & Hyman, 1997; Tousignant, 1997).

### **EFT for Intercultural Couples: Forging Secure Attachment Bonds**

Providing therapy to intercultural couples in distress presents unique challenges. Although there has been an increase in attention toward this subpopulation of couples, few clinical guidelines currently exist. One approach that has been found to be relevant and effective is Emotionally Focused Therapy (EFT). The sections below provide an overview of the EFT approach in work with intercultural couples.

#### **Attachment Theory and Intercultural Couples**

EFT for couples targets sadness, loneliness, and stress directly. EFT is based on adult attachment theory, which stipulates that *all* people, regardless of their culture of origin, have innate needs for safety, comfort, and emotional closeness; that relationships with significant others provide these necessary emotional connections; and that the need for safe, nurturing emotional bonds remains salient across the lifespan (Bartholomew & Horowitz, 1991; Bowlby, 1969; Hazan & Shaver, 1987). According to attachment theory, the survival of the human race necessitates the formation of these emotional bonds with a few trusted others. In adulthood, romantic partners tend to take on the role of primary attachment figure (Johnson & Whiffen, 1999), particularly in the highly individualistic North American culture (Putnam, 2000). Couple distress therefore arises when people are unsure of the emotional engagement and emotional responsiveness of their partners, who are generally their primary sources of support. This attachment distress can become particularly salient in intercultural couples in which one partner from a collectivistic, community-oriented culture in sources of emotional support

abound finds himself or herself not only in an individualistic environment that emphasizes independence and personal resolve over interdependence and community, but also in a couple relationship devoid of emotional closeness. The loneliness that people in such situations feel is often excruciating and terrifying, due to unmet basic attachment needs for emotional closeness that they once satisfied through other significant relationships in their culture of origin.

Research on marital satisfaction and distress in North America reflects this attachment perspective. On one hand, the high level of emotional engagement and emotional responsiveness from primary attachment figures that typifies secure attachment is a key predictor of relationship satisfaction. In contrast, interaction patterns tainted by a preponderance of negative emotions such as anger, in which partners either attack or become numb and emotionally distant, are related to relationship dissatisfaction and dissolution (Gottman, 1991; Gottman & Driver, 2006; Huston, Caughlin, Houts, Smith, & George, 2001). From an EFT perspective, these interaction patterns represent a core struggle wherein partners attempt to regulate the strong negative emotions associated with the absence of secure attachment in the couple: The pursuing partner becomes angry and critical in an effort to engage the other emotionally, and the withdrawn partner shuts down and avoids in order to regulate the fear generated by the critical partner's hostility (Johnson & Greenman, 2006). For this reason, the forging of interactions characterized by safe emotional responses between partners is the main task of EFT.

### **EFT with Ethnic Minorities**

A major advantage of EFT in work with people from minority cultures is its emphasis on the fundamental attachment needs and basic emotions that typify the human experience. Needs for safety, comfort, and closeness appear to be universal (Ainsworth, 1967; van IJzendoorn & Sagi, 1999, 2001), as do the six basic emotions: surprise, fear, shame, anger, joy, and sadness (Ekman, 2003). It is also worth noting that patterns of attachment in couples tend to be consistent across cultures (Gaines et al., 1999; Troy, Lewis-Smith, & Laurenceau, 2006). Yet EFT therapists do not neglect the role of intrapersonal or cultural factors in the development and healing of couples' problems. On the contrary, the EFT approach encourages the understanding of all couple relationships as unique cultures in themselves, in which individual differences—whether they are the products of genetics, upbringing, or cultural norms—can play an important part in the genesis and resolution of the core attachment struggle between partners.

However, although emotions and attachment needs appear to be universal, the rules that govern which emotions and needs can be displayed in interpersonal contexts seem to vary from culture to culture (Rothbaum, Weisz, Pott, Miyake, & Morelli, 2000; van IJzendoorn & Sagi, 2001; Wang & Mallinckrodt, 2006). These cultural rules can constrain couples' interactions, shape their cycles, and affect communication in therapy. EFT therapists must therefore be particularly sensitive to cultural norms surrounding the display of emotion and the expression of needs, because these can have an enormous impact on the development and restructuring of couples' interaction patterns. For instance, the literature suggests that therapists working with people from Asian cultures must pay particular attention to cultural inhibitions regarding the expression and discussion of feelings and personal relationships, and to the stigma associated with consulting a mental health professional (Hwang, 2006). Our clinical experience with couples of Sicilian background indicates that themes such as revenge and honor can play an important role in determining how partners from that culture react to each other when they feel hurt, or when their attachment needs are not met. These clients

have shared with us a strong sense of shame surrounding emotional injury that goes unpunished. It seems that, in Sicilian culture, it is important to respond in kind when hurt by another person in a relationship in order to save face. This can create a pervasive attack–attack pattern in which both partners become hostile and defensive, and neither one feels safe in the relationship.

### **EFT: Stages and Steps**

EFT is an experiential and systemic intervention. As is typical of experiential therapies, EFT features active therapist–client collaboration that lends new meanings to clients' experiences (Johnson & Greenman, 2006). The theory of change in EFT is thus geared toward understanding and expanding on people's unique experiences of themselves and their relationships. In work with intercultural couples, this involves helping both partners to recognize the culturally driven norms, values, and expectations that contribute to their personal construction of, and emotional experience in, their relationship. Once the impact of culture on each person's experience of the relationship becomes clear, EFT therapists then invite partners to integrate these elements into their relationship directly and openly in order to encourage a stronger emotional connection, all the while providing them with empathic support.

The systemic component of EFT involves the therapist's construal of couples' problems as the result of rigid, self-reinforcing interaction patterns triggered by context cues and specific partner behaviors related to attachment needs. Whereas the theory of change that informs EFT emphasizes uniqueness and individual differences, the theory of relationships espoused in this approach (i.e., attachment theory) stipulates that the interaction patterns observed in couples reflect the level of satisfaction of fundamental human needs for safety and emotional closeness that are not unique to one particular culture. Therapy with intercultural couples therefore consists of helping partners identify any culture-specific ways of meeting basic needs for closeness and comfort, and reacting to their absence in the relationship. Typical strategies encountered clinically include pursuing one's partner aggressively and engaging in hurtful behaviors when attachment needs remain unfulfilled; becoming jealous, controlling, or overprotective; or refraining from discussing deep-seated longings for the other, and instead stonewalling and withdrawing. Throughout the stages and steps of EFT, the therapist guides intercultural couples' discovery of the manner in which such strategies might actually undermine a sense of closeness.

EFT consists of three stages: cycle de-escalation (Stage I), restructuring interactional positions (Stage II), and consolidation/integration (Stage III) (Bradley & Johnson, 2005; Johnson, 2004). Within each stage of EFT, the therapist follows a prescribed set of steps in order to help couples recognize and combat their negative interaction cycles, and establish a secure emotional connection.

#### *Stage I: Steps 1–4*

A total of nine steps make up the EFT process. The first four steps constitute Stage I, and are geared toward diminishing the impact of the couple's negative cycle. The therapist aims at this juncture to reflect the couple's pattern and to illustrate how each partner's behavior and expressed emotions (usually frustration and anger) in the cycle prevent safety and closeness. In so doing, the therapist helps uncover each person's unique construction of the relationship, which can stem in large part from cultural norms and expectations surrounding couple relationships and their partner's behavior. The focus in Stage I is also on uncovering the

primary emotions (e.g., fear, sadness, shame, panic) that each partner feels in problematic interactions with the other, which normally underlie their anger or emotional withdrawal, and on framing the couple's difficulties as the result of their negative cycle, replete with the underlying emotions and attachment longings that are present but not yet openly integrated into their interactions. In work with intercultural couples, EFT therapists validate the cultural influences on partners' behaviors and expressed emotions, but they also simultaneously reflect the impact of the same on the couple's negative cycle.

### *Stage II: Steps 5–7*

EFT therapists are most active during Stage II of EFT. First, they support one partner at a time to deepen his or her primary emotions, attachment longings, and sense of self in the relationship, and to express these to the other partner. Then they help the other partner hear, receive, and integrate this information, which is often hard to take in because it is so new. Finally, the therapist attends to the specific wants and needs that emerge, and assists in their expression. During Stage II, the therapist choreographs the couple's interactions (enactments) with an emphasis on asking them to express directly to each other their primary emotions (e.g., sadness and fear when uncertain of the other's love) and needs for closeness. The goal is to help the withdrawn partner to become emotionally engaged in the relationship and the pursuing partner to become less hostile and critical.

In work with intercultural couples, the main focus here is on identifying culture-specific ways of achieving attachment security and the potential impact of these on each partner's sense of the emotional availability of the other. Depending on the level of emphasis on personal privacy typical of clients' culture of origin, the change events in Stage II of EFT might be dramatically apparent, replete with tears and expressions of love and longing, or more subtle, with expressions of need for the other and fear of loss taking on a more reserved tone. It is important to note that in either case the basic underlying processes of helping partners seek each other out in times of need is the same, in accordance with the tenets of attachment theory.

### *Stage III: Steps 8–9*

The final stage of EFT builds upon the first two. By Stage III, the partners have reestablished safety and security in the relationship, or they have fashioned a secure base for the first time. They are now able to return to and solve long-standing problems such as money, sex, and child rearing because these issues no longer have the attachment significance they once did. The therapist's role is to facilitate the problem-solving process, and to reflect and heighten partners' new responses to each other (e.g., husband now speaks openly of his fear and asks for comfort instead of withdrawing; wife now expresses her vulnerability and need for safety instead of criticizing).

### **Empirical Support for EFT**

A number of studies conducted in North America have provided empirical support for the clinical efficacy of EFT. For example, the results of a meta-analysis of four randomized clinical trials in which EFT was compared with other couple therapies and two control groups indicated a highly significant effect of EFT on the reduction of marital distress (Johnson, Hunsley, Greenberg, & Schindler, 1999). Other studies have shown that 86–90% of couples who participate in EFT exhibit significant increases in relationship satisfaction, that 75% of

them are no longer distressed by the end of therapy (James, 1991), and that the effects of therapy tend to endure following termination (Gordon Walker, Johnson, Manion, & Cloutier, 1996). In fact, one investigation of couples at high risk for marital distress due to their children's illnesses revealed that the vast majority of those who received EFT continued to improve over the two years following the end of treatment (Cloutier, Manion, Gordon Walker, & Johnson, 2002). Finally, more recent results suggest that EFT might be an effective treatment for problems such as depression (Dessaulles, Johnson, & Denton, 2003), chronic illness (Kowal, Johnson, & Lee, 2003), and relational aspects of PTSD (MacIntosh & Johnson, in press). The following case study illustrates in detail the effect of cultural norms on the evolution of a couple's problematic interaction cycle and the power of EFT to help the partners alter it.

### *Case Example*

Scott and Sameera had been married for 15 years when they began therapy. Scott was White and a member of the English Canadian majority culture, whereas Sameera was of Middle Eastern origin. Many of her friends and acquaintances shared her cultural background. Sameera and Scott had no children. They sought help for what they described as a communication problem in their relationship.

Scott indicated that he often became frustrated with Sameera because, according to him, she would criticize him angrily and incessantly for no apparent reason. Sameera, on the other hand, said that Scott's inattention to her emotional needs, especially in their interactions with members of his family, left her no choice but to point out to him the various ways in which he needed to improve. The couple had heated arguments three to four times a week, usually about how abandoned Sameera felt when Scott tried to "keep the peace" during family conflicts. The content of the arguments then often turned to financial concerns, whether or not to have a baby, and the lack of closeness between the couple. The arguments ended when Scott would leave the room or the couple's home altogether, either to meet up with friends or to take a walk to "cool off." When he would return, he and Sameera would apologize to each other and try to continue as if nothing had happened. However, they both reported feeling as though nothing was ever resolved, which made them feel distant from each other. Despite their difficulties, they both demonstrated a strong desire to work on their relationship in an effort to rediscover the emotional closeness that was present when they first became a couple.

### *Stage I: Cycle De-Escalation and the Influence of Culture*

After an exploration of their history and of some details of their interactions, the therapist conceptualized the couple's problems as the manifestation of a pursue-withdraw pattern and the lack of a secure connection. The therapist reflected that when the couple got caught in this cycle, Scott felt inadequate, unsure of Sameera's love for him, and desperately afraid of losing her. She noted that he would pull back from Sameera out of fear and adopt a defensive posture in their interactions. Sameera, on the other hand, often felt alone, unimportant, and unloved. She expressed doubts about whether or not she could rely on Scott. The therapist underscored that when

Sameera felt this way, she tended to express her anger and frustration toward Scott in an attempt to reengage him emotionally, which unfortunately only exacerbated the problem.

Cultural elements accentuated the impact and the rigidity of this problematic cycle. For example, Sameera confirmed our clinical experience with people from Middle Eastern countries when she explained that, in her culture, people regularly experience and express strong emotions. Sameera indicated that her family members and friends of Middle Eastern background understood intuitively that displays of intense affect were ephemeral phenomena that tended to dissipate once expressed openly. She said, "I can love you one day and be passionate, and the next day I want to kill you and divorce you. But I'm not serious. Once I get it out, it's over."

Scott, on the other hand, grew up in a predominantly White, upper-middle-class area of English Canada. As is typical of men in the North American majority culture, Scott did not generally express his intense emotions openly, nor was he comfortable in affectively charged situations. He worked hard to control and to regulate his strong feelings and those of others; he did not tend to ask directly for his emotional needs to be met. Thus, cultural norms surrounding displays of emotion and appropriate ways of meeting attachment needs had an enormous effect on Scott and Sameera's interactions: The more he stifled his feelings and withdrew, the more intense and critical her expressions of emotions became, and vice versa. They each acted according to the cultural templates that they knew.

For this reason, the therapist focused on helping Scott and Sameera recognize the cultural impact on their respective positions in the pursue—withdraw cycle. In addition to the usual Stage I tasks of creating a therapeutic alliance with both partners, and delineating the emotions and attachment needs underlying their behavior toward each other, she also spent a great deal of time reflecting the manner in which their respective cultures of origin influenced how they expressed and regulated their own emotions, how they dealt with each other's expressions of affect or lack thereof, and how they went about seeking the closeness that they needed from each other. For example, the therapist framed Sameera's displays of intense emotion as normal for people of Middle Eastern background, whose culture informs them that it is necessary and appropriate to experience and express strong feelings as a way of garnering the support and closeness they need from others. At the same time, the therapist portrayed Scott's attempts to quell his fear in the face of Sameera's strong feelings by withdrawing from her as a typical response for North American men, whose culture teaches them that it is important to remain strong and to solve problems in order to make their relationships work. True to the attachment perspective that defines EFT, the therapist emphasized that Scott and Sameera's basic needs for safety, security, and a sense of the other partner's emotional presence were essentially the same, but they each went about fulfilling those needs within the couple in ways that actually created a distance between them. In their case, cultural differences added to the confusion and sense of loneliness common to couples entrenched in negative cycles of interaction.

One of the strengths of EFT is this capacity to integrate cultural information into the conceptualization of couples' difficulties without radically altering or abandoning the theoretical framework that explains and helps alleviate them. Culture becomes yet another element that shapes the individual and affects his or her behavior in the couple's attachment dance. Scott and Sameera's relationship started to improve once

they recognized and began talking openly about their cycle, and about how they each felt constrained by their typical ways of responding to each other, which were the products of temperament, personal history, *and* culture. Once they achieved this de-escalation, Scott and Sameera moved into Stage II.

*Stage II: Restructuring Interactions in Culturally Appropriate Ways*

Couples must recognize and respond to their partners' vulnerabilities effectively in order to establish a secure bond. At this stage, it is essential that each partner identify his or her emotional needs and ask directly for them to be met in the relationship. This work constitutes Stage II of EFT. By the end of Stage I, Scott was beginning to express his fears and insecurities more openly and directly with the therapist's support and guidance. On a number of occasions, he said, "I'm fearful and insecure. When she gets so angry like that, when her emotions get really big and she attacks me, I can't come back from it. I guess I'm too sensitive so I just pull away." At the same time, Sameera was also starting to take a more vulnerable stance in the relationship. She began expressing how alone she felt and how much she relied on Scott for support ("I love and need you so much but you disappear so often!").

At this juncture, the therapist helped Scott deepen and talk in the session about his fears of losing Sameera and his sense of inadequacy. However, as often happens at this stage of EFT, this was at first difficult for Sameera to hear because she was not used to Scott talking about any feelings at all. When the therapist initially reflected Scott's sense of vulnerability and paraphrased his statements to this effect (e.g., "I feel like such a failure, so I get out of there as fast as I can"), Sameera maintained her aggressive stance and continued to criticize him. Therefore, before asking Scott to speak directly to Sameera about his fears and specific needs in the relationship, the therapist first had to help Sameera experience Scott's vulnerability as a sign of her great importance to him, and to help her understand that her intense expressions of criticism were actually preventing her from getting the support and comfort that she stated she was looking for in the relationship.

In order to accomplish this, the therapist first validated Sameera's experience and her reactions. She then framed Scott's expressions of fear in terms of a deeply rooted longing for Sameera, and speculated that it must be difficult for Sameera to hear or believe this because she was so used to Scott withdrawing from her. Once Sameera demonstrated openness to Scott's vulnerability, the therapist then directed Scott to speak to her directly about his emotions, needs, and attachment longings. The following exchange illustrates this process:

T h e r a p i s t :  S	It's hard for you, Sameera, to hear Scott talk about how he feels like such a failure sometimes. It's hard to take in that you're so important to him that he gets scared he'll lose you when he feels inadequate like that, so scared that he withdraws because he doesn't know what else to do ( <i>Reframe</i> ). You're not used to seeing that side of him; it's new. And when you do see this other side, well that's kind of scary for <i>you</i> because it's unknown. It's like you say to yourself, "How can he be there for me if he's so afraid?" Is that it?
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a m e e r a:	That's right. And then I just get afraid myself, so afraid of being abandoned <i>again</i> , that I start to get angry with him and I let him know it!
T h e r a p i s t	Right. You show him that anger, and you use it to try to bring him back to where you are, to make sure he's there with you. And from what you've told me about your culture, it's perfectly normal that you let your strong feelings out as a way of getting what you need. You're not accustomed to that having such an impact on the people you're close to. Usually, you express your feelings and that's the end of it ( <i>Validation</i> ). But now you're hearing that it actually sometimes frightens Scott, it frightens him because you're so important to him and he wants so badly to be with you and to make things work ( <i>Reflection of cultural elements in the couple's cycle; st reframe</i> ). But right now, he deals with that fear by moving away from you, which just makes it harder for you, doesn't it? It just makes you want to shake him even harder to let him know you're there. Your feelings of fear and anger get really big, really strong then, don't they?
S a m e e r a:	Yes. ( <i>pause; to Scott</i> ) Is that true? Is that true what she said about me being so important?
S c o t t	( <i>tentatively</i> ): Of course. ( <i>turns to therapist</i> ) I just want to be there but sometimes I don't know how. And it's hard for me to be there when I feel like no matter what I do, it's no good. I'm just a failure.
T h e r a p i s t	Can you turn to Sameera and tell her that, Scott? Can you turn to her, right now, and say "You're so important to me and I want so badly to be there for you. It scares me to think that I might lose you because I'm not good enough. I need to feel that you love me too. Then I can be there."
S c o t t	( <i>to Sameera with tears in his eyes</i> ): You're the most important thing to me and I want to do everything in my power to take care of you. But it's hard for me to do that when I feel like I'm no good. I get scared. I need you too. Can we be there for each other?
S a m e e r	( <i>tenderly</i> ): Oh ... Yes. I realize now that all of this fear and sensitivity, it's because I'm so special to you, aren't I? I don't usually see that, but now I do.

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This excerpt illustrates the important change events of withdrawer reengagement (Scott) and blamer softening (Sameera). Sameera began to perceive Scott's vulnerability as a sign of her importance, and started to understand that she would receive the support she needed from him if she stopped criticizing him and took the risk of showing her own vulnerabilities and asking for her needs to be met. In the sessions that followed, the therapist helped Sameera to deepen and express her own attachment fears to Scott and to ask him from a position of vulnerability to be more supportive and emotionally present. Sameera's concerns about abandonment stemmed from her stressful experiences as an immigrant when she was a young girl, along with the basic fear of emotional abandonment common to all humanity according to attachment theory. These notions guided the therapist's questioning during the Stage II sessions. When Sameera approached Scott directly from a position of vulnerability, he was able to reassure and comfort her instead of withdrawing. The therapist also helped each partner to recognize the impact on their relationship of the typical ways of expressing and regulating emotions that they acquired in their respective cultures. She helped Scott learn to recognize when he was "shutting off and shutting down" in order not to feel, as North American men of European descent tend to do, and the effect this had of isolating Sameera and preventing her from feeling close to him. The therapist helped Sameera identify when her emotions were becoming intense and critical, and how this alienated Scott at the very moments when she needed him the most. At the time of writing, the couple was preparing to move into Stage III of EFT.

### Tips for Clinicians

The case of Scott and Sameera illustrates the importance of considering the influence of culture when conducting EFT for couples. In order for this therapy to be effective for couples from minority groups, or for couples in which the partners have different cultural backgrounds, it is essential for therapists to ask the question, "How, in this cultural context, do people generally go about meeting their needs?" This awareness of culture-specific ways of acquiring necessary emotional support from significant others, and of expressing and dealing with the strong emotions that characterize attachment relationships, facilitates a solid understanding of couples' cycles. Such understanding, in turn, permits the therapist to identify appropriate interventions, and to adjust the pace of therapy if necessary.

In the case of Scott and Sameera, for example, the therapist first had to recognize the cultural elements that were playing a role in the exacerbation of the couple's difficulties, then to reflect and validate each partner's responses as products, in part, of their cultural background, and finally to take these cultural dimensions into account when utilizing EFT interventions. The therapist in this case spent a great deal of time reflecting and validating Sameera's emotional responses, all the while respectfully indicating that they were reinforcing the couple's negative interaction pattern. She worked hard to help Sameera access and express her fears and vulnerabilities, and made sure not to ask Scott to risk speaking directly to her about his own until Sameera understood them to represent his deep love and longing for her. The key element in this case was a concentrated effort on the therapist's part to help each partner see and respond to the other's vulnerability. This involved a great deal of work assisting them with the processing of their emotions and finding appropriate words to express their needs to each other. Once again, this entailed moving at a slower pace than the one to which the therapist

was accustomed.

### **EFT and Ethnicity, Oppression, and Privilege**

Clinicians must understand and actively acknowledge the legacy of racism, sexism, and classism, both historical and current, in order to provide effective services to intercultural couples (Bobes & Bobes, 2005). EFT, with its systemic underpinnings, is well suited as a therapeutic approach to deal with such issues. EFT therapists, as well as other clinicians, therefore have a responsibility to increase their awareness not only about biases toward certain groups and systems of privilege at the level of society, but also their own biases, including prejudices and stereotypes (Hays, 2001). Furthermore, interactions between the therapist and each member of the couple exist within a cultural context. These interactions will vary depending on the race, class, culture, level of education, and gender of the therapist and clients.

Multiple scenarios are therefore possible, each with its own inherent issues of power, oppression, and privilege (Bhugra & De Silva, 2000). For example, therapy with a couple in which the woman is Filipino, the husband is an American soldier, and the therapist is White American will present its unique set of expectations and problems. Likewise, an African American therapist conducting therapy with a Latino man and a White woman will create a different set of issues. We encourage readers to consult the numerous books that have been published on the topic of multiple identities and their impact on the therapeutic process (e.g., Hays, 2001; Robinson, 2005) for more detailed information on this important issue.

### **Implications for Educators, Students, and Future Research**

In our experience, it is important for EFT supervisors to ensure that students move more slowly through the steps of EFT than they may be initially inclined to. Often, students' enthusiasm for the process of EFT and their sincere desire to help couples improve their relationships drive them to move too quickly through the steps and to employ certain interventions (e.g., enactments) before the couple is ready. Respect for the timing of interventions becomes all the more crucial when conducting EFT with couples in which one or both partners are members of an ethnic minority group, or when cultural differences between them play a clear role in their attachment struggle. Educators, supervisors, and students must therefore be acutely aware of the potential influence of cultural factors on the development of negative interaction cycles in couples, and of culturally defined ways of dealing with and expressing strong emotion. Such awareness will help ensure that EFT interventions are applied appropriately.

At present, the basic text on EFT for couples (Johnson, 2004) has been translated into Chinese, Korean, and Latin American Spanish. Practitioners from all over the globe currently teach EFT and conduct it with couples of various cultural origins. It will therefore be important in the future to examine systematically how to apply EFT to members of minority cultures. It would be interesting to discover, for instance, whether supplementary steps or interventions are necessary in the majority of cases, and whether these could be applied effectively to couples of diverse ethnic backgrounds. Research in this area is currently lacking and would prove useful.

### **Topics for Reflection**

Although providing couple therapy to intercultural couples is a rich and rewarding experience, it is essential that couple therapists acquire the necessary multicultural competency skills before embarking in this work. Since Sue, Arredondo, and McDavis's seminal paper in 1992, there has been a proliferation of clinical research in the area of multicultural therapy and multicultural competencies. In addition to over 500 articles on the topic (Trimble, 2003), there are two comprehensive handbooks dealing specifically with multicultural competencies (Pope-Davis & Coleman, 1997; Pope-Davis, Coleman, Liu, & Toporek, 2003). The various models of cultural competence are essentially based on the following three dimensions: (1) cultural awareness—a sensitivity and understanding of one's own culture; (2) cultural knowledge—acquiring knowledge of other culture's beliefs, values and practices; and (3) cultural skills—developing the skills to interact effectively with diverse cultures.

## Conclusion

EFT for couples targets what appear to be universal aspects of marital harmony and marital distress: emotions and attachment needs as they affect partners' responses. EFT is both specific and systemic; those who practice it respect and validate individual differences and they recognize how such differences affect interpersonal interactions. Cultural elements can play an important role in the development and exacerbation of problematic cycles of couple interaction. EFT therapists must take these cultural influences into account when assessing and treating couples in order to ensure the efficacy of the intervention. This normally involves careful attention to culture-specific rules about the expression of emotion and the fulfillment of fundamental needs for safety and security.

## Additional Resources

To provide culturally relevant and culturally sensitive EFT interventions to intercultural couples, clinicians will need to develop competence in the above dimensions and to familiarize themselves with current ethical guidelines endorsed by the American Psychological Association (2003) and by other professional organizations (e.g., Canadian Psychological Association, 2000). In addition, Hays's (2001) book, *Addressing Cultural Complexities in Practice*, and Robinson's (2005) volume, *The Convergence of Race, Ethnicity, and Gender: Multiple Identities in Counseling*, are extremely useful for any clinician interested in ensuring the cultural relevance and sensitivity of their interventions. Van IJzendoorn and Sagi's (1999) chapter in the *Handbook of Attachment* on cross-cultural aspects of attachment is also relevant for those who wish to apply EFT to couples with diverse backgrounds.

There are also many resources available for those interested in learning EFT for couples. The basic text is Johnson's (2004) book, *Creating Connection: Emotionally Focused Couple Therapy* (2nd ed.). More recently, Johnson and colleagues published *Becoming an Emotionally Focused Couple Therapist: The Workbook* (Johnson et al., 2005), which is full of specific instructions and exercises and complements the basic text nicely. Information about other resources, including additional publications on EFT, EFT training tapes, and a DVD of a five-day EFT externship, is available on the Center for Emotionally Focused Therapy Web site (<http://www.eft.ca>). Sue Johnson has also recently published *Hold Me Tight* (Johnson, 2008), a self-help guide for couples based on decades of EFT research and clinical experience.

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- attachment
- couples therapy
- closeness
- Johnson & Johnson
- emotion
- secure attachment
- vulnerability

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