# UNRAVELING CULTURAL COUNTERTRANSFERENCE: THE EXPERIENCE OF WESTERN-TRAINED CAUCASIAN THERAPISTS WORKING WITH ASIAN-AMERICAN ADULTS

Lynn Rosenfield

# UNRAVELING CULTURAL COUNTERTRANSFERENCE: THE EXPERIENCE OF WESTERN-TRAINED CAUCASIAN THERAPISTS WORKING WITH ASIAN-AMERICAN ADULTS

A dissertation submitted to
The Sanville Institute
in partial fulfillment of the requirements
for the degree of
Doctor of Philosophy in Clinical Social Work

By

LYNN ROSENFIELD

June 24, 2017

CERTIFICATE OF APPROVAL

I certify that I have read UNRAVELING CULTURAL COUNTERTRANSFERENCE: THE EXPERIENCE OF WESTERN-TRAINED CAUCASIAN THERAPISTS WORKING WITH ASIAN-AMERICAN ADULTS by Lynn Rosenfield, and that in my opinion this work meets the criteria for approving a dissertation submitted in partial fulfillment of the requirements for the Doctor of Philosophy in Clinical Social Work at The Sanville Institute.

Ph.D. 2/17/17

Alexandra Kivowitz, PhD, Chair, February 17, 2017

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# LETTER OF PERMISSION

March 15, 2017

Lynn Rosenfield, LCSW
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Los Angeles, CA 90049

Hsuan-ying Chou
[redacted]
Santa Monica, CA 90405

Dear Hsuan-ying:

As you know, I am completing my doctoral dissertation at the Sanville Institute for Clinical Social Work and Psychotherapy, based in Berkeley, California. The dissertation is entitled *Unraveling Cultural Countertransference* and I would like your permission to include two of your original illustrations in the body of the text.

In specific, I would like to use drawing #12 (the little girl peering over the top of the table at Korean delicacies) and drawing #47 (the same table now covered with American dishes of turkey, ham and pie, and hopefully still a few Korean dishes) from your personal narrative entitled *The Chou Johnson Family Story.*

I also would like to know if you do or do not want your name acknowledged on the drawings or in the "acknowledgements" section of the dissertation. Please circle the choice that feels most comfortable to you.

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Sincerely,

Lynn Rosenfield

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Date: March 16, 2017

# ABSTRACT

UNRAVELING CULTURAL COUNTERTRANSFERENCE:
THE EXPERIENCE OF WESTERN-TRAINED CAUCASIAN THERAPISTS
WORKING WITH ASIAN-AMERICAN ADULTS

LYNN ROSENFIELD

This qualitative dissertation explores the subjective experiences of seven psychodynamically-trained Caucasian therapists who have worked with an Asian-American adult for at least a year. These seasoned clinicians from a variety of religious, socio-economic and geographic backgrounds were interviewed about their beliefs, feelings, and sense of connection with their American-born clients whose parents had immigrated from Mainland China, Taiwan, Korea, or Vietnam.

The study investigated each Caucasian therapist's responses as he or she navigated the cross-cultural dyadic relationship and the unfamiliar terrain of the client's bi-cultural identity. The relevance of Western theories, such as attachment, identity of the self, and cultural competency, were also explored. The findings from the interviews were grouped into categories: the Caucasian therapist's own cultural background and experiences, his or her familiarity and preconceptions about Asian culture, the importance given to cultural issues in the treatment, the therapist's sense of identification and connection with the client's experience, the therapist's difficulty in identifying or

connecting with the client's experience, and how the therapist found his or her way in the face of similarity and difference.

The research found that culture was always in the room as a silent player in the therapy, but was not always named or consciously identified. Nevertheless, cultural issues were usually attended to in some way by the therapists, due to the common denominator of empathy. All of them connected with their clients, made space for their concerns, and grew in cultural awareness about their cultural countertransference feelings. The overarching conclusion is that there is no one "right" way to work with culture, raising questions about the inflexible mandates of some of the cultural competency literature.

# DEDICATION

In memory of my brother, Rich Rosenfield, Ph.D., with whom

I would have relished sharing this journey

and

To my husband Carl, who has supported me every step of the way,

offering wisdom and balance

and cheerfully picking up all the loose ends

## ACKNOWLEDGEMENTS

In 1970, I "fell into" and "fell in love with" social work. I was 23-years old and part of a group of young people who recognized the need for a center for homeless and runaway youth and organized Ozone House in Ann Arbor, Michigan. At the time, I had little formal knowledge of psychology or social work, but a spark was ignited in me that subsequently was nurtured by graduate school and many personal and professional experiences, teachers, and mentors. All have formed the foundation that has led to this most recent chapter: the doctoral program at the Sanville Institute.

The journey with Sanville has provided me with an intellectual, clinical, and emotional home. I am appreciative of the generosity of the entire faculty and the unselfish support of my fellow students and alums. I particularly want to thank my dissertation committee: Dr. Alex Kivowitz, my dissertation chair, for her unwavering confidence in me, her nuanced sense of what matters and what doesn't, her excellent conceptual and editing acumen, and for her convenient driveway parking when using the UCLA library; Dr. Samoan Barish, for patiently nudging me down the Ph.D. path, for her encouragement as well as constructive feedback, for endless walks and conversations in addition to official meetings, and for her exceptional ability to "think outside the box"; and Dr. Gitu Bhatia, for sharing her knowledge and passion about diversity themes and working cross-culturally, and for trying to teach me how to cook Indian food. In addition, I'd like to acknowledge the contributions of Dr. Judith Schore, my colloquium leader, Dr. Elinor Grayer, facilitator of the writing seminar, Dr. Judith Nelson for help with a particularly challenging paper, and Deans Whitney van Nouhuys, Ph..D, Mario Starc,

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I'd like to express appreciation to Dr. Catherine Nye of the Smith College School for Social Work, for her guidance regarding the interplay of anthropology and social work and for her overall support of my career. I also am grateful for the help I received from Larry Warick, MD and from Dr. Joanne Altschuler, who spent hours talking with me about my topic and data.

Special seats of honor go to the seven busy clinicians who agreed to be interviewed for this dissertation research. They enthusiastically gave of their time and of their hearts and I hope that I have accurately related their stories and reflections. Thanks to all those who helped me spread the word in order to find such articulate participants.

Other friends and family contributed in ways big and small, all unique and immeasurable. Libbie guided me through the UCLA library system, Susie shared her tips as a fellow writer, Robert and Joanna housed me during convocations and Hsuan-ying Chou granted me permission to use her beautiful illustrations. Nina provided not only her friendship but served as my pilot interviewee. Adrien, Aunt Nina, Ben, Bonnie, Charlotte, Chaz, Deb, Eda, Joe, Lydia, Marjorie, Mark M. and Mark R, Marlene, Monica, Rama, Saralyn, and Sharon, my suitemates, the women in my consultation group, the women in my book group, and others I may have unintentionally overlooked, thank you for still being my friends after so many years of immersion in this doctoral experience. Saving the best for last, my heart-felt gratitude to my husband Carl, whose genuine support of my aspirations has been steadfast, and to my son Zack, who has expressed pride and astonishment that I'm still "sitting at my computer" at midnight on a Friday evening.

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# CHAPTER 1: INTRODUCTION

A great deal has been written in the past several decades about the importance of practicing culturally-competent psychotherapy when working with an increasingly diverse American population. Little of this literature, however, has focused on the in-depth experience of the clinician, as opposed to the experience and needs of the patient, when providing therapy within a cross-cultural dyad. Countertransference feelings, particularly when intertwined with cultural differences, may have much to do with whether a working alliance can be created or whether the therapy will become blocked by misunderstanding and impasse. In order to further clinical awareness about the cross-cultural countertransference dynamic, this qualitative research study will explore the complexities of the Caucasian therapist's internal responses and how they are managed and utilized when treating an Asian-American adult.

## Description of the Problem

The idea for this research emerged from my personal countertransference experiences as a Caucasian-American woman, engaged in ongoing treatment with a number of Asian-American adults. These clients are of Taiwanese, Chinese, Korean, and Japanese backgrounds. All are American-born but pulled between the customs and values of their Asian immigrant parents and the American lifestyle around them. In the various treatment situations, the clients have chosen, or not objected to, a Caucasian therapist. In spite of our different cultural heritages, there has been enough resonance with each individual to develop a trusting working relationship. I soon ran into a clinical dilemma, however. The developmental experiences of these Asian-American patients didn't seem to follow a "typical path," as I'd been trained to define it through the lens of

psychoanalytic developmental theories. Baked into these theories are 20th century Western assumptions of what is and what fosters optimal growth and mental health. The personal histories of my clients included frequent attachment disruptions, seemingly harsh or non-empathic parenting, and family expectations of self-sacrifice that tended to obliterate the clients' own aspirations. Most of their narratives, while disquieting to me, were considered culturally normative by them and were not consciously the reason that they were seeking therapy. I wondered how this gap between our views and sometimes even our treatment goals could be managed and reconciled?

Another surprising phenomenon that emerged in the therapy was the degree of inhibition that I experienced in the countertransference, as if some force were descending over me and silencing my voice. Perhaps this was projective identification derived from the client's sense of paralysis, or perhaps it was something that originated in me. In spite of my years of clinical experience, I didn't know what to say upon hearing narratives that were so divergent from my beliefs and training.

A few examples will illustrate the nature of the countertransference dilemmas that I encountered. The first case is that of is a young woman in her early 30s who I will call "Jende," who was born in the United States but was sent back to Taiwan to live with her grandparents, who were total strangers, between the ages of 6 and 18 months. When she was reunited with her parents, they, too, were strangers. When Jende first told me this history, I was silently alarmed. I didn't yet know that this is a fairly common cultural practice among Asian immigrant families, but learning that hasn't changed my concern about how this disruption impacted her establishment of a secure emotional attachment. Jende herself seemed unaware that her separation experience was unusual or that it could

be connected to the problems that had brought her into therapy. I was conflicted about whether to share my thinking with her, and decided to wait for an "experience near" opportunity that would make emotional sense to her. I was also shaken by doubt. Maybe there were other family, peer, or community structures that had provided security to Jende in different ways and had compensated for her attachment losses.

I experienced a different kind of countertransference reaction whenever Jende described her mother's version of Taiwanese familial expectations that so invalidated her psychological personhood, as seen through my Western eyes. Although I've tried to be sensitive to genuine differences in cultural expectations in Taiwanese families, it has been difficult for me to separate out which expectations have more to do with her mother's narcissism and lack of empathy and which have to do with Confucian concepts of self-sacrifice for the welfare of the larger family unit. It seems as if her mother used cultural beliefs as a rationale for demanding attention and to mask her emotional pain and even mental illness (Akhtar, 2014). Jende was frequently hurt by her mother's comments and misperceptions of her, but like most daughters, was eager to please her mother and to gain her approval. She concluded that there was something really bad about herself that she could never identify. "Fonagy and colleagues (2002) hypothesized that affect dysregulation...can result from interactions during which the caregiver mirrors back a marked but incongruent, distorted reflection of the infant's emotional state" (as cited in Applegate & Shapiro, 2005, p. 54). Jende continuously experiences a gap between her own motives, thoughts, and feelings, and her mother's criticisms about her worth as "a dutiful Chinese daughter." A similar disregard for a "separate self" is illustrated by what happened to Jende's brother, previously viewed as the favored child, when he decided to

take a job in another part of the country that put him further away from his mother. She has refused to speak to him, his wife, or her grandchildren since then, which is now approaching 4 years in duration.

A second Taiwanese-American client, a young man in his 30s who I will call "Princeton", but who goes by the nickname of "Petey", experienced a different form of abandonment at age 2, when his parents started an international business and were out of the country for over half of his childhood. They left him and his siblings with Mandarin-speaking housekeepers, with whom they could not communicate. Although he doesn't remember the incident, Petey related that when his mother explained that she would be returning to work in order to "buy him nice things," he gave her back all of his toys and begged her not to go. His mother reported this as a "cute" story, but when Petey told it to me, he cried. The business has been wildly successful and his parents now are extremely wealthy. Petey is torn between anger and sadness about the loneliness he endured and acceptance of the Confucian belief in individual sacrifice for the larger family good. In the many hours that he spent alone as a child, he devised a system of coping that is unemotional and based on logical deduction. He is drawn to solutions that are most "efficient" and that do not waste energy. He doesn't wish to take feelings into account, as they are messy and can interfere with functioning. Petey sought out therapy only because his system had begun to break down. He found himself feeling depressed and haunted by recent acting out behavior that he was unable to understand or control.

Petey's negotiation of what we in the West would call young-adult milestones has been seriously impeded by cultural and emotional splits within him. He is torn between American culture and his Asian background, although he usually opts for peace by

complying with the Chinese cultural norms of his family. He has reduced some of the conflict he experiences by agreeing with many Chinese values, such as "tiger parenting" or marrying to uphold the life goal of providing his parents with grandchildren. He accepts the absence of personal fulfillment by rationalizing that his self-sacrifices will make others happy. He wants to be as American as apple pie (or GI Joe, exemplified by his enlisting in the army and serving in Iraq), but he would never overtly disobey his parents, even if they espouse traditional spiritual beliefs or recommendations from fortune tellers that make no sense to him. If they want him to take over the family business, he will do so even though, as a video game designer, he has no interest in it or in financial affairs. This has created cultural confusion and a type of false self in which his true wishes are disregarded or often remain hidden and unknown. Petey displays a resulting paralysis of motivation that is reminiscent of the depression and apathy of his childhood when there was no adult tracking his difficulties or applauding his achievements. Without this kind of attachment relationship, it is hard "to sustain investment in the external world" (Applegate & Shapiro, 2005, pg. 62). Do I, as Petey's therapist, discuss how parental absence and cultural conflict may have impacted his sense of self-agency? Are my beliefs in this area a product of my cultural bias or is his development truly at risk? Often these questions involve a mixture of cultural and diagnostic considerations that are difficult to separate.

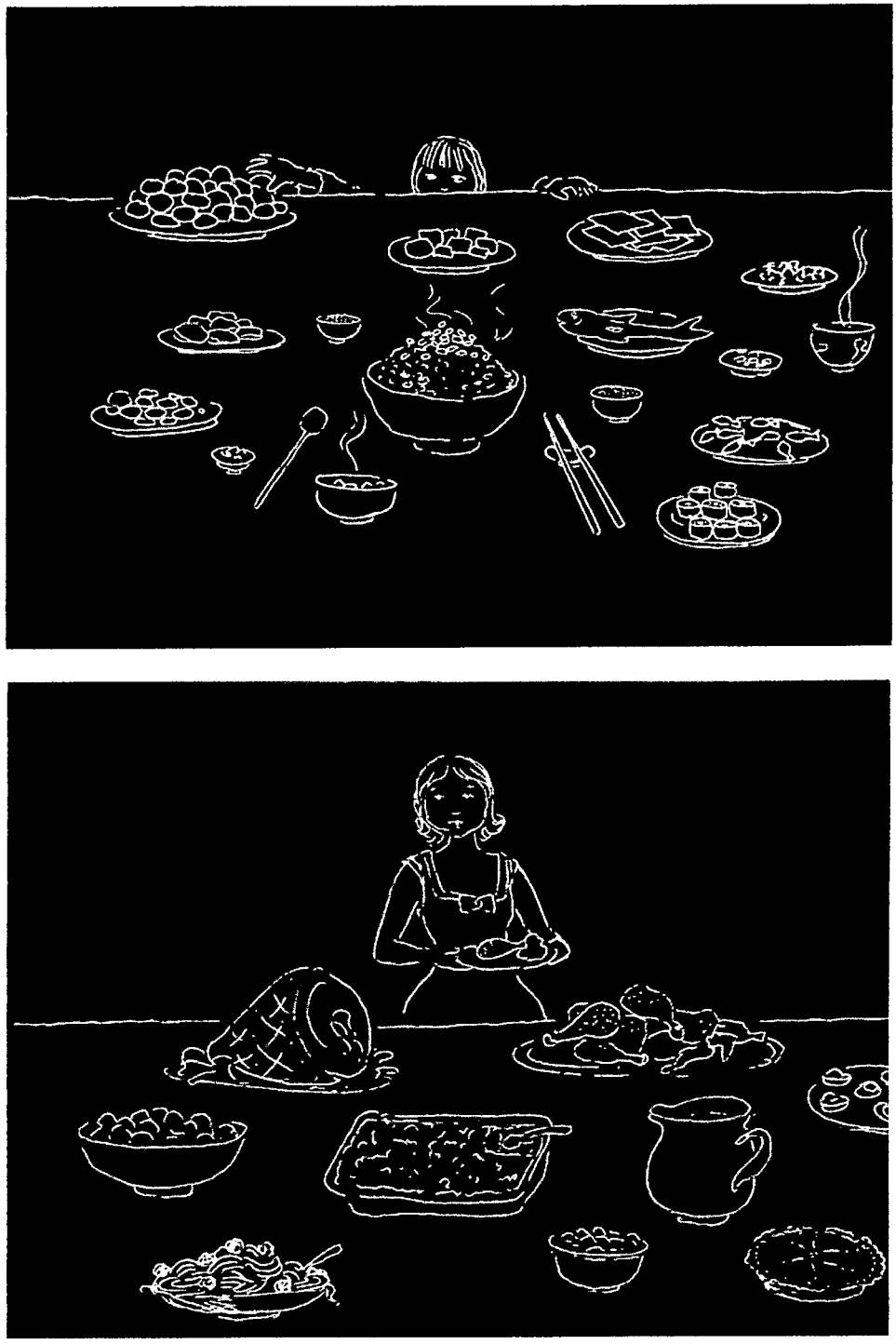

***Figure 1.*** Depiction of Asian-American hybrid identity. Unpublished illustrations by Hsuan-ying Chou, 2015. Reprinted with permission.

These culturally different perspectives presented a dilemma regarding the therapeutic approach. I find the parental behavior in these narratives to be upsetting and at times outright cruel. When such feelings arise in me, I don't know what to do with them. Like my clients, I have felt caught between two worlds, shocked by the degree of hurt and abandonment they have endured, yet reluctant to show an authentic reaction due to fear of inducing anger or disrespect toward a parent, who is a venerated figure in Asian culture. Filial piety and obedience to elders are the foundations upon which these clients have been raised. My awareness of cultural competency guidelines has played a significant role in inhibiting the expression of my Western reactions to Eastern childrearing practices that seem so foreign to me but also so detrimental to my clients' development. There have been numerous opportunities to link their present struggles to traumatic separations or events in the past, yet I have hesitated with an uncharacteristic degree of caution, which at times has bordered on disempowerment.

My mind is flooded with contradictory thoughts: "What am I reacting to?" "What is producing this extraordinary inhibition?" "Is this projective identification or some kind of role reciprocity, in which I am responding in a way that the client is expecting?" "If I am aware of ways in which a client's development is in jeopardy, don't I have a responsibility to intervene?" "What right do I have to assume that a particular Asian tradition is detrimental?" As these dilemmas emerged within my psychotherapy experiences, I wondered about their meaning and what to do in response. In the short term, they seemed best resolved by keeping my thoughts to myself. Through my silence, however, was I in danger of reinforcing the client's denial of distress and his or her need to maintain the mask of a false self?

I have reflected upon the early attachment studies by Bowlby (1969) and Ainsworth, Blehar, Waters, & Walls 1978), and the newer contributions from neurobiology, that spell out the critical role of the caretaking dyad in the development of right brain functions, particularly affect regulation, during the first 2 years of life (Schore, 2003). I wonder how applicable these Western-based theories are to Chinese beliefs and cultural practices that do not necessarily view the parent/child relationship as primary (Kleinman et al., 2011). While I question the wisdom, if not the necessity, of sending babies back to grandparents in China, or the practice of interfering with the "independence" of young adult children in their mid-30s through expectations of filial obligation, these family dynamics are not unusual within Asian culture. In addition to questioning the ethics and validity of applying unmodified versions of attachment, trauma, and developmental theories to Eastern practices, my desire to be culturally sensitive has created a hyper-vigilant stance, scanning for potential micro-aggressions that I might inadvertently commit. I have felt, interestingly, like an immigrant in a foreign land, without any road map or theories to guide me. I found myself wondering whether I was experiencing, through projective identification, aspects of the cultural ambivalence and internal conflict that these clients carry inside?

It is relevant, at this point, to say something about my own cultural background, in order to identify the lens through which my countertransference feelings and my interest in this topic emerged. I am from a progressive middle-class Jewish family that is many generations American and removed from the struggles of the immigrant experience. I grew up in a predominantly Catholic area with very few Jews and almost no minorities. My father was a professional but our neighborhood was conservative and

working class. My parents moved there because it was where they could afford to buy a house. I was a good student in a community where football and cheerleading were more valued than good grades. Like the therapists I interviewed for this study, I felt like an "other" or an outsider. My parents were active in civil rights causes and although they were both born in the American South, they abhorred racism and discrimination.

In grade school, I knew one Asian family, who ran the Chinese laundry. The daughter was my age and stuttered when she spoke. In my childish linear thinking that easily gave way to stereotyping, I concluded that all Chinese people must stutter and was shocked when I heard another Chinese person speak fluidly. This was an embarrassing but powerful lesson that I learned at a young age. It mingled with a frightening personal experience at about the same time in which a classmate's grandfather pointed a gun at me and said "Get off the block, you dirty Jew."

Even as a small child, I was fascinated by other cultures that I read about in *National Geographic* magazine. In college, I spent my junior year in Paris, which initiated my life-long passion for anthropology and international travel. I was exposed to the wonders and also the differences between Europe and America, and understood more clearly what it feels like to be a foreigner who is viewed differently than the way you see yourself. I'm not sure how this history became interwoven with empathic tendencies and a professional interest in what makes people "tick." All I know is that when I had the random opportunity to work with a number of Asian-American clients, a powerful curiosity clicked into place.

## The Research Question and the Design

As a result of the intensity of the countertransference reactions with my clients and the relative lack of elaboration of the therapist's internal process in the cross-cultural literature, my research question asked: What is the nature of the internal experience of the Western-trained Caucasian therapist when engaged in psychodynamic treatment with an Asian-American adult? The sub-questions that were addressed are:

1. In the course of treatment with an Asian-American client, does the Caucasian therapist experience feelings regarding cultural similarities and/or cultural differences? If so, when does he or she become aware of these feelings, how does he or she understand this response and what, if anything, does he or she choose to do?
2. Do clinicians feel conscious conflict between what they have been taught theoretically and the culturally-shaped narratives of their client's lives?

This qualitative research study followed a grounded theory approach (Corbin and Strauss, 2008; Glaser & Strauss, 1967). I investigated the topic through interviews with seven Caucasian therapists who each has had at least 10 years of clinical experience and has worked with an Asian-American adult, age 30 years or older, for at least a year. I chose to investigate this particular dyadic combination because there is a large Asian-American population where I live, making it easier to find participants and reinforcing the study's potential contribution. There are also marked differences between the Caucasian-American and the Asian-American cultural orientations that provided rich data about the dilemmas that must be negotiated by a Western-trained psychotherapist. In addition, the Caucasian therapist/Asian-American client was the context within which my

original passion for this topic emerged. I hoped to interview clinicians who shared an interest in cross-cultural work and who were willing to reflect deeply upon their experiences.

## Definitions

For the purpose of this study, the term "psychotherapist" or "clinician" refers to a mental health professional (Marriage and Family Therapist, Clinical Social Worker, Psychologist, or Psychiatrist) who is licensed to provide psychotherapy services and whose treatment orientation is psychoanalytic or psychodynamic. The term "Caucasian" is used in its most colloquial sense, meaning a White person of European descent ("Caucasian," n.d.). The umbrella recruitment category of Asian-American encompassed individuals who were born in the United States but whose roots are from one of the Far-East or South-East Asian countries or from the Indian subcontinent. As it turned out, the participants' clients had family backgrounds from China, Taiwan, Korea, Vietnam, and the Philippines. I chose to include in my participant criteria (indirectly, because I only interviewed the therapists), clients whose families come from any of the Asian countries because of uncertainty about finding an adequate sample from any one country, and because there are many philosophical and religious commonalities that bind all of the countries together. For instance, China, Korea, Japan, and Vietnam are all countries in which Confucianism governs core beliefs, rituals, and guidelines for interpersonal relationships (Slote, 1996). I am aware, however, that the category of "Asian-American" is not a monolithic profile, and that there are many unique characteristics to the culture of each Asian country. Even within one country, there is no uniform culture that applies to all situations, but rather a myriad of micro-cultures that mix and match the variables in a

particular way for each family (J. Miller, personal communication, July 17, 2013). The same is true of the category "Caucasian-American," which can encompass many regional, philosophical, political, religious, or class differences while also being held together by powerful overarching principles.

There are many definitions of "culture" that address the term from a variety of contexts, such as from anthropology, sociology, and psychology. These concepts have evolved over time to reflect changes in societal attitudes and beliefs. In 1963, the anthropologist Shweder described culture as "patterns of behavior that are learned and passed on from generation to generation" (1996, p. 19). In 1996, he defined members of a culture as "members of a moral community who work to co-construct a shared reality and who act as though they were parties to an agreement to behave rationally within the terms of the realities they share" (p. 19). This later definition is consonant with the contemporary thinking of the relational school of psychotherapy, which sees all interactions between the therapist and client as interplays that are co-created by the participants.

The anthropologist Clifford Geertz was engaged in research at a time when others in his field wanted to view themselves as scientists (Berraby, 1995). They wanted to find universal laws of society that existed regardless of the particulars of culture. Geertz (1973) strongly disagreed, believing that culture encompasses everything and can't be separated out. He developed his concept of in-depth, "thick description" to capture the integration of culture into the detailed fabric of everyday life. In this research, I sought to elicit Geertz's "thick description" from the participants. I also used Celia Falicov's pluralistic definition of culture as

> Those sets of shared world views, meanings and adaptive behaviors derived from simultaneous membership and participation in a variety of contexts, such as language; rural, urban or suburban setting; race, ethnicity and socioeconomic status; age, gender, religion, nationality; employment, education and occupation, political ideology, stage of acculturation. (1983, as cited in Falicov, 1998, p. 14)

I have chosen to view culture in a way that includes race and ethnicity but does not single them out to be exclusively studied. McGoldrick, Giordano, and Garcia-Preto (2005), represent a school of thought that considers race to be an artificial construct that was created to enhance White superiority. I, too, regard it as a socio-political concept that has nothing to do with internal or genetic differences. I have viewed culture as an integrated aspect of an individual's personality, not as a superficial layer that can be examined and put aside while the "real intrapsychic issues" are addressed. "Culture is the primary stuff of unconscious life, because internalized self-object relations and culture are fused together and cannot be separated out" (Grey, 2001, as cited in Bonovitz, 2005, p. 55).

Western psychoanalytic theory and practice comprise an additional aspect of culture, representing specific European and American attitudes and values (Cabaniss, Oquendo, & Singer , 1994; McGoldrick et al., 2005; Perez Foster ,1998; Roland, 1996). In this way, it has its own voice in the dialog with the therapist and the client.

## Theoretical Framework

I have employed a relational/intersubjective framework (Atwood & Stolorow, 1984; Mitchell, 1988; Ogden, 1994) in this research to define the concept of countertransference and how it is interwoven with cultural issues. Countertransference

has undergone a gradual transformation from Freud's original view of it as material from the clinician's unconscious, in reaction to the patient's transference, which should be processed separately and kept outside of the therapeutic dialog. The contemporary conceptualization of countertransference refers to everything that the therapist thinks and feels, be it truth or distortion, conscious or unconscious, coming from the client as a projection or originating within the clinician's imagination. It also includes "the therapist's feelings about him or herself" (Grayer & Sax, 1986, p. 298). Culture can be seen as one of the strands of the transference/countertransference matrix that the therapist and client co-create and decipher together. Maroda, a relational psychoanalyst, states that

> the patient will know what you are feeling *whether or not* you freely express and take responsibility for it, and that psychoanalytic psychotherapy or psychoanalysis are interpersonal as well as intrapsychic events that require insight into the relationship that exists between patient and therapist. (1995, p. 239)

## Significance of the Research Project

The potentially serious consequences of cross-cultural misunderstanding is poignantly described in *The Spirit Catches You and You Fall Down* (Fadiman, 1997), the true-life story of the medical treatment of a Hmong child with epilepsy in Merced, California. The girl's parents were among the 150,000 Hmong refugees who fled Laos when it was taken over by communist forces in 1975. Many of these refugees settled in Merced and in other small towns along California's central valley. The Hmong are an illiterate culture who resisted being assimilated by the Chinese in Laos and who have powerful indigenous rituals to address every aspect of life, including the source and treatment of illness. When this little girl, Lia, had her first epileptic seizure at the age of 3

months, her family readily recognized her condition as one in which her soul had fled her body in response to a sudden loud noise. They believed that she was hit by a soul-stealing spirit, which caused her to fall down (Fadiman, 1997, p. 20). Although her parents administered their own remedies, Lia's seizures continued and intensified to the point that they agreed to take her to the community hospital.

The book describes the disastrous chain of events that resulted from the clash of Western medical approaches and Hmong tribal beliefs. Lia's parents were unable to read the medication instructions provided by the hospital and were reported to Children's Protective Services for noncompliance with the treatment. Eventually, Lia, who was a cherished child, was removed from the family and placed in foster care. Her health continued to deteriorate in spite of well-meaning doctors, shamans, social workers, foster parents, and family. It may be that Lia had an intractable epileptic condition, but the failure of the numerous caretakers to negotiate the differences between Eastern and Western beliefs or to overcome problems such as the parents' illiteracy, turned out to have truly tragic repercussions (Fadiman, 1997).

These events took place in the 1980s, and can serve as a metaphor for all that can go wrong in interactions that do not take cultural differences, internal countertransference reactions or the unspoken assumptions of Western professional training into consideration. Unfortunately, studies reveal that psychotherapists have the same degree of racial and cultural bias as the general population (Leong, Lee, & Chang, 2008). Over the past 25 years, the psychotherapeutic world has slowly turned its gaze in the direction of embracing cultural awareness, empathy and expertise. This has produced a body of "cultural competency" literature (Comas-Diaz, 1991; Falicov, 1998; Lee, 2011;

McGoldrick et al., 2005; Mishne, 2002; Pederson, 2008; Sue & Sue, 2008) that has been influential in promoting the importance of diversity training. Holmes has stated, however, that "to date, the mental health professions have responded to this challenge in ways which tend to focus away from the treatment process *per se*---as in educative, advocacy, and community mental health approaches" (1992, p. 2). The "first generation" of cultural competency literature was not primarily a clinical paradigm. It told you more about categories of people than how to work with the individual client with whom you were engaged. Esprey (2014) has suggested that it failed to include the therapist's subjectivity. A major goal of this dissertation research has been to increase the body of literature that focuses on the clinician's experience of resonance and struggle when engaged in cross-cultural psychotherapy.

Recently, more attention has been paid to the existence of the clinician's "cultural countertransference," which is described by Perez Foster as

> a matrix of intersecting cognitive and affect-laden beliefs/experiences that exist within the therapist at varying levels of consciousness. Within this matrix lie: the clinician's American value system; theoretical beliefs and practice orientation; subjective biases about ethnic groups; and subjective biases about their own ethnicity. (1998, p. 253)

This schematic model of the therapist's experience has particular relevance to my work and was used as an organizing framework in my research interviews.

The contribution of my research to this growing body of knowledge is in the *in-depth* examination of the Caucasian clinician's countertransference experiences, particularly in response to client narratives about such issues as attachment, separation

and loss, individuation, and the sense of self. Recent authors (Akhtar, 2014; Cabaniss et al., 1994; Perez Foster, 1998, Ringel, 2005; Roland, 1996) mention differences in how development is viewed across cultures, but there has been minimal focus on the therapist's emotional struggle with these issues, how they intersect with the struggles of the client and how they are managed in the on-going clinical encounter.

This study elaborates and builds upon some of the aspects presented by Ringel (2005) in her study of therapeutic dilemmas in cross-cultural practice with Asian-American adolescents, as well as introduces some new dimensions that are not addressed in her research. Ringel interviewed seasoned as well as inexperienced clinicians who had a range of exposure to cross-cultural practice. Her research identified three major themes whose disparities have the potential to produce therapeutic impasse: interdependence vs. acculturation/individuation, equality vs. hierarchy/authority and supportive vs. dynamic treatment. Some of her participants expressed similar frustrations to the ones that I experienced when working with my Asian-American clients. One of Ringel's major findings is that "...the more experienced therapists clearly seemed to appreciate their clients' culturally based expectations, and (were) able to hold the tension between Eastern and Western cultural perspectives more successfully" (Ringel, 2005, p. 65). This influenced my decision to interview relatively seasoned therapists with at least 10 years of experience with psychodynamic practice and at least 1 year's experience working with an Asian-American adult. I sought to explore the in-depth reflections of the therapist's internal processes over the course of dynamic treatment and therefore was not as interested in the supportive, directive, educative, or practical approaches that were utilized by some of Ringel's participants or are often the focus of cultural competency

trainings. In having my client population be adults rather than adolescents, I had the opportunity to lengthen the trajectory of years being examined in order to explore whether and when certain identity issues and developmental milestones emerged within the Asian-American clients treated by the study's participants.

My research sought to contribute another dimension to the understanding of countertransference, that of the clinician's reactions to theory. The study investigated the emotional states of resonance and dissonance that were experienced by the therapists when trying to reconcile principles of psychoanalytic theory with the rituals and beliefs of Asian culture. It also explored the impact of diversity training and cultural competency theory on the feelings and actions of the clinician. This last part of the focus can be summed up with the question: how do our theories help and hinder us in the real life clinical situation?

Through an exploration of the clinician's internal struggle with cultural and theoretical differences and the "working-through" of these dilemmas within the therapist/client dyad, this qualitative study sought to provide a glimpse into psychodynamic approaches and techniques that might be successful in keeping Asian-American clients in treatment. It also hoped to identify whether clinicians underuse their previous knowledge and skills because of questions about the relevance of psychoanalytic theories or the dictates of cultural competency guidelines. All of these factors have implications for the possible modification of clinical theory and therapeutic approaches to fit culturally and ethnically diverse populations. In spite of the powerful obstacles and challenges that must be negotiated, the data could result in new directions in psychotherapy, training, and supervision.

## CHAPTER TWO: REVIEW OF THE LITERATURE

The focus of this research is the in-depth countertransference experience of the Western-trained Caucasian therapist when engaged in psychodynamic treatment with an Asian-American adult. I have grouped the literature review into a number of themes, have identified authors in each topic area whose ideas are most relevant to my work, and have mentioned others who have made additional contributions. I have begun with literature that provides general background information about cultural concepts and then have moved to a discussion of the "culture" of psychotherapy. Next, I discuss the interplay of "cultures within cultures" in the psychotherapy matrix that includes the ethnic mix of the therapeutic dyad, their different views about giving and receiving help, family practices and personal expression. Interactive dynamics could even encompass the political and economic relationship between the United States and the client's country of origin. I will present the authors who have developed popular cultural-competency models and discuss the strengths and limitations of these models and the evolution of cultural competency theory over the years. Dr. Alan Roland, an anthropologist and psychoanalyst, offers an approach to cross-cultural practice that provides a helpful conceptual framework for my study. He questions the universality of Western psychoanalytic concepts when applied to Non-Western cultures and suggests a model that guides the therapist in integrating the two (Roland, 1996). I have incorporated literature that addresses specific cultural features of providing psychotherapy to the Asian and Asian-American population and I discuss some of the Western dynamic theories that are called into question when working with Asian-American adults: attachment; theories of development, particularly models that emphasize separation and adult autonomy; and the

establishment of an individual "self." Last, I have reviewed the history and evolution of countertransference in the literature in order to provide a context for its contemporary usage within the relational psychoanalytic paradigm that I have chosen for this study. I am utilizing RoseMarie Perez Foster's concept of "cultural countertransference" as another organizing framework for my research. She adds the previously-ignored or under-recognized elements of the therapist's biases and feelings of familiarity or discomfort with aspects of the client's cultural background to the overall concept of countertransference (Perez Foster, 1998). She believes that paying attention to the cultural components of countertransference is a key variable in the success of cross-cultural psychotherapy. Recent literature on race in the countertransference supplements Perez Foster and provides a powerful template for how to explore prejudice within the clinician's subjective experience.

## Definitions and Cultural Concepts

*Culture* is the multi-dimensional intersection of beliefs, myths, customs, race, class, and language of a group (Falicov, 1998). It exists in many layers, starting with biological features and extending to family, community, regional, national and ethnic characteristics. Kluckhohn, as quoted by Geertz (1973), defines culture in 14 ways:

> (a) the total way of life of a people (b) the social legacy the individual acquires from his group (c) a way of thinking, feeling, and believing (d) an abstraction from behavior (e) a theory on the part of the anthropologist about the way in which a group of people in fact behave (f) a storehouse of pooled learning (g) a set of standardized orientations to recurrent problems (h) learned behavior (i) a mechanism for the normative regulation of behavior (j) a set of techniques for

> adjusting both to the external environment and to other men (k) a precipitate of history" and turning, perhaps in desperation, to similes, as a map, as a sieve and as a matrix. (Geertz, 1973, pp. 4-5)

Culture is intertwined with, and the context for, everything we do.

*Acculturation* is a term used to describe the degree to which one has adapted to a new culture. Acculturation takes place when one culture comes in contact with another, and either or both are changed by this interaction. If the contact takes place through immigration to a new country, the immigrant carries the challenge of adapting to the host culture of that environment for survival (Kim, 2007). *Assimilation* is "the process by which a person or persons acquire the social and psychological characteristics of a group" ("Assimilation," 2017). *Cultural assimilation* is "the process by which a person or a group's language and/or culture come to resemble those of another group. . . . Full assimilation occurs when new members of a society become indistinguishable from members of the [dominant] other group" ("Cultural assimilation," 2017). Eng and Han (2000) speak of *racial melancholia* that can result when Asian-Americans, or any immigrant group, assimilate so thoroughly into the dominant culture that they lose touch with their identity.

*Enculturation and ethnic Identity development* are terms that refer to the attachment one feels to one's cultural heritage (Cardemil & Battle, 2003; Cheryan & Tsai, 2007; Kim, 2007; Mishne, 2002). Mishne asks about the client's stance in relation to his or her native culture. What stage of ethnic identity development is the client in? He or she may be more uncomfortable working with a Caucasian therapist at certain stages of the ethnic identity process (Mishne, 2002). Kim (2007) uses the word *enculturation* to

describe the socialization and maintenance of the norms of one's original culture. Some Asian-Americans are deeply immersed in their Asian culture, even several generations after their family has immigrated, while others lose their Asian identification quickly in an effort to be "American." "How one defines oneself within a context of multiple processes of identification becomes a central task in the immigrant's settlement and integration into the host country" (Tsang, Irving, Alaggia, Chau, & Benjamin, 2003, p. 364). An individual can be acculturated into more than one culture, particularly someone who leads a transnational existence and frequently travels back and forth between the Unites States and the country of origin. Although this research focuses on the second generation (the American-born children of immigrants), acculturation and ethnic identity themes often begin with the parents and grandparents and are subsequently passed down to them. Ideally, a client of this second generation is able to carry both pieces: a connection to his or her culture of origin and an identity as an American.

*Asian-American identity* is a political label that emerged in the United States during the 1960s. Originally, various Asian-American groups from different countries had different immigration histories and experiences in this country and did not feel any affinity with each other. In the 1960s, they banded together to fight discrimination (Cheryan & Tsai, 2007). *Second generation* (children of immigrant parents) Asian-Americans frequently exist within a hybrid culture. They have one foot in America and one foot in the country of heritage. Children of immigrants learn to live in both worlds, navigating which part of them fits in which environment. This hybrid culture could be viewed as a third entity, different from the other two (Cheryan & Tsai, 2007; Okazaki,

Lee, & Sue, 2007). The therapists who participated in this research study reported their experiences working with clients who have this divided, hybrid identity.

*Cultural encapsulation* is a term introduced by Wrenn (1962) and refers to the tendency to view reality according to one's own narrow lens (for example, using Western theories to explain the behavior or beliefs of people from non-Western countries), and to assume that this viewpoint is a universal truth. A therapist operating from an encapsulated perspective is at risk of viewing normative behaviors of cultural minorities as pathological.

*Micro-aggressions* are

> brief and commonplace daily verbal, behavioral or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory or negative racial slights and insults toward people of color. Perpetrators of micro-aggressions are often unaware that they engage in such communications when they interact with racial/ethnic minorities. (Sue et al., 2007)

Micro-aggressions can build and create a state of cumulative trauma in the recipient.

*Cultural dissociation* is the disavowal of unwanted parts of the cultural self by the therapist, the client, or both (Yi, 2014). Yi states that cultural dissociation can result from or be maintained by avoidance of certain cultural issues in psychotherapy. The client's choice of therapist from the same or different cultural background can conceal unprocessed trauma or a wish to side-step certain painful material. When the client has endured trauma or bullying that is associated with his or her ethnic identity, that client may dissociate everything related to the culture of origin or related to the new culture that has been the source of discrimination (Yi, 2014). These individuals have difficulty

separating the abuse from the culture they associate with it. Some Caucasian therapists make the mistake of seeing this as internalized racism and fail to recognize that trauma is at the root of the client's need to dissociate. Yi presents an approach to integration for the bi-cultural client that borrows from Bromberg's (1988, as cited in Yi, 2014) image of "standing in the spaces" between multiple, rigidly dissociated self-states, and attempts to make room for both the American and Asian cultural worlds. She attempts to guide patients through what she calls "progressive differentiation," or the ability to slowly distinguish between toxic, abusive experiences and other aspects of their culture of origin. The goal is to achieve greater integration in their ethnic identity and a continuity of self over time.

Bodnar (2004) believes that a therapist working with multi-cultural clients encounters trauma histories and a wide range of dissociative processes. Many children of immigrants, born in America, carry the legacy of their parents' experiences: poverty, fear, war and possibly genocide, loss and grief, discrimination, and disorientation in the new country. In our therapeutic dyads, "diverse identities mutually inhabit each other" (p. 600), Aspects of ourselves are reflected in the other and vice versa. Bodnar calls this mutual habitation *projective identification, or linking.*

*Intersectionality* refers to the multiplicity of identities that each person carries, both visible and invisible, and are in a constant state of interaction with each other. "Each of us is more than the most obvious component of our identity and that these mixtures of aspects of self occur in a myriad of ways" (Brown, 2009, pp. 344-5).

*White Identity Development* refers to the awareness within a Caucasian individual of the advantages and power accrued by being part of the dominant group in this country

(Brown, 2009; Lee & Bhuyan, 2013; McIntosh, 1988). It includes guilt and other feelings about this position of privilege, as well as feelings about one's standing among various subgroups that may be more or less powerful within the White hierarchy. Examples of the latter that are relevant to this research might be the insecurity of a Caucasian therapist from a poor family background, or the discrimination experienced by a Jewish or Catholic therapist who grew up in a White Anglo-Saxon Protestant neighborhood.

## The Culture Of Psychotherapy

Psychoanalytic psychotherapy is a culture, too. It is a product of the thinking that created it, the Western-European and American, male-dominated society of the 20th century (Cabaniss et al., 1994; McGoldrick et al., 2005; Perez Foster, 1998; Roland, 1996). It has a particular set of values and beliefs that include the benefits of expressing feelings, honestly speaking one's mind, exploring childhood experiences and their impact upon current functioning, making the unconscious conscious and enhancing the potential of the individual's sense of self. Ironically, psychoanalytic culture has represented a worldview that didn't take other cultures into consideration. Until very recently, it was a clear example of "cultural encapsulation" (Wrenn, 1962), developing its theories within the tunnel vision of its own perspective and believing that they had universal applicability. It is only in the past 25 years that anthropologists, sociologists, and psychotherapists have begun to write about the dilemma of applying psychoanalytic theories and techniques to cultures, ethnicities (non-White), or classes (the poor) that are very different from the ones for which the theories were developed.

## Cross-Cultural Psychotherapy

### Combining Culture with Psychotherapy: Contributions from Anthropology

Previous attempts to apply psychoanalytic theories to cultures outside of Western Europe and America have taken one of three paths: (a) they asserted that Western psychoanalytic theory describes the norm in human development and anything that deviates from it is aberrant or inferior (evolutionism that utilizes cultural encapsulation); or (b) they looked only at the universals that appeared in all cultures and ignored the "thick" descriptions that give a local culture character (universalism); or (c) they focused on what makes a particular culture unique by sacrificing overarching commonalities (relativism). Each of these approaches favors different aspects of psychoanalysis and culture, but none is able to weave them together (Shweder & Bourne, 1984).

### Recognizing and Working with Difference

Incorporating culture within psychotherapy requires that the therapist have the capacity to tolerate ambiguity and to work with difference (Bennett, 1993; Kantrowitz, 2002; Tummala-Narra, 2010). Neil Altman (2000) states that people construct self-other differences from a need to construct in-groups and out-groups. "Difference seems both to unsettle and intrigue us. The out-group is 'not-me'. These groupings create hierarchies of power, control, and domination" (Altman, 2000, p. 590). Stampley and Slaght (2004) discuss the impact on the therapeutic connection if the client is viewed to be similar or dissimilar to the therapist. They imply that an unconscious distancing may take place within the therapist when in unfamiliar territory. Bodnar (2004) says

> The analyst's dream is a leap of faith. We have all been there, and it always feels like a risk. The closer one gets to another person, the farther one is from home,

> and hanging around borderlines makes everybody a little marginal. Face to face with differences, people must reach deep into their humanity to discover common ground. Alerted to similarities, they return to difference to solidify their individuality. (Bodnar, 2004, p. 601)

Comas-Diaz and Jacobsen (1991) describe the potential dynamics of inter-ethnic and intra-ethnic transferences and countertransferences that can emerge and play out in the intersubjective mix between therapist and client.

Many feelings and factors contribute to whether a therapist and client "click" with one another, including subjective intangibles such as charisma, attractiveness or resemblance to someone already known. Each may be drawn or repelled due to similarity of background, geographic area, religion, ethnic group, or gender. People also can resonate with each other in the face of vast cultural and ethnic differences and divergent life stories. Resonance in these instances may come from the theme and meaning of a client's experience, rather than the therapist's familiarity with the experience itself. The clinician may be able to imagine being in the client's shoes (empathy) or may connect with similar feelings or themes arising from completely different circumstances in his or her life. All of this is at play when a therapist and client come together in an intersubjective dyad. Resonance with one's client is primarily a positive factor, but not always. Sometimes similarities can lead to over-identification or to inaccurate assumptions. Dissonant feelings toward the client are uncomfortable and can disrupt the therapeutic alliance but can also lead to self-reflection and growth for both members of the dyad. Identification with the client can shift and change at various stages of treatment,

so that similarities that created a connection at the beginning may impede the exploration of shared defenses or reactions later on (Kantrowitz, 2002).

## The First Wave of Cultural Competence Theory

The trend toward cultural competence began as a result of pressure from African-American psychologists, who believed it was critical that clinicians become more informed about ethnicities other than their own. They pushed for recognition of the specific needs of minority clients at the 1969 meeting of the American Personnel and Guidance Association (now the American Counseling Association). This resulted in the creation of an office of Non-White Concerns (now called the Association for Multicultural Counseling and Development) at the national headquarters of the American Counseling Association. Their mandate has been to enhance awareness of the needs of ethnically diverse groups, to enhance cultural and racial awareness among professionals and to promote the development of new theory (Vontress, 2008). Some view multiculturalism as a "fourth force" in modern psychotherapy, influencing it to the same degree as humanism, psychodynamics, and behaviorism have in the past (Pedersen & Pope, 2016).

Pedersen (2008) describes three components of culturally sensitive psychotherapy: cultural awareness or empathy, often enhanced through experiential exercises; cultural knowledge gained through reading or film; and skill development through training and supervision. "Culture-centered interventions depend on an inclusive definition of culture, combined with a broad definition of counseling" (p. 6).

As late as the 1980s, however, few graduate programs in social work or psychology had integrated diversity awareness or training into the curriculum. By the

1990s, the professional climate began to change. Cultural competency courses were more common and were required for licensure. A commitment to culturally sensitive services was written into the code of ethics of the various mental health disciplines (Brown, 2009; "NASW," 2017). The early cultural competency literature focused on facts and characteristics of different ethnic groups, providing the therapist with a template for appropriate practice. The following section outlines cultural competency recommendations for working with Asian-Americans and provides a glimpse into this kind of early diversity training literature.

## Cross-Cultural Therapy with Asian-Americans

### Asian-American Demographics

The Asian population (self-identified as Asian or mixed with another race that is non-Asian) was the fastest growing ethnic group in the United States between 2000-2010. They number 17.3 million, as of the 2010 census, with the majority living in the Western states. California alone has 5.6 million Asian-identified individuals. The largest sub-group is Chinese (Lee & Mock, 2005a, 2005b; U.S. Census Bureau, 2009). These statistics reinforce the urgency of bridging cultural differences in order to meet the psychological needs of a burgeoning Asian-American population.

### Relevant Facts About China, Vietnam, Taiwan, and Korea

The clients who were seen by the therapists participating in this research are the children of parents from Mainland China, Vietnam, Taiwan, or Korea, all countries united by Confucian values. In spite of this, each country has a different history of political or economic turmoil and immigrants from each country were received

differently in America (Choi-Kain, 2009; Kim, 1996; Lee & Mock, 2005a, 2005b; Roland, 1996).

The first Chinese immigrants came to the island of Hawaii in the early 1800s to work on the sugar plantations. Some made their way to the American mainland during the Gold Rush and their numbers burgeoned significantly by 1848, when labor was needed for building the railroads. As Chinese immigration escalated, the local population became more threatened by the potential loss of jobs. In 1882, the United States government passed the Chinese Exclusionary Law, which prohibited Chinese workers and their families (including wives) from entering the country (Chu, 2009). These conditions lasted until The Immigration Act of 1965 repealed the constraints on Chinese immigration, resulting in the arrival of many families in which both husband and wife worked long hours in the restaurant or garment industries. Since the late 1970s, and the opening of diplomatic relations with the People's Republic of China, students and professionals have come to the United States to study or start businesses and have chosen to stay or to educate their children here (Lee & Mock, 2005b).

Against this backdrop, the most significant 20th century events in Mainland China were Mao's brutal Communist takeover in 1949, his institution of The Great Leap Forward from 1958-1961 and the subsequent Cultural Revolution of 1966-76. These events produced wide scale losses of personal freedom, purges and murder of the educated or "bourgeois" class. The Great Leap Forward forced millions of people to do manual labor in the countryside and required small rural farms to collectivize, resulting in mass famine and starvation that killed up to 55 million people ("Great Leap Forward," n.d.). Young adults of this era missed out on the opportunity to receive a higher

education. Many Chinese escaped to the island of Taiwan, off the Eastern coast of the mainland, which had been claimed by Chiang Kai-shek's Chinese Nationalist Government after their defeat by the Communists. Chiang Kai-shek continued to rule the island under an authoritarian hand until his death in 1975.

Taiwan was originally settled by a group of ethnic Chinese from Fujian Province around 1600, joining the aboriginal inhabitants who were already there. Its international legal status is still in debate, as Communist China considers it a rebellious child that it hopes to push back into the fold, perhaps through the threat of force, while some factions in Taiwan are passionate about seeking independence. Taiwan vies with the People's Republic of China for the world's recognition as the "true China" (University of Southern California [USC] Taiwanese Student Association, n.d.). Within this context, one can appreciate the risk undertaken by the parents of "Ginny," a client seen by one of the research participants. Ginny's father was from Mainland China and her mother was from Taiwan. Although they met in America, their marriage posed a threat to relatives who remained under the rigidities of both of these regimes.

Compared to Mainland China, Taiwan is industrialized, wealthier, and has been more influenced by Western culture while still honoring Confucian values. It has a highly educated population. The Cultural Revolution severely impacted both the Mainland Chinese and those who fled to Taiwan. Some also endured the brutal occupation by Japan. The legacy of these traumas adds another layer to whatever was subsequently experienced as immigrants in America. Similar to what has been observed with the Holocaust, this kind of trauma frequently gets transmitted to the next generation in a

variety of forms, such as a distrust of strangers, family isolation, pervasive anxiety, numbness, and depression.

Refugees from Vietnam originally came to the United States in two waves. The first group, comprised of intellectuals, professionals, and military officers, escaped immediately following the 1975 fall of Saigon to the North Vietnamese. Although they never lived under Communist rule and were offered help in America with job training and low interest loans, they experienced rapid dislocation, shame, and dishonor from losing the war. The second group, those referred to as the "boat people," left in the 1980s after suffering in Communist reeducation camps and under the new economic policies. They lived through harrowing escapes at sea and human rights abuses in refugee camps, where at one time as many as 35,000 boat people struggled to survive. Being less skilled than the first group, they received little help getting established in the United States (Lam, 2005). "Don," one of the therapists in this research study, worked with the American-born son of such refugees, whose family was resettled in the Midwest among locals who were hostile to the United States having lost the Vietnam War. The client has no knowledge of Vietnamese culture and seems to exist in a reality dissociated from his parents' country of origin. His older siblings, born in Vietnam, took out their rage against him, the only child who grew up with all the American allures and advantages. Andrew Lam, himself a Vietnamese immigrant who later became a writer, arrived in America at age 11. He recalls:

> Mother's complaint against America was that it had stolen her children, especially her youngest and once most-filial son. America seduced him with its optimism, twisted his thinking, bent his tongue, and dulled his tropic memories. America

> gave him freeways and fast food and silly cartoons and sitcoms, imbuing him with sappy happy-ending incitements. (2005, p. 6)

There are frequent intergenerational struggles in these, as in many, immigrant families.

Korea, like China, Taiwan, and Vietnam, has endured a history of oppression. Between 1910 and 1945, it was occupied by Japan, who attempted to wipe out its culture and language. After World War II, the 38th parallel was established, which divided Korea between the Soviet-held North and the American-occupied South. The United States fought along with South Korea against the Communist North during the Korean War, beginning in 1950. Many families experienced horrendous losses from death and permanent separation at this time (Kim, 1996).

Korea, however, has had a different relationship with America than China, Vietnam, or Japan. During the Korean War, the two countries were allies and South Korea became exposed to American culture. Many American servicemen married Korean women and American families adopted Korean War orphans and bi-racial children who would have been rejected if they had remained in Korea. This leads me to wonder about the client seen by Gillian, one of the study's participants. This client's mother is bi-racial and knows nothing about her father, which is also the case with the client, whose birth certificate lists her father as Caucasian. The client doesn't accept this and believes that she is fully Korean. Although she was born in America, she undoubtedly has absorbed the stigma of bi-racial identification.

After the war, South Korea experienced rapid modernization and industrialization, raising its standard of living. Koreans who subsequently immigrated to America were

leaving a modern, democratic country and did not necessarily see themselves as impoverished or inferior. Perhaps they came for better educational opportunities for their children, but frequently they travelled back and forth. The popularity of Christianity in Korea also created greater affinity with American culture. Hence, the immigration and assimilation process was less traumatic for them than for other Asian groups (Choi-Kain, 2009; Kim, 1996).

**Asian Culture**

The following characteristics of Asian culture are generalizations that don't necessarily apply to every Asian country or individual in the same fashion, but nevertheless provide useful overarching knowledge for working with Asian-American clients. These kinds of facts and features were emphasized in the early cultural competency literature.

**Confucian philosophy.**

All of the clients seen by the participants in this study come from family backgrounds rooted in Confucian culture. It provides a kind of unifying glue for China, Taiwan, Vietnam, and Korea. Major principles include the concept of filial piety (respect and obligation to parents and elders), a patriarchal and authoritarian family organization, and individual sacrifice for the greater harmony of the group. Shame is a culturally accepted means of reinforcing these values. "Losing face" brings dishonor to the family and the community (Leong et al., 2008). "Individual differences are regarded as discordant intrusions upon the matrix of society" (Slote, 1996, p. 189). Boys are favored over girls, and the older son over the younger. Fathers tend to be stern and remote and there is an expectation that emotions will be kept in check. Wives frequently long for

more emotional intimacy, which the husband has difficulty providing. It is culturally sanctioned that mothers turn to their oldest son for closeness, fostering a complex web of expectations and dependency. Right and wrong are contextually determined and there isn't a universal law that governs all moral situations (Kleinman et al., 2011; Okazaki et al., 2007).

**Childrearing practices.**

In Asian cultures, it is typical to have multiple caretakers within the extended family unit. The parents aren't necessarily the primary attachment figures. Young children, particularly boys, are indulged, but affection is not displayed to older children. There seems to be truth to the popular stereotype of the "tiger parent" who pushes the child to achieve academic and artistic excellence through hours of homework and practice. This is not necessarily done without warmth, however, which becomes a mitigating factor in whether the continuous pushing creates anger and resentment. The desired goal is to bring honor to the family. Interdependence rather than independence is fostered and many Asian-American adults live at home or in a house owned by their parents, work in the family business and consult with parents regarding all decisions (Tung, 1996). Intergenerational conflict between American-born children and their immigrant parents is common, particularly around assimilation into mainstream American culture and the quest for greater self-determination, feared by the parents and desired by the children (Lee & Mock, 2005a, 2005b; Okazaki et al., 2007).

**Sense of self.**

The Western self is the sum total of what makes a person unique and individual, while the Eastern self is a communal entity that builds bridges with family and

community (Draguns, 2008). The Asian concept is that of a "we" self, a self-in-context, that is pre-ordained, collective in nature, and governed by role, duty, and obligation. This sense of self is often divided, particularly among the younger generation, "torn between self-interest and collective good, desire and responsibility" (Kleinman et al., 2011, p. 5). The conflict is between self-determination and a prescribed, codified lifestyle built according to obligation. The Japanese have a private interior self that is not to be intruded upon but needs to be empathically "sensed" (Roland, 1996). This interior self is the location of individuality. The sense of "face" and propensity to shame are the result of the fact that all actions reflect on one's family name.

**Spiritual life.**

The Asian concept of the spiritual dimension may include astrology, psychics, palmistry, fortunetellers, shamans, and talking to ancestors (Roland, 1996). When Asians refer to family, they may be including all their ancestors, going far back in time (McGoldrick et al., 2005; Nagai, 2007). Many individuals seek a combination of Eastern and Western medical treatments. No distinction is made between the mind and the body, so emotional stresses may appear as physical or somatic symptoms.

**Oedipal conflict.**

Oedipal dynamics, which dominate Western psychological thinking, do not appear in China's long history of folk tales or mythology. Instead, there is an array of complexes (father, mother, son, and daughter) that reveal all kinds of competition, jealousies and intrigue that comprise the filial piety complex (Gu, 2009).

**Distinctive Features of Cross-Cultural Therapy with Asian-Americans**

A major aspect of early diversity training was the recognition of the unique challenges inherent in establishing a working alliance with a client from a different cultural frame of reference (Mishne, 2002). In the Caucasian therapist/Asian-American client dyad, dissimilar styles of communication are frequently at play. Due to Asian respect of authority figures, the client may wait to be asked for information, may be less direct and less emotionally expressive. They may view their feelings and fears as a sign of weakness and therefore emotions may need to be deduced (Leong et al., 2008). In Japanese culture, much is communicated non-verbally or by innuendo, in order to save face. There's a Japanese saying that "nothing important is ever to be communicated verbally" (Roland, 1996, p. 80).

Often, there is diagnostic uncertainty because behavior can seem pathological when out of its cultural context. "There is an implicit, and sometimes explicit, argument made by Asian-American researchers that Asian-American behaviors are not always best understood using Western theories and that some practices (e.g., parenting practices that appear 'authoritarian') are actually normative rather than pathological within this non-Western perspective" (Okazaki et al., 2007, p. 31).

There also can be uncertainty or disagreement about treatment goals (Lee, 2011). For example, the therapist may want to help the client set limits with a difficult parent, but the client may be unable to tolerate being angry with the parent because it puts him or her in conflict with the obligation to honor the parent as an elder. Goals may need to be reframed to align with family values and cultural beliefs. For instance, a client could strive for cultural integration through a resolution of internal pulls and splits, a pride in

one's heritage but also some degree of freedom from strict cultural demands and obligations (Sue & Sue, 2008). Differences about "independence versus interdependence," "relational equality versus hierarchy" and "supportive versus dynamic treatment" carry a strong potential for misunderstanding and clinical impasse between the therapist and the client (Ringel, 2005).

**Recommended Techniques for Working with Asian-Americans**

Early cultural competency models provided templates for working with clients from various ethnic backgrounds. It was believed that long-term psychodynamic treatment with Asian clients or with other cultural minorities such as Hispanics or African-Americans was not a good fit. Asians prefer that the therapist be an "authority" figure and the process be short-term and practical in approach. This parallels in form the early attempts to bring psychiatric treatment to China. Psychiatrists provided medication and cognitive-behavioral exercises to eradicate symptoms. They used rational discourse to convince clients to give up certain behaviors. Later, the psychiatrist Zhong You-bin introduced the Freudian concept of exploring childhood sources for current problems, but he didn't encourage emotional expression or attempt to uncover unconscious wishes or motives. Even when conducting therapy with a Chinese-American adult, the issues are still about the family. "The core conflict is worked out with the original cast of characters" (Tung, 1996, p. 184). Extrapolating from this, it was thought that Chinese-American patients would not understand discussions about the therapist/client relationship or working within the transference (Tung, 1996).

To enhance the connection with Asians or Asian-Americans, the literature suggests that the therapist be warm and engaging, and answer client's questions about

training and even some personal questions, such as whether or not one is married. Being a traditional psychoanalytic "blank screen" will not be comfortable for Asian clients. Gifts that express the client's appreciation should be accepted without interpretation (Mishne, 2002).

It is also recommended that the therapist take an immigration history in order to assess the level of the client's "ethnic identity development," defined as the level of "attachment one feels to one's cultural heritages" (Cheryan & Tsai, 2007, p. 125), as well as the client's degree of acculturation to America. The clinician needs to be cognizant of similar issues within him or herself. This is what Falicov (1998) refers to as creating one's cultural map and determining one's cultural location. An Asian-American client may appear very American in clothing and other aspects of popular taste while at the same time may retain deeply-imprinted values about family practices and social rituals (G. Bhatia, personal communication, February 11, 2015). Yang (personal communication, October 10, 2011) states that "American Chinese are not American. Chinese culture is in their bones."

Altman (2000) feels that race and culture are always in the room, co-creating something similar to Ogden's "analytic third" (p. 603). There is general consensus that it is the therapist who needs to initiate a dialog about these racial and cultural differences and the feelings they engender (Draguns, 2008; Leong et al., 2016). There is some disagreement, however, about whether the discussion should take place early in the treatment to signal openness, or whether the therapist should wait for a relevant moment to raise such a sensitive topic. The latter allows time for a trusting relationship to develop with the client that could ease the awkwardness of the conversation.

Many therapists make the mistake of thinking that in order to be culturally sensitive, they must be unconditionally accepting and unquestioning of a client's cultural beliefs. "Cultural confrontation is the identification and clarification of a discrepancy between a client's adherence to or exaggeration of a cultural value and the resulting self-defeating consequences" (Ridley, Ethington, & Heppner, 2008, pp. 382-383). This concept was very instrumental in giving me permission, with my own clients, to break out of my self-imposed silence and to comment on the negative impact of certain culturally sanctioned behaviors. McGoldrick et al. (2005) state "just because a culture espouses certain values or beliefs does not make them sacrosanct" (p. 31). Yi (2014) states

> A sensitive White therapist attuned to Western ethnocentricism may be reluctant to call sexist ethnic practices as wrong out of fear that to do so would be tantamount to calling the culture wrong. However, such a cultural relativist position conflates respect for ethnic culture and indiscriminate acceptance of all its practices. (p. 42)

## Critique of Cultural Competency Theory

Although the initial stage of cultural competency theory was instrumental in increasing cultural awareness and sensitivity, by the 1990s, critiques started to appear in the literature. Holmes (1992) reflected that diversity training tended to be more academic than clinical because it is not process-oriented. Tsang et al. (2003) claimed that the cultural literacy curriculum assumed that all people from a particular race or culture have the same characteristics and treated them as a monolithic group, rather than deeply getting to know the individual client. They suggest a practice model that emphasizes

> Awareness of the limitation of stereotypes, the uniqueness of individual experience, the significance of the interaction process between the helping professional and the service user, and openness to learning directly from the person coming from a different culture instead of assuming expert knowledge. (p. 379)

Culture frequently is equated with race, which leads to stereotyping and a narrowing of perspective (Chang, 2013). Cultural competence training often was administered through a manualized curriculum, and focused on the acquisition of rote facts about various ethnic groups. It did not include an exploration of the clinician's experience or subjectivity (Esprey, 2014). The emphasis was on studying the "other," the client who is not part of the White majority, and not on the fact that therapist and client each carry multiple identities (Brown, 2009). Perez Foster (1998) points to the unintended consequences of cultural competency training: therapists believing that they are "free of ethnic bias or prejudice" now that they are "culturally aware." An opposite message of incompetence also was communicated, leaving some therapists guilty and fearful that they weren't being sensitive enough.

Mirsky (2011), a social work professor in Israel, writes about her efforts to enhance the emotional impact of the cultural competency discussion in her graduate course on immigration. She asked each student to interview an immigrant from another culture and present his or her narrative to the class. Mirsky facilitated the ensuing group discussions in which various identifications, defenses (denial, avoidance), and resonances emerged in response to each story. This process provided a visceral, affective experience for the students while at the same time it elucidated common cross-cultural

countertransference themes. These are components that frequently have been absent in diversity discussions.

## New Cultural Competency Paradigms

These critiques of cultural competency theory led to a new wave of literature that emphasized interactive, relational dynamics between the culture of the therapist and that of the client. It is these newer paradigms that have been most useful in my research.

Celia Falicov (1998) has written extensively about therapy with Latino families and has developed the concept of Multidimensional Ecosystemic Comparative Approach (MECA): a meeting place for culture and therapy. She describes:

> This model adds the personal background and biases of the clinician into the cross-cultural dyad. Both client and therapist have cultural maps, which include their migration stories, their experiences with racism or other forms of bias, folk beliefs about health and illness, religion or spirituality, and family organization regarding hierarchy, gender roles and childrearing practices. This is a relational model in which both members of the therapeutic dyad become aware of their cultural locations. Each person has many identities, some of which will overlap with those of the other, producing borderlands or "zones of similarity and difference. (p. 14)

The goodness of fit between client and therapist takes place amidst many variables and is not necessarily a result of ethnic matching. Falicov believes that the quality of the working alliance in the cross-cultural dyad is more critical than in other therapeutic relationships. Cultural understanding and empathy come from the safety that is established when differences are discussed in mutual dialogue.

RoseMarie Perez Foster (1998) added the idea of cultural countertransference to the new relational models of cultural competency. She defines cultural countertransference as the impact of the therapist's subjectivity (conscious and unconscious thoughts and/or feelings about one's own culture as well as that of the client) on the therapeutic process. This impact can be pivotal to building trust and keeping the client in treatment. I will elaborate upon this further in the section devoted to countertransference, as it is a central concept in this research. Laura Brown (2009) introduces a similar cultural competency construct that includes "understandings of therapist bias and both therapist and client "intersectionalities of identity" (p. 340). This model attempts to take into consideration the multiplicities of categories that comprise identity, rather than focusing on one or two, such as race or sexual orientation. While the goal of earlier cultural competency approaches was to be colorblind (we are all the same), this newer stance encourages the therapist to recognize his or her bias and different points of view, without judgment.

Alan Roland (1996) adds the concept of cultural pluralism to the discussion of cultural competence in cross-cultural psychotherapy. As an anthropologist as well as a psychoanalyst, he has studied Asian cultures in depth, particularly India and Japan, and has written extensively about how Eastern beliefs and practices call into question many basic assumptions underlying Western psychological theories. He describes the dissonance that a Western-trained clinician often experiences when working with an Asian or Asian-American client, and states the need for a new theoretical model that solves some of the dilemmas encountered by the worlds of anthropology, psychology, and cultural competency. Roland suggests that

> A new paradigm involves using the varied categories of the psychoanalytic theory of personality and therapy from a variety of psychoanalytic models: e.g. superego and ego-ideal, ego boundaries, developmental stages, self-object relationships, self and object representations, self-identity, internal object world, affects and drives, transference, resistance and dream-analysis among others. To use them, one must decontextualize them of their current Northern European and North American variability as now elaborated in psychoanalytic theory; that is, of their content and norms of normality/psychopathology as related to the culture of individualism. One then proceeds to recontextualize them from the clinical data of persons from significantly or radically different cultures, where the new contents and norms of each category are then integrated with cultural, social and historical contexts of that culture. (Roland, 1996, p. 18)

## Psychodynamic Theory: Is it Universal?

Applying Roland's paradigm to my research study, there are several Western dynamic theories and concepts that may need to be evaluated and "recontextualized."

### Attachment Theory

In contrast with classical psychoanalytic theory, which saw the discharge of drives as the primary motivator of behavior, John Bowlby believed that infants are instinctively motivated to seek attachment with a caretaker and will experience disorganization and grief if this relationship is seriously disrupted. Ainsworth et al. (1978) built on Bowlby's premise, studying the reaction of young children when separated from their mothers in a laboratory experiment called the Strange Situation. She observed that their responses took certain predictable forms, based on the security of the

attachment relationship and the degree of maternal sensitivity to the emotional state of the child. Ainsworth's research from Uganda, a completely different culture, reinforced her belief that the attachment styles she identified were universal and not just based on a Western perspective. In contemporary neurobiological contributions to attachment theory, Schore (2003) integrates recent scientific knowledge of the brain to support Bowlby's contention that attachment is an inborn process. The primary attachment relationship not only provides security, but also promotes right brain development that is responsible for establishing affect regulation systems during the first 2 years of life (Palombo, Bendicsen, & Koch, 2010).

Cross-cultural work with Asian-Americans as well as with other immigrant groups raises puzzling questions regarding aspects of attachment theory. In Asian culture, attachment is often to multiple caretakers within the extended family rather than to a primary caretaker such as the mother. In its most extreme form, infants in the United States whose parents have no childcare options are ferried back to Taiwan, China, or other countries by couriers who charge fees of $1,000 or more (Kolben, 2005). They are delivered to grandparents, who are strangers, and then returned to their parents, who they don't remember, when they are old enough to go to school (D. Yang, personal communication, October 10, 2011; Tsang et al., 2003). Over half of the mothers recently surveyed in a hospital close to Chinatown in New York planned to send their babies back to China because they worked such long hours in the garment or restaurant industries (Bohr & Tse, 2009). These scenarios challenge the very essence of what we in the West have learned about creating a secure attachment and are likely to produce a visceral reaction in an American therapist, yet such attachment disruptions are taking place within

immigrant families all over the world. These children certainly encounter adjustment difficulties, particularly upon reunion with their parents (Bragin & Pierrepointe, 2004), but nevertheless most grow up to be reasonably well-functioning adults. How do therapists modify attachment theory to encompass these widely-practiced cultural variations? How do they manage their reactions when these dissonant stories emerge in the treatment?

**Developmental Theory**

Over the years, there have been many models and schemas that have outlined the trajectory of healthy human development. These range from Freud's oral, anal and oedipal stages, to Anna Freud's "developmental lines" to Margaret Mahler's progression from primary autism through parent/child merger (symbiosis) to rapprochement and individuation: the psychological birth of the human infant, as is captured by the title of her seminal book (Mahler, Pine, & Bergman, 1975). "Mahler sought to give a description and explanation for the child's development as an individual who is separate and independent from the caregivers" (Palombo et al., 2010, p. 168). She was influenced by Protestant values of self-reliance, a belief in rugged individualism that enabled her to compete in the male-dominated European psychoanalytic world and by the atmosphere of individual freedom she experienced in America. Even Winnicott, who championed the mother/child unit in his famous proclamation that "there's no such thing as an infant" [apart from the mother] (1960, p. 39), saw the ultimate goal to be the emergence of an autonomous adult. This stands in stark contrast to the Asian view of development, which holds interdependence and the capacity for connection as the ideal, rather than autonomy and individuation.

**The Concept of the Self**

The culture of Western psychotherapy promotes individual empowerment and encourages the client to take responsibility for his or her life. The patient is encouraged to identify goals for personal fulfillment and happiness. Self psychology, as conceptualized by Kohut, concerns itself with the ingredients necessary for the development of a cohesive sense of self that will be capable of such empowerment. Kohut believed in the basic human need for empathic attunement, not just during childhood but throughout the life cycle. He created the term "selfobjects" to describe relationships with others whose supportive and caretaking functions are experienced as part of the self, and through their scaffolding, help to build individual competence and self-esteem. In this sense, Kohut most closely approaches the Asian view of interdependence, but like Winnicott, his ultimate goal is the establishment of an autonomous adult. In contrast, the Asian self is a collective, "we" self in which the individual often sacrifices personal needs over a lifetime for the good of the family or the larger community (Roland, 1996). Neither empathy nor self-determination are encouraged or reinforced by the culture.

**Therapeutic Values of Self-Exploration, Verbalization, and Affective Expression**

As stated earlier, Western psychotherapy is based on the premise that it is beneficial to uncover and express painful feelings and to communicate honestly with others. In contrast, Asian belief systems teach that talking about oneself or one's feelings is selfish and disclosing family matters to outsiders is a betrayal (Tung, 1996). Thai people believe that talking about feelings makes you sick (C. Nye, personal communication, March 21, 2014). Becoming consciously aware of evil thoughts can activate evil spirits (Cabaniss et al., 1994).

## Cultural Countertransference

### Countertransference

I will review the historical evolution of countertransference in order to locate the contemporary conceptualization that I am utilizing in this study. Although Freud introduced the concept of countertransference, it really wasn't studied or valued as a therapeutic tool until much later, in the 1940s. Freud instructed the therapist to be a blank screen for the client's projected transference feelings. The clinician's reactions or countertransference were to be kept out of the treatment and processed separately. This was a one-person model in which the therapist issued interpretations of the patient's transference, dreams and fantasies (Wolstein, 1988). In the 1930s, Ferenczi (as cited in Gill, 1983) emphasized the here and now relationship with the patient and believed that the therapist should be more real and genuinely caring, compared to the aloof anonymity of Freudian analysts. He advocated admitting mistakes to the patient, an idea that was pursued further by Clara Thompson, Sullivan and Fromm-Reichmann (as cited in Gill).

The Interpersonalist School began in the 1920s with Harry Stack Sullivan and over the years continued to develop the concept of therapy as a two-person interaction in which the therapist is both a participant and observer. The Interpersonalists believed that change takes place within the context of the therapeutic relationship (the interpersonal field of action), which provides an opportunity for new experiences to be processed together. Sullivan, and later Hoffman and Gill, challenged the traditional definition of transference as being only those feelings that were distortions of reality, as determined by the analyst (Gill, 1983). Instead, they believed that the interpersonal field was made up of both conscious and unconscious elements, distorted and real life/here and now events and

responses. Gill offered a "conception of a transference-countertransference transaction in which, from the differing perspectives of patient and analyst, each has a view that has its plausibility" (Gill, 1983, p. 335). Caution was advised regarding indiscriminate self-disclosure and its potential impact on the client.

Heinrich Racker (1968) developed a similar conceptualization from a more Kleinian point of departure. He saw countertransference as the therapist's emotional responses to the client's split-off projections of unwanted parts of the self, through the process of projective identification. Theodor Reik added the dimension of intuition, believing that the projected transmissions from the patient are received by the therapist as a gut experience and should be trusted and interpreted to the client (Wolstein, 1988). All of the theorists in this transitional phase of countertransference evolution believed that as the analyst becomes aware of powerful internal thoughts and feelings, these become clues to the patient's unconscious transference. Thus, countertransference was a mechanism for identifying and resolving the patient's transference neurosis. The therapeutic goal was still insight through the interpretation of transference regarding Oedipal issues. Although countertransference was beginning to be seen as an interactive process, it took the form of the patient's unconscious communication and the analyst's interpretation or reaction to it. The scope of the countertransference still pertained only to the analyst's response to the neurotic, infantile or distorted aspect of the client's transference. Before Racker's sudden death in 1961, he was starting to see the therapist's participation within a broader context.

> The first distortion of truth in 'the myth of the analytic situation' is that analysis is an interaction between a sick person and a healthy one. The truth is that it is an

> interaction between two personalities, in both of which the ego is under pressure from the id, the superego, and the external world; each personality has its internal and external dependencies, anxieties, and pathological defenses; each is also a child with his internal parents; and each of these whole personalities—that of the analysand and that of the analyst—responds to every event in the analytic situation. (Racker, 1968, p. 132)

The patient responds to that portion of the analyst's comments that fits his or her pre-existing biases, and the same is true of the therapist's selectivity of attention. Viewed in this way, it is difficult to discern what is reality-based and what is distortion (Hoffman, 1983).

Countertransference reactions were not the primary focus for Winnicott and Kohut, who believed that the clinician's attunement and empathy, rather than the interpretation of transference, were the healing components of therapy. The clinician's subjectivity was kept in the background, including discussion of the therapist's countertransference feelings. Nevertheless, awareness of countertransference responses was critical in order for the therapist to maintain an empathic stance toward the client.

Contemporary relational and intersubjective theories offer the best conceptualizations of countertransference for my study of cultural differences in the therapeutic dyad. Building on the innovations outlined above, relational theory emerged in the 1980s as an outgrowth of the interpersonal School. It also was influenced by feminism and changes in the stance toward authority in the 1960s, and later by the impact of infant research and the neurobiology of attachment. Its central belief is that people are motivated by attachment and relationships, not by their drives (Mitchell, 1988).

Relational approaches are more focused on the here and now and "the patient is assumed to be living in the present according to strategies learned from the past" (Mitchell & Black, 1995, p. 236). Intrapsychic and interpersonal dynamics feed one another and neither is favored (Altman, 1996). The therapeutic "relationship" is characterized by authenticity, mutuality, emotional expressiveness and a willingness to enter the inevitable fray that is produced by intersecting subjectivities. Jessica Benjamin (1995) writes about the mutuality that is created when the therapist and the client see the "other" not as an object but as another "subject" with its own mind. Interpretation alone is not viewed as enough: the therapist must experience the patient's world and actively participate in processing enactments so that a new relational experience can emerge (Mitchell, 1997). Bromberg (1998) introduced the idea of multiple self-states (self/other configurations) that are internalized as we accumulate experiences. Particularly if they contain trauma, they are held apart from other self-states by dissociation and remain out of conscious awareness. His metaphor of "standing in the spaces" refers to the role of the clinician who is attempting to form a connection with these isolated, split-off parts of the client. These relational conceptualizations are particularly relevant in cross-cultural psychotherapy with Asian-American clients, as therapist and patient come from strikingly different cultural orientations that tend to stir up discomfort in the transference/countertransference matrix. Patients frequently present trauma histories resulting from their parents' immigration losses or their own attachment disruptions that have been affectively frozen and dissociated. The therapist has the difficult task of living with the contradictions, bridging the gaps and somehow moving the treatment forward.

Intersubjectivity, an outgrowth of self psychology, refers to the reciprocal influence of the conscious and unconscious processes within each of the two people in a therapeutic relationship, as well as to the interaction which is co-created between them (Atwood & Stolorow, 1984). The development of the intersubjective perspective was influenced by hermeneutic philosophy and the Heisenberg Principle in quantum physics. Both the patient and the therapist have internalized patterns of interaction, termed organizing principles, which continuously collide and influence each other, creating an ever-changing landscape between them. Similar to relational theory, intersubjectivity seeks to alter the experience co-created within the therapeutic dyad in the hope of changing a patient's predictable psychological responses.

Projective Identification, a source of countertransference feelings, also has evolved toward a more relational conceptualization. While Melanie Klein viewed projective identification as a phantasy that took place in the mind of the patient, Bion took the process one step further and believed that these projections of the patient's unwanted affects actually were picked up by the mind of the analyst, making projective identification an interactive experience (Mitchell, 1997). Ogden and Kernberg both wrote about the power of projected feelings in producing intense affect within the therapist and the therapist's difficulty in receiving and containing it (Maroda, 1995). Kernberg recognized the usefulness of these feelings in identifying something powerful that existed within the patient, but warned against the temptation to "enact" or engage in a "countertransference acting-out" in response . Both Ogden and Kernberg believed that interpretation of the projected material is ineffective because of its unbearable nature that required it to be split off in the first place.

In contrast, Karen Maroda (1995), a more contemporary relational analyst, addresses the issue of the motivation or intent of the patient when she asks "is the patient trying to communicate with us, trying to rid himself of unbearable feelings, or trying to hurt or seduce us?" (p. 229). If the clinician believes that the client unconsciously hopes to stir up a reaction and resolution through projecting affect that is "too hot to handle," Maroda advocates that the therapist "show and express feeling without losing control, something that the patient is convinced is impossible" (p. 236). This involves disclosing the genuine emotion that has been activated within the therapist (not an intellectual description of it) as well as its impact. This communicates the therapist's understanding of the patient's experience and models how intense emotion can be tolerated and managed. According to Maroda, this direct and surprising response often increases the client's ability to face an interpretation about painful affects that previously was viewed as untouchable. Renik (2007) suggests additional therapeutic techniques for getting more directly involved in order to break through moments of impasse, such as clearly stating a personal opinion to counteract a client's refusal "to see," or verbalizing annoyance or anger at a client's manipulative or disingenuous behavior.

**Cultural Countertransference**

RoseMarie Perez Foster coined the term "cultural countertransference" to describe:

> A matrix of intersecting cognitive and affect-laden beliefs/experiences that exist within the therapist at varying levels of consciousness. Within this matrix lie: the clinician's American life value system; theoretical beliefs and practice

orientation; subjective biases about ethnic groups; and subjective biases about their own ethnicity. (Perez Foster, 1998, p. 253)

Perez Foster views cultural countertransference from the perspective of a relational model of psychotherapy in which the therapist frequently ignores or disavows biases about cultural components of his or her own background as well as that of the client. Her framework builds upon many aspects of the cultural competency literature but goes beyond it by encompassing the clinical concept of countertransference as well as a critique of Western-derived psychoanalytic theories when used with cultures other than the ones for whom they were designed. Perez Foster believes that the clinician's "silent communication" of unconscious emotional responses to the client's cultural differences are inevitably picked up and play a powerful role in the course of the therapy. Her paradigm provides a conceptual structure for exploring the clinician's countertransference experience in cross-cultural psychotherapy. I have utilized this schema in the open-ended interviews with the therapists who have participated in my research study.

Christopher Bonovitz (2005) views cultural countertransference as the internalized meanings of each person's culture, as well as the history of the dynamics between the two cultures. "Multiple, interconnected dimensions to the transference" (p. 69) are elicited within the therapeutic dyad, along with the clinician's multi-pronged countertransference.

Early classical analysts, if they acknowledged cultural context at all, addressed it primarily as a top layer to be gotten through in order to reach the deeper inner dynamic. It was not seen as an subject of interest in its own right. Even Salman Akhtar (2014), who

believes it is essential to acknowledge the role of culture, separates it from the internal, intrapsychic world. Bonovitz is part of the relational school that sees culture as integrated with the internal mind. All of our object representations have been bathed in culture and shaped by it prior to being internalized. We all swim in the cultural 'soup" of Jung's (1936/2014) collective unconscious. Esprey (2014) refers to a similar dynamic when she quotes Layton's concept of normative unconscious processes that "result from the osmotic internalization of prevailing ideologies and norms that define a culture and serve to maintain social equilibrium" (p. 354).

Martin La Roche (1999) proposes that the cultural dynamics expressed within the therapeutic dyad mirror society's cultural and power dynamics. He writes about the Latino population but his observations can be applied to all cross-cultural work. La Roche believes that the relational orientation is a big improvement over the "one-person" classical analytic model, but doesn't go far enough in considering the influence of the larger societal dynamics on the transference/countertransference matrix. He quotes Stolorow and Lachmann's 1984 definition of transference as an "expression of the organizing principles and imagery that crystallized out of the patient's formative experiences." La Roche alters this to read "the organizing principles and imagery crystallized out of the values, roles, beliefs and history of the cultural environment (p. 391). His recommendations are similar to RoseMarie Perez Foster, in insisting that the therapist explore his or her biases toward the patient's race/ethnic group as well as to explore the client's experiences, expectations (particularly regarding power) and biases toward the clinician's background. Both therapist and client may collude in ignoring

issues that are marginalized by mainstream American culture. The trauma of immigration and the cumulative stress of discrimination often remain unrecognized.

Stampley and Slaght (2004) view cultural countertransference as a clinical obstacle. The clinician's unexamined cultural biases can lead to a failure of empathy and distorted views of the client, potentially creating impasse in the therapy. "It is not sufficient to view countertransference as a purely psychological phenomena. Rather, the clinician's cultural background and socialization experiences contribute to countertransference" (p. 334). Cultural beliefs and values are learned and are part of one's identity. Countertransference reactions to cultural differences can take place on cognitive (distorted perceptions of the client, poor recall of client material), affective (anxiety, boredom, anger, sadness), or behavioral (withdrawal, acting out) levels. The authors endorse a rethinking of the definition of countertransference in all therapeutic contexts, to include similar variables as RoseMarie Perez Foster's model.

## Common Cultural Countertransference Dynamics

### Comas-Diaz and Jacobson (1991)

Comas-Diaz and Jacobson describe various cultural transference and countertransference dynamics that can emerge between a therapist and client of same and different ethnic backgrounds. Cross-ethnic transferences might include the client who is overly compliant to please the therapist, the client who avoids discussing anything related to ethnicity, the client who is hostile or distrustful of the therapist's ability to understand and unable to view the therapist as a role model. Intra-ethnic transferences could include merger fantasies, idealization, attributing omniscience to a therapist who is so similar that the client doesn't feel a need to explain feelings or point of view or devaluation of the

therapist who is perceived as "joining the establishment" of mainstream professional culture. Comas-Diaz and Jacobsen provide a similar list for countertransference feelings experienced by the therapist when working with clients of same and different cultural backgrounds. This list of countertransference reactions is similar to the one described by Michael Gorkin, presented below.

**Michael Gorkin (1996)**

Michael Gorkin's project explored the types of cultural countertransference reactions that emerged in his supervision of Israeli therapists working with Arab clients. Although this data comes from a particularly charged cross-cultural dyad, the dynamics that are identified are universal in varying degrees of intensity.

**The therapist's excessive curiosity about the client's culture.**

The therapist genuinely may be interested in details about the client's culture, but asking too many questions runs the risk of the client feeling like a "specimen." This curiosity may meet the therapist's needs more than the client's. Although it is commendable that the therapist is interested in learning, it is not the client's responsibility to be the teacher.

**Denial of difference: We are all just people.**

The therapist may hold what is believed to be a progressive value of "we are all just people. We are all the same." Meaningful differences may be overlooked or ignored.

**Creating an "Island of Specialness" with the client.**

This could include thoughts such as "I'm different than all those other White therapists because I'm culturally aware" or "you're different from most Asians because you aren't so quiet and deferential."

**Over-identification with the minority status of the patient.**

This dynamic might come into play if the therapist is also of a minority group or, if Caucasian, sees him or herself as an outsider.

**Guilt.**

The therapist may feel guilt about a variety of themes, such as coming from easier circumstances than the client, being perceived as a representative of a punitive institution such as the courts, or feeling ashamed of the way the client has been treated in America. As with any kind of countertransference reaction, the clinician must sort out whether the guilt is justified or exaggerated due to something in his or her own past. Guilt can lead to a desire to compensate the patient for injustices and can take the form of reduced fees, tolerance of lateness, or the blurring of boundaries.

**Superiority and social dominance.**

The therapist may subtly devalue the client, or both the client and the therapist may collude in seeing White American society as superior.

**Extreme discomfort or hatred.**

This reaction may occur in circumstances of political conflict between the therapist's country or identity group and that of the client, or as a result of terrorism or war.

## Beyond Difference: Prejudice and Bias in the Countertransference

Caucasian therapists may experience feelings that are particularly uncomfortable when working cross-culturally. These go beyond the recognition of differences in cultural orientation and have to do with labels of inferiority that may be consciously or unconsciously assigned to a minority client. Issues reflecting the power differential in the

dyad also may play out in the treatment if they remain unexamined. These and other dynamics are susceptible to defensive maneuvers that could keep them out of the clinician's conscious awareness. All of the models of cross-cultural psychotherapy agree that the therapist must be self-reflective about the human tendency to form bias in response to the unfamiliar and to create hierarchies that reinforce the dominant culture.

**Race**

Although I am looking at culture as an umbrella concept that includes race but doesn't separate it out from the larger matrix in which it is intrinsically bound, the literature on race in the countertransference offers deep and honest reflections of the clinician's internal subjectivity when working with a racial "other." Thus, it is essential that I mention it in the literature review.

Yvette Esprey (2014) is a White psychotherapist born into Apartheid South Africa in the 1970s. In her lectures and writing, she traces the exploration of race in the therapeutic dyad from the perspective of object relations theory, which moved therapy out of the intrapsychic, one-person model to the social environment of the mother's interaction with the child. Relational theory expanded the concept of the social environment out into all the components of culture: the world of race, class, gender and power. These dimensions traditionally have been ignored in psychotherapy yet are "normative unconscious processes" that are always present in the room. White therapists avoid discussing race and deny feelings of prejudice because it is shameful to admit to having racist thoughts or to face their role in maintaining an oppressive system. Society engages in an "ignorance contract," and if therapists disavow prejudice, they are contributing to keeping it invisible and upholding the cultural power dynamics within the

clinical encounter. The act of creating boundaries of "us and them" is very primitive and developmentally normal. It provides clarity about danger and safety during times of vulnerability. This is illustrated by the fact that after a trauma or disaster, our early internal safety structure is mobilized and people come up with primitive racist comments and explanations. It is easier to mentalize (understand the mental world) of someone who is familiar (Fonagy, Gergely, Jurist, & Target, 2002). If a therapist feels lost or uncomfortable with a client whose cultural/racial context is unfamiliar, he or she may resort to stereotypes or primitive thinking. The ability to mentalize may be temporarily suspended. Race can interrupt the therapist's capacity to think and to guide the client in understanding his or her emotions. Esprey (2014) implores the therapist to regularly self-reflect about racial attitudes and to participate in consultation or study groups that provide the safety to honestly explore these issues.

Altman (2000) presents the concept of racism and culture as the 3rd person in the room, reminiscent of Ogden's "analytic third/societal third" (1994), a space where client and analyst co-create meaning between them. Altman believes that the therapist's prejudice is always there, even in subtle form, and can't be entirely eliminated or "unlearned." He views this much like Winnicott's *Hate in the Countertransference* (1947), which must be acknowledged to oneself in order to make room for love.

Melanie Suchet (2007) is also a White South African analyst who grew up under Apartheid. She discusses "White" as a concept that she calls the "invisible, silent norm" (p. 868). It is a system of beliefs and policies that symbolizes power, security and superiority. White therapists often dissociate their feelings of prejudice because they are ashamed. They later can experience a kind of melancholia that comes from the realization

that their privilege is a result of the oppression of others. An important goal in therapy is mutual recognition, as described by Jessica Benjamin, and the willingness for the therapist to surrender a position of superiority.

**Skin Color and Ideals of Beauty**

Tummala-Narra (2007) has written extensively about the dynamics of skin color. Dark skin is feared and viewed as "bad," perverse or untrustworthy, even within Black minority groups. Power, beauty and superiority are attributed to white or light-skinned individuals. Idealization of White European and American concepts of beauty have led to eating disorders, the proliferation of plastic surgery among Koreans, and the desire for skin-lightening products among African-Americans. Within families, children with lighter skin sometimes are favored and the darkest-skinned child may be ostracized. In psychotherapy, it is unusual for a minority patient to raise the issue of skin color, in spite of the fact that many emotional issues and intrapsychic dynamics may be wrapped up within it. On the other side, the therapist may feel that it is "politically incorrect" or insensitive to mention a topic that might make the client self-conscious or anxious. Therapists need to be knowledgeable about various attitudes toward skin color (their own and those of different minority groups) and be proactive in initiating discussions that can be difficult but productive. Like Dorothy Holmes, Tummala-Narra believes that a discussion about race and skin color can bring many important issues to the surface

# CHAPTER THREE: METHODS

The goal of this study was to explore the in-depth countertransference experiences of Western-trained Caucasian therapists when engaged in psychodynamic treatment with Asian-American adults. Do Caucasian therapists experience significant cultural differences in relation to their clients? If so, when do they become aware of these differences, what do they feel in response and how is this response understood? What, if anything, do therapists choose to do with these reactions? Did the research participants experience conflict between what they have been taught theoretically and what they actually encountered in their clients' culturally-shaped narratives?

## The Design

This study utilized a qualitative research design, as described by Corbin and Strauss (2008). "Qualitative research allows researchers to get at the inner experience of participants, to determine how meanings are formed through and in culture, and to discover rather than test variables" (p. 12). "The experiential life of people is the area qualitative methods are designed to study" (Polkinghorne, 2005, p. 138). They allow for in-depth immersion and for new connections to emerge through a grounded theory methodology (Glaser & Strauss, 1967). Compared to the more traditional quantitative approach that seeks to prove or disprove a hypothesis through data derived from a predetermined set of questions, qualitative research allows the data to flow from the feelings and choices of the person being interviewed. A qualitative approach was chosen for this research because it was better suited to capture the complexity, subjective experiences and countertransference responses of psychotherapists engaged in cross-cultural treatment.

The data was collected through open-ended, semi-structured interviews with psychotherapists and was analyzed utilizing the "constant comparative" method (Corbin & Strauss, 2008). Comparative analysis compares one incident from the data against another, grouping them by similarities and differences. These groupings form categories that accumulate detail and texture and eventually become a "thick description" of that particular phenomenon. This process continues until saturation, the point at which each theme is sufficiently developed and new information ceases to emerge.

## Participants and Sample

The participants in this study are Caucasian psychotherapists of psychoanalytic or psychodynamic orientation who have had at least 10 years of clinical experience. I sought clinicians who had worked with at least one Asian-American adult (age 30 or older) in ongoing psychotherapy of a year or more. The participants represent a variety of disciplines: licensed clinical social workers, psychologists, and marriage and family counselors. All of them work in private practice settings.

My approach to sample selection was "purposeful," as opposed to the random selection process of quantitative research. "The logic and power of purposeful sampling lies in selecting *information-rich cases* for study in depth" (Patton, 1990, p. 169). I looked for experienced psychotherapists who reported being accustomed to recognizing, reflecting upon and utilizing their countertransference feelings. I hoped to find participants who were interested in cross-cultural treatment and who were willing to discuss culturally-based dilemmas, if experienced. I limited the sample to Caucasian psychotherapists, rather than recruiting therapists of any race or ethnicity, both to simplify the number of cultural dynamics being studied and to emphasize a dyadic

combination (Caucasian therapist / Asian-American client) that potentially has a high degree of cultural difference. In this sense, I employed a form of "critical case" sampling (Patton, 1990) that contains a dramatic contrast that is likely to produce noticeable reactions, if such reactions are experienced. I did not limit the client's cultural background to one particular Asian country due to concerns about finding an adequate number of participants who fit all the criteria.

I began the recruitment process with a snowball sampling technique (Patton, 1990, p. 176) that directed me to knowledgeable people or organizations in the Los Angeles area. These included the Asian-Pacific Counseling Center, the psychoanalytic institutes, several colleagues who specialize in diversity issues, and a social worker in private practice who lives and works in Orange County, home to a large population of Asian-Americans. I supplemented these efforts through postings on professional listservs (see Appendix A) with organizations such as the American Association of Psychoanalysis in Clinical Social Work (AAPCSW), the Smith College School for Social Work Western Region Alumnae Association, the Los Angeles County Psychological Association, the New Center for Psychoanalysis, and the Institute of Contemporary Psychoanalysis. I also sent letters or emails (see Appendix B) to a range of professional and personal contacts. I pursued potential participants who emerged from this process with a letter (see Appendix C) or a phone discussion in which I briefly described the nature of the study and the expectations for their involvement if they were selected and agreed to participate. This phone call or a brief written form (see Appendix D) served as screening mechanisms for determining if the prospective participant met the selection criteria and the particular sample gaps that needed to be filled. Once I had decided upon

the participants, I sent a "thank you" letter to anyone who had been willing to be interviewed but who was not needed as a participant in the study (see Appendix E).

The selected participants received the Informed Consent form (see Appendix F), which they were able to review in advance and sign at the time of their in-person interview. I outlined the provisions that I've established for their protection, which included my commitment to protect their anonymity and that of their clients, both in the dissertation and in any future publication of the study, to refrain from using any identifying information or distinctive material that could be easily recognized, to keep all interview material in a secure place, and to erase audio-recorded sessions once they have been transcribed. I informed them that it is always a possibility that the interview might trigger uncomfortable feelings that could result in growth and greater awareness or could produce unsettling distress. If the latter should occur, I would help them process their feelings or if it seemed more appropriate, refer them to another therapist.

Before officially beginning to collect data, I conducted a pilot interview to acclimate myself to the process, to receive feedback about how clear I have been in the presentation of the study topic, and to test whether I will get the kind of reflections that I was seeking. This process was extremely helpful and gave me the opportunity to make revisions as needed.

## Data Collection

"Pure description and quotations are the raw data of qualitative inquiry" (Patton, 1990, p. 31). Therefore, data collection for this study took the form of gathering the participants' words in open-ended, in-person interviews of 60 to 90 minutes in length. A brief follow-up phone call was beneficial in a few situations when further clarification

was needed. I told participants ahead of time that I would be exploring their in-depth countertransference experiences, particularly any feelings due to cultural similarities or differences, while working with an Asian-American adult. I requested that they have a specific client and treatment process in mind in preparation for the meeting. At the beginning of the interview, I reviewed confidentiality procedures and had the participant sign the Informed Consent form. After a few factual questions that provided basic information about the participant, the client and the treatment context, I encouraged the participant to talk freely about the therapy and what kinds of countertransference feelings emerged with this particular client. Corbin and Strauss (2008) suggest the following introduction: "I want to hear the story in your own words. After you have completed your storytelling, then if I have further question or something is not clear, I will ask you. But for now just talk freely" (p. 28). After the participant had ample opportunity to direct the flow of conversation, I followed up with probes or questions in areas where I wished for further elaboration. I had, for my own use, a list of semi-structured questions that served as a guide to insure that all topics of interest were covered (see Appendix G).

Each session was audio tape-recorded and later transcribed. After each interview, I wrote down my immediate impressions and then reviewed the transcribed material to determine whether anything should be modified in future interviews. In this way, the data analysis began after the first interview (Corbin & Strauss, 2008) and the research process continuously evolved in response to experience.

Confidentiality was preserved throughout the research process. I directed the participants to disguise all identifying information and to assign their clients pseudonyms. In my selection of quotes from the interview material, I was mindful of eliminating

revealing details about the participants while also attempting to communicate the flavor of the interview and the therapist's experience with his or her client.

## Analysis

The data derived from the interviews was analyzed using the constant comparative method. "As the researcher moves along with analysis, each incident in the data is compared with other incidents for similarities and differences. Incidents found to be conceptually similar are grouped together under a higher-level descriptive concept" (Corbin & Strauss, 2008, p. 73). This comparative process continued until it reached saturation and no longer produced relevant new information. I utilized a variety of analytic tools in the effort to extract meaning from the participant's experience, such as posing questions of the data from different perspectives, looking at the participant's use of words, and remaining sensitive to the themes that generated emotion in the participant. I noted my immediate emotional responses to the participants and the material generated in the interviews in order to remain aware of personal bias and my own countertransference reactions.

Using various coding strategies, such as Open (analyzing word by word), Axial (linking concepts together), and Integrative (identifying a core category that serves as a unifying concept), I looked for themes and the possible crystallization of new ideas. I then checked the emerging findings for reliability by referring back to the raw data for accuracy (Corbin & Strauss, 2008). In a small qualitative study such as this, it was not expected that the findings would be generalizable to a larger population. Rather, it was my hope that the data would feel authentic and would represent a "credible" response to the research question (Corbin & Strauss, 2008).

The data is presented in the final two chapters of the dissertation. In Chapter Four: Findings, I summarize the themes, patterns and variations that emerged from the interviews, illustrated by direct quotes from the participants. Chapter Five: Discussion presents an elaboration of the findings, their relationship to existing theory and literature, my overarching conclusions and their implications for clinical practice and further research. The study's impact, its significance, as well as its bias and limitations, are also discussed.

# CHAPTER FOUR: THE FINDINGS

## Overview

The findings presented in this chapter were drawn from the interviews with the study's seven participants: Caucasian therapists working cross-culturally with an Asian-American adult. Their responses were grouped into categories or themes and were compared and contrasted with each other. The categories are: the participant's own cultural background and experiences, the participant's familiarity and preconceptions about Asian culture, the importance given by the participant to cultural issues in the treatment, the participant's sense of identification and connection with the client's experience, the participant's difficulty in identifying or connecting with the client's experience and how the participant found his or her way in the cross-cultural treatment.

The first three categories address the therapist's own attitudes and cultural subjectivity that are brought to the treatment relationship. The fourth and fifth categories describe the interactive process between the therapist and the client and areas of resonance (identification) and dissonance (difference) in their dynamic. The last category identifies how the participants worked with their reactions as well as the reactions of their clients and managed to find ways to bridge their differences.

Each participant's cultural countertransference is comprised of a unique blend of these six categories or themes. The findings presented in this chapter are expressed through substantive quotes in the words of the participants, hopefully bringing to life their cross-cultural treatment experience.

## Information About the Participants and Their Clients

I recruited and interviewed seven participants for the study and one additional person for the pilot, whose data is not included in the findings. All of the participants were assigned pseudonyms. Five of the participants are women and two are men. All are Caucasian, have had psychodynamic training and at least 10 years of clinical experience. Four of the participants have a Master's degree in Social Work (MSW), one of whom also has a doctorate and is an analyst. One participant is a clinical psychologist (Ph.D). Two are Marriage and Family Therapists (MFT), one of whom has a Psy.D.

The participants range in age between their late 30s and late 60s, with the majority being in their 50s and 60s. One participant has been in practice for 11 years, two for 14 years, and the rest between 25 and 45 years. They come from a range of economic circumstances and religious backgrounds, and from different parts of the United States. One participant grew up in South Africa. They bring varying levels of exposure to diversity and to Asian or Asian-American culture. Two of the participants identify as gay or lesbian.

Six of the participants presented their work with female clients and one participant discussed therapy with a male. The clients range in age from their late 20s to their early 50s. All of the clients are first generation American-born. Their parents are immigrants from Mainland China, Taiwan, the Philippines, Vietnam, and Korea. Some of their parents were refugees and some came to the United States for graduate school or to start businesses.

The duration of the treatment described by the participants ranged from 1 year (the requirement), to 4 years, to off and on for 20 to 25 years.

## Finding #1: The Participant's Cultural Background and Experience

The participant's ethnic and cultural background and family-of-origin attitudes towards difference contributed to the emotional climate of the treatment relationship and formed part of the therapist's cultural countertransference.

### Cultural Narratives

#### "Betty".

> I would say I came from a very provincial background. I grew up on a farm in New England . . . . in a French-Canadian mill town, on a river, and most of the residents of the town were French Catholics, Canadian French people. We were the Protestant minority. There were almost no Jews in the town. There were maybe three or four, either associated with the pharmacy or doctors, professional people. . . . There was just one family in all of my growing up that was an African-American person. . . . Latinos were *unheard*-of at that time . . . and, um, again, it was mostly French Canadians that we were aware of, and there was a lot of anti-Catholic feeling in my family. My grandfather threatened to shoot – he called the French-Canadians "pea soups." "If you date a pea soup boy," he said to my mother, "I'll shoot him when he comes up over the hill!" . . . . Also, I think, envy of the well-to-do nature of the – or, well-to-do status of the Jewish families in town . . . . there were anti-Semitic slurs that I grew up with. More anti-Semitism, actually, than racism . . . .
>
> I majored in religion at college, and then I went to a couple of years of seminary, hoping that I would become more convinced of the validity of the Christian faith. This did not occur . . . . So, um, I then started to turn toward

psychology and realized that. . . . it was much more congruent with my orientation to the world. In addition, my sexual orientation comes in there as well. Um, I grew up as a Methodist, and my church was quite homophobic. . . . And that was – that was part of me leaving the church and going in a more secular direction. (Betty, personal communication, September 28, 2015)

**"Don".**

I grew up in the rural Mid-West . . . . this is a town of about 20,000 people . . . . where there was very, very little cultural diversity. And, in fact, diversity would be, maybe, the difference between a White Methodist family and a White Episcopalian family. And then, uh, maybe some fundamentalism in there. But, White, White, White, White, White. There were, at the time I grew up, a number of Latinos that lived there, but they were very isolated, and. . . I can remember, one or two African-Americans in my entire high school . . . . And when I was in junior high, the boat people came. The Vietnamese boat people came to work in the [meat] packing plants . . . . And, you know, these people came with no English, heaven knows what trauma, before coming into a White, Christian community that had – that was still debating whether or not we had surrendered to the Vietnamese in the war. Yeah, and the identification with Vietnam couldn't have been more negative. No matter what part, I think, of the war side you were on, it was a shameful experience. And so, these are the – these people were coming into a community that had been impacted by that . . . .

But, I was a gay kid . . . . And I think I saw things from that lens, including . . . other kinds of minority experiences. Maybe some empathy or something. Identifying maybe with their shame. . . .

My parents were teachers…I think they were probably a little bit more liberal [than the rest of the community], which is no longer true. They're not very liberal anymore . . . . There's a very, very narrow range of what was acceptable and normal. (Don, personal communication, November 23, 2015)

**"Anne".**

I grew up in a Jewish ghetto, basically. Every kid was Jewish. Very few Christians, and not many multicultural things going on . . . .Blacks, who were our maids, so that was the one other culture that we had in our home, and I loved them very much. I felt very close to them. They were softer, warmer, not intellectual, very real people . . . . I always identified with the maids, whatever culture they were from, because I felt my mother was hard on people, including me and them. So I would go and sit and talk to them if I could. . . . .No chip on the shoulder. No way. And from them, I learned about the South, and their lives, and how hard their lives were, but there was no feeling sorry for themselves whatsoever. (Anne, personal communication, October 12, 2015)

**"Charles".**

I grew up in South Africa. I'm Jewish. My father was a Rabbi, so Judaism and Jewish culture has always been a big part of my own identity. Growing up in South Africa meant that I grew up in a racist culture, and, um, the schools, the people around me were, uh, frankly took racism and bigotry for granted. It was

just part of who we were. So, negative feelings towards Black people were frankly something that one didn't even really think about . . . . honestly, my parents didn't talk very much about racial issues, and they participated in the system and benefitted from it like anybody else did . . . . So, it wasn't until I got into my early teens that I began thinking more about it . . . . I – I was always, just by nature, a very sympathetic person. I mean, I think that's just the way I was. Um, when I got to high school, there were kids that used to go out on the weekends and just randomly beat up Blacks, for fun, and they would come back on Monday and they would report, the way boys do, about their exploits. Yeah. And I--I just found that kind of made me sick to my stomach, and I never participated in anything like that . . . . I just, it just felt wrong to me. You know? To exploit people who have no power . . . .being a Jew might have had something to do with it . . . maybe there was some sense of, uh, you know, at Passover we learn about Jewish slavery and freedom, and maybe some of those ideas, somehow . . . . and I became increasingly more uncomfortable with the disparity that I saw, and, um, that culminated in my coming to the United States as an exchange student, where for the first time I had a shocking experience of – of – of having teachers who were Black in a public school, in seeing Black children in the same school, and the whole thing was truly a culture shock . . . . When I returned [to South Africa], um, it was quite a challenge for me to – to be back in a culture that just assumed that Blacks were an inferior, um, in a way, species, you know? And, uh, I started having a lot of trouble, um, saying – being able to live

with what I saw. And so, eventually, I knew I had to leave, and as soon as I could, I did. (Charles, personal communication, October 19, 2015)

**"Elyse".**

I am a secular Jew raised in a family that did not – was not religious in any way. But, and did not even embrace cultural sort of rituals or traditions. But since marrying, almost 36 years ago –I have really enjoyed the Jewish secular culture . . . .And with my own son, I really loved creating traditions and making them fun and so that's been a big part of my life.

In regard to Elyse's family's attitudes toward people who are different:

> I think they were very open in that way . . . .Very tolerant. My brother's gay, and that was not an issue for my father. My mother struggled with that a little bit . . . .but she, too, embraced it eventually, and people of color, minorities. We-- I grew up in an area that was a lot of Latino people . . . . I didn't realize . . . until I went to a reunion. I think it was like my 30th reunion and realized, boy, most of my classmates are Latino. And I didn't even really think about it. So, yeah, very open attitude, which I appreciated. (Elyse, personal communication, December 14, 2015)

**"Francine".**

Francine, like Elyse, grew up as one of very few Jews in her surrounding community:

> My culture is American Jewish . . . . Um, I am not a particularly observant Jew but that's the umbrella in which I would say I am culturally defined . . . . The Midwest is an interesting place, because there are not that many Jewish people . . .

. We lived in a city in which there were Jewish enclaves, but we did not live in those, and I think that was relevant to my parents' psyche . . . . [it was] by choice, really . . . . maybe a part of them wanted some distance from the provincial determinants of a small Jewish community. (Francine, personal communication, December 21, 2015)

In response to a question about her family's attitude toward people who are different, Francine said "Curious. Welcoming" (Francine, personal communication, December 21, 2015).

**"Gillian".**

I identify as Caucasian, American, White . . . . My mom's all Irish, from Boston, so . . . that cultural imprint is very strong, and my dad is – his ethnic and cultural background is a little bit more – well, I guess his ethnic background is more of a mystery . . . . it's German, and- so he is of Jewish descent, but . . . that's something that was a source of shame . . . that they didn't want the neighbors to know . . . . His relatives... have been around [in America] since the Civil War, apparently, which was a huge surprise to me . . . . And so he, culturally, was not raised, um, with any – he was raised as a Christian Scientist, and so he was always sort of, like, murky, vague, like, what his ethnic background is . . . .

My parents were back-to-landers or hippies in Northern California. . . . I think there were more gay and lesbian men and women in the community than there were people of color, ethnic minorities . . . .my mom was more--pointed out sexism more. My dad, more like, probably racism . . . . the idea of difference was, people can be different, great, who cares? Um, very accepting. Kind of going out

> of their way to, like, make a point of it . . . . and I remember saying there's no racism in our community because everyone accepts everyone for what they are. Everyone's the same, and then thinking back and just being like, I have no idea what it was like for the one African-American kid . . . . Like, you better believe that he--I believe now that he definitely experienced racism and, um, yes, but I've been thinking that everyone was so accepting, but that wasn't the case. It was a very naïve, kind of like, it's cool for me, so it's probably cool for them, too. (Gillian, personal communication, February 15, 2016)

**Feeling Like an "Other"**

All of the participants expressed feeling different, misunderstood or like an "other" growing up.

**Betty.**

> As a farm kid, nobody got me at school. . . . There were very few farm kids, and the farm kids were discriminated against because they would smell funny. . . . . you know, everybody would hold their nose . . . on the bus, and those kinds of things. . . . And so we [her family] had that sort of, uh, the small group, the "out-group" paranoia. . . . And suspicion that goes with that, and the feeling of not being understood. . . . So I've had that sensitivity, and also being a lesbian, with my sexual orientation being something that puts me outside. (Betty, personal communication, September 28, 2015)

**Francine.**

"I felt like an 'other' within my family mostly because I'm the only girl in the family. I have three brothers. . . . Also, in my early schooling, I was always the only Jewish kid" (Francine, personal communication, December 21, 2015).

**Elyse.**

Elyse expressed feeling somewhat like an immigrant. "There were no other Jews around, but we were also really poor . . . . So, there was a lot of anxiety about . . . how to dress, not having clothes, not having money" (Elyse, personal communication, December 14, 2015).

**Gillian.**

> So it [growing up on the land] was more of a focus on community and spirituality . . . um, connection to the earth, and my mom sort of dabbled in some, like, Wiccan, sort of ceremonies. . . . having bonfires. . . . I really shy away from the word hippie, because it feels like . . . it's like dismissive or pejorative in a way. . . . Well, no, it was actually something meaningful and important, and like a community center and dances were, like, our form of, kind of, church. . . . It was very, yeah, wonderful, different. . . . difference, yes, resonates in that there was, like, hippie kids. . . . who had moved in during the 60s and 70s. . . . and then "redneck" kids, which were more just the kids of the ranchers . . . folks that have been there for . . . a couple of generations. . . . and then some – the straight kids, which maybe, like, their parents were the few straight jobs like teachers or the sheriff. . . . the hippies definitely, like, there was a source of pride, and, like, this is our community. We go to the private hippie school. But there was also a little

bit of, like, a little bit of shame, like, oh, the hippies don't really have it together. Our houses are in the woods and, like, partially constructed, and whereas straight kids, I feel like, popular culture, as reflected in TV, sort of mirrored back more of what I thought they had. Like, they have nice houses with yards, and their parents –have regular jobs . . . whereas we're sort of like driving around in a beat-up blue bus, and so it's like, things are a little less put together. . . . I felt mixed about it . . . there was a period of having a lot of pride about it. Like, I think I wrote my . . . grad school entrance essay on my community and my identification with it. . . . But there was a period of time it was . . . more shame-oriented . . . and now, I don't know. Just kind of--it feels more integrated, like yeah, there were amazing aspects of it, and there were parts of it that were difficult and not ideal. (Gillian, personal communication, February 15, 2016)

**Charles.**

Charles described how he was both an insider and an outsider, part of the White majority and a discriminated minority.

While I lived in South Africa, too, being the son of a Rabbi, I experienced a lot of anti-Semitism. I lived in a small town, and I would say, at least once a week somebody either threatened to beat me up because I was, what they call, a Joodjie, which is a little Jew. It was a derogatory term for Jew . . . And I have two brothers, and all three of us at various times had to literally have fistfights to defend ourselves against anti-Semites who wanted to hurt us, and, um, so I saw that end of it as well. (Charles, personal communication, October 19, 2015)

**Don.**

> I was a gay kid. And I think that does give me a certain outsider's status. . . . There's a lot of violence in my family, and abuse, and I'm the only one that really survived it. And I often think it's because I was gay. In some way, I always thought, I will get out of here. (Don, personal communication, November 23, 2015)

**Anne.**

Anne presented herself as an "other" in regard to the beliefs of her peer group and generation. She was more identified with her grandparents' vision of America.

> I definitely decided at that age [as a college student in the 1960s] not to be political. . . . everything that my parents probably thought was okay or normal, we were supposed to be against. . . . So already I was separating from my generation's zeitgeist. . . . I do remember talking to my grandparents, and they were so grateful to come to America – all four of them had come to America, running away from some terrible pogrom or purge or whatnot in Eastern Europe. And they were just so grateful to be here and to have a chance to prosper. . . . So this whole thing of multiculturalism today is not the world I grew up in. . . . there just wasn't that sense of the world being divided into multi-cultures, because we were being taught that America's a melting pot. . . . I felt we were all growing and prospering together. (Anne, personal communication, October 12, 2015)

**Awareness of White Privilege and White Guilt**

A few of the participants mentioned an awareness of White privilege, and the accompanying emotion of White guilt, in some of their thinking and responses. This

served to both increase their sensitivity to cultural marginalization in their clients' lives and to increase anxiety about being perceived as superior or as a White oppressor.

Gillian, whose Korean-American client rarely discussed her ethnic identity, was reluctant to be the one to continually raise the issue or ask questions about it.

> I think there might be . . . embarrassment, or . . . treading lightly... I don't want to be the White therapist that is perceived as very privileged, like I was saying, but remember this about these issues that, you know... potential discrimination or marginalization. (Gillian, personal communication, February 15, 2016)

Betty said,

> I think – I think just being careful about assumptions. . . . Yeah. And, um, more awareness of my privilege, of, uh, despite things where – that have made me feel marginalized. It's just so nice to feel that your home soil is your home soil. You know? It's an advantage. . . . To work with people who have to survive against, you know, very – in very adverse circumstances. (Betty, personal communication, September 28, 2015)

Charles, from South Africa, said,

> I went to college in California to finish my bachelor's degree . . . I had an interesting racial type experience, in that I worked for an Affirmative Action program. . . . I leapt at the opportunity to help minority students complete their college application forms. . . . I was trying to make up, in a way, for where I came from. (Charles, personal communication, October 19, 2015)

**Finding #2: Familiarity and Preconceptions About Asian Culture**

This category addresses the prior knowledge, degree of contact, and personal affinity or bias about Asian culture brought by the participants to the treatment situation with their Asian-American clients. This prior exposure could be from seminars, books, film, travel, or personal relationships.

Six of the seven participants interviewed reported having little to no exposure to Asians or Asian-Americans while growing up. Don, from the White, rural Midwest, is the exception. He reports:

> When I was in junior high, the boat people came. The Vietnamese boat people, to work in the packing plants. That was at the time when that part of agriculture was becoming industrialized – or, not industrialized, but, um, what do I want to say? Corporate. And, instead of little butchers around the community . . . there were suddenly these enormous corporations building, you know, towns would vie for the world's largest beef packing plant. . . . I remember having curiosity. . . . These kids had – they didn't speak English, and they're dropping them into classrooms, and, uh, I can't remember any, uh, I don't remember any episode – or any scenes of outrageous bigotry or prejudice. Maybe a little. I mean, I'm sure there was. (Don, personal communication, November 23, 2015)

Three other interviewees had contact with Asian-Americans in college, or through friendships or work.

Gillian states:

> My exposure to other cultures has been more related to Latino or Hispanic cultures. My dad lives in Chile half the year now, and I was an exchange student

> in Venezuela and traveled with Latin Americans, and I fancied myself a very, like, culturally, sort of, sophisticated 18-year-old. . . . My first Asian-American friends were in college. One woman, Taiwanese-American, um, and the other was – her parents were from Hong Kong, I believe. . . . I remember thinking, like, oh . . . I noticed that they are Asian from across the room. Like, they seemed so different from me . . . definitely noticing ethnic diversity, racial diversity. . . . Just purely physical differences, really noticing that a lot in college. And then I remember having this thought, like, me and my friend were developing this friendship and thinking to myself, you know. . . . I don't even notice it now. . . . she and I look so different, but the difference doesn't even matter. . . . Which is so, like, what is the term? Like, naiveté, I have a little embarrassment about that now, thinking, like, yeah, it doesn't really matter. (Gillian, personal communication, February 15, 2016)

Anne described her experience with a Taiwanese-American boss, prior to becoming a social worker:

> I had a Chinese boss. . . .And she was a piece of work. She was probably Taiwanese-born. Rich, rich family. . . . And she thought I wasn't being submissive enough. . . . She made me go backwards for 6 months and do key punching, which is all, like, typing perfectly. . . . And I had to suck it up . . .that was her game, power. She was beautiful. Her clothing was gorgeous. You know, she had a racket going there. (Anne, personal communication, October 12, 2015)

Anne presently lives in a community with a large Asian population and expressed other opinions and reactions from interacting with a variety of Asian-American individuals who are neighbors and clients:

> When the Asian kids from the local university, which is close to my office, would come in here and tell me the word Orient is derogatory, and I would look at them and go, "since when?" I'm going, "are you kidding?" In other words, I have no intention to hurt anybody's feelings. I was raised this way. Mongoloid, Caucasian, there were three races, and Oriental. That was our science class in the '60s. Okay, now those are bad things to say? . . . . So I tell people, if you're gonna work with me, you gotta know that political correctness is not spoken here and that if you're gonna work in therapy, we both have to feel comfortable to say what we think, we feel.
>
> The theme I see from these immigrants who – some of whom are boat people, even, escaping at the end of the war into...Orange County, [California], was that they had been well off, pretty well off, in Vietnam, and then lost everything and escaped by the skin of their teeth from the Communists. . . . So they came here with nothing, and there's this feeling of needing to get back to being the people they were financially.
>
> A common cultural piece I have seen in many Asian kids raised . . . here in this county. That they were not allowed to go out and play, or weren't allowed to join sports, because it wasn't viewed as important enough for getting into college. . . . This whole story of not being allowed to go out, it kind of infuriated me, and it kind of helped me formulate this idea that these Asian parents come

> over here not for the melting pot at all. . . . And they don't have a concept of fitting in and becoming Americans, which also infuriates me. (Anne, personal communication, October 12, 2015)

Betty stated:

> I guess I have some prejudice against Chinese people. I just thought of this. I had one Chinese client before this who was a real entrepreneur, and she struck me as excessively materialistic and uninterested in human beings. I didn't like her very much. And so I had that somewhat of a bias about Chinese people. (Betty, personal communication, September 28, 2015)

The three remaining participants had minimal contact with Asians or Asian-Americans, but described their initial preconceptions or biases.

Charles said:

> I'm very interested . . . in these issues. Particularly, I'm very interested in how people arrive at their . . . ideological conclusions. . . . 'Cause I'm fascinated by the kinds of biases that people arrive at without necessarily having examined anything. I mean, just the fact that most people will, for example, vote the same way their parents did, is an interesting phenomenon. It means that people don't actually think independently. . . . in general, people follow what they were raised with.
>
> My exposure [to Asians], sadly, has been very minimal. . . . Once I went into private practice, then I started more to have, uh, some – some clients who were of Asian background. . . . I suppose my preconceptions were just the typical things that people say . . . that Asian people are very hardworking, very driven to

> . . . they make their children work very hard, like the helicopter mom kind of thing. I think I had some of those ideas floating around. Um, hardworking, I think that's really about it. Maybe controlling, you know, that they might have – controlling parents. My client…fit the stereotype . . . in that she was an excellent student, she went to an Ivy League college. (Charles, personal communication, October 19, 2015)

Asked about preconceptions of her Chinese-American client, Elyse stated:

> She was a pretty startling person in so many ways that her nationality seemed to be the least of it…very vivid person, and in fact that was one of my first clients, and I still see her . . . I see her occasionally. So it's been over 20 years that, yeah. (Elyse, personal communication, December 14, 2015)

Francine said:

> Did I have preconceptions? No. Not particularly. Again, I think genuine curiosity and delight that somebody wanted to work long-term that would be this kind of challenge for me. . . . I went to supervision about that, about my client. Will I be able to help her? Will I be able to really understand? How my differences and hers affect one another. (Francine, personal communication, December 21, 2015)

A number of participants mentioned bringing an attitude of curiosity and enjoyment of Asian culture to their work. Charles stated, "I'm very fond of certain Chinese books, for example, like the *Tao Te Ching* . . . and the *I Ching*" (Charles, personal communication, October 19, 2015). Don said, "My side passion is cinema. So I was very into Asian cinema . . . and, um, I was interested in the different cultures" (Don, personal communication, November 23, 2015). Similarly, Elyse said, "I love Japanese

films. I love films . . . and writers. I mean, I love, like a Japanese writer is a particular favorite of mine" (Elyse, personal communication, December 14, 2015). Francine said,

> I mean I know a lot about Chinese food. . . . I had not yet been to China when I began with my client, but was determined to go and have subsequently. . . . I also have read, when I went to China, I was reading Chinese authors. . . . had some discussions with her. . . . and we got a lot of mileage together. . . . Discussion and connection. (Francine, personal communication, December 21, 2015)

Four of the participants mentioned benefitting from prior diversity training, reading and other forms of cultural exploration.

Betty explained:

> I went to college on a scholarship, and that was lovely and opened up the entire world to me. I was so excited. I was kind of on a high for the 4 years of my college education, and met people from all sorts of backgrounds . . . and I became aware of my racial prejudices, uh, quite – in some painful ways. Because I would say unconscious things and be humiliated by myself, and then, so, those are painful learning experiences. . . . I had a lot of cultural studies. My – my religion degree at the seminary was two years long, and that was in, uh, psychology and religion, and so it was – it was a mixture of all the social sciences, anthropology and religion. We studied world religions. So I got a lot of background on various cultural approaches to many issues of meaning and purpose in life and the importance of ritual. . . . I've never regretted that, even though, you know, I ultimately didn't go in a religious direction for a vocation. It really helped me. . . . I think that's been part of the background that has drawn me to cultural

approaches and understanding people's cultural contexts. (Betty, personal communication, September 28, 2015)

Don described how diversity training prepared him:

The best [training] I had was at a setting that worked with gay and lesbian clients, when it was specifically about Asians. And there was somebody there who sort of mentored me around that, because I was having, I was getting these Asian clients that had failed with other therapists, and he took me aside and said, "look, everybody's gonna teach you to help. . . . your patients differentiate [come out to their families], and if you come in with that goal, you're gonna lose the client...to have them come out, quickly . . . you know, it's cruel." And, um, and that really interested me. (Don, personal communication, November 23, 2015)

Elyse stated:

At the agency where I trained, we worked with. . . . low-income families who were at risk of losing their children because of abuse or neglect. . . . There was talk about diversity and just understanding the stressors these families experienced. These are families in perpetual crisis. Part of it was, you know, socioeconomic and part of it was having themselves grown up with abuse and neglect. So, in that sense, I feel like I got a really wonderful training in how to think about differences and understand how those differences can impact people's ability to thrive...

I ran a group for 2 years. . . . The parents group. . . . It was very hard because I was – these parents felt victimized by the system, of which I was part, in their eyes, because they were court-ordered to be there, so many of them. . . .

> They hated me. They wouldn't sit next to me, there was a lot of taunting. . . . And I felt good about how that group – it ended up being a very cohesive group in which it was very meaningful. I think we all cared about each other a lot. So I learned a lot in that sense...I had probably 10 hours of supervision a week on just surviving that group. . . . They became individuals rather than stereotypes. . . . it was about, and continues to be, making people very specific. . . . I think I did take, from that experience . . . to try to look at people in that way. Because I so want to be looked at in that way. (Elyse, personal communication, December 14, 2015)

Francine shared:

> My husband at the time was working with a client, very different line of work, but who also was Chinese-American. And so we had really, from his point of view and my point of view, we occasionally shared some of the – our experiences of the quirk – what seemed to us to be quirky. Or particularly unique to that culture. That was helpful to me. (Francine, personal communication, December 21, 2015)

**Finding #3: The Importance Given to Cultural Issues in the Treatment**

This category describes the degree to which participants identified, addressed, and integrated a cultural lens into their view of the treatment. It reflects each participant's attitude toward cultural issues as a relevant part of the psychotherapy.

**Culture is an Important Part of the Therapy**

Five of the seven participants recognized that cultural themes were interwoven with their clients' psychological dynamics. They differed, however, in whether or how they used this awareness.

Elyse explained:

There was a lot in the work in the material that had to do with her father's discomfort with her very American ways. So I did have the opportunity to learn a lot about her – the Chinese culture – the traditional Chinese culture. Through her, because she helped me understand what she was dealing with. And I often didn't understand and would ask. . . . And I tried very hard not to be shy about that. . . . She had a profession that – in the arts – that was also something her father didn't approve of, probably because it worried him. He wanted her to have a very steady, safe life. . . . Another question I think . . . I needed to understand better – was, um, she has a child who is half-American, half-Chinese. So, there was reaction to that, and I wanted to understand how that was viewed. (Elyse, personal communication, December 14, 2015)

Anne discussed a client whose mother is Vietnamese and whose father is Filipino:

Her struggle from the first day I met her until today has been, "how do I separate from my mom and dad? I take care of them, I'm the parentified child, as I've grown through all the years, I've met all their expectations of me . . . I didn't go far away from home [for college]. They picked me up every Friday night and drove me home. You know, they had a say in what classes I took. I wasn't allowed to think for myself". . . . and I would say to her, "okay, so your parents escaped [from Vietnam] and raised you here to have a better life in America. But they wouldn't let you be an American child." That's really what happened. And it happened to a lot of my clients. (Anne, personal communication, October 12, 2015)

Don's Vietnamese- American client avoided talking about his cultural heritage:

> I'll say something [to him], ask some question. "You know, I wonder if this is something that's left over from your culture of origin, from your parents, from your family"? . . . . There's a pause. He'll think for a minute. "No". . . . I'm curious about that. 'Cause there's no way, intellectually, I believe that. But I do believe he's disconnected from it. I don't believe it's a policy he has. I think he's really disconnected from those parts of him. . . . But I am convinced culture is a much bigger role in his life than he is able to attach to.
>
> I . . . try . . . to be aware of what the cultural – because he is – he denies the cultural piece so intensely, I feel like I have to keep an eye on it. . . . And I just picture that little boy having – watching this most American thing you could have, Saturday morning cartoons and eating cereal, in a Vietnamese family, of people utterly displaced. And him having a foot in each culture. . . .
>
> I think it's a tension in him. He's an Asian on a motorcycle, and I think there is a tension in that description right there. He grew up in an Asian family, and he rides a motorcycle by himself – the most lone thing you can do. Weaving in and out of traffic, not attaching. (Don, personal communication, November 23, 2015)

Gillian describes her Korean-American client in similar terms in regard to her connection to ethnic or cultural roots:

> Her mother had some Korean friends, but she wasn't really part of a Korean community growing up, wasn't until she moved to California when she was in her teens that . . . she understood that . . . there was tons of Korean banks that are –

like, she learned about all these . . . aspects of . . . Korean culture in California that she never really knew about. . . . She went to Korea one time when she was a teen, and it was just a kind of odd experience for her. Right now she has no desire to go back. (Gillian, personal communication, February 15, 2016)

**Impact of Perceived Assimilation on Attention Given to Culture**

The perceived degree of assimilation is another factor that impacted the participant's identification or exploration of cultural themes.

Gillian explained:

You know, the other part of it is that she never – she never talks about herself through those – through, like, the lens of being Korean-American, or the lens of being a lesbian woman, and I feel like I'm the one that kind of brings the intersectionality stuff up. And I don't want to, like, sometimes like beat the drum too hard, and I think that there's something there that she doesn't bring that up. But we haven't fully gotten to it. . . . it isn't where she's at. Like, it doesn't, like, that's not – that's not a source of suffering, necessarily. I mean, it's all kind of intertwined, but she's, um, I mean, she's someone who's incredibly well assimilated, if you can even call it that. . . . The lens has been more, I would say, more psychological with, you know, an awareness of cultural issues that definitely influence it. Because. . . . it just isn't the lens of seeing her life through . . . . her being the daughter of an immigrant. (Gillian, personal communication, February 15, 2016)

Elyse talked about the fact that her client appeared to be very "all-American":

> So she had just a very interesting look and demeanor and very American. Even though both her parents were very traditional Chinese. . . . Yeah, she was not a client with whom there was a sense for me of, I'm dealing with someone of a different culture. . . . Um, because, I think, she was so open, and her issues felt more related to family dynamics, I'm sure informed by culture. But for me, I didn't find myself, uh, hyper-aware, ah, I'm dealing with someone who's Chinese. I'm sitting with someone who's – there's a difference between us. I didn't feel that difference, to a strong extent. (Elyse, personal communication, December 14, 2015)

Betty mentioned not recognizing at first the degree of her client's marginality and vulnerability because she was so successful academically.

> And I think that's where seeing her as a – an advanced graduate student from an elite college – you know, I had no – I didn't really get how lost she was and how lacking in framework she had for understanding what we were about to undertake [in the therapy]. (Betty, personal communication, September 28, 2015)

Betty, of all the therapists interviewed, had read the most widely about diversity, has sustained an interest in the overlap between culture and psychology, and talked extensively in the interview about her favorite cultural theorists. However, she rarely asked any cultural questions or mentioned any cultural issues when describing her work with her client, whose parents are ethnic Chinese refugees from Vietnam.

> Well, I'm not very – I mean, I read a lot, and I know a lot of theory, but I don't really use it. I don't try to fit anybody in it. I take very few notes. I'm really a much more intuitive--I'm more in it. I trust the process. I figure we'll find our feet

> somewhere. . . . as long as I have that, we can build on it, and I really trust the relationship to be transformative. (Betty, personal communication, September 28, 2015)

Betty doesn't introduce material unless the client mentions that something is causing a problem. Her female client is involved with a female transgender partner and they visit her traditional ethnic Chinese/Vietnamese parents regularly. This could potentially have created a great deal of conflict within her family, as similar issues did for the client seen by Elyse. When asked about this, Betty stated:

> I'm not sure and I don't ask. Uh, because I don't want to impose some sort of reified sexual identity category. . . . and what we're doing culturally right now, you know. . . . we're in a period when gender fluidity is all the rage. So, let's just let that sort itself out and not say too much about who anybody is. You know? They [her family] seem much more interested in whether she can help them adjust to this culture. You know, she's kind of – when she's functioning well, they can turn to her. And she's enjoyed that in recent months. (Betty, personal communication, September 28, 2015)

Similarly, Betty didn't ask her client about her experience working with a Caucasian therapist.

> Never talked about that. And I – I don't push it, because I don't think – at this point anyway. Maybe down the line, we might, but I think it'll be in retrospect. . . . She needs me to just be real steady, kind of understated, and a benign friendly presence that helps her focus on what needs to happen this week to survive and thrive. That's it. (Betty, personal communication, September 28, 2015)

**Culture was Not Considered Important to the Therapy**

Two of the participants either didn't recognize the cultural issues embedded in their clients' stories or felt that cultural aspects were not compelling. They tended to view the therapy primarily through a psychological lens.

Francine stated:

> I don't know if I feel the culture . . . was what was most intriguing to me, or affected the work. Their life stories and the events and how they saw them were more – probably much more the way I conceive of them. . . . I was excited because I got to be curious with them about their lives. Which I feel actually, in a way, countertransference-wise, I let them—I was more interested, objectively. (Francine, personal communication, December 21, 2015)

At the same time, Francine mentioned cultural issues that seemed to be central to the treatment and to her client's life. These had to do with her client's ethnic identity development, as expressed by her moving from dating Caucasian men to marrying someone who is Asian, and her client's struggle with her husband's sense of filial obligation toward his mother. The participant tended to view these issues as separate and distinct from the psychological issues, which were her primary concern.

> She [her Chinese-American client] went about her life. Career, a couple Caucasian boyfriends along the way, and currently she's married to someone with an Asian background...Not Chinese, but Asian. . . . And the conflict she gets into with her husband, which we talk about now, are related to his over – in her mind – and probably true – overly, um, ah, I don't know what the word is. Overly

involved with the responsibilities of being a son to his parents. (Francine, personal communication, December 21, 2015)

Charles did not recognize that Asians were a discriminated minority. He related this story:

> She [the client] opened me up to the idea that Chinese people often feel marginalized in this country. I – I actually hadn't really thought about it. I thought of them as being, you know, you go to an Ivy League school and they're successful and all that. . . . But she said to me a few years ago, she said when she went to this camp, she felt very marginal, and had always felt that way, that she was different. She said it was hard for her to make friends. And they lived in quite a wealthy neighborhood. You know, they may have been the only Chinese family, one of the few Chinese families. . . . But she said that because she felt marginalized, when this camp counselor – who was an older man, I mean . . . he was probably in his . . . I get the feeling, about his 30s. He had been at this camp for a long time, was apparently a respected counselor at the camp. She turned to him for connection and support and all that, and he betrayed that, in that he was basically touching her where he shouldn't have. You know, and then when she went back from the camp to her parents' home, she told them about it, and they – and I guess, here's an interesting cultural piece. They were very passive about it. They didn't want to stir up any problems. And that may have to do with the way, I think, some immigrants, even when they're successful, they don't want to stir up any problems for themselves. And maybe Chinese culture might have something to do with that, because they, um, you know, in China there's a very strong

> authoritarian culture, very strong hierarchical culture, I understand. (Charles, personal communication, October 19, 2015)

**Finding #4: Sense of Identification and Connection with the Client's Experience**

**Uncanny Parallels**

Five of the seven participants mentioned uncanny parallels between them and their clients that enhanced the therapist's feelings of identification and resonance. Don, who had gone to school with the children of Vietnamese boat people resettled in the Midwest, described how he started working with his Vietnamese-American client:

> Right . . . this guy, um, was referred to me – what happened, I think he was given two or three names before me, and he'd gone to two of them and not had a successful time. Didn't feel understood. . . . So, but as it turns out, this client grew up not far from me and was one of these kids [whose Vietnamese family had been resettled in the Midwest]. It's unbelievable. . . . It – just telling him that was so helpful for him, just – this happened on the phone, before we ever met. He was trying to give me an outline of his story, and, um, yeah . . . I know where he grew up. . . . The cultural touchstones we have, the landscape. He'll use an expression that I haven't heard in 30 years, and it will make me laugh, and vice versa. And, um, so there's a little bit – but I think this is a client that needs that kind of connection. (Don, personal communication, November 23, 2015)

Elyse realized, in thinking about her Chinese-American client:

> There was a wonderful capacity for self-reflection and, um, just utilizing external resources like therapy. . . . And maybe in part that had to do with not having her mom, because she raised herself. Emotionally. . . . I had never really thought

about that until now. I have a feeling, not having her – because if she'd had her mom . . . she would have stayed closer to home, probably, and maybe had less of a need to go out in the world and have those experiences so young. . . . She went out and sought figures who could mentor her. And experiences that she could learn from, so I think a lot of her sensibility was informed by that impulse to go out in the world and figure out what's out there for her that could help her feel comfortable in her own skin.

You know, in a way, I did have some transference, now that I'm thinking about it, because I had a similar upbringing, in which I had nothing to work with, and had to go seek it out. . . . I was paranoid about being a Jew in the culture I grew up in. I didn't know any other Jews until I was in college. . . . I identified with her in that regard, that she had to go out and figure out what her identity was, her cultural identity, and found it for herself, and sculpted it. (Elyse, personal communication, December 14, 2015)

For both Elyse and her client, having a child was a vehicle for connecting to their cultures of origin:

She took a trip to China with a partner and made contact with relatives, and stayed in contact with relatives, and I think wants her child to have a sense of that culture. . . . And I related to that, 'cause I did the same thing. I really – I had my kid, so, let's do Hannukah, let's do Passover. (Elyse, personal communication, December 14, 2015)

Gillian expressed in the interview a particular affinity with her Korean-American client's experiences with significant "others."

Her relationship with her mom. Well . . . the storyline is very different from my relationship with my mom. A lot of – some similar dynamics and feelings come up, so I can really relate to – there have been moments where I've sort of framed something or interpreted or asked a question that just, like, you know, really resonated with her . . . because I got it. . . . The other dynamics that are very interesting . . . are her relationship with her partner, who is a woman, that are similar in dynamic between my relationship with my husband. . . . but the funny part is that in the dynamic, I relate to her partner. . . . And, you know, with our clients, I feel like I can resonate with parts, but for some reason this client, I'm just like, what is it that it's both her mom stuff, like, really I get, and her stuff with her partner. . . . Yeah. And, we both have 4-year-old – no, she has a 5-year-old child, and I have a 4-year-old. (Gillian, personal communication, February 15, 2016)

Charles described his Chinese-American client's transition from acting to music: About 2 years ago, I think it was, her father came to visit . . . he really put his foot down and he said, "look, I can't just keep funding your acting dreams anymore, and I need you to start doing something that's actually gonna make some money." So that became a therapeutic issue, and . . . she was very upset, there were a lot of tears. . . . So she started developing a, uh, a singing coaching, singing teaching school, basically. And, amazing. I mean, within a year, she had a large clientele. . . . . Also, you know, I'm very into music and singing, and I've taken voice lessons for years, so the fact that she is a voice teacher, this has been another, you know. . . . And, actually, out of her own volition, a few times, she's actually sung for me.

> She came in once just very, uh, excited and decided she was gonna sing a piece for me, and she did. . . . Uh, I kind of feel proud of her, you know, that she's built a whole new career and just, I mean, she has a waiting list, within a year. It was just amazing. (Charles, personal communication, October 19, 2015)

Francine used the word "rebellion" numerous times to describe her emancipation from her own family as well as her participation in the s counterculture. She made similar references to the Chinese/Taiwanese parents of her client, Ginny, and the tradition that they handed down to their daughter.

> She [her client Ginny] is the child of, um, maternal family who was – who got out, were part of Chiang Kai Shek's world. . . . they went to Taiwan. . . . Dad was in Mao's world. Yeah, and they met because both were in school. . . . the parents met in Berkeley. . . . And they built a life here...[Ginny] was born here and raised on the East Coast in a significant rebellious culture. Both of her parents had taken risks in being together. . . . Both of [them], at the time that she was born, seemed to me to be disavowing their culture...they really were renegades in some way.
>
> Her mother is – was quite rebellious, I think and quite judgmental of . . . others that aren't like her. . . . And the conflict [Ginny] gets into with her husband, which we talk about now, are related to . . . . how attentive he wants to be toward his parents. . . . He is not close in any way, but very obligated. . . . He would never be rebellious . . . and she – there's a part of her that probably always was. In fact . . . when family came over [from China], she was not required to be nice to them. You know, she didn't have to share her room, or she didn't have to,

> um, talk to cousins that much. . . . Ginny didn't speak Chinese. So, once again, an outsider. (Francine, personal communication, December 21, 2015)

**The Importance of Empathy**

The participants expressed common reactions of empathy, compassion, and sadness upon hearing their client's stories of struggle to fit in, attachment disruptions, neglect, parental harshness, and in some cases, abuse, teasing by peers, and intense loneliness.

Betty said, "There's just – there's something essentially straightforward about 'Sue' that I just love. And it makes me want to help her have space to unfold" (Betty, personal communication, September 28, 2015).

Anne stated:

> So here are these immigrant Vietnamese/Filipino [parents], want their kid to prosper in America, get her into a school system in Orange County – one of the first Asian kids there. . . . It wasn't in their mental programming that part of childhood is allowing the kids to go out and play in the street and have fun. . . . She already felt different, and already felt less-than, and that's a theme that runs throughout her therapy. . . . Dad being Filipino, he was very, mm, much in charge, but he could fly off the handle into a scary rage. . . . Mom was always strict and critical and, "Did you get an A? Why not? Let me do your hair, that looks terrible". . . . Jane also was the parentified child between these two parents. The parents fought. . . . There wasn't much softness or affection there. And her grandmother – I think it's her mom's mom – was the softer parent. . . . and that grandmother is still a voice of reason, calm, affection. But it wasn't enough to

> counteract being the only child of these warring parents who were so concerned about appearances and getting ahead and their kid being perfect and doing everything right.
>
> Well, I was – at the beginning, I was exploring around to see, like, where did she get comfort? . . . .The world outside was alien, the world inside was difficult, and I was bewildered, in the sense that, even though I had grown up in a not-unsimilar home, I . . . had refuge . . . with my Black . . . nannies and maids, there was so much softness and comfort. And my teachers. And, again, I grew up with people like me at school, friends. . . . And my heart went out to her, because I would, week after week, hear this. There's no comfort on earth for this girl. (Anne, personal communication, October 12, 2015)

Don has a compassionate response to his client, although he doesn't yet have many details of his history.

> He has remarkably little memory of his childhood, which indicates that there was a lot of trauma. . . . He has older siblings who he – there's one in particular – he hates . . . and he was left in their care. And they're not that much older. The oldest one, I think . . . that guy was probably, you know, a teenager, like, around 15 or so, when they immigrated. So, I mean, that's a guy that's gonna have a really hard time compared to somebody that's gonna be born here a year or two later. And then there's a sister and, yeah. He hates them. . . . I think they were abusive and I think, again, it's that "you don't understand me." If they can't mirror him, and they don't, as far as he's concerned.

> He got a scholarship to a small college and there he encountered true bigotry and racism. Which he's only alluded to. We haven't talked much about it. He lasted 6 months, and he was afraid for his life there. . . . Somehow he ended up at a major state school . . . studying, uh, cinematic arts. And he tried hanging out with a group of Asian kids, and he never really connected there. . . . Then he had a meltdown and drank antifreeze, and survived, and that's what got him into therapy [the first time], and what got him on this track of being able to do – be as accomplished as he is. . . .
>
> I think watching his brother's mental decline, and, uh, a parent – the father had died, and I think the mother was dying. I don't actually know if I even know the actual event [the precipitant to his suicide attempt]. . . . But it's such a violent way to die. He wanted to *die*. . . . There have been moments where he's told the story . . . and I tear up, and he just looks at me with shock. Like, "oh, I've made you cry". . . . I've said, "I wonder if I'm having emotions for two right now"? He kinda shrugs. But he's like, he's hearing that. Yeah. (Don, personal communication, November 23, 2015)

Unlike Don's experience of needing to verbalize feelings for a client who could not allow himself to be in touch with them, Elyse described her Chinese-American client as having become comfortable with Western-style emotional expression. Elyse explained:

> I felt tremendous compassion for her. Yeah, maybe my countertransference resulted – I don't think it was – it wasn't in response to any cultural issues. It was just in response to her particular issues. Her personal issues evoked a lot of compassion and sadness from me. A lot of – she was very lonely. . . . I know I

was alone at that age. . . . Uh, maybe 7. Yeah, if you're a pretty competent kid, a parent could assume you are okay. . . . they [Elyse's parents] were home for dinner sometimes, but I think no one said "come home." I remember wanting, so wanting, someone to say, make sure you're home by 9 o'clock. . . . I've learned how to sit in that feeling with her. I mean, that was something as a new therapist I needed to learn how to do. And she was very good at feeling her feelings, which was. . . . not a cultural norm for her. That was something that she learned how to do on her own. (Elyse, personal communication, December 14, 2015)

Gillian describes her Korean-American client's childhood story:

We've done . . . a lot of relational work with growing up with a mother who was, who was an addict, and raised by a single mom, and lots of questions about her history and paternity and, you know, some abuse and neglect. . . . the person on her birth certificate [as her father] is a Caucasian-American, but she does not believe that she's biracial. She thinks that she is fully Korean. Yeah. And her mother also has . . . there's a sort of cloud around – questions around her paternity as well. So that's a second – and then, um, this client has a daughter, um, with her partner, but, um, questions around her paternity . . . someone . . . donated the sperm. . . . like, this is the third generation that – she wants to have more of a cohesive narrative than she had, or that her mother probably had around that.

There was this moment where I asked about her bedtime routine [as a child], what was that like? And her bedtime routine for years – her mom worked at a casino at night as a blackjack dealer, and for years her routine was, um, just watching television until she fell asleep, at you know, late hours. . . . Her mom,

> you know, she'd be there for a while when she got home from school, I believe. So she'd be alone. . . . a lot of loneliness. Um, sort of some – a lot of dissociation, checking out to kind of cope . . . but then, you know, kind of then feeling nothing afterward as well. And also, she's gotten in touch with feeling, you know, helpless, abandoned, um, and, you know, some anger around that. . . . . I have – my countertransference, like, real sadness for her. (Gillian, personal communication, February 15, 2016)

Francine expressed a great deal of empathy when discussing her client's experience growing up with scoliosis and spending a year in a body cast following corrective surgery.

> Being enclosed in a body that wasn't acceptable. That was a biggie. . . . And she was in this trap with braces and then glasses, thick glasses, and she went, I think – this happened during her eighth-grade year, the surgery. She went to a new school in ninth grade and was like the butterfly. Released from the cocoon, and got contacts, and, you know, felt like she actually had a pretty body or a good body. . . . You know, throughout her childhood, doctors – she was always going to doctors for this. You can imagine mother with the physical education background, being so conflicted about how to help her. And angry. Conflicted about how to love her. (Francine, personal communication, December 21, 2015)

**Protectiveness**

A number of participants verbalized protective or parental feelings toward their clients, particularly in response to their isolation and lack of support growing up.

Gillian described:

> A thing that my brain just kinda does a lot is picture my clients as, like, little people, children . . . but with her [her Korean-American client] it's really strong. Like, I can just see her. . . . so my countertransference, often just feeling like I want to just . . . scoop her up and swaddle her and rock her . . . picturing her as a child, being caught feeling shame and embarrassment of the situation, guilt, and not being a good enough daughter to her mom . . . who was at times out of control with her addictions and, um, multiple relationships with multiple men. So, yeah, sadness and, like, protectiveness comes up. . . . I like her. You know, we could be – I've definitely thought we could be – if we worked in the same place, we'd be friends. . . . If our kids were in the same playgroup, we'd be friendly. (Gillian, personal communication, February 15, 2016)

Francine related an exchange in which she was reluctant to tell her client, who had suffered terrible disappointment about not being able to have a child, about the birth of one of her grandchildren.

> I wasn't able to go to her wedding, and I felt really bad about it, and she wanted me to come. But it happened literally that one of my grandchildren was born - not the day, but that weekend before, and I was out of town, and I had to make some excuses. . . . I knew it [the truth] would upset her. I knew that it would really be the envy about me getting to have – that my children had children. . . . Maybe it would have been a good [to talk honestly] - but not around a wedding. (Francine, personal communication, December 21, 2015)

Two of the participants' clients have had active suicidal ideation or have attempted suicide in the past. This has produced understandable anxiety and fear about their emotional fragility and a protective desire to keep them safe.

Don told this story in response to his client's recklessness. This is the client who drank antifreeze in college:

> I – he comes in and he puts his [motorcycle] helmet down there. And I said, "that's a new helmet." And, uh, he said, "yeah, it's a really cool helmet, but it doesn't actually protect your head." And I was like – "I don't like hearing that. I think it's crazy, being out there without – I know I'm not supposed to say that sort of thing . . . you're making me stop being a therapist again, but what are you doing wearing that"? But I know what I'm doing. It's not an accident, when that happens. . . . To know that he can attach, and that I'm attaching to him. And I don't want him to get killed. (Don, personal communication, November 23, 2015)

Betty related:

> The presenting problem was anxiety and depression, really difficult motivating herself, and the big thing with her is regulation of her diurnal rhythms as well as her affect, to get herself on some kind of a schedule. . . . And this contributed to her depression, because she felt like a weirdo, that she couldn't adjust to the rhythms that everybody else was on. And this has been kind of the leitmotif of her treatment, is feeling like a weirdo, that she just is off. Just off.
>
> So, um, there also is a background of considerable suicidality. Uh, no, no actual attempts, but really close calls. For example, in college, she told me she got so depressed that she went to the rooftop of one of the academic buildings and

> almost jumped off. She stood there. And, uh, finally, after standing there for 10 or 15 minutes, she decided it was very dangerous to be standing there, and so she said, "I talked myself down and came back down and went on." So, very close. And, this happens with her. . . . She and her partner have terrible, scary fights in the car . . . and they're screaming and hitting each other, and it's like, oh my God! So much volatility. It's so scary. And I get scared. . . . And the unpredictability. It isn't like she'll go into a depression and she'll be there for a few days . . . no, no [claps] she's there like this. (Betty, personal communication, September 28, 2015)

Protectiveness also was expressed by participants in the form of anger toward parents or other significant members of the client's life, such as siblings or partners, who had hurt them through negligent, insensitive or abusive behavior.

Anne related that her client, along with her husband and child, were making plans to move to the Pacific Northwest:

> She liked the climate, the scenery. You know, it's pretty. . . . But the question was, how do I separate from my parents safely? .. . . And dad, get this. He would seem to be the more approachable, sensible person, took that time and opportunity to leave his wife and move in with the aunt, one of the aunts, and left them. . . . Who does that to this child? And to think that I'm enraged right now, and tears come to my eyes, as I think, how could he do that to her? That was the worst thing he could have done to her. As she was trying to make a new life for herself. (Anne, personal communication, October 12, 2015)

Betty expressed anger at her client's partner, "Kiko," who she feels is manipulative and punishing toward her client Sue:

> Her partner, uh, is from Hawaii and is ethnically Japanese. Her partner's also transgender. . . . And, uh, they have a tremendously volatile relationship. And it's one of those situations . . . where you really struggle to sort out who's, well, who's telling the truth. . . . it's like – ah! They're so far apart. . . . Kiko also has her problems. She also came from a severe abuse background, and her parents, I think, were actually malicious. And I think she has, um, an unfortunate need to cast my client, Sue, as the identified patient, project the blame onto my client. That she's crazy. (Betty, personal communication, September 28, 2015)

Betty related what happened in the one session in which she and Kiko's therapist attempted to bring Sue and Kiko together in the hope of lowering the level of volatility between them.

> Kiko takes it as her opportunity to show us all how defective Sue is. . . . She goes on and on about the horrible things Sue has done and . . . I wanted to kill Kiko at the end of the session, because I felt like she destroyed my client, and I was helpless to do anything about it. . . . the bystander that doesn't help, you know, watching the abuse go on. . . . The two egregious things that Kiko did in the session that just stewed me no end was, number one, she talked about how she hadn't been able to do her own therapy at all, really, because her life is so ruined by the acting out and bizarreness of Sue. . . . And then she caps it off with this one, which is the ultimate . . . I'm still angry! And this is, like, 8 months later! She says, "Is this a safe place?" . . . . She says, "Well, I hope it's safe, because I need to tell you something about what Sue has done. Sue has let me know that when she was younger, she abused her younger brother. She would beat him, and she

would hit him a lot." Sue'd never told me this. I didn't want to hear it from Kiko. . . . What're you . . . telling her story for? . . . . I just couldn't believe she did that. Claiming it was safe, and you assume it's gonna be a self-revelation. Right, I was just completely outraged that she'd used this forum as a way to completely invalidate Sue. (Betty, personal communication, September 28, 2015)

**Admiration**

An aspect of the participants' resonance with their clients was their admiration of their intelligence, creativity and strengths, often in the face of adversity. A frequently-admired quality was the effectiveness of the client's coping mechanisms.

Betty states:

She [Sue] is brilliant. She's brilliant mathematically. She understands the computer programs. She plays music beautifully. She's a violinist, so she's multitalented. . . . And I – I feel with this particular client, who is probably my most . . . there's the most suicide risk with this client than anyone else I see, right now, um, but I'm not having my characteristic over-rescue response, and that's partly my maturation as a clinician, that I can tolerate more anxiety without becoming decentered. . . . that's probably about two-thirds of it, maybe. But the last third, I think, is my – I'm really in awe of her ability to dissociate well, or to dissociate at the right time, or to come back into reality at the right time. I really trust her intelligence, and that's not just brain intelligence, it's emotional intelligence, too. There's some kind of a strong, um, adaptive ability that she has. Creativity, I want to call it. There's a creativity she has about staying alive that I find that I really trust. . . . There's some resilience in her . . . and it enables me to

be calm with her. And I think she needs me to be calm much more than she needs me to be worried. 'Cause her parents were hysterical all the time. (Betty, personal communication, September 28, 2015)

Gillian describes a similar process within her client:

Yeah. [She's] incredibly resilient. . . . there have been some moments where she's been able to acknowledge her resilience, and, like, it didn't have to turn out this way. There were just many other twists and turns her story could have taken. . . . I think we settled on [an explanation for her survival] . . . her shutting down on the inside and seeming like everything was okay on the outside, worked in school, it worked with her not super acting-out with her mom, kind of like she's pretty . . . socially, like acceptable and compliant. . . . She used this great analogy. You know, when they, um, the VW's – there's that software to, um, for the smog checks? The glitch in the software was that it would like down-regulate the engine or something during the smog check. So fewer emissions – so. . . . it's like she has that chip where when there's a huge stressor, it just kind of doesn't go through her. Yeah. It doesn't go into overdrive, it just kind of kicks it down a notch. (Gillian, personal communication, February 15, 2016)

Don had these thoughts about his client's core issue and his typical response to misattunement:

The thing that we work on the most today. . . . is the absolute hatred he has when people completely . . . misunderstand him. . . . If he is not mirrored pretty closely, he has disdain. It's a - in his case, I think it's a pretty healthy defense. Narcissistic defense, but, um, but it [these injuries] causes him enormous pain. . . . it also, to

him, feels extraordinary, not ordinary. These miscues that he'll have with a woman . . . I'll hear the story and think, yeah . . . this reaction is not proportionate. . . . that happens in dating, or - but it's enormous to him. It's heartbreaking. (Don, personal communication, November 23, 2015)

Other participants mentioned admiring their clients' intelligence, academic, or professional success, their overall humanity and their ability to utilize therapy.

Francine said:

My countertransference was deep admiration for her talent. She graduated from a school that I would never even have been – could touch, you know . . . real admiration for that, and what she had accomplished. . . . You know, I admire her capacity to be self-actualizing, and not guilt-ridden particularly at all. (Francine, personal communication, December 21, 2015)

Elyse stated:

She's really – is a wonderful human being. . . . She was very mature in terms of her, just her humanity and her striving to grow and her . . .I want to be the best person I can be. I want to take responsibility for my part in what happens to me. . . . For instance, when she told her father she was a lesbian, it didn't go over well...but I think she handled that... with an incredible amount of compassion, rather than anger... I was impressed by her capacity to try to understand his perspective. Even though she was so hurt. That she understood it was not – he did not have a desire to hurt her. She understood the limitations of his perspective, and she, um, she was sad but accepting of it. (Elyse, personal communication, December 14, 2015)

Charles talked about the pleasure he felt when he was able to work out a difficult impasse with his client:

> I was for quite a while feeling anxious about this sense that she could just leave [the therapy] at any time. You know? And that just felt kind of sad to me, and I felt relief when I shared that with her. And then what came out of it was just a much more . . . mutual trust. . . . I'm very fond of her, you know, and I really want to see her thrive. . . . it's wonderful seeing a person face their demons and grow. And for me . . . when I go through that delicate process of telling somebody how they're affecting me, and there's the potential for it to go very badly . . . I experience tremendous joy when somebody can actually work through that, because it's so difficult, you know? (Charles, personal communication, October 19, 2015)

**Compassionate Feelings Toward the Client's Parents**

In contrast to her rage at Kiko, Betty described horror but also compassionate understanding toward the behavior of Sue's desperate parents:

> She told me about being a very, very young child, left at home by her parents who are struggling to survive in the new country. They both are working all day, and she's like 3. She is left at home to babysit herself. What does she do? She creatively develops an entire imaginary family that she talks with and plays with all day long. They [her parents] call her periodically on the phone, panicked that they've left their child at home. So it's not really abandonment in the way that we think of it. They're worried . . . they had no other choice. They'd call her. "Have you done this? Have you done that?" . . . . So they're yelling at her, and she picks

> up the phone and goes, "I've been bad. They're mad." The minute they hang up, she doesn't do any of the things they've said to do. She dissociates again, until they come home. So she spends her day, basically, in fantasyland. And the parents come home, and they're mad . . . and she can't even remember it happened. And so she feels like a bad kid, and they punish her. They beat her, because she . . . now, she didn't tell me that fact until much more recently in the treatment. She left out the beatings. So, I didn't hear about the level of abuse, which was quite severe. But it didn't come out of an intent to be cruel to her. . . . You just, you know, my heart would just go out, for these people are caught in this survival frenzy, and they just don't know how to calm down. They're dysregulated, and they're trying to raise their child, but they have no understanding of child development and what a child really needs, and they want to whip her into shape, which only makes her dissociate more.
>
> I felt, um, horror that she was left for hour after hour after hour. And she described some of the things that she would do. Like make mountains out of Kleenex. You know, she would… find little things to build and, you know, to take the time. She was not unhappy. But it was a terrible handicap to socializing. When she got to kindergarten, she wasn't very well socialized. A lot of develop – ego development happens in play, and she didn't get that. (Betty, personal communication, September 28, 2015)

Anne also felt a mixture of emotions toward her client's parents. While sometimes irritated or even enraged at them for their insensitivity and overprotectiveness, she also remembered:

This is a mom who raised – was the primary caretaker at age 20 of all of . . . her younger siblings. She was the parent. It was her job to make sure they all were fed, and they all came over here [to this country], thanks to her and her husband. Imagine the strength of character. . . . When I focus on trauma, and I see the children of the boat people, I'm very aware that those parents who probably have post-traumatic stress disorder to some degree, the lack of safety, the lack of trust, the hyper-vigilant piece. . . . And so I try and remember that part of what happened to Jane's mom and dad was this escape piece...And the cost--now, here's the other part. In seeing through the mom's eyes. Because it turned out that mom didn't realize she was hurting her daughter, and there were very telling moments in the years in therapy, where she'd have a fight with mom and get through to mom that how critical and upsetting it was to listen to her, and mom would hear that message and begin to cry and say, "I didn't know I was hurting you." Heartfelt. Honest. Real. (Anne, personal communication, October 12, 2015)

Gillian described her client's mother:

A single, immigrant woman who is just trying to make a life for her and her daughter. . . . Some of her business dealings and stuff are a little – a little scrappy and what I would consider to be dishonest or unethical, but so a little . . . judgment of... there she goes again. . . . I kind of worked overtime to try to have empathy for her and talk about what it must have been like for her mom, and she's [the client] been able to go there, like, oh my gosh, it must have been really hard for her. And not thinking of it that way in her adult life. (Gillian, personal communication, February 15, 2016)

### Finding #5: Difficulties Identifying or Connecting with the Client's Experience

Although all of the participants genuinely cared for their clients and found ways to connect with them, Francine, Anne, and Charles identified significant feelings of dissonance during the treatment while the others had intermittent discomfort or uncertainty. Their discordant reactions took the form of negative judgments and value conflicts, irritation, empathic failure, doubt, inhibition, and difficulty with intense or frozen affect.

#### Judgment or Disapproval

Francine experienced a clash in values regarding some of her client's choices.

> My – Ginny is – was definitely ambitious intellectually. Currently, she – she's not so ambitious. She's kind of letting her life – not go, but just does what she wants to do. . . . She's an attorney, and works, uh, not piecemeal – she works as counsel for a firm and takes cases or doesn't, or does research on them or doesn't. . . . And she – what she loves to do is to shop and buy clothes and to look a certain way and dress people. . . . She can wait until the last minute to do the brief, because she wants to go to the sale, or this or that. . . . I mean, I think my reaction, if I really think about it, is I wish she was less selfish and self-centered....she dresses younger women properly, and, you know . . . they will find her maternal. She's very giving to them. . . . She definitely took a turn after . . . realizing she wasn't going to have a baby . . . And, her reaching out is to, um, good friendships with younger women who are not young enough to be her child but look up to her and are very admiring and share pleasure and fun with her. . . . From my point of

view, the impact is about stuff that is a bit frivolous, if not on the edge for me of shameful. (Francine, personal communication, December 21, 2015)

Anne said:

And it was about wearing . . . Gucci this and Gucci that. . . . Very self-conscious to have a real designer purse. . . . but when you're first generation or an immigrant, where do you get the money to invest in the Gucci purse?. . . . But . . . we could talk about it. Oh, yeah, she'd sarcastically say, or cynically say, Yeah. That's my Gucci purse . . . and laugh at herself. But she wouldn't go without it, because then she would be attacked, criticized. "What are you wearing there . . . Is that the best you can do?" And also it's an identity. I'm not less-than. I have very expensive purses. Part of it is self-protection, because if she didn't carry it, her mom would be all over her. Let me get you something, that's – you know? Of course, I'm hearing my mother. Talk about countertransference, I'm hearing my mother saying the same thing. "What are you carrying? What is that? Did you pay so much for that purse? Why are you carrying designer purses? Let's go to – Ross's or Marshall's or Orbach's or whatever and get the cheaper version. (Anne, personal communication, October 12, 2015)

Francine also expressed discomfort with Ginny's occasional lack of empathy:

She was rather cruel in the way she left him [a previous boyfriend]. . . . How easily she could break up with a guy. And how easily she carried on. Yeah. She carried on . . . listen to my words. . . . She had, um, a big time affair while she was essentially engaged to this man here. . . . It was hard for me. Hard for me to maintain an empathic [stance]. Mm-hm. And probably that's the way I distance

> from my judgments, when I don't really feel as empathic as I'm saying. I don't think she picks that up, but –I'm aware of that – of a little – what would be the word? Not being completely in my own truth. You know? (Francine, personal communication, December 21, 2015)

Similarly, Francine struggled with Ginny's reaction to learning that her father had a prior family, who he left back in China:

> I know what was stirred for me . . . and I remember thinking about it, was, I was upset with her, and probably my countertransference is around something in this, um, at her certainty that they [father's previous family] should be banished from father's world. . . . I have been aware of her lack of empathy naturally . . . it's been a learned experience for her, and I think I've helped her with that quite a lot. (Francine, personal communication, December 21, 2015)

Don also mentioned his client's lack of empathy toward his siblings due to resentments from their childhood mistreatment of him:

> And then there's a sister and, yeah. He hates them. They get together – you know, he has one who has had breast cancer, and he'll talk to her husband, who is White and American. American-born. But he just can't tolerate talking to her. He doesn't check up on her. What's happening with her treatment? You know. (Don, personal communication, November 23, 2015)

**Irritation and Impatience**

Anne struggled with negative feelings toward her client's parents but also with frustration toward her client:

Her parents had owned a home in this neighborhood we live in and . . . they had talked the couple – my client and her husband – into moving in, for financial tax reasons. . . . And living closer to the parents. Within walking distance. . . . And mom would show up, knock on the door. So this gal would feel like trapped and, you know, that her mom could be looking through the windows. She never knew . . . she'd go upstairs and hide in her bedroom, turn on a TV, an old movie, and try to self-soothe, but she couldn't. . . . Didn't trust, didn't feel safe. And couldn't cut the ties. Such as not living in that house where mom could show up. So, I felt somewhat exasperated with this girl. Well, for instance, you're living in your parents' home. Why don't you just tell mom she can't show up? Instead of hiding. Why don't you set some boundaries? You know, ordinary logical thinking.

Honestly, from the beginning . . . I tried to help her move away. Why don't you move away? What's stopping you? I don't get it. 'Cause I had moved away. My sister had moved away. My brother had moved away. We all moved – my father and mother had moved away from home. We move away. That's what you're supposed to do. I couldn't understand what was stopping her, and I had to have her teach me. What is going on inside you that . . . to cut that cord is to almost die, kill yourself, it's so painful? (Anne, personal communication, October 12, 2015)

Charles related:

She would occasionally compare me to her previous therapist when she was unhappy with me. She was doing the splitting on me, and I had to contain some of my own irritation about that, you know. . . . She'd say . . . last time I was here, I

> didn't get very much out of that session, and . . . I'm really wondering whether you're really the right therapist for me. . . . And I would have to suppress the part of me that would say, you know, then leave! Get outta here! But, you know, I would do my job and [say], tell me more about your disappointment, and what was it that you really were looking for that you didn't get. And, oh, I understand that . . . and I noticed that when you feel disappointed, you start thinking about someone else . . . So, good for you that you're actually bringing it back and working it out with me rather than just leaving. (Charles, personal communication, October 19, 2015)

**Empathic Failure**

Charles almost reached a point of clinical impasse with this client because he failed to realize that Asians are often bullied, teased, and suffer other forms of discrimination. He missed the underlying dynamics that made her more vulnerable to exploitation in the molestation incident that took place when she was at camp:

> So that actually alerted me to – to – to the fact that, uh, as I said, I didn't really realize that Chinese people could feel as marginalized as they do, but she told me – and once that came up, I explored that with her, and then I really understood that, um, for her, being Chinese was definitely a – she felt like an awkward person. People would say insensitive things about her eyes. She would occasionally be sort of mocked for being so smart. You know, oh, you Chinese, you're all – you know? That kind of thing. Um, and she is very bright. . . . or comments on her hair, dark, thin hair, you know? Um, her size. She's very short. Very small. (Charles, personal communication, October 19, 2015)

**Doubt and Inhibition**

Three of the participants expressed uncertainty about whether to or how to raise cultural issues due to fears of appearing culturally insensitive. They also were concerned about encouraging their clients to become more their "own person" if this would put them in conflict with their families or cultural values.

Betty said:

> She also told me quite early on in her treatment that many of her relatives have died very, very young. It seems that no one has survived really past about 60, and I asked if there might be some, you know, knowing about Agent Orange. I didn't quite know how to ask that question. You know, that's one of the things that happens with me countertransference-wise, is that I become self-conscious about asking a dumb question, or an offensive question, because I don't know how to frame it in a sophisticated way, not knowing what her frame of reference is gonna be for my question. 'Cause I've done that before. I had an Iranian client once, and I asked something about the Baha'i faith, and it was completely the wrong thing to ask. She became horribly offended . . . . I think that she was part of, perhaps, a family that was in the dominant culture in Iran and was part of – they may have been persecuting Baha'i. Politically the wrong – I chose the wrong side without knowing it. But I just had blundered, and so I'm quite cautious about these assumptions that – from a relative base of ignorance that I might make.
>
> In the beginning of treatment, I felt some conflict about how much I should push finishing the dissertation. You know, that would be imposing that on her when it was really more important for her to survive. And if she flunked out

> or wasn't able to finish for whatever reason, you know, people do – do that, and I needed to support her as a person more than her achievements. And I did feel some conflict about that, and – 'cause I knew how important it was for her to succeed at that, but I didn't want to buy into it too much. (Betty, personal communication, September 28, 2015)

Gillian, whose client is a therapist-in-training, described an incident in which she felt inhibited:

> We were talking a lot about her mom's experiences as an immigrant . . . about her identity as a Korean-American woman, and I remember. . . . there was a moment where that [her feelings about working with a Caucasian therapist] was the question that I could have posed, and I chickened out. . . . What I was afraid of was . . . it's so funny talking about it now, 'cause I feel a little, like, what's the big deal? Um, thinking, like, I'm modeling to her the right way to do therapy, and what if I get it wrong? What if I don't ask in the culturally sensitive way? What if I flub it, and then she's like, oh God, that was so obvious what she was trying to do. So, but that's my own kind of shame stuff, of, like, being the perfect, model therapist or getting, you know, wanting to get it right around, kind of, cultural humility maybe. (Gillian, personal communication, February 15, 2016)

Anne reflected about the process of helping her client separate:

> Sometimes I think . . . in terms of dealing with this example, is the scariness of pushing somebody beyond their comfort zone. [She] is having panic attacks and has to go back into that family system, and walking a very fine line between trying to help her break out and not fall apart. . . . My job is to bring it [her

> conflict] to consciousness and allow her to voice it and do it. And sometimes my fear with her is dishonoring the family system, because being who I am, I'm an individual and an individualist by philosophy and psychology. I stand on my own two feet in life. So this is very alien, and I have to remind myself that I don't want to cause harm, you know, physician do no harm? (Anne, personal communication, October 12, 2015)

**Response to Discordant Affect**

Don described an upsetting story that was related by his client with absolutely no emotion:

> He told a story the other day . . . . that happened 3 years ago. He's driving down [the freeway] on his motorcycle. . . . And there's an accident in front of him, and there's no way for him to stop. And he hits a motorcyclist . . . He rolls up the motorcycle. He's going 60 miles an hour. Bounces against the side of the – you know, the retaining wall, slides underneath the car, and gets up and walks away. The motorcyclist he hit died. . . . And there's a disavowal that, you know, that guy was just in the wrong place in the wrong time. I kept saying, how – why do you think – sorry. How do you think you survived? How is it possible you survived this accident? I don't know, he says. You know, I know how to fall. I learned how to fall in football. I just saw it coming and thought, well, I gotta fall. . . . . But he told the story, which is interesting. Why'd the story come up? . . . And he told it very matter-of-fact, and then kinda like, like he was looking at me with mystery around my reaction. . . . And I think it's way too soon to bring it back up. There's

so many other things. If he gets in touch with that--that's too soon. (Don, personal communication, November 23, 2015)

Charles has had the opposite experience, often feeling overwhelmed by the intensity of his client's feelings:

I think they [his client's parents] experience her as being hysterical. And the way they handle it is to try to stay away from emotional issues . . . I mean, she can be hysterical appearing. She's had sessions with me where her level of emotional – emotionality is really something to behold. And I'm not just talking about crying, which is, you know--that's what they come to do, often, right? But a kind of, um, like a dramatic type of emotion. Like, yeah. It seemed very, very strong. . . And that may be . . . like a reverse reaction to this tame household where her father doesn't speak much. Her mother does the comedic thing . . . . actually, I think one of the best connections she had with her mother was through the. . . comedic stuff.

Um, the strongest countertransference I've had with her. . . . which I don't know if this can be looked at as cultural, but . . . I've often felt that I'm walking on eggshells with her. . . 'cause I noted that if ever I say anything that's a little bit challenging to her or is not. . . perfect mirroring, she gets very upset and has even threatened to leave the therapy when – and at that moment, it feels like all the good stuff, and there's been—well, we've just established—is gone. (Charles, personal communication, October 19, 2015)

## Finding #6: How the Participants Found Their Way in the Treatment

This category encompasses the way that the participants were able to employ a wide range of theories, clinical approaches, and use of self in working cross-culturally with their Asian-American clients.

### The Role of Theory as a Guide

All of the therapists interviewed were versed in psychodynamic theory, as this was one of the requirements for participation in the study. They all identified some aspect of analytic theory as a useful framework for their work. Frequently mentioned concepts were attachment, trauma, rupture and repair and working relationally.

Reflecting upon the therapy with her Chinese-American client, Elyse said:

> I was, and have continued to utilize attachment theory, which I think was very helpful to her, to understand some of how her view of herself evolved. And so I think that was a core piece of our work together, was looking at those attachment relationships, the loss of that primary attachment figure at such a young age [her mom's death], and how that affected so long how she viewed herself and relationship to the world. . . . There's, again, lots of little losses. Because there's rejections [from her father] that have to do with who she is and her choices in the world that . . . until they were healed, repaired, were traumas. (Elyse, personal communication, December 14, 2015)

Charles described his use of theory:

> By this point, there are many theories that influence who I am and how I work. I'm very interested in attachment. I am aware always of things like id, ego, and superego. And in her case, one of the things we identified very early was that she

> has a very strong superego. And my guess is that that's quite consistent with Chinese culture . . . A lot of self-criticisms, you know? And I've tried to help her . . . have a more compassionate relationship with herself. Um, in terms of attachment, um, which always interests me, I mean I think we've probably discussed . . . what her relationship with her father is about, and it's ambivalent, you know. Tremendous loyalty, but –anger also. The degree of control. The degree of intrusion . . . . And her mother abandons her, emotionally. Whenever she doesn't . . . when she's not a good girl, her mother will just say, well I can't deal with you, and off she'll go, rather than working it through. (Charles, personal communication, October 19, 2015)

Don said:

> The thing that we work on the most today, interestingly, is attachment stuff and knowing when people – how people are taking him in. Especially women. How he's being understood and the absolute hatred he has when people completely miss him. (Don, personal communication, November 23, 2015)

Gillian also identified attachment themes as central to the work with her Korean-American client:

> She primarily came to treatment because it was a requirement of her graduate program . . . But the very beginning felt like, well, are we gonna find something to focus on here? 'Cause it felt a little diffuse in terms of what her – the concerns might be. Now, it's pretty clear . . . . it's around attachment issues and sort of, like, connecting feelings to her experience. A lot of, kind of . . . just feeling empty space coming up inside. So, yeah, within that attachment relationship growing up,

> really not fully developing a sense of what her full experience is, her feelings, and how those connect to her thoughts. It's . . . an attachment-oriented perspective of . . . her attachment style with her mother, and how she then interacts with her partner, and then how, um, kind of building trust in our relationship. (Gillian, personal communication, February 15, 2016)

Anne, in addition to mentioning attachment theory, also referred to trauma theory and how bodily-based interventions helped her client to separate from her parents:

> And, at that point, I was . . . studying emotionally focused couples' therapy, Sue Johnson's couples' therapy, so I was thinking of the attachment lens, and also, um, trauma. The whole field of trauma was exploding, and all the data was coming out, and, sure enough, I started to see her as having some PTSD stuff . . . . We worked on how to deal with her mom and dad, mostly, and her internal landscape that, you know, we kind of were mapping out what happens to her , , , , when her mom does this and her dad does this and she's in the middle? And what could she do differently? What would be comfortable? What could she achieve in a little step forward? So it was like, oh, little by little by little... I would go through . . . your body, your feelings, your thoughts, and behaviors. You know, detailed. And what happens at each – and then what happens, and then, you know, so we were trying to break down into minute moments, micro-moments, what goes on within her. And that's how I became more aware of the traumatized, frozen in fear part, the traumatized child, the parentified child, how debilitating that piece was. And that's what was stopping her from feeling free enough to be

> big and strong and assert herself with her parents. (Anne, personal communication, October 12, 2015)

Francine, a psychoanalyst, said:

> [Ginny] likes insight. Likes to know herself. . . . I was interested in her parents, who they were . . . . [her mom] was not empathic, I don't think. But careful and treated her rather – very well, physically. Not much curiosity about the emotional world. (Francine, personal communication, December 21, 2015)

Betty responded to questions about theory in a completely different way, integrating a cultural/political perspective into her assessment and treatment framework:

> So, um, the – the framework for psychology and understanding people who come in for treatment that I use comes a lot from, I think, the work of Laura Brown . . . . She wrote a book on feminist psychology, and she talks about assessing with people at the beginning of treatment for their training in resistance to the dominant culture. Is there a spirit of rebellion or a sense of having to persevere against the dominant norms of the culture? Is there any tradition of subversiveness, if you will, that a child can draw on in learning how to cope with the oppressions that come with their particular identity in that larger culture. And I think that that's very useful. (Betty, personal communication, September 28, 2015)

As mentioned before, cultural competency theory and diversity training were helpful to some of the participants, but not to all. Betty, Don, Elyse, and Gillian spoke positively about the benefits of increased knowledge and cultural awareness.

Elyse said:

> I actually am in favor of political correctness. I feel like it's about sensitivity and that we're struggling to figure out how to be sensitive to other people's feelings and needs. So, I'm okay with that. Yeah. I remember just reading a lot about little people, and then afterwards hearing people use words like midget. It was very offensive to me, and I thought, "I've really read about it and understood how demeaning it was." And I thought, "you know, PC, that's good. You know, it does protect people" . . . . So, um, yeah, I believe in, I think PC comes from a well-intentioned place . . . . Tell me if I say it wrong and tell me what's right for you. (Elyse, personal communication, December 14, 2015)

Betty described her professional involvement in The Association for Women in Psychology:

> Racism and intersectionality have become such huge topics now, as we've gone through various decades where the emphasis changes. . . . The oppressed group changes every few years, but we keep, um, broadening the scope of, uh, our understanding of how people are affected by their – their distance from the dominant culture. And that's something that I bring to all my clinical work, is understanding the hardships, the stressors that go with not being part of the WASP elite of our culture. (Betty, personal communication, September 28, 2015)

Betty synthesized what she's taken from all of her reading and diversity training:

> Just openness to the uniqueness of a client, whether they bring a different cultural background or a different personal level of experience that's very foreign to you, to just be open to learning from that person about how their world works. (Betty, personal communication, September 28, 2015)

Gillian teaches at a social work school and commented on the usefulness of some of the cultural diversity literature:

> I found some prepping for this last class that I taught last semester . . . a huge emphasis on diversity and cultural competence and humility, and it's kind of, um, fun to be . . . doing all the readings for class and . . . just thinking about my clients. And I definitely with her [her Korean-American client], yes, have thought of, hey, these different kinds of diversity issues . . . but also, again, like not wanting to make it my agenda, as opposed to, like, it really...emerging from her. But, I think...diversity training and cultural competence, having some of that has been important, because . . . to not think of what it was like for her growing up with her mom, again . . . it was a really tough go . . . She was an immigrant, she didn't speak English well, she was a single mom, and there was, you know, lots of stressors, and addiction put on top of that, and her [the client's] experience of . . . being the intermediary. Yeah, so I feel like some kind of diversity training had to . . . have gotten me somewhere to, like, be able to imagine, like, okay, there are all these stressors . . . or risk factors. (Gillian, personal communication, February 15, 2016)

Don reflected "The best [diversity training] I had was at the Gay and Lesbian Center when it was specifically about Asians . . . . I was having success with Asian clients where a lot of people weren't" (Don, personal communication, November 23, 2015).

For the remaining three participants, diversity issues either didn't surface in their thoughts, or they described cultural competency training as unpleasant or having created doubts or feelings of inhibition.

Francine, when asked if cultural awareness or diversity training had been helpful in her work with Ginny, said, "I wish I could say . . . it was more useful than it has been" (Francine, personal communication, December 21, 2015).

Charles stated that it didn't occur to him to discuss cultural issues with this client. But, the client raised cultural identity issues with him:

> She has wanted me to know how difficult being Chinese can be. She intuited that I may not understand it. And she was right. I mean, I didn't really get that until she started really talking to me about it. 'Cause in my mind I was just, "oh yes, this Ivy League graduate who's obviously mastered the American system. (Charles, personal communication, October 19, 2015)

Anne spoke negatively about the cultural competency requirement for social work licensure:

> I regard it as living in Communist Russia when everybody had to go to thought control classes . . . . And this idea that I should be respectful and sensitive to differences is bizarre. Who doesn't go into therapy and social work without that idea to begin with? . . . . compassion is what you use, and empathy. (Anne, personal communication, October 12, 2015)

**Holding**

A number of participants mentioned the importance of "just being there" and offering a reliable presence, a nurturing holding environment.

Elyse explained:

> I am Bionian by nature, in addition to attachment . . . trying to just be in the moment with where she is and what she needs and helping her. So my goal – I tried not to have an agenda about where someone needs to be. I try to just look at what can't be felt, what can't be integrated, what is being rejected, what that experience is and to help with that, more than I would have an agenda. (Elyse, personal communication, December 14, 2015)

Francine said:

> I feel like it's been – it's long-term [over 20 years], and I'm holding her story . . . and it's a marvelous story, but I don't know how many other people get to hold it . . . . I don't know how open she is with others. I think she's quite open with me, and I think that she listens, um, and responds in a subtle way to the doubts that I have about what she's doing. Giving me her reason and her logic. (Francine, personal communication, December 21, 2015)

Betty described the basic holding and tracking functions she provides to her client Sue:

> So a lot of the work in building the relationship has involved my tolerance for her really bad record at getting here on time . . . what she used to do was just not show up, and it would be like half an hour, 40 minutes into the session. I'd end up calling her and kind of reeling her in . . . And I said, "Well, you know, it would help me if you would call so I know you're on your way, 'cause I'm wondering – where you are, if everything's okay." And so I'm sharing those thoughts and feelings with her. So then she began to call me near-ish the beginning of the

> session and say, "Hi, I'm on my way. And one day, she said, "You know what really surprises me about you? . . . When you talk with me on the phone, you sound so cheerful. Like you're glad to talk to me." Which she didn't get from her parents. (Betty, personal communication, September 28, 2015)

**Authenticity**

Anne described her style of working:

> I used my feelings. I mean, I find that the more authentic I am in my reaction, the more it helps clients to normalize, get a sense of what's normal. 'Cause at the beginning, they have no idea, really, how estranged they are from the world they live in. They feel it, but they don't really get the big picture. So by reacting like, "Are you kidding? You couldn't even go out and play on the street?" . . . . I find that authenticity helps people trust me . . . the other part, the downside of it is, I don't want to come on too strong. I gotta bite my tongue sometimes . . . . and allow them to experience their own emotions in their own time . . . . [Otherwise I'm] not letting them have their path, just like the parents. (Anne, personal communication, October 12, 2015)

An aspect of authenticity is the sharing of countertransference reactions when the therapist believes that it will be clinically useful. Charles described the risk that he took with his client in discussing the impact on him of her intense and volatile emotions:

> I did finally say to her that. . . . "I find myself feeling anxious when you come here sometimes. And I've asked myself why." And I said, "I have the feeling that you could reject me at any time, and that that could be quite hard for me, because . . . I'm fond of you", and I . . . knew that saying that could go any way, you

know? But she started to cry. She really started to weep, and she said . . . "I just so much don't like that you should feel that way". . . . I think she knows that other people feel this way around her as well. And she says, "I know I have lost friends when they haven't pleased me" and . . . then we were able to start actually working on that issue. . . . So she's having the experience with me where, when there's a – an empathic failure, I'm there. You know, and we talk it through. And I think that's really making a big difference. (Charles, personal communication, October 19, 2015)

**Adjusting the Therapeutic Frame**

The participants described how they fashioned their clinical work and use of self to fit their client's personal needs and cultural context. This sometimes involved modifying goals, the treatment approach or adopting new "ways of being" in the session.

Don said:

Many, particularly Asian clients, come in and want to treat you like the expert and want advice, and if you don't give advice, you're just frustrating them, and they don't feel like they're getting helped. . . . I try to find a sophisticated way of re-presenting the options. "It looks like you could do this, or do this, or do this. And, judging from your actions, this one feels strongest to you." I probably have given advice when there's something happening with a boss or some situation where – or school administrators, that they're not understanding what's happening. And saying, "I wonder if this is a cultural issue"?. . . . There's often those moments where you're like, "there's something missing here. I wonder if this is from your culture?". (Don, personal communication, November 23, 2015)

Elyse stated:

> I will share . . . one other aspect of this work that is not typical for me. In that I really created a different frame for this particular person, in that she would want to bring in people in her world . . . not continually. But if there was a new person who was important, she'd want that person to come in. Perhaps because there wasn't a lot of family. . . . A new partner, or her child in different developmental stages. . . . Different people over time, over 20 years. . . . .just so that we could talk about this person, and . . . it was interesting, and I think I failed to ask her, because thinking about it now, I can imagine – I wonder if there's a cultural element to that, in terms of, just, the need for family, to feel like there's an interconnectedness. . . . And . . . I'm wondering about that right now, and I didn't wonder about that before, but it is something that I do with her, that I just sensed was important. (Elyse, personal communication, December 14, 2015)

Don added:

> [He] always reaches out to shake my hand at the beginning and end [of the session]. I've asked about it a couple times, like, "I feel when we do this, there's a formal transaction taking place." And he gets it too. (Don, personal communication, November 23, 2015)

**Self-Disclosure**

Don explained, "I do work fairly analytically. I don't reveal much about myself, but in this particular case, I tell more, maybe, than I would otherwise" (Don, personal communication, November 23, 2015).

Francine related this exchange with her client:

Ginny said, "Well, I don't know that much about you," and I said, "is there something you're wanting to know?" And she said "no, 'cause I know the way you think anyway". . . . It kinda felt a little bit like I was being pushed away. You don't want to know me? You know? I remember that feeling. And, um, also that she's comfortable with the separateness. (Francine, personal communication, December 21, 2015)

Gillian said:

She has a 5-year-old child, and I have a 4-year-old. And so that phase of life, and parenting, I get. Yeah, how much to disclose or not. . . . there's been so much that's come around parenting . . . that's why I've given her book recommendations for parenting. (Gillian, personal communication, February 15, 2016)

**Use of Humor and Playfulness**

Anne said:

What she [Jane] lacked was compassion, in a sense . . . because she was very cynical. She had developed a wry sense of humor to deal with her parents...Sarcasm. Sardonic. So she and I were a great fit, 'cause I'm a little cynical, too. And I like humor. And we'd laugh . . . you know, black humor. (Anne, personal communication, October 12, 2015)

Francine recounted:

I mean, I learned more about labels and Gucci purses and stuff like that . . . some ridiculous amounts of money that are spent. By her. In my opinion. And she eggs me on a little, because she knows we're different. It's kind of a fun banter.

> Because I always end up saying, you know, you're doing what you want. It's okay. (Francine, personal communication, December 21, 2015)

Betty related an instance when her bias against Chinese materialism was upended by humor.

> Sue came in one day, and she is so funny. She said, "You know, Americans just don't get Chinese people. You just don't get it. Like, they try to predict our behavior in the voting booth, and all I need to know, really, is . . . if I elect this person, will they help me to sell crap? 'Cause all we wanna do is sell you crap". . . It just was so funny, it cut right to the chase with it, and I could feel my prejudice there and laugh at it, and she could honor that this is an aspect of her identity as a Chinese person. (Betty, personal communication, September 28, 2015)

Betty also described a creative playfulness that emerges with Sue when they share the challenge of solving problems together.

> There was one time . . . she used the Pokémon . . . and, you know, anime characters . . . in order to hold her own with her partner Kiko…That she, um, had the concept of a private island, and it was defended by certain characters that she could send out to talk to Kiko, but she didn't have to threaten her core. And she was very proud of having created that scenario. And it protected her from the toxic effects of being told she was a monster. . . . We would work together on coming up with images of safe islands, um, I think I said, "Well, let's do the island of happy feelings . . . over here, and you're stuck over here, and somehow you've gotta get over to that island, so let's think about how you – what you could do." And she made a boat. . . . and so that's always been a fun part of working

> with her, and we've enjoyed each other. . . . There's a way in which the therapist is kind of part of the fantasy world, because we're a place you visit. . . . I guess Winnicott talks a lot about that play space, you know? (Betty, personal communication, September 28, 2015)

**Recognizing and Working with the Trauma**

Anne reflected:

> And sure enough, nowadays, when I focus on trauma, and I see the children of the boat people, I'm very aware that those parents, who probably have PTSD to some degree, the lack of safety, the lack of trust, the hyper-vigilant piece, have raised these children who are now in my office. . . . And so I try and remember that part of what happened to Jane's mom and dad was this escape piece.
>
> I think breaking it down into minute moments in which she [Jane] saw exactly how she internally traps herself and can't get out. . . . And slowly standing up to her mom and dad, which she did, through all the years I worked with her. Little by little by little, she put her foot down. . . . In the escaping to a new city, the last part of our therapy, I had to help her reach out to the aunts and clearly ask for help with mom in the transition. And of course the aunties were saying, "don't worry about it. We have your back. We'll be there for your mom." Easier said than done for the child to let go, even though she knew her aunts would be there, the guilt was overwhelming. (Anne, personal communication, October 12, 2015)

Betty also is working with a traumatized client who was neglected and beaten as a child and is currently in an abusive relationship.

> And so, I'm helping Sue to recognize that she doesn't deserve to be treated this way. . . . She says, "Even if I disappoint her [her partner]?" I said, "Yes. We all disappoint our partners. Often. This is being in a relationship. Partners cannot expect perfection. So it's all right for you to let her down, and for her to let you know. But not to hit you and tell you you're crazy and that things are all your fault. Nothing's all your fault. You have your part. That's it." And she's beginning to internalize that and stand up for herself better. (Betty, personal communication, September 28, 2015)
>
> Don's client shows signs of having experienced severe trauma:
>
> I think there's a lot of family history I don't have . . . that would explain some of what he went through. He has remarkably little memory of his childhood. He really connected when I said one day, "there's such a backlog of need that every single – trying to connect to somebody – every miss just feels huge. And then when you do like somebody, you're coming at them with so much need, they're bound to disappoint." And that really – he keeps coming – "I've got this backlog of need, and I've gotta spread it out." (Don, personal communication, November 23, 2015)

**Self-Awareness**

All of the participants were reflective during the interviews about their cultural countertransference reactions. The interview process seemed to create an intersubjective experience that encouraged them to think about the cross-cultural issues more extensively. Only one therapist, Elyse, mentioned participating in a regular clinical

consultation group in which these kinds of feelings could be discussed regularly. She said:

> I do have an official peer consultation group. Yeah. I've had for many, many years. . . . it's always one colleague and I, and other people who join in because they're here [in our building]. . . . and we run cases by each other for 20 years. If cultural issues arise, they absolutely can be brought up there. (Elyse, personal communication, December 14, 2015)

A few of the participants discussed concerns about possible over-identification or collusion with their client's issues. Others seemed to gain insight or connections from the interview that they hadn't seen before.

Elyse described the issue of her client's disinterest in her Chinese background, and realized how it intersects with her own ethnic identity issues:

> At first, I felt her rejection of it [the Chinese part of her], and then I felt her embracing of it. I think I did identify with her rejection. . . . Having grown up wishing I wasn't Jewish. . . . I would get anti-Semitic remarks from people. . . . And I didn't have a community to go identify with. . . . So, I didn't feel conflicted about her rejection...I didn't judge it. (Elyse, personal communication, December 14, 2015)

Don shared:

> I . . . try to make sure that I'm not seeing too many similarities in our story. . . . I do find our stories are so similar in many ways. I find it more tempting to be self-revealing [with this client] than I do with almost any other client. (Don, personal communication, November 23, 2015)

Betty mentioned an uncertainty:

I think one of the things I've noticed in my response to all that is I'm much less judgmental of these [Sue's] parents than I would be of someone who was born in the United States and who had access to the cultural mores here against spanking, for example. They – their history is physical punishment, so they don't know anything else. I can't really hold them to American, 21st -century standards of child-rearing. They have no concept of that. So it's ridiculous to condemn them on that basis. I feel compassionate toward them. But then I wondered, am I being too forgiving? You know, because I need to support her in her rightful anger at being mistreated. (Betty, personal communication, September 28, 2015)

Francine reflected:

Her physical being [the client's scoliosis], it wasn't smooth. She was deeply wounded by that experience and by the realities of what it means to have a rod up your back. . . . So . . . now going back to being the dress queen and all this stuff. Again, it's – it's accoutrements of the body, which is, now that I'm talking about it, is what she really needed, needs. . . . I might ask her, though, her thinking about this, talk more about what the meaning of those particular clothes are for her. (Francine, personal communication, December 21, 2015)

Charles said:

You know . . . I could possibly raise the issue of the pressures she feels as a Chinese daughter, the obligations . . . Because she's talked about that in terms of who her father is, and who her mother is. She feels guilt. . . . But that being Chinese, I don't think it's actually come up in that way. It's come up more just

> with that's how they are. . . . This is good for me, because I haven't asked . . . those kinds of things [cultural questions] enough. I tend to think of it more in terms of, more, just who her parents are, and the psychological dynamics. (Charles, personal communication, October 19, 2015)

In response to a question about how she would describe her client's transference toward her, Gillian pondered:

> That's actually really a helpful question. Yeah. Because . . . I actually don't know. I really don't know, and I love that question, because, you know. . . . she's a therapist in training. . . . It's a different kind [of relationship] than a regular client, in that I kind of – we'll talk about the therapy and how it's going, and she's really game for the process. She's really game for just kind of sitting with – you know, trying to explore feelings and seeing this as an ongoing, maybe longer term process. . . . But I'm so curious . . . 'cause she's working with her supervisors and, um, seeing clients, and I sometimes wonder if she just sees me more as, like, a therapist mentor. We've talked about some of her cases in terms of her countertransference, but not a ton. 'Cause I don't want it to be supervision. (Gillian, personal communication, February 15, 2016)

Anne described the life experiences that have helped her work with her client Jane.

> I will say this, that being an older therapist, and burying your own parents already, is very helpful in this case. Because I can see both sides of the issue without getting too triggered anymore about my own stuff. The whole arc of a life. . . . I think the trauma piece has been also very helpful. Because – in the

attachment lens – because, frankly, people don't grow up trying to hurt other people, unless they're psychopaths. And even if they grow up with narcissism and borderline stuff, they didn't grow up wanting to be this way. There was some trauma, always. (Anne, personal communication, October 12, 2015)

# CHAPTER FIVE: DISCUSSION OF THE FINDINGS

## Overview

In this chapter, the discussion of the findings, I will explore the research results, their relationship with my initial assumptions and the existing literature, and will present my interpretation of the data, its limitations, and possible questions for further study.

The focus of this research has been the Caucasian therapist's experience and subjectivity when working with Asian-American adults. My curiosity about this topic grew out of a compassionate but alarmed internal response to narratives of extreme attachment disruptions and difficulties negotiating the Western-derived developmental tasks of adulthood, as experienced by the Asian-American clients in my practice. I felt confused by the viewpoint of my psychodynamic training, worried on the one hand about the serious impact on a growing child of a number of Asian-American parenting practices, such as sending their infants back to unfamiliar relatives in Asia; while on the other hand, was aware that these practices were culturally commonplace, particularly among immigrants who worked grueling hours and had few childcare options. Confucian values of filial obligation to elders, respect for the family unit as a whole over individual needs, and a variety of other interpersonal responsibilities contributed to what appeared to be a harsh child-rearing environment. I wondered if other Caucasian, Western-trained clinicians struggled with similar reactions or experienced similar uncertainty about whether or how to talk about these issues with their clients without being culturally insensitive.

I employed a qualitative research design for the study. I interviewed seven experienced Caucasian therapists who were familiar with psychodynamic concepts and

had worked with an Asian-American adult for at least a year. I was interested in learning about the participant's cross-cultural experience by letting him or her initially talk about the treatment story and relationship uninterrupted. Through follow-up questions, I explored the participant's own cultural background and identity, his or her family attitudes toward difference, exposure to other cultures, particularly Asian or Asian-American, and feelings of similarity or difference in regard to the client. I asked about strong positive or negative feelings experienced during the course of the treatment, what they were about, and how these reactions were managed or handled. I also was interested in learning whether theory, including attachment, developmental, and cultural competence theory, was useful or inhibiting.

Once the data had been collected to a point of redundancy, I used the constant comparative method to compare and contrast the interviews and to extract common themes. I want to stress the fact that this was exploratory research, and that the conclusions I present are my subjective inferences and observations of the participants' experiences, which I hope will have some clinical application and lead to further study.

**Bias and Assumptions**

As a researcher, I brought certain biases and assumptions to my exploration of the Caucasian therapist's subjectivity when working with Asian-American adults. In general, I assumed that Asian-Americans were viewed as minorities in American society and were subject to varying degrees of discrimination. Due to specific experiences with my own clients and my clinical training in the neurobiology of attachment, I expected to find that the study participants would have strong countertransference responses to the stories of loss, extreme attachment disruptions and lack of empathy in the lives of their clients. I

had a bias that some of these clients would have been traumatized or strongly impacted by their parents' immigration experiences and by their own neglect, abandonment, and peer rejection. I thought that some of them might be struggling, depressed or poorly-functioning adults.

Diversity training had led me to believe that it is clinically good practice for a therapist to raise issues of cultural or racial difference with a client at the beginning of treatment. This signals that the clinician is open to discussing sensitive topics and is aware that the client might not do so without an explicit invitation (Esprey, 2014; Tummala-Narra, 2007). In addition, I have been influenced by the anti-racism commitment of the academic institution where I am a member of the adjunct faculty. This has shaped my attitude toward how issues of cultural difference should be handled and has resulted in a heightened scrutiny about whether I am practicing in a culturally competent manner. These factors may explain my uncertainty and caution when I encountered cultural practices so at odds with my comfort zone and professional beliefs. I expected that the participants that I interviewed might have similar concerns about the relevance of Western psychodynamic theory to other cultures or how strictly to adhere to cultural competency recommendations.

A common stereotype about Asian culture is that overt emotional expression is viewed as rude, exposing weakness or revealing thoughts that should remain private or within the family. The literature has stressed that it can be challenging to keep Asian clients in ongoing therapy (Tung, 1996). I assumed that even the next generation born in this country might find the process unfamiliar and uncomfortable, as was the case with several of my own clients. Therefore, when I created the criteria for participation in the

research, I imagined that it would be difficult to find therapists who had been able to engage an Asian-American adult in treatment for at least a year. The first surprise was having little problem recruiting therapists to participate in the study. I had numerous responses to my ads from clinicians who had been working with Asian-American clients for 1 year, 4 years, on up to 25 years. There seemed to be a hunger for dialogue, as if the study were providing a rare opportunity to discuss this topic. In the subsequent in-person interviews, the participants were thoughtful and reflective, genuinely wanting to contribute to the research as well as to take away new perspectives for themselves.

## Elaboration of the Findings and their Relationship to the Literature

Six categories or themes emerged from the interviews with the study's participants. The categories are: (a) The participant's own cultural background and experiences, (b) the participant's familiarity and preconceptions about Asian culture, (c) the importance given by the participant to cultural issues in the treatment, (d) the participant's sense of identification and connection with the client's experience, (e) the participant's difficulty in identifying or connecting with the client's experience, and (f) how the participant found his or her way in the cross-cultural treatment. For the purpose of this study, these themes, taken together, comprise the participant's personal subjectivity or cultural countertransference (Perez Foster, 1998).

### The Participant's Cultural Background and Experience

The participants, all Caucasian, are from widely diverse backgrounds or "cultural maps," as referred to by Falicov (1998). Elyse, Anne, and Francine come from big cities, Don and Charles from small towns, and Betty and Gillian from rural environments. Four of them are from families that viewed cultural differences with some degree of openness

and curiosity, while three grew up in narrow environments with racist or bigoted attitudes.

I was most surprised by the fact that all of the participants, regardless of family background or their being part of the White majority, identified as feeling like an "other" growing up. Several were a different religion than most of the surrounding community, two identified as gay or lesbian, one felt out-of-step with her generation's zeitgeist, and one was raised in an "alternative lifestyle" commune. Don and Betty mentioned explicitly that their status as an "other" helped them attune to their clients' experiences of being a minority. Through the experience of the research interview, Elyse realized that both she and her client initially had been alienated from (and felt "other" than) their cultures of origin and had gradually become more interested in it for the sake of their respective children.

**Familiarity and Preconceptions about Asian Culture**

**Prior contact with Asian-Americans.**

Don is the only participant who had significant contact with Asian-Americans during his childhood. He lived in an area where Vietnamese boat people were resettled, and he went to school with Vietnamese and Vietnamese-American children, starting in Junior High. Although he didn't describe any close friendships, he was aware of their marginality and how totally lost and out of place they seemed. This triggered feelings of empathy. All the participants had positive associations with Asian culture, experienced through subsequent friendships, food, film, literature, and travel. They believed that Asians are hard-working, smart and successful in academics, music, and art. Negative

stereotypes included being materialistic, only interested in money or clothes, not being emotionally expressive and not integrating well with the larger community.

**Attitudes about acculturation.**

Most fascinating to me is the philosophical stance toward acculturation taken by each of the participants. Each brought a personal bias that landed him or her somewhere along the assimilation-multiculturalism continuum, creating a complex interplay of feelings and attitudes toward the client unique to that treatment dyad.

Anne held in highest regard her grandparents' ideal of "the melting pot," into which all ethnicities would blend and thrive. She expressed irritation with the concept of multiculturalism, in which each group stands apart, celebrates its uniqueness (relativism, as described by Shweder & Bourne, 1984) or "has a chip on its shoulder," as she believes this prevents assimilation. This attitude was demonstrated by her frustration toward her client's parents, who wouldn't let her go out and play and become an "American" child. Earlier waves of immigration, from Anne's grandparents' generation, primarily involved Caucasian ethnic groups such as Italians, Irish, and Eastern European Jews, who definitely experienced discrimination but eventually were accepted into the melting pot. Immigrants of color, be they Asian, Black, or Brown, have never been welcomed with open arms, and the melting pot has not been readily available to them (Irving, 2014). Also, minority power movements, beginning in the 1960s, were less interested in the kind of assimilation that resulted in losing access to one's cultural history. These social changes put Anne increasingly at odds with her generational cohort.

Gillian, Elyse, and Francine all seemed to express some version of being "colorblind." Although they recognized cultural differences, they viewed their clients as

very assimilated and approached them through the humanistic lens of "we are all the same." This stance confirms the universalist approach described by Shweder and Bourne (1984), in which what is favored are the commonalities and what is lost are the features that make each group unique. This also was the orientation of the early cultural competency literature (Brown, 2009). Charles unintentionally took this stance to an extreme, being unaware that his Chinese-American client experienced discrimination at all. This may be partially explained by his growing up in South Africa, where there are few Asians and where the Black/White divide has been so predominant. But, Charles has lived in America for many years and most likely has been influenced by beliefs that view Asians, like Jews, as "model" minorities. He mentioned the fact that his client had gone to an Ivy League college as an example of her assimilation and success. A number of other participants mentioned that their clients' stellar academic achievements and various other talents had led them to underestimate their degree of internal turmoil and ethnic identity conflict (D. Yang, personal communication, October 10, 2011).

There has been a cultural shift away from assimilation and toward multiculturalism over the past several decades (Brown, 2009). Multiculturalism has been expressed and promoted through the values and practice of more recent cultural competency theory and could be seen as a kind of bias in American society today. Don stated that it was very important to him to be aware of the cultural family system in which each client will continue to interact. His stance was developed at an agency that provides counseling to gay and lesbian individuals and recognizes the importance of taking cultural background into consideration in the "coming out" process. Betty, though immersed in anthropology, the cultural competency literature and theories of

empowerment, seemed to put cultural issues aside unless her client raised them. She believes that her overall cultural sensitivity is within her and will be felt by the client. Beyond treating each person as a unique individual and being mindful of her biases and stereotypes, she is opposed to interjecting labels or locations (gender, sexual orientation, race) into the conversation.

**The Importance Given to Cultural Issues in the Treatment**

**Intersecting cultural maps.**

Just as each participant brought a particular stance toward culture into the therapeutic dyad, so did his or her client. The intersection of their two positions created an intersubjective dynamic that characterized the treatment (Falicov, 1998; Perez Foster, 1998). Although Elyse viewed her client as very "American" and did not feel like she was sitting with someone from a different culture, she also was aware that many of the client's issues stemmed from the rejection she experienced from her Chinese father, who found her to be "too American." Elyse was comfortable asking questions about Chinese beliefs and traditions, in order to understand her client's emotional struggles. Her client, in turn, seemed comfortable with the psychotherapy process and direct engagement around these kinds of topics. The result was a rich and open exchange. Anne also seemed to bring cultural reflections into the session with her client Jane, who was trying to separate from her parents and move to another state with her husband and child. Anne's approach was different from Elyse's, in that she didn't seem to ask questions as much as to provide explanations, interpretations and affective responses to Jane's experiences that she hoped would give her permission to lead her own life.

Both Gillian and Don attempted to raise questions about their clients' cultural backgrounds but were met by strong resistance. Don's client claimed to have little memory of childhood, or knowledge of Vietnamese food or customs. Gillian's client had little interest in her Korean roots and felt little affinity with Korea when she visited. Gillian frequently had the concern that she was pushing a cultural agenda that her client didn't share. In both of these cases, there seemed to be frozen, dissociated pieces that the clients could not bear to face. Yi (2014) refers to this kind of avoidance of one's culture of origin as cultural dissociation and suggests that it may develop when one's ethnic identity is associated with traumatic events. Eng and Hahn (2000) describe it as racial melancholia. Li (2017) poignantly elaborates on this theme in describing her decision to erase all memory of her prior life in China by renouncing her mother tongue and only speaking English. Even as Don and Gillian tried to "stand in the spaces" created by the cut-off material (Bromberg, 1998), they were not yet able to make headway in helping their clients recapture a connection with their cultural heritage.

For very different reasons, three of the participants did not attempt to address cultural issues with their clients. Francine acknowledged that she wasn't particularly drawn to her client's cultural issues and was much more interested in viewing the treatment through a psychological lens. I found this fascinating, as the psychological issues appeared to me to be filled with cultural themes that were very intertwined. Her client was born with scoliosis, a curvature of the spine, which understandably had a huge impact on her peer and parental acceptance and her self-esteem. Francine mentioned that the client's mother was a ballroom dancer and had difficulty accepting her daughter's physical clumsiness. I wondered about the Chinese view of this condition and attitudes

toward disfigurement and disability. Francine's client struggled with other cultural issues that were discussed in the treatment but not within a cultural perspective. These included her client's ethnic identity trajectory from initially dating White men to ultimately marrying someone of Asian (Thai) background, her client's disagreements with her husband about his feelings of guilt and obligation toward his mother (Confucian dictates of filial piety; Kleinman et al., 2011; Okazaki et al., 2007) and the client's extracurricular focus on clothes and shopping.

As mentioned earlier, Betty is extremely knowledgeable about cultural issues, but at least with this particular client, Sue, she did not feel that it served the treatment to explicitly explore them. Betty viewed Sue as amazingly talented but emotionally fragile, at times veering toward a suicidal risk. She believed that Sue needed her to be steady and calm and to help her manage the on-going chaos in her life. These diagnostic considerations seemed to merge with her philosophical treatment stance of not introducing material that isn't raised by the client, resulting in numerous unexplored cultural questions. These include Sue's strong desire to be of help to her immigrant parents, her family's reaction to her lesbian relationship with her partner Kiko, differences between Sue's Vietnamese/ethnic Chinese background and Kiko's Japanese background, and Sue's feelings about working with a Caucasian therapist. This case raises the issues of diagnostic considerations and the pacing of cultural exploration within the treatment.

The last participant, Charles, didn't bring cultural themes into the therapy sessions because he didn't recognize that they were there. Although he has participated in diversity training in the past, he applied its precepts primarily to working with African-

American and Hispanic clients, or with people from places like Iran, who appeared to be less assimilated. His Chinese-American patient came from a financially successful family, had attended an elite college, and did not seem different or disadvantaged in any way. Charles' lack of attunement in this area almost led to a potential derailment of the therapy. It was only through his client's willingness to educate him about the difficulties of being the only Chinese family in their neighborhood, about the teasing and lack of friends, that Charles realized his blindness to the possible discrimination and marginalization of the Chinese-American experience. In this case, the treatment was saved by the client's bravery, by the trust that must have already been built between them, and Charles' ability to sensitively repair the rupture in attunement.

**Relationship of the findings to cultural competency literature.**

The early cultural competency literature makes many recommendations about the best way to work with Asian-American clients in a cross-cultural treatment situation (Leong et al., 2008; Okazaki et al., 2007; Pedersen, 2008; Sue & Sue, 2008; Tung, 1996). These have been enumerated in the literature review chapter. Ideally, culture should be worked with in a thoughtful and intentional way. Personal beliefs and bias should be examined (Foster, 1998; Stampley & Slaght, 2010), the client's immigration history explored and the level of acculturation or assimilation assessed. Ethnic identity development should be another key factor in the psycho-social evaluation (Cheryan & Tsai, 2007; Okazaki et al., 2007).

Reflection about ethnic identity also pertains to the Caucasian clinician, who derives power and privilege from his or her Whiteness and from the position of authority in the therapy relationship (Altman, 2000; Brown, 2009; Irving 2014; McIntosh, 1988).

Several of the study participants mentioned having feelings of White guilt in relation to their clients. Betty and Anne both commented on the fact that even when they are experiencing difficult personal circumstances, they at least are on home soil and have a variety of privileges and emotional supports unavailable to their clients. Charles expressed embarrassment about apartheid and his South African background and felt good about having helped minority students when he was in college in America, in order to "make up for where he came from." Both Elyse and Gillian had concerns about being perceived as privileged White therapists who represent oppressive institutions, such as welfare or the courts, or who might come across as superior in relation to their clients.

Although Caucasian therapists are members of the White majority and derive power from this position, they also can carry feelings of insecurity, doubt, or envy toward those who are more accomplished or privileged than themselves or toward cultural sub-groups who have discriminated against them (Esprey, 2014; Perez Foster, 1998). This is confirmed by the research findings in which all of the participants identified in some significant way as an "other" and resonated with their minority clients, although they themselves were White.

While the research findings confirm the benefits derived from the therapist's sensitivity and openness to the client's cultural background and from taking a curious, "not-knowing" stance toward unfamiliar beliefs and practices, there were several areas where the data deviated from the cultural competency literature. In reality, none of the participants in the study appear to have engaged in a thorough or deliberate consideration of culture during the treatment process. Only one participant, Francine, sought consultation at the time of referral to explore whether she would be able to understand the

differences between herself and her client. Curiously, however, she did not talk about these issues or concerns with the client at any point. When the participants brought up a cultural issue in the research interview, it was a fragmented piece, such as "What, her parents came and picked her up every Friday from college?" or "my client went to a college I could never have dreamed of getting into" or "her father couldn't accept her bold, American-style of dress" or "he was a little American-born Vietnamese boy, curled up on the couch eating cereal and watching Saturday morning cartoons." These comments were fleeting snapshots woven into a larger psychological narrative and lens.

In the therapy session itself, these images were worked with spontaneously, rarely guided by any cultural competency model. The reflection opportunity provided by the research interview seemed like the first time that many of the participants had the space to put the cultural concepts together into a coherent framework. It may describe the reality of busy clinicians in private practice who have few formal team meetings or built-in consultations in which to think about these issues. Even in agency case conferences or staff meetings, I wonder whether cultural issues are regularly or deliberately addressed?

Cultural competency theorists (Altman, 2000; Bonovitz, 2005; Falicov, 1998; La Roche, 1999; Leong et al., 2016; Perez Foster, 1998) also suggest that the therapist introduce and explore racial and cultural differences with the client, either at the beginning of treatment or whenever it is clinically appropriate to bring them out of the shadows and into the room. "Draguns posits that culture is a silent participant in every counseling process" (Stampley & Slaght, 2004, p. 335). Falicov (1998) proposes that cultural understanding and empathy come from the safety that is established when differences are discussed in mutual dialog. Yet, three of those interviewed for the study

did not talk about culture at all, and several others tried but didn't succeed in having a meaningful conversation. The latter group expressed discomfort in continuing to push the issue because they felt like they were imposing their agenda on the client. Only a few of the therapists were able to have the recommended kind of cultural exchange with their clients in which the therapist becomes a student of the client's culture and together they co-create its meaning (Perez Foster, 1998).

All of the participants in the study, with their various approaches to handling the intersection of cultural themes with psychotherapy, seemed to connect empathically and to sustain on-going relationships with their clients that moved the treatment forward. These results surprised me and call into question the absoluteness of cultural competency ideals. On the other hand, I wonder what is missed when cultural issues remain invisible in the therapy. It is possible that a certain depth of connection is sacrificed, in spite of the fact that the relationship is "good enough" for the client to stay in treatment. It is beyond the scope of this research, which did not address the client's experience, to know for sure how the treatment is affected when cultural issues are in the room but are not mentioned.

**Sense of Identification with the Client's Experience**

All of the participants expressed genuine caring and connection with their Asian-American clients, regardless of the degree of cultural dissimilarity in their backgrounds. The bond that held these treatment relationships together varied, but seemed to encompass a deep resonance in the therapist with some aspect of the client's themes or struggles. The participants described this resonance in a variety of ways, ranging from empathy upon hearing stories of loneliness, neglect, abuse, and discrimination, to a parental desire to protect their clients from further pain or self-harm, to anger toward

those who had hurt them (reminiscent of Racker's concept of indirect countertransference, 1968), to admiration of their intelligence, creativity, and resilience in the face of adversity. I found their admiration of the client's coping mechanisms particularly striking, as this sometimes included difficult defenses such as dissociation, rage when narcissistically injured, or a non-empathic dismissiveness that is reminiscent of the negative ways in which they had been treated. It is fascinating that the participants were able to recognize the life-saving utility of these defenses and to marvel at their clients' abilities to bring them forth at just the right time.

Five of the participants mentioned unusual, coincidental parallels between their lives and that of their clients. Anne actively compared her background to her client's, recognizing that they both had difficult mothers but that she had many more sources of comfort in her teachers, her friends and her nannies Don's client's Vietnamese family was resettled in the same area where Don grew up. He and his client formed an instant connection that came from understanding the socio-cultural climate of this small Midwestern region. Both share a history of being trauma survivors, although Don never disclosed this information. Charles' patient chose a profession, becoming a voice teacher, without knowing that singing is one of his passions and that he himself takes voice lessons. Gillian compared her client's communication patterns with her partner to similar dynamics between her husband and herself. She and her client share what Falicov (1998) refers to as overlapping developmental niches, as both are parents of 5-year old children. Elyse and her client both felt, in different ways, that they didn't get what they needed from their families of origin and had to go out in the world and find their own supports. They both were alienated from their ethnic backgrounds at the beginning of the treatment

relationship. Over a 20-year period of intermittent therapy, both married and had a child, who served as a vehicle for reconnection with their roots. The issue of mutual ethnic identity development was never discussed explicitly but undoubtedly was impacted by the relationship between them. This seems to speak to the synergy that can develop in the therapeutic dyad and confirms aspects of both the intersubjective/relational literature (Kantrowitz, 2002; Maroda, 1995; Renik, 2007; Stolorow, Brandchaft, & Atwood, 1987) and the literature on cultural countertransference (Bonovitz, 2005; Falicov, 1998; La Roche, 1999; Perez Foster, 1998). These uncanny matches make me wonder how certain therapists and clients manage to find each other among the vast universe of possible choices. They bring to mind Jung's concept of the collective unconscious, which taps into intuitive connections and meaningful co-incidences (Hunt, 2012).

**Difficulties Identifying with the Client's Experience**

Although the participants described overall positive working relationships with their clients, some of them also struggled with irritation, impatience, and negative judgments that challenged their empathy. A common trigger for several of the therapists was the client's interest in clothes, designer purses, and other material possessions. This represented a clash in values for these participants. Francine felt that it was vacuous and shameful that her highly-educated and accomplished client would spend her free time shopping. She admitted to moments of emotional distancing in order to cope with her disapproval (Stampley & Slaght, 2004). Anne wondered how immigrant families could afford Gucci purses and compared this to her own parent's expectations that she buy something that was on sale.

Anne also expressed exasperation that her client Jane was finding it so difficult to move away from home, something that she and her siblings had been able to do with ease. Several therapists mentioned that their clients sometimes displayed a cold, hard edge that was difficult to like. It took the form of breaking off relationships with little show of emotion, distancing themselves from family or friends, or lacking compassion for the feelings of others. They also had trouble dealing with flat affect, labile emotions, intense anxiety and suicidal risk. These last are features that would be challenging in any treatment, and in many of the cases they reflected deep trauma underneath.

Anne, Betty, and Gillian expressed having some of the same kinds of anxiety, discomfort, and inhibition that I experienced with my Asian-American clients. They described feeling caught between the desire to encourage growth and new directions that are valued in Western-based psychotherapy (Cabaniss et al., 1994; McGoldrick et al., 2005; Perez Foster, 1998; Roland, 1996), such as individuation from family, completing a doctoral program, or abandoning a career direction that didn't feel like a good fit, and the fear of pushing too hard against the client's culturally-derived expectations. This conflict was less acute if they were working with a client who had been in therapy before, or were in training to become a therapist and therefore was more comfortable with the culture of psychotherapy. Four of the participants felt pressure from diversity training guidelines to model best cultural competency practices and to phrase questions in the right way. In several instances, this led to caution and inhibition or to saying nothing at all. In other respects, the participants did not seem as thrown as I had been by their clients' stories of abuse and attachment disruptions. Perhaps they have more experience than I in working with severe trauma or perhaps they expressed their shock in different ways. I thought it

was interesting that Betty was able to feel compassion toward her client's parents, who left her home alone as young as 3 years old and then beat her if she didn't comply with their wishes. Betty understood the parents' desperation and lack of child development knowledge and acknowledged that she judged them less harshly than she would American-born parents. By being able to put the parents' behavior into a cultural context, she was able to cope with what otherwise might have produced a reaction of dismay and anger. None of the participants had a client who had been sent back to Asia as a baby, which was the extreme attachment disruption that I had found most unfamiliar and disturbing in the background of one of my clients.

**Relationship of the findings to the literature about similarity and difference.**

The findings from the last two categories, which describe the participants' experiences of resonance toward or dissonance from their clients, illustrate the belief that connection is not necessarily derived from ethnic or cultural similarity, but rather from a complex web of intersecting factors which comprise the goodness of fit in the therapeutic dyad (Falicov, 1998; Kantrowitz, 2002; Perez Foster, 1998). Kantrowitz states

> A focus on the match between patient and analyst places attention on the dynamic effect of the interaction of character and conflict of both participants on the process that evolves between them. . . . Similarities may lead to understanding but also to blind spots and defensive collusion. Differences may lead to curiosity and exploration but also to failures in empathy and engagement; either may facilitate or impede the process. (Kantrowitz, 2002, pp. 339-340)

My data support the fact that therapist and client can come from very different racial and cultural backgrounds and still feel a strong bond from overlapping emotional

themes or life circumstances. These similarities, in the face of many differences, provided a type of glue in the treatment. On the other hand, Elyse wondered if her identification with her client's cultural disaffection led her to unconsciously collude in avoiding discussions about ethnic identity. Don worried that his similarity in background to his client might blind him to the differences or cause him to miss something.

The participants' struggles with cultural differences or their reactions of irritation, impatience or disapproval, did not seem to affect the overall treatment trajectory, at least as could be determined from the participants' narratives. With the exception of Charles' empathic failure, these moments of discord seem to pass with the therapist keeping his or her thoughts and feelings private or through acknowledging the differences with humor or an "agreement to disagree." This deviates somewhat from Perez Foster's (1998) belief that the client will pick up on these silent disjunctions, resulting in the exploratory process shutting down. A limitation of the study is the inability to really know the clients' emotional responses in these instances, but their willingness to continue in long-term treatment indicates that these were not serious therapeutic disruptions.

Charles' lack of knowledge about the Asian-American experience does confirm concerns found in the literature about the risk of cultural insensitivity potentially leading to premature termination of the treatment. Kantrowitz (2002) says that when this occurs, sometimes the client will call a therapist's blind spot into question, and sometimes the therapist is able to listen and respond. Both occurred in this instance and the treatment was saved, perhaps even enhanced by the growth produced by this exchange. Kantrowitz emphasizes that it really isn't the client's responsibility to "educate" the therapist on areas of oversight, but sometimes a bias or an issue is outside of the clinician's

awareness. As Perez Foster puts it, both of us (therapist and client) may be "immersed in ethnocentric oxygen which we cannot see" (1998, p. 257).

## How the Participants Found Their Way in the Treatment

The research findings in this section address how the participants made sense of the cultural differences between themselves and their clients, resulting in a more flexible "use of self" in the service of moving the therapy along.

### Use of theory.

Most of the participants found theory, in particular attachment theory, to be a helpful guide in the treatment. None of the therapists seemed to experience an inhibiting disjuncture between the tenets of attachment theory and the attachment disruptions in their clients' histories. They seemed to be able to extract what was useful from the theory and leave the rest. For instance, they didn't dwell on the unfamiliar nature or detrimental aspects of their clients' losses or separations. Rather, a number of them focused on the concept of attachment style (Ainsworth et al., 1978; Wallin, 2007) with their clients and helped them to connect their style with their personal histories, such as losing a mother as a child or being left in the care of unprepared siblings at a very young age. They tied these experiences to the client's themes of trust and security. The participants didn't mention the newer research about the neurobiology of attachment, its connection to right brain development and its impact on the ability to regulate affect (Schore, 2003), issues that I wondered about with my Asian-American clients.

Several participants, such as Anne and Charles, were working with the opposite dynamic: clients who were smothered and overprotected, rather than abandoned or neglected. Here, cultural differences in the boundaries within families and concepts of

"self" and "individuation" began to surface. Both Anne and her client Jane were frustrated by the fact that Jane's mother would arrive at her house, uninvited, causing Jane to hide in the bathroom and pretend she wasn't there. Anne felt angry and frustrated about the restrictions on Jane's freedom. Although she was quite opinionated about these issues in the interview session, she appeared to contain her feelings when working with her client. She searched the literature in an effort to understand Jane's level of paralysis in relation to her parents. In addition to recognizing cultural expectations of loyalty and obedience, she also realized that Jane had been traumatized by the continuous conflict within her home. It was like living in a war zone. Anne was drawn to Emotionally-Focused Therapy and new dimensions of trauma theory, which provided her with a bodily-based guide to unlocking parts of Jane's frozen childhood self. This understanding enabled her to have a sense of direction and more patience with the slow pace of the treatment process.

Charles' client chafed under her father's monthly visits from the East coast to do maintenance on her house. She and Anne's client were struggling to achieve some form of Western-style individuation in the midst of an Asian communal family context. Neither felt they could speak up and talk about their feelings with their parents. They were expected to do what they were told, not follow what they felt.

Betty, Elyse, Don, and Gillian found diversity training invaluable in helping them to develop cross-cultural sensitivity and to visualize the unique stresses of being a second-generation American. Betty elaborated upon a thoughtful and sophisticated framework, derived from the feminist work of Laura Brown (2009), through which she approaches all of her minority clients. It has to do with assessing the client's distance

from the White Anglo-Saxon Protestant majority and building upon any history of resistance that can empower the client's fight for dignity and recognition. Betty speaks of this philosophy as embedded inside her, and although it was not explicitly visible, it was subtly expressed in the way that she supported Sue in standing up to her partner and not letting herself be cast as the monster in that relationship or by her family.

Francine and Charles could not identify how diversity training had impacted them. They reported that cultural competency did not come to mind when working with their particular clients, who seemed so American. Anne referred to diversity training as "thought control," but nevertheless gave considerable attention to some of its principles.

**Scaffolding with basic social work principles.**

A number of the participants identified the use of basic social work approaches with their cross-cultural clients, such as being open to the unique qualities of the individual, "starting where the client is," providing "unconditional regard," tracking comings and goings and establishing a "holding environment" for their clients' stories. They used this language, whether or not they were social workers. This stance brings to mind the writings of early social work pioneers such as Helen Harris Perlman (1979) who emphasized the "person in the environment," as well as Winnicott (the holding environment; 1960), Bion (the therapist receiving and containing the client's intolerable affect; Mitchell & Black, 1995) and Kohut's concept of empathy (Siegel, 1996). It makes sense that these Asian-American clients would be particularly responsive to empathy and basic parental functions such as tracking and holding. Very often, their parents were preoccupied when they were growing up, starting businesses, working long hours or going to school. Many of the clients physically and emotionally raised themselves and

might be viewed as having been "parentified" children by Western standards, serving as interpreters and intermediaries for their parents in the larger, English-speaking world. Even the clients whose parents were attentive didn't necessarily receive empathy, as this is not a culturally valued attribute. For instance, the primary goal of a Chinese mother is to prepare her children to be adults, not to build their self-esteem (Chu, 2009). While many of these aspects of parenting are not totally devoid of affection and are normative in Asian countries, they may feel cold or disengaged to an American-born child of Asian immigrants, who may be exposed to a different atmosphere in the families of their friends. The data reveal that when such an Asian-American adult entered psychotherapy, the attuned attention from the therapist felt particularly nurturing and satisfying, even if the client hadn't consciously realized what was craved and missed. In this regard, it does not seem surprising that some of the participants in the study have been working with their clients, off and on, for over 20 years or that I am now approaching 7 years with several of my Asian-American clients.

I am interested in the language about "holding" that was used by the participants. It ranged from withstanding the client's expressed emotion to carrying the heaviness of the client's unspoken cultural legacy to being one of the few people to actually hear the client's story. Sometimes holding was used to describe projective identification, in which the participant was left feeling the client's unarticulated emotions. Several participants felt intense anger toward their clients' parents, siblings, or partners, while the clients themselves rarely dared to express it. Don started to tear up as his client was relating an upsetting experience in a blasé, dissociated tone of voice. He told his client that he "was crying for the two of them." Holding also was referred to in terms of "keeping the

therapeutic frame." Betty was infinitely patient with her client Sue, who had great difficulty getting to sessions on time. Betty maintained the space for her appointment and was always glad to see her, even if there were only a few minutes remaining in the hour. Gradually, Sue started to call to let her know how late she would be, and now, after years, she arrives more or less on time.

**Reflecting through a trauma lens.**

The study participants employed basic listening skills as a foundation, but at least four of them, Anne, Betty, Don, and Gillian, recognized that they were working with traumatized clients who needed specialized approaches. Don's client, who had little recall of his childhood or connection with his Vietnamese background, exhibits many emotional "cut-offs" in his relationships with family and friends. He embodies features of what Yi (2014) refers to as cultural dissociation, a condition that can develop when ethnic identity is associated with trauma. Yi maintains that it is very difficult to keep these pieces separated without paying the price of becoming rigid and over-controlled. She recommends a process in which the client is slowly helped to differentiate between traumatizing and non-traumatizing experiences within his or her culture of origin, until there is no longer a need to avoid everything related to it. Don feels that it will be a long time before his client is ready to talk about the details of his early life and the abuse he most likely experienced at the hands of his siblings. In the meantime, he has adopted a patient, protective style of engagement and a focus on more concrete tasks, such as encouraging him to spread out his needs so as not to overwhelm potential friendships. Betty's client Sue, who endured neglect and abuse as a child of overworked immigrants, displays an interpersonal fragility and susceptibility to emotional collapse that requires

careful management. Anne utilized the bodily-based techniques of various somatic therapies to process the minute steps that could prepare her client to move away from her parents to another city. Gillian observed that some of her client's frozen, dissociated feelings have started to thaw as a result of therapy, resulting in painful recognitions that need to be delicately titrated. These clients have suffered from repeated discrimination, loneliness, parentification, neglect and in some instances abuse, resulting in cumulative trauma (La Roche, 1999; Perez Foster, 1997). Therapeutic work with them involves a psychodynamic assessment, the recognition of both positive and toxic cultural forces in the environment and a specialized approach to address trauma, all resting on a core foundation of empathy. This is a very complex task.

**Adjusting the therapeutic frame.**

An exciting aspect of the findings is the way in which the participants spontaneously modified their usual approaches to accommodate the needs of their clients and the cross-cultural treatment context. This is reminiscent of Roland's (1996) efforts to devise a schema for applying Western-based psychoanalytic techniques to other cultures by transforming theoretical concepts into "shapes" that are recognizable by people who speak a different cultural or emotional language.

The participants found that authenticity, transparency, and an increased degree of self-disclosure were beneficial in building connections and in providing affective responses to their clients' experiences. They confirm Mishne's (2002) conviction that being a neutral, blank screen simply does not work in cross-cultural therapy and Maroda (1995) and Renik's (2007) insistence on authenticity in the clinical relationship. Asian beliefs hold the view that a doctor or another kind of professional is an expert who will

tell you what to do. This presents a dilemma to psychotherapists who are trained to provide options that will empower the client's decision-making abilities. Don developed a method in which he assumes an authoritative voice and reviews choices, stating his sense of where he thinks the client stands on the issue. He never actually gives his opinion, but appears to do so in order to preserve his authoritative role. He also was more direct and "parental" than usual in response to his client's careless disregard for his own safety, letting him know that it worried him when he didn't wear a protective motorcycle helmet or when he drove the car while drunk.

Don, Anne, Gillian, and Elyse, described an urge to self-disclose similarities more frequently than usual, although they did not always choose to do so. This reminds me of a powerful exchange I had with one of my clients, a Chinese/Korean-American woman who was telling me that she had grown up in a small college town where her father had been a professor. Before I had a chance to reflect, I blurted out that I had gone to college there. I was immediately aghast at my disclosure, which came both from my surprise at this coincidence and perhaps an unconscious desire to connect with her. Her response was unequivocally positive. "Oh, thank God. You know what it was like to be the only Asian kid in that community." She attributed a similarity and connection with me because I understood the environment, even though I hadn't lived her exact experience. Don received the same type of response when he told his client that he had grown up in an adjacent community. These patients seem to be hungry for interactions in which they feel mirrored and "seen."

The participants identified that working cross-culturally resulted in an expansion of their usual frame and enabled them to use themselves more creatively. Upon request,

Elyse found herself meeting all the important people in her client's life. This is not something that she usually does but she acted on an intuitive feeling that it was important and meaningful to do so. During the research interview, she wondered whether she had been given and had adopted the role of the client's Chinese mother, who had died when the client was a child. Traditionally, everything is brought to the family for approval, be it a partner, a potential new home or a new career direction. This client had experienced nothing but rejection from her father but luckily had a 20-year relationship with her therapist, the participant, which could serve as a parental substitute. Several participants also mentioned that humor and playfulness were creative tools in the therapy for overcoming feelings of criticism and potential impasse. Francine sometimes engaged in banter with her patient when she started to feel judgmental about the client's interest in clothes and shopping. They seemed to have an understanding that they had different points of view on this issue and they would laugh about it. Betty had a similar experience when her client took the biased thoughts right out of her mouth and joked about "how Chinese people only care about selling stuff" (Betty, personal communication, September 28, 2015). Betty also enjoyed her client's creativity and their ability to engage in a kind of play therapy in which they would build sets together, enact scenarios from her client's life, and find solutions to current dilemmas. These spontaneous, intersubjective processes are reminiscent of Altman's (2000) belief that culture is always present, operating much like Ogden's (1994) "analytic third." Something fresh and original often emerges from the interactions within the therapeutic dyad and becomes a third subjectivity in the room. In a reference to Winnicott's statement that there is no such thing as a baby without its mother, Ogden says "the analytic third is a creation of the analyst and analysand, and at

the same time the analyst and analysand . . . are created by the analytic third (there is no analyst, no analysand, and no analysis in the absence of the third)" (p.16).

**Being culturally self-aware.**

I believe that all of the participants viewed themselves as self-aware clinicians who valued being in touch with countertransference feelings. Nevertheless, most of them mentioned the fact that they rarely had time for the kind of reflection offered by the research interview process. They commented on how much they learned and would bring back to their work with the clients they had discussed. Hopefully, the interview experience will stir in them an interest in on-going consultation with other therapists who are engaged in cross-cultural treatment so that the cultural threads woven into the fabric of psychotherapy can continue to be explored.

## Relationship of the Findings to My Personal Experience

I was originally drawn to this research topic because I was interested in the impact upon my Asian-American adult clients of what seemed to be extreme childhood experiences of separation, discrimination, and loneliness. I had a visceral reaction of empathy, distress, and internal conflict, wanting to convey compassion but also not criticize or disrespect the cultural underpinnings of some of these experiences. I was curious to see if other experienced clinicians had similar responses.

The participants in the study expressed the same kinds of positive bonds with their clients that I felt with mine. Like some of them, my liberal Jewish background predisposed me to respect differences and to fight for social justice. This contributed to the outrage that I felt when my clients were teased and bullied or when they didn't receive the support and attention that 1960s America had taught me that everyone

deserved. Growing up, I shared the common identity of an "other" with the study's participants, often feeling like an outsider in the predominantly conservative, Catholic neighborhood where we lived.

My clinical experience of inhibition resulting from the recommendations of diversity training were paralleled by four of the participants, who described similar uncertainty about which goals to support, those that reinforced the client's ethnic background or those that encouraged Western self-determination. However, none of the participants seemed to react as strongly as I did to these internal conflicts or feel a need to point out these discrepancies to their clients. Nor did they have as much trouble applying the contributions of attachment theory to the clinical situation.

At the start of the research, I imagined that the stability of these adult children of Asian immigrants might be seriously compromised, given the various kinds of trauma and attachment disruptions they endured growing up. In fact, only two of the clients seemed to demonstrate emotional fragility and all of them appeared to be on their way toward building partnerships and/or careers. Perhaps something about the culturally normative nature of their experience and the resilience that develops in the face of adversity may have provided a measure of protection from the full impact of loss, neglect and abuse. This appears to be one example of how culture intertwines with theory and potentially modifies or changes it.

In summary, the subjective reactions of the participants differed from mine in intensity. There is much more data from the study about the participants' positive connections with their clients than there is about the kinds of frustrations or confusing circumstances that had originally caught my attention and had loomed so large in my

experience. This is somewhat puzzling but also illuminating. The participants brought a more relaxed and flexible perspective to the work that enabled them to be less worried about "doing the right thing." The intersubjective nature of the research interviews had a powerful effect on me as well as on the participants, and provided me with greater confidence in the variety of ways cross-cultural treatment can be approached.

## Conclusions

All of the participants in this study reported feelings of affection toward their Asian-American clients, regardless of cultural differences or a lack of familiarity with certain cultural practices that sometimes resulted in irritation or misunderstanding. Their cultural attitudes were overwhelmingly positive, enhanced perhaps by their tendency to see themselves as outsiders and therefore able to identify with the struggles of their minority clients. When judgmental reactions or disapproval arose within them, these were intermittent negative feelings that did not seem to interfere with the overall flow of the treatment. In many respects, the therapy experiences described by the participants were very much like that with any other client, with cultural themes woven into the fabric of the process and moving in and out of focus.

### Culture is Seen and Not Seen

The research findings support that cultural issues sometimes were addressed in the therapy and sometimes were not. Undoubtedly all of the clients seen by the participants gave their histories and told stories of their life experiences, but did not always recognize the formative impact of their cultural background. The same thing could be said of some of the therapists listening to these stories or reflecting upon their own cultural histories. In a few of the dyads, the client and/or the therapist had an

unconscious need to "forget," deny or disavow pieces of culturally-based experience or trauma. In all of the treatment scenarios, culture was somewhere "in the room," either consciously being discussed, deliberately "tabled for later," or unconsciously being denied in a silent communication between therapist and client. Culture hovered in the air.

**The Personal and the Cultural Are One**

At the same time that culture was everywhere, in many instances it was not the most important or primary focus of the therapy. The clients often were preoccupied with the day-to-day issues of their lives: establishing careers, creating intimacy with their partners, raising children and caring for aging parents. This fact presents a paradox that became problematic for a few of the participants who tended to view culture as a separate entity that either is or is not the central theme. In reality, it is not that linear. Cultural concerns are interwoven with the personal and move back and forth from foreground to background. Whether culture is the organizing principle of the treatment or the treatment is conceptualized according to developmental, attachment or some other theory, it is my conclusion that cultural and psychological issues are inextricably linked and can only be considered as an integrated whole.

Jung's concept of the collective unconscious offers an interesting paradigm for the merged aspect of these two entities. In contrast to what he called the personal (the individual, intrapsychic), Jung stated "there exists a second psychic system of a collective, universal, and impersonal nature which is identical in all individuals. This collective unconscious does not develop individually but is inherited" (1936, p. 99). He goes on to describe a region of the psyche that absorbs the universal archetypes derived from mythology, nature, archaic religious forms and dreams, in other words, from the

culture. This seems to be aligned with the concept of cultural absorption and may account for Hunt's (2012) description of cross-cultural similarities in mythological stories. In different ways, all societies project what is meaningful about their culture onto similar external symbols such as birds, trees and other references to nature, colors, and different paradigms of social organization. The collective unconscious may be a useful metaphor that captures the embedded nature of culture in the psyche and represents a realm beyond the individual that is infused into all interactions.

**Culture is Not Always Named**

Interestingly, it appears that culture was often attended to, whether or not it was consciously considered or conceptualized as such by the participant. It was part of the fabric of the treatment, even if it were not named or labeled. For instance, Francine was not knowledgeable or drawn to cultural themes, but spent considerable time talking with her client about her husband's feelings of obligation toward his mother. Francine may not have been aware that filial duty is an important component of Asian family values, and it could be argued that it would have been better if she had been more familiar with it, but nevertheless she allowed her client the space to reflect on the issue and how it conflicted with her own upbringing by Chinese parents who were rebelling against the constraints of traditional culture. Betty rarely introduced cultural material into the session, particularly with her client Sue whose emotional stability was her overriding concern. Internally, however, she remained attentive to how issues of racial difference and sexual identity impacted her client's life. Charles, on the other hand, had limited knowledge of Asian culture and failed to grasp the loneliness and isolation of his client's childhood. The lack of cultural dialogue in each of these instances was the result of differing factors.

Sometimes it was the result of unconscious processes, while in other instances it represented a lack of knowledge or a deliberate decision based on clinical considerations. Seasoned psychotherapy skills seemed to be critical, either in assessing when to introduce cultural material or in preventing impasse when misunderstandings occurred.

Charles' experience led me to wonder why his lack of cultural attunement had a greater impact on his client than the instances of cultural disconnection described by the other participants. In most of the cases, it did not appear to be critical whether cultural issues were explicitly addressed, although if the therapist were aware of them and the client were receptive, it certainly enhanced the depth of the clinical encounter. Overall empathy seemed to be sufficient, allowing for the participant to be present with the client, even at times when cultural knowledge was limited, without jeopardizing the therapy. Charles' lack of recognition of the discrimination suffered by Asian-Americans must have made his client feel that he really didn't *understand* something so central to her, which is a far deeper breach in empathy than irritations over differences such as shopping. While minor dissonances could be disregarded, acknowledged with humor or not disclosed by the therapist, a large misunderstanding due to ignorance, unconscious bias or stereotyping risks a rupture that will need to be repaired.

Along these lines, there were a few instances of internal discomfort for me during the interviews, when a participant displayed unconscious stereotypes or revealed biased judgments. Examples of this included when a participant referred to someone as "American," when she really meant "White," when a participant felt it was "shameful" that her client loved to shop and when various ethnic groups were described as having specific character traits. Although it was not within the scope of this study for me to

intervene in such circumstances, it made me wonder how such comments might be worked with in supervision or consultation, as they had the potential to produce alienation if sensed by the client.

Perez Foster (1998), Kantrowitz (2002), and Stampley and Slaght (2004) make the case for on-going consultation as a way for the therapist to take responsibility for discovering these kinds of blind spots that may lead to impasse or unrecognized countertransference. It is interesting that only one of this study's participants mentioned utilizing regular clinical consultation. Several have sought out colleagues or a supervisor from time to time, but not necessarily due to cultural concerns.

**Empathy is the Relational Foundation**

What is the overriding process that unified the subjective experiences of the study's participants? They each came to the research interview with varying degrees of comfort about their own cultural backgrounds, the advantages of belonging to the dominant group, their class and ethnic biases, and their knowledge of their client's cultural themes. These intersecting cultural locations, even if operating unconsciously, created an underlying "feeling tone" to their work. But something larger than this was at play that spoke to the universal elements of being human and enabled them to bridge the cross-cultural divide. The data suggest that this special ingredient is empathy. While the participants didn't always use this word, they did refer to the concept in a variety of ways. These included emotional resonances such as "my heart goes out to her," visualizations of their clients as small, neglected children who they wished to protect and their desires to serve as auxiliary egos that would help their clients stand up in the world.

Empathy, originally derived from the Greek word empatheia, refers to understanding another through immersion in his or her world (Chung & Bemak, 2002). Carl Rogers is credited with introducing empathy into the field of psychology in the 1940s, along with his technique of reflective listening (Pedersen, Crethar, & Carlson, 2008). Kohut's concept of empathy, of calling upon something in oneself as a way to stretch and understand the other, seems critical in bridging the gap of difference, cultural or otherwise. Jessica Benjamin (1995) speaks of the capacity for recognition of another through identification. The participants' unexpected areas of overlap with their clients, in spite of their ethnic and cultural differences, provided identifications that enhanced their empathic capacities and experiences.

The field of multicultural therapy has developed the concept of "cultural empathy" to expand what it found to be the limitations of individualistic, Western orientations of empathy, as it was defined by the European and American theorists who first promoted it. Chung and Bemak (2002) hold that cultural empathy goes beyond the regular clinical understanding of empathy to include not just knowledge of cultural issues or even affective resonance with them but also a form of communication with the client that shows interest, humility, emotional responsiveness and an awareness that solutions must include the client's cultural context. It, like cultural countertransference, is an intersubjective process. Pedersen et al. (2008) have taken the term one step further, naming it "inclusive cultural empathy." They contend that this is a more appropriate description for working with people outside the Western psychotherapy paradigm because it takes into consideration all kinds of beliefs that are less individualistic and better geared to collective societies and traditions. It involves being able to widen one's

scope (imagine the client's worldview and walk in his or her shoes) as well as to suppress one's own perspective or bias. Empathy needs to include forms familiar to the culture of the recipient. This is reminiscent of Roland's (1996) recommendations of a new paradigm for providing psychoanalysis across cultures.

Although I certainly concur that empathy should include cultural sensitivity and an appreciation of social context, I again want to offer the perspective that skilled, quality psychotherapy would encompass all of the points enunciated by various cultural theories. Perhaps this is why the study's participants, all experienced clinicians, were able to connect and work long-term with their clients, in spite of certain deficits in their cultural awareness.

Kohut's earliest concept of empathy was as a data-gathering instrument through which the therapist can understand the client's complex inner world. "The analyst immerses him or herself in the perception of the patient's experience and then reflects upon the nature of that experience" (Siegel, 1996, pp. 186-7). Empathy serves both to delineate what is important in the conversation and what action might take place. "Appropriate action is determined by knowledge of the other" (p. 187). Hence, the participants in the study did not push discussion of cultural elements when the client signaled disinterest in it. Basic social work principles mandate viewing each client as an individual, not a stereotype, and "starting where the client is." Each study participant made clinical decisions about the exploration of cultural themes based upon his or her view of the patient's best interest, desires and readiness.

Kohut further elaborates that there is a continuum of empathy that might begin as psychological holding but proceed to an interpretation that would put the emotional need

in words, which represents a higher level of functioning. This second step seems similar to the communication of understanding recommended by the cultural empathy theorists. Both Betty and Don seem to be providing basic empathic functions for their clients, while Elyse, Anne, and Gillian have been able to achieve aspects of the second, more interpretive step regarding cultural and other issues. What I believe is missing in Kohut's conceptualization is the mutual dialog that characterizes the relational and intersubjective approaches to cross-cultural therapy put forth by Falicov (1998), Perez Foster (1998), and Sue and Sue (2008). In this regard, Kohut was a man of his time and practiced a one-person rather than a two-person psychology.

**The Participant's Growth in Cultural Awareness**

The cultural countertransference feelings that were identified by the participants seem to offer a window into each person's trajectory in becoming a more culturally aware and clinically integrated psychotherapist. Growth in the understanding of ethnic identity development, immigration trauma in the family and the impact of diversity issues within the treatment dyad was unraveled through the study's investigation. By growth, I am referring to the participant's ability to stretch and take in all of a client, both the clinical and the cultural, and not be limited in perspective by any one designation, be it diagnosis, clinical theory, cultural background or cultural bias. In several cases, growth took the form of recognizing where cultural issues lay hidden or disguised.

All of the Asian-American clients seen by the study's participants were juggling a bi-cultural or hybrid identity. Several still seemed preoccupied with meeting the expectations of their Asian parents but were able to achieve some degree of personal growth without jeopardizing the family relationships. Others seemed more able to

negotiate the balancing act of having a foot in each culture and appeared freer to lead the lifestyle of their choice. Two clients were quite alienated from their families and appeared to be focused on assimilating and being "all American." Their stance of cultural dissociation seems to be tied to the trauma in their histories.

The Caucasian therapists, the study's participants, emerge through the data as seeing themselves as "other" or "different" in some way, in spite of being part of the White majority. They identified uncanny areas of thematic overlap with their clients, which created high levels of empathy and resonance. I wonder whether this kind of "outsider" identification applies to most psychotherapists?

The participants fell along a continuum ranging from a colorblind stance toward their minority clients of "we are all the same" to a stance that highlights ethnic and cultural differences. They vary in how much they integrated culture, theirs and their clients', into the psychotherapy process. It might be tempting to conclude that the participants who did not address cultural issues with their clients also did not stretch and grow in this area. This feels inaccurate, however. For instance, both Elyse and Charles learned a great deal from their clients, yet they approached the cross-cultural experience very differently. Elyse had numerous meaningful and informative exchanges with her client about her culture-related struggles and Elyse also had certain insights about her own ethnic-identity conflicts. Although she didn't share her personal conflicts with her client, she wondered during the interview whether her ambivalence about her Jewish background led her to collude with her client's disinterest in her Chinese background. Charles, on the other hand, never raised cultural issues in the therapy sessions until his client pointed them out. He subsequently gained tremendous insight about his cultural

blinders. He had a bias that successful Asian-Americans who are talented and attend elite universities, are "model minorities" who do not experience discrimination. He developed an awareness of the teasing and isolation that were beneath the surface of his client's story and had only been communicated to him through innuendo and inference. He would have needed to be more curious about unexplored aspects of her childhood to have obtained the necessary details that formed the full picture.

Growth does not seem to just be related to whether there is an overt conversation about culture. Anne reported that she talked frequently with her client about the cultural expectations embedded in her upbringing, in the hope of normalizing (by Western standards) her desire for a more separate, independent life. Anne discovered over time, however, that addressing the cultural issues alone was not helping her client to change. Anne's growth came through recognizing that a traumatic cultural history, such as terror experienced by parents under certain authoritarian regimes or during the immigration process, can be formative in the life of their American-born child. Anne's client grew up absorbing the rage between two warring parents and was paralyzed by her loyalty to each and her anger at them both. Progress in the treatment came when Anne realized that she was dealing with trauma, both cultural and interpersonal, and took the clinical steps needed to unlock its frozen grip. Betty had a similar experience. She saw her client as the recipient of a desperate kind of neglect and abuse at the hands of immigrant parents who had no other choice than to leave her home alone as a very young child. Betty, like Charles, was initially misled by her client's stellar academic achievements, but soon came to realize the complicated cultural expectations and psychological fragility that frequently made her suicidal. Betty provided a basic form of reliability and scaffolding

that enabled her to "hold" her client through her various emotional storms. An area of growth for Betty was the recognition of her client's resilience and strength in the midst of her vulnerabilities. Although her client could become quite suicidal, Betty stated that she experienced a surprising level of reassurance that Sue would know just when to dissociate and protect herself, or would use her amazing creative talents to find a solution.

Both Gillian and Don were eager to have thoughtful conversations about culture but their clients had absolutely no interest in it or denied that their cultural background had relevance. They encountered rigid defenses and the limits of the therapist's power to push for goals that the client does not share. They learned that they needed to respect the client's process, regardless of what they had been taught to do in diversity training. Francine realized through the research interview how little she thinks about the cultural dimension, but remained uncertain about its relevance, at least with the very assimilated client she presented. An area of growth for Francine was the positive experience of being helpful over many years to a client from a radically different cultural background. When her client was first referred to her, she sought consultation to explore whether she would be able to connect and understand her. Over the 25 years of treatment that have ensued, these anxieties and preconceptions have certainly dissolved, resulting in a therapeutic relationship that has brought her pleasure and pride.

Growth for each participant, including myself, might be seen as movement toward a more conscious awareness of cultural issues within the clinical encounter. All of the participants, through their work with their clients and through the research interview, became cognizant of new components they hadn't considered before. As the researcher, I

have experienced a moderation in my anxiety about being culturally competent. Through hearing the variation in the participants' stories and the relative success of different approaches, I no longer feel as worried about the "right" way to respond to cultural difference.

**There is No "Right" Way to Work with Culture**

A major conclusion drawn from the research with this group of participants is that there is no one "right" way to work with culture in psychotherapy. There doesn't seem to be a correlation in this study between overtly addressing culture in the session and successful treatment. Instead, there appear to be a number of interwoven factors and feelings that influence a therapist's decisions, the client's response, and the therapeutic outcome. These results seem to invite a reevaluation of cultural competency recommendations, which have operated on the assumption that it is best practice for a therapist to always raise cultural themes and feelings. Diversity training would be strengthened by more flexible protocols and further integration with the variety of situations encountered in clinical practice. Tsang et al. (2003) arrived at a similar recommendation after studying the diverse ways that Chinese adolescents whose families had immigrated to Canada negotiated their acculturation and ethnic-identity process. They found such variety in how the teens adjusted that they concluded "an argument is made to move toward a theoretical conceptualization that takes into account individual experience as well as environmental and contextual realities" (Tsang et al., 2003, p. 379). They, too, support the position that there is no "right" way to work with cultural issues.

It is interesting to note that the participants in the study, in spite of differences in the attention they gave to cultural material, were part of therapeutic dyads that had

considerable longevity. Two of the relationships have lasted over 20 years and several others between 3 and 5 years. This picture departs from the usual belief that cultural differences must be addressed immediately in order to keep the client in treatment. Long-term therapy, at least in this sample, was both desired and sustained, calling into question the stereotype that Asians, and by extension Asian-Americans, are uncomfortable dealing with their feelings and are only interested in short-term, problem-solving treatment.

## Overarching Reflections

### The Paradox of Culture and Psychotherapy

The relationship between culture and psychotherapy is difficult to put into words. It is subjective and elusive, forever shifting between foreground and background. The participants in this study often seemed to be navigating a paradox: although culture was all around and "in the air," it was not always visible or a central focus of the treatment. On occasion, it spontaneously bubbled to the surface when least expected. Sometimes, cultural issues were not discussed or even recognized by the therapist, yet space was made for their consideration. In this sense, culture was being addressed and not addressed at the same time, or was being addressed in a non-verbal form.

A paradox involves a situation, "person or thing that combines contradictory features or qualities" ("Paradox," 2017). The writings of Winnicott are filled with paradoxical statements, such as "being alone in the presence of another" or "it is a joy to be hidden and a disaster not to be found" (1963, p. 186). These seemingly opposite subjective states need to be tolerated by both the clinician and the patient, allowing for a fluid osmosis between them. Perhaps this speaks to the possibility that culture and psychotherapy are both concepts that should not be pinned down in some rigid or fixed

fashion. They are both "this" and "that," making room for all the variety that characterizes interactions between unique human beings from different social contexts.

**Thoughts About Theory-Making**

One of the study's conclusions is that there is no "right" way to work with culture in psychotherapy. Each participant wove these threads in a particular fashion that seemed to make sense for that therapist/client dyad. This finding has led to reflections about the limitations of any theory, be it attachment, psychodynamic, cultural, or even scientific. Most theories attempt to be sweeping and often oversell their scope. In reality, there is no theory of the world that explains everything. While theories help to organize our thoughts and guide our practice, they also can blind us and result in tunnel vision. Traditional psychoanalysis has been remiss, inasmuch as it was disinterested in cultural dimensions, while cultural competency theory often has been accompanied by an inflexible ideology that failed to consider the unique needs of the individual client and other clinical factors. Attachment and development, rather than having a universal form, seemed to take their own path in the lives of the Asian-American clients of the study's participants, resulting in different kinds of identity and emancipation struggles. No two clients are the same, confirming the basic tenet of "starting where the client is," rather than starting with a theory, no matter how beloved.

Theory very often is a product of its time, a new organizing principle that captures the contemporary zeitgeist. For instance, Freud's theory of sexuality and the Oedipal Complex evolved out of the repressed sexuality of the Victorian era (Crews, 2017). He and many other psychoanalytic thinkers also developed new ideas from experiences in their own lives (Stolorow & Atwood, 1979). In the current social climate, cultural

diversity is front and center in academia and in the American political landscape. Some believe that multiculturalism is becoming "a fourth force in psychology . . . at a level of magnitude equivalent to that of psychodynamic, behavioral and humanistic theories" (Pedersen, 2008, p. 15). Multiculturalism has brought attention to important and long-ignored facets of human interaction but also at times has been imposed without nuance. This research investigation and its findings could be viewed as a microcosm of a broader debate regarding the place of cultural differences and conflicting belief systems within the professional community and the world at large.

## Limitations of the Study

This qualitative research study explored the in-depth cross-cultural experience of seven seasoned Caucasian therapists who worked with an Asian-American adult for at least a year. The study utilized an in-person, 90-minute interview with each participant to gain information on the research topic. Although an interview, and the text it produces, can never be an exact replica of the participant's lived experience with the client in real time (Polkinghorne, 2005), it can provide an exploratory window into a new realm of investigation.

Attempts were made, through the recruitment of a purposive sample, to select participants who not only fit the criteria of the study but who were reflective, interested in the topic and seemed able to effectively put their thoughts into words. Nevertheless, the results are necessarily limited by who self-selected to respond to the recruitment outreach. For instance, none of the participants who volunteered had an intense or pervasively negative countertransference experience with his or her client. A number of participants felt intermittent irritation, but nothing that threatened to disrupt a basic

positive regard or the treatment process itself. This profile may be a random coincidence or it may speak to who tends to volunteer for research projects. Whichever is the case, the "goodness of fit" in my therapist/client sample may not be representative of other cross-cultural clinical dyads.

A limitation in the study's design is the fact that only therapists were interviewed. My initial literature review revealed that much more had been written about the client's experience in cross-cultural therapy, which influenced my choice to focus on the clinician's subjectivity in this research. Due to this decision, I can't really know what the clients were feeling during the various interactions mentioned by their therapists. In addition, a decision was made to include participants who were seeing clients with parents from any of the Asian countries, in spite of the fact that there can be significant differences in cultural beliefs and rituals from one country to another. The study attempted to focus on the large areas of overlap among then, such as the Confucian values of filial piety, collective family organization and views on the individual self.

The study also was limited by its exclusive focus on the Caucasian therapist/Asian-American client combination and did not include other kinds of cross-cultural dyads that undoubtedly would have produced their own nuanced results. The criteria for participation were chosen, in part, because I believed that the cultural differences between Caucasian-Americans and Asian-Americans would be powerful and would produce countertransference reactions that could be recognized and identified. While this turned out to be the case in some respects, I didn't anticipate that Asian-Americans would also be viewed as so assimilated that some of the participants would not experience any culturally-related reactions at all. The study of other cross-cultural

combinations might produce very different results, particularly if the clinician were of a minority background.

Another limitation of the research is the interactive processes that can affect the participant's response. These include the ways in which the participant might alter his or her comments in order to present a positive impression to the interviewer (Polkinghorne, 2005), the ways in which the reflections during the interview might change the participant's original view of the experience being described and the ways in which the researcher's countertransference or varying attention to one detail over another can influence the direction of the conversation.

In conclusion, from such a small sample, the findings certainly cannot be generalized to other Caucasian therapists, to other American-born clients of Asian background or to other Caucasian/Asian-American treatment dyads. Nor can they be generalized to other cross-cultural combinations. The results do have a reasonable degree of believability, however, and therefore can be viewed as a valid springboard for further study.

## Recommendations for Further Research

The present study concludes, from the participants' narratives and from the continuity of the therapy itself, that any issues of cultural countertransference were not problematic enough to create disruption within these particular therapy dyads. Future research could confirm and widen this result through the inclusion of the client's perspective in cross-cultural therapy between a Caucasian therapist and an Asian-American adult. Does the selection of a Caucasian therapist already indicate that cultural issues are in the background for a client of color, or do other factors influence that

choice? Would the results differ among different cross-cultural combinations? What does the client actually feel when working with a therapist from a very different cultural background? What is the client's cultural transference and does it correspond to the clinician's cultural countertransference? What is the message to the client when the therapist does or does not take the initiative to raise issues of cultural differences? An interesting future study might recruit therapists who deliberately chose to raise cultural issues in the treatment, and would then interview both the therapists and the clients about their experiences.

Another potential research direction would be to explore the relevance of the findings in a context outside of the psychotherapy dyad. Do similar feelings of resonance and frustration emerge between a Caucasian supervisor and an Asian-American supervisee or vice versa? Is there more or less permission to explore differences in supervision than in psychotherapy? What are the power considerations? What about a Caucasian individual partnered with an Asian or Asian-American spouse? This is of particular importance because Asian immigration from a wide range of countries has exploded in recent years and cross-cultural couples are potentially at risk for culturally-based misunderstanding. How would the results vary, depending on the particular Asian country, such as Japan compared to China or India, Vietnam or Cambodia? There is so much more to be learned about the complex, multi-layered intersections of cultures as our society becomes even more diverse.

A question that is raised by the data is whether the participants (and I) tended to react more strongly to their client's stories, viewed through their Western lens, than the clients who lived through the actual events. Whether it's Gillian's client who was left

alone at night for much of her childhood, Betty's client who was home by herself at age 3, Don's client who can't recall any memories of growing up, Anne's client who found it gut-wrenching to move away and "abandon" her parents, or Elyse's client whose father disapproved of all her life choices, these individuals experienced cumulative traumas that seem to be somewhat mitigated by their normative cultural context. In Asia, babies are sent back to their grandparents in the countryside while their parents work in the city, the extended family and not the parents are considered the primary caretakers, adult children defer to the dictates of their elders, and individuals sacrifice their desires for the collective good of the family unit. Immigrant parents all over the world are forced by poverty and lack of options to utilize otherwise unthinkable childcare arrangements, such as leaving their children alone. The issue of the possible protective role of cultural norms has been addressed by some prior research (Chung & Bermak, 2002; Roland, 1996). What seems to emerge in the data from this research is the participant's recognition of a certain kind of defensive structure and resiliency in the client that sometimes results from hardship, and how this, too, seemed to offer strength and protection. While these difficult experiences certainly left their mark, they did not seem to have as devastating an impact as I would have expected or to be as determinative of the client's ability to adjust and create a meaningful life. I would be interested in seeing further research that explicitly explores the relationships between post-immigration trauma, acculturation, the norms of cultural context, and individual resilience.

## Summary

Psychotherapy between a Caucasian therapist and an Asian-American adult emerged in this study as an intersubjective process in which the therapeutic dyad navigated the neurobiology, personal history, affective responses, and cultural context of both participants: the "persons" *and* the environment.

One major inference or conclusion from the research is that culture is everywhere in the treatment, an inextricable part of the therapeutic ether. It is not some distinct strand that can be lifted off the top of the process and analyzed separately. Perhaps this explains why the earlier cultural competency models, which provided concrete guidelines or templates for working with various ethnicities, have felt disconnected from the clinical process and became lifeless checklists. It also may be why psychology as a field, which has primarily been concerned with the internal, intrapsychic layer, has been surprisingly encapsulated and inattentive to the relevance of its theories to non-Western cultural contexts. In this study, the neurobiologic, intrapsychic, and cultural dimensions could be seen as floating together and holding each other in equilibrium during the psychotherapy process.

Another inference from the research is that culture does not need to be explicitly named or addressed in order for it to be given room for expression within the treatment. Some of the therapists interviewed engaged in a rich cultural exploration, while others were not aware of the cultural components or chose not to raise them. Some of the clients were receptive to in-depth cultural discussions and others changed the subject, indicating discomfort, disavowal, or disinterest. Even in situations where culture was not explicitly addressed, it frequently bubbled up spontaneously in the form of unplanned self-

disclosures of similarities on the part of the therapist, banter between the therapist and the client about areas of difference such as materialism, and creative moments such as the client gifting an origami figure to the therapist. Paradoxically, even those participants who did not think they were addressing culture frequently gave cultural issues the space to unfold.

The one instance where an open discussion about culture proved to be critically necessary was when a participant failed to understand his client's childhood suffering because she appeared to be so assimilated and "American." The difficulty in this situation was that the therapist did not realize his lack of attunement and was fortunate to have a client who was willing to tell him. Regular clinical consultation is particularly important in cross-cultural treatment in order to stay on top of this kind of cultural countertransference that could result in impasse.

What is the impact on the client and on the therapy when cultural issues remain invisible? It may contribute to the continued marginalization of minority experiences and may reinforce the sacrifices that must be made in order to have a significant therapeutic relationship. Longevity of treatment does not necessarily indicate that all parts of the client's "self" are recognized and understood. "Most children of Asian immigrants are accustomed to giving up important parts of themselves to secure an attachment" (J. Rao, personal communication, April 28, 2017). On the other hand, some clients wish to distance themselves from their ethnic background and may resent the therapist's continued reference to it. Clinical judgment is crucial in navigating these challenges.

Hence, the study found that there is no "right way" to work with culture and that no one theory applies to all clinical situations. There appeared to be many rapidly-shifting

variables that shaped the nature of the therapist/client intersubjective experience and the treatment direction that evolved. The study concludes with a caution against any belief system that turns into an ideology.

# APPENDIX A

## RECRUITMENT AD FOR NEWSLETTERS AND LISTSERVS

1. Paid ad in professional newsletters:

SEEKING RESEARCH PARTICIPANTS:

Seeking psychodynamically-oriented Caucasian therapists with ten years or more of experience, who have worked at least one year with an Asian-American adult. Study about clinician's thoughts and feelings in cross-cultural psychotherapy. Lynn Rosenfield LCSW, doctoral candidate at The Sanville Institute for Clinical Social Work and Psychotherapy. (310) 392-9144 or lynnrosenfield@yahoo.com.

2. For postings on professional listservs:

SEEKING RESEARCH PARTICIPANTS IN LA AREA:

Seeking psychodynamically-oriented Caucasian therapists who have ten years or more of experience and who have worked for at least one year with an Asian-American adult, age 30 or over. Study is about the clinician's inner thoughts and feelings in cross-cultural psychotherapy and will involve a 60-90 minute interview. If you or someone you know might be interested, please contact Lynn Rosenfield, LCSW, doctoral candidate at the Sanville Institute for Clinical Social Work and Psychotherapy. (310) 392-9144 or lynnrosenfield@yahoo.com.

# APPENDIX B

## RECRUITMENT LETTER TO COLLEAGUES

(This will be on professional letterhead)

Dear _____:

As you probably know, I am a doctoral candidate at the Sanville Institute for Clinical Social Work and Psychotherapy. I am about to begin the data collection phase of my dissertation and I'm writing to ask your help in recruiting participants.

My qualitative research study will explore the internal experiences of Caucasian psychotherapists working cross-culturally with Asian-American clients. The study hopes to elicit the range of thoughts and feelings, including positive and negative countertransference, that might emerge within the therapist in this treatment dyad, what the therapist decides to do in response to these feelings and what role is played by theoretical concepts or prior training when working with cross-cultural issues.

I am looking for a small number of psychodynamically-oriented therapists in private practice, from any of the mental health disciplines, who have 10 years or more of clinical experience and who have worked with an Asian-American adult (age 30 or older) for at least a year. I will be spending about 60-90 minutes with each participant in an unstructured interview that will be audio-recorded.

Would anyone you know fit my selection criteria and be interested in participating in this study? If so, could you please pass along my contact information and/or provide me with the names and contact information of potential participants?

Please feel free to call me with any questions or to discuss possible participants.

Thank you in advance for any help you can provide.

Sincerely,

Lynn Rosenfield, LCSW

520 So. Sepulveda Blvd. #305

Los Angeles, CA 90049

(310) 392-9144

lynnrosenfield@yahoo.com

## APPENDIX C

## LETTER TO PROSPECTIVE PARTICIPANTS

Dear:

Thank you for your interest in participating in my doctoral research (or I was given your name by _____, who thought that you might be interested in participating in my doctoral research).

I want to take this opportunity to introduce myself and to provide you with some basic information about my study. I am a doctoral candidate at the Sanville Institute for Clinical Social Work and Psychotherapy in Berkeley. My dissertation research will be conducted under the guidance of Principal Investigator and faculty member Alex Kivowitz, Ph.D. It will explore the inner thoughts and feelings, including positive and negative countertransference, of Caucasian psychotherapists who have worked cross-culturally with an Asian-American adult for at least one year's time. I am seeking seasoned (10 years in practice), psychodynamically-oriented clinicians who are interested in reflecting upon their internal experiences and the concepts that are impacted by, and have an impact upon, cross-cultural work.

Participation in the study will involve filling out a brief personal information sheet (see enclosed) to determine your eligibility and a 60-90 minute in-person interview at a time and confidential location that is convenient for you. There might also be a brief follow-up phone call if something requires clarification. If you choose to participate, I hope that you will find the process stimulating and enhancing in the area of the

clinician's experience in cross-cultural psychotherapy. I'd be happy to send you a summary of the research results.

I have enclosed a copy of the Consent Form for your review. After answering any questions, I will ask you to sign it at the time of your interview. It describes my commitment to keeping confidential and anonymous your identifying information, as well as that of any client who you discuss. This applies both to the dissertation and any future papers, presentations or publication of it or subject matter. It also requests that you assign your client a pseudonym for our discussion and disguise any recognizable material.

If you would like to participate in this research study, please complete the brief personal information form and return it to me as soon as possible in the enclosed self-addressed envelope. I will then be in touch with you regarding the possibility of your participation.

Please feel free to contact me at (310) 392-9144 or by email at lynnrosenfield@yahoo.com, if you have any further questions.

Sincerely,

Lynn Rosenfield, LCSW #6798

(This letter will be on professional letterhead with address, phone, etc.)

## APPENDIX D

## PROSPECTIVE PARTICIPANT INFORMATION FORM

NAME:_____

ADDRESS: _____

_____

PHONE (WORK)_____ (HOME)_____

(CELL) _____Please Star * best number to use

EMAIL:_____

PROFESSION AND YEAR OF LICENSURE:

SOCIAL WORKER_____

PSYCHOLOGIST _____

MARRIAGE AND FAMILY THERAPIST _____

PSYCHIATRIST_____

WHAT IS YOUR THEORETICAL ORIENTATION? _____

_____

WHAT EXPOSURE OR EXPERIENCE HAVE YOU HAD WITH OTHER CULTURES? THIS COULD BE PERSONAL, PROFESSIONAL OR ACADEMIC.

_____

_____

I AM INTERESTED IN INTERVIEWING SEASONED (10 YEARS OR MORE OF EXPERIENCE ) CAUCASIAN THERAPISTS WHO HAVE TREATED AN ASIAN-

AMERICAN ADULT (30 YEARS OR OLDER) FOR AT LEAST ONE YEAR. THE CLIENT'S FAMILY BACKGROUND CAN BE FROM ANY ASIAN COUNTRY.

DO YOU FIT THIS PROFILE? YES____ NO____

NOT SURE (PLEASE EXPLAIN) _____

_____

WOULD YOU BE WILLING TO THINK ABOUT A PARTICULAR ASIAN-AMERICAN ADULT CLIENT BEFORE THE INTERVIEW IN ORDER TO BE ABLE TO REFLECT UPON AND RECALL YOUR INTERNAL THOUGHTS AND FEELINGS WHILE WORKING WITH THIS CLIENT? _____

_____

THANK YOU FOR YOUR WILLINGNESS TO PARTICIPATE IN MY DISSERTATION RESEARCH. I WILL BE BACK IN TOUCH WITH YOU TO LET YOU KNOW IF I WILL BE ABLE TO INCLUDE YOU IN MY STUDY. IF YOU HAVE ANY QUESTIONS, PLEASE DON'T HESITATE TO CONTACT ME AT (310) 392-9144 OR BY EMAIL AT LYNNROSENFIELD@YAHOO.COM.

## APPENDIX E

## LETTER TO PROSPECTIVE PARTICIPANTS WHO I WON'T BE USING IN THE STUDY

(Use professional Letterhead)

Dear _____:

Thank you very much for the interest that you've shown in my doctoral research study on countertransference in cross-cultural psychotherapy. At this time, I have recruited enough participants to begin the study, and therefore will not need to schedule an interview with you. If the situation changes and I need to interview additional people, I will contact you again to see if you are still interested and available.

If you would like me to send you a summary of the research findings, please feel free to let me know by leaving me a voicemail or email message. My email address is lynnrosenfield@yahoo.com.

Thank you again for your interest in my work.

Sincerely,

Lynn Rosenfield, LCSW

# APPENDIX F

## INFORMED CONSENT FORM

I, _____, HEREBY WILLINGLY CONSENT to participate in a qualitative research study about the Caucasian psychotherapist's internal thoughts and feelings when working cross-culturally with an Asian-American client. This doctoral research project will be conducted by Lynn Rosenfield, LCSW, under the direction of Alex Kivowitz, Ph.D., Principle Investigator and faculty member, and under the auspices of The Sanville Institute for Clinical Social Work and Psychotherapy.

I understand that my participation in this study will involve the following:

- Filling out a brief personal information sheet or participating in a brief telephone call in order for the researcher to obtain basic demographic information to determine whether I am eligible for the study.
- A 60-90 minute audio-taped, in-person interview with the researcher in a confidential setting.
- If needed, a brief follow-up phone call with the researcher to clarify something that was discussed or overlooked in the interview.

I understand that I will be discussing my internal thoughts and feelings, including positive and negative countertransference reactions, as a Caucasian, psychodynamically-oriented therapist of at least ten years experience, who has treated an Asian-American adult (age 30 or older) for one year or longer.

I understand that my participation in this study is completely voluntary and that I may withdraw my involvement at any time. Participation in this study holds the potential satisfaction of contributing to the body of knowledge regarding cross-cultural psychotherapy and has the potential benefit of increasing my awareness of internal thoughts and feelings and their impact when working with Asian-American clients. It also may stimulate me to think about theoretical concepts in regard to cross-cultural psychotherapy. The potential risk in participation is that I may experience emotional discomfort when discussing these issues. If this should happen during the interview, I will let the researcher know about my reaction and we will determine together how to proceed. If I feel upset or uneasy after the interview, I can contact the researcher for help in processing any feelings that emerged during my participation in the study, or can ask for a referral to an outside therapist, if that is desired.

I also understand that if this study is published in the future or forms the basis of an article or a presentation, my anonymity and confidentiality, as well as that of the client who I will be discussing, will be protected. The researcher will require that I assign my client a pseudonym and disguise all identifying information and unique descriptions concerning the client that might be recognizable. The researcher will apply the same stringent standards in regard to me, including assigning me an interviewee number and disguising any identifying information about me or my client in order to protect our anonymity and confidentiality. The audiotape of my interview will be erased once it has been transcribed, or if not transcribed, will be erased within 6 months after the completion of the dissertation. Only the researcher, the Principal Investigator, the

Research member of the dissertation committee and the transcriber (if the interview is transcribed) will have access to the oral interview.

My signature below indicates that I have read the above explanation about my participation in this research study, that I understand the procedures involved and that I voluntarily agree to participate.

Signature: _____

Date: _____

If you would like a copy of the results of this study, please provide your name and address:

Name: _____

Address: _____

## APPENDIX G

## SEMI-STRUCTURED INTERVIEW QUESTIONS (AS OF 12/15)

1. Give brief opening introduction and review instructions with the participant about protecting his or her client's confidentiality and anonymity. These include referring to the client by a pseudonym and disguising all identifying information. Participant signs Consent Form. Acknowledge the personal nature of the interview and thank participant for willingness to be open.
2. What is your cultural "map" (what is your own cultural background and what are your feelings about it)? How do you self-identify, culturally? What were your family's beliefs and attitudes toward people of other races, religion, country of origin? Was there a family philosophy about difference?
3. What has been your exposure to Asian culture (travel, friendships, clients, etc.)? What were your childhood preconceptions (positive or negative) about Asians or Asian-Americans? What do you think were your perceptions about Asians or Asian-Americans when you began the therapy with the client you will be discussing today? **What prior training, experience or exposure did you have to Asian culture, or to the particular country you client's family is from?
4. Tell me a little about the Asian-American client you selected to discuss, ie. country of origin, age, level of assimilation, socio-economic background, personal history (are there any traumatic events or separations), current life situation regarding work, relationships and family. Why was client seeking therapy?
5. What was your overall experience working cross-culturally with this client?

Were there ways in which you felt similar (or identified) with this client? Were there ways that you felt different or in foreign territory? How familiar were you with the client's cultural background?

How do you think the client viewed you? Did client have any feelings or reaction to working with a Caucasian therapist? Did client seek out at non-Asian therapist? Was this discussed?

6. What do you see as some of the cultural issues in this case?
7. Did you have any powerful emotional reactions while working with this client or with these issues? When in the treatment did you become aware of these feelings and what were the circumstances? What form did the feelings take? How did it feel physically, including bodily sensations or cues? What was this reaction about?
   a. Treatment goals?
   b. Different views of therapy?
   c. Differences in cultural customs or practices?
   d. Conflict regarding theory, its application or relevance? Which theory?
   e. Other?
8. Did you consult with anyone about these feelings? Clinically, what did you choose to do with them? Did you use them in any way with the client? Did you share your reactions with the client? Did you respond differently than you might have with a culturally-similar client? Did you hold back or feel unsure? Did you find yourself being curious and asking your client cultural questions? Other?

9. Have you participated in any diversity training? What did it focus on? Did it help you decide how to handle these feelings? Did it inhibit you in any way?
10. **How did you find your way to be empathic, to immerse yourself in this client who may be so different from you?

# APPENDIX H

# HUMAN PARTICIPANTS APPROVAL

**THE SANVILLE INSTITUTE**
**PROTECTION OF RESEARCH PARTICIPANTS APPLICATION**

Title of Research Project Unconscious Cultural Countertransference: The Experience of Western-trained Caucasian Therapists with Asian-American Adults

Principal Investigator: Alexandra Kivowitz, Ph.D.
(print name and degree)

Investigator: Lynn Rosenfield, LCSW
(print name)

I have read the *Guidelines, Ethics, & Standards Governing Participation & Protection of Research Participants* in research projects of this Institute (in Appendix D of the Student and Faculty Handbook), and I will comply with their letter and spirit in execution of the enclosed research proposal. In accordance with these standards and my best professional judgment, the participants in this study (check one)

_____ Are not "at risk."

__✓__ May be considered to be "at risk," and all proper and prudent precautions will be taken in accordance with the Institute protocols to protect their civil and human rights.

I further agree to report any changes in the procedure and to obtain written approval before making such procedural changes.

7/14/15
(signature of principal investigator/date)

Lynn Rosenfield 7/14/15
(signature of investigator/date)

Action by the Committee on the Protection of Research Participants:

Approved _____ Approved with Modifications ✓ Rejected _____

Mary M. Coombs, Ph.D. Date 8/15/2015
Signature of representative of the Committee on the Protection of Research Participants

Diane L. Steele PhD 8/15/2015
(signature of dean & date)

## REFERENCES

Ainsworth, M. D., Blehar, M. C., Waters, E., & Walls, S. (1978). *Patterns of attachment: A psychological study of the strange situation.* Hillsdale, NJ: Erlbaum.

Akhtar, S. (2014, March). *Mental pain of minorities. Origins and manifestations. Social and clinical remediation.* Paper presented at the New Center for Psychoanalysis, Los Angeles, CA.

Altman, N. (2000). Black and White thinking: A psychoanalyst reconsiders race. *Psychoanalytic Dialogues, 10,* 589-605. doi:10.1080/10481881009348569

Applegate, J. S., & Shapiro, J. R. (2005). *Neurobiology for clinical social work* (1st ed.). New York, NY: W.W. Norton.

Assimilation. (2017). In *Dictionary.com Unabridged.* Retrieved from www.dictionary.com/browse/assimilation

Atwood, G., & Stolorow, R. (1984). *Structures of subjectivity.* Hillsdale, NJ: Analytic Press.

Benjamin, J. (1995). *Like subjects, love objects: Essays on recognition and sexual difference.* New Haven, CT: Yale University Press.

Bennett, M. J. (1993). Towards ethnorelativism: A developmental model of intercultural sensitivity. In R. M. Paige (Ed.), *Education for the intercultural experience* (pp. 1-51). Yarmouth, ME: Intercultural Press.

Berraby, D. (1995, April 9). Unabsolute truths: Clifford Geertz. *The New York Times Magazine.* Retrieved from http://www.nytimes.com/1995/04/09/magazine

Bodnar, S. (2004). Remember where you come from: Dissociative process in multicultural individuals. *Psychoanalytic Dialogues, 14,* 581-603.

Bohr, Y., & Tse, C. (2009). Satellite babies in transnational families: A study of parents' decision to separate from their infants. *Infant Mental Health Journal, 30,* 265-286. doi:10.1002/imhj.20214

Bonovitz, C. (2005). Locating culture in the psychic field: Transference and countertransference as cultural products. *Contemporary Psychoanalysis, 41,* 55-76. doi: 10.1080/00107530.2005.10745848

Bowlby, J. (1969). *Attachment and loss. Vol. 1: Attachment.* New York, NY: Basic Books.

Bragin, M., & Pierrepointe, M. (2004). Complex attachments. Exploring the relation between mother and child when economic necessity requires migration to the north. *Journal of Infant, Child and Adolescent Psychotherapy, 3*(1), 28-46. doi:10.1080/15289160309348453

Bromberg, P. M. (1998). *Standing in the spaces*. Hillsdale, NJ: The Analytic Press.

Brown, L. S. (2009). Cultural competence: A new way of thinking about integration in therapy. *Journal of Psychotherapy Integration, 19*, 340-353. doi:10.1037/0022-0167.52.2.137

Cabaniss, D. L., Oquendo, M. A., & Singer, M. B. (1994). The impact of psychoanalytic values on transference and countertransference: A study in transcultural psychotherapy. *Journal of American Academy of Psychoanalysis, 22*, 609-621. Retrieved from http://www.aapdp.org

Cardemil, E. V., & Battle, C. L. (2003, June). Guess who's coming to therapy? Getting comfortable with conversations about race and ethnicity in psychotherapy. *Professional Psychology: Research and Practice, 34*, 278-286. doi: 10.1037/0735-7028.34.3.278

Caucasian. (n.d.). In *Wikipedia*. Retrieved from http://en.m.wikipedia.org /wiki/Caucasian_race

Chang, T. Y. (2013). *Cultural competence: An exploration of its translation into therapeutic practice*. Retrieved from http://www.scholarworks.smith.edu/theses/933

Cheryan, S., & Tsai, J. L. (2007). Ethnic identity. In F. T. Leong, A. G. Inman, A. Ebreo, L. H. Yang, L. Kinoshita, & M. Fu (Eds.), *Handbook of Asian American psychology* (2nd ed., pp. 125-139). Thousand Oaks, CA: Sage.

Choi-Kain, L. (2009). Second-generation Korean Americans. In S. Akhtar (Ed.), *Freud and the Far East* (pp. 215-233). New York, NY: Jason Aronson.

Chu, J. Y. (2009). The Chinese American family: Some psychoanalytic speculations. In S. Akhtar (Ed.), *Freud and the Far East* (pp. 199-213). New York, NY: Jason Aronson.

Chung, R. C., & Bemak, F. (2002, Spring). The relationship of culture and empathy in cross-cultural counseling. *Journal of Counseling & Development, 80*.

Comas-Diaz, L., & Jacobsen, F. M. (1991, July). Ethnocultural transference and countertransference in the therapeutic dyad. *American Journal of Orthopsychiatry, 61*, 392-402.

Corbin, J., & Strauss, A. (2008). *Basics of qualitative research. Techniques and procedures for developing grounded theory* (3rd ed.). Thousand Oaks, CA: Sage.

Crews, F. (2017, February 23). Freud: What's left? *The New York Review of Books, 64*(3), 6-10.

Cultural assimilation. (2017). In *Wikipedia*. Retrieved from http://www.en.m.wikipedia.org/wiki/Cultural_assimilation

Draguns, J. G. (2008). Universal and cultural threads in counseling individuals. In P. B. Pedersen, J. G. Draguns, W. J. Lonner, & J. E. Trimble (Eds.), *Counseling across cultures* (6th ed., pp. 21-36). Thousand Oaks, CA: Sage Publications.

Eng, D., & Han, S. (2000). A dialogue on racial melancholia. *Psychoanalytic Dialogues, 10*, 667-700. doi: 10.1080/10481881009348576

Esprey, Y. M. (2014, August 8). Casting light on the shadow: Clinical implications of contextualizing racial experience within a neurobiological framework. *Smith College Studies in Social Work, 84*, 350-366. doi:10.1080/00377317.2014.923631

Fadiman, A. (1997). *The spirit catches you and you fall down*. New York, NY: Farrar, Straus and Giroux.

Falicov, C. J. (1998). *Latino families in therapy: A guide to multicultural practice*. New York, NY: The Guilford Press.

Fonagy, P., Gergeley, G., Jurist, E. J., & Target, M. I. (2002). *Affect regulation, mentalization, and the development of the self*. New York, NY: Other Press.

Geertz, C. (1973). Thick description. In C. Geertz (Ed.), *The interpretation of cultures: Selected essays by Clifford Goertz* (pp. 3-32). New York, NY: Basic Books.

Gill, M. M. (1983). The interpersonal paradigm and the degree of the therapist's involvement. *Contemporary Psychoanalysis*, 19, 202-37. doi: 10.1080/00107530.1983.10746605

Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research* (5th ed.). New Brunswick, NJ: Aldine Transaction.

Gorkin, M. (1996). Countertransference in cross-cultural psychotherapy. In R. Perez Foster, M. Moskowitz, & R. A. Javier (Eds.), *Reaching across boundaries of culture and class* (pp. 159-178). Northvale, NJ: Jason Aronson.

Grayer, E. D., & Sax, P. R. (1986, Winter). A model for the diagnostic and therapeutic use of countertransference. *Clinical Social Work Journal, 14*, 295-309. doi: 10.1007/bf01892591

Great Leap Forward. (n.d.). In *Wikipedia*. Retrieved from https://en.wikipedia.org/wiki/Great_Leap_Forward

Gu, M. D. (2009). The filial piety complex: Variations on the Oedipus theme in Chinese literature and culture. In S. Akhtar (Ed.), *Freud and the Far East* (pp. 115-136). New York, NY: Jason Aronson.

Hoffman, I. Z. (1983). The patient as interpreter of the analyst's experience. *Contemporary Psychoanalysis*, 19, 389-422. doi: 10.1080/00107530.1983.10746615

Holmes, D. E. (1992). Race and transference in psychoanalysis and psychotherapy. *International Journal of Psycho-Analysis*, *73*, 1-11. Retrieved from http://www.psychoanalysis.org.uk

Hunt, H. T. (2012). A collective unconscious reconsidered: Jung's archetypal imagination in the light of contemporary psychology and social science. *Journal of Analytic Psychology*, *57*, 76-98. doi: 10.1111/j.1468-5922.2011.01952.x

Irving, D. (2014). *Waking up White and finding myself in the story of race*. [Kindle iOS app version]. Retrieved from http://www.amazon.com

Jung, C. G. (2014). The concept of the collective unconscious. In H. Read, M. Fordham, & G. Adler (Eds.) & R. F. Hull, (Trans.), *The archetypes and the collective unconscious* (Vol. 9, Part 1, pp. 42-53). New York, NY: Princeton University Press.

Kantrowitz, J. L. (2002). The external observer and the lens of the patient-analyst match. *International Journal of Psychoanalysis*, *83*, 339-350. doi: 10.1516/0020757021601865

Kim, B. C. (1996). Korean families. In M. McGoldrick, J. Giordano, & J. K. Pearce (Eds.), *Ethnicity and family therapy* (2nd ed., pp. 281-294). New York, NY: Guilford Press.

Kim, B. S. (2007). Acculturation and enculturation. In F. T. Leong, A. G. Inman, A. Ebreo, L. H. Yang, L. Kinoshita, & M. Fu (Eds.), *Handbook of Asian American psychology* (2nd ed., pp. 141-158). Los Angeles, CA: Sage.

Kleinman, A., Yan, Y., Jun, J., Lee, S., Zhang, E., Tianshu, P., ... Guo, J. (2011). *Deep China: The moral life of the person*. [Kindle iOS app version]. Retrieved from http://www.amazon.com

Kolben, D. (2005, November 18). New York parents sending children back to China. *The New York Sun*. Retrieved from http://www.nysun.com

La Roche, M. J. (1999, Winter). Culture, transference, and countertransference among Latinos. *Psychotherapy, 36*(4), 389-397. doi: 10.1037/h0087808

Lam, A. (2005). *Perfume dreams: Reflections on the Vietnamese diaspora.* Berkeley, CA: Heyday.

Lee, E. (2011). Clinical significance of cross-cultural competencies in social work practice. *Journal of Social Work Practice, 25,* 185-203. doi:10.1080/02650533.2011.573654

Lee, E., & Bhuyan, R. (2013, March). Negotiating within Whiteness in cross-cultural encounters. *Social Service Review, 87,* 98-130. doi:10.1086/669919

Lee, E., & Mock, M. R. (2005a). Asian families: An overview. In M. McGoldrick, J. Giordano, & N. Garcia-Preto (Eds.), *Ethnicity and family therapy* (3rd ed., pp. 269-289). New York, NY: Guilford Press.

Lee, E., & Mock, M. R. (2005b). Chinese families. In M. McGoldrick, J. Giordano, & N. Garcia-Preto (Eds.), *Ethnicity and family therapy* (3rd ed., pp. 302-318). New York, NY: Guilford Press.

Leong, F. T., Lee, D. J., & Kalibatseva, Z. (2016). Counseling Asian-Americans. In P. B. Pedersen, W. J. Lonner, J. G. Draguns, J. E. Trimble, & M. R. Scharron-del Rio (Eds.), *Counseling across cultures* (7th ed., pp. 121-142). Los Angeles, CA: Sage.

Leong, F. T., Lee, S.-H., & Chang, D. (2008). Counseling Asian Americans: Client and therapist variables. In P. B. Pedersen, J. G. Draguns, W. J. Lonner, & J. E. Trimble (Eds.), *Counseling across cultures* (6th ed., pp. 113-128). Thousand Oaks, CA: Sage.

Li, Y. (2017, January 2). To speak is to blunder: Choosing to renounce a mother tongue. *The New Yorker,* 30-33.

Mahler, M., Pine, F., & Bergman, A. (1975). *The psychological birth of the human infant.* New York, NY: Basic Books.

Maroda, K. (1995). Projective identification and countertransference interventions: Since feeling is first. *Psychoanalytic Review, 82,* 229-247. doi: 10.1037/e405462005-018

McGoldrick, M., Giordano, J., & Garcia-Preto, N. (Eds.). (2005). *Ethnicity and family therapy* (3rd ed.). New York, NY: Guilford Press.

McIntosh, P. (1988). White privilege: Unpacking the invisible knapsack. In *White privilege and male privilege: A personal account of coming to see*

*correspondences through work in women's studies*. Wellesley, MA: Wellesley College Center for Research on Women.

Mirsky, J. (2011, October 7). Working through countertransference blocks in cultural-competence training. *Psychoanalytic Social Work, 18*, 136-148. doi:10.1080/15228878.2011.611788

Mishne, J. (2002). *Multiculturalism and the therapeutic process*. New York, NY: Guilford Press.

Mitchell, S. A. (1988). *Relational concepts in psychoanalysis*. Cambridge, MA: Harvard University Press.

Mitchell, S. A. (1997). *Influence and autonomy in psychoanalysis*. Hillsdale, NJ: The Analytic Press.

Mitchell, S. A., & Black, M. J. (1995). *Freud and beyond*. New York, NY: Basic Books.

Nagai, C. (2007). Culturally based spiritual phenomena. *Psychoanalytic Social Work, 14*, 1-22. doi:10.1300/J032v14n01 01

National Association of Social Workers (NASW). (2017). In *Wikipedia*. Retrieved from https://en.m.wikipedia.org/wiki/NASW

Ogden, T. H. (1994). The analytic third: Working with intersubjective clinical facts. *The International Journal of Psychoanalysis, 75*, 3-19. Retrieved from http://www.ipa.world

Okazaki, S., Lee, R. M., & Sue, S. (2007). Theoretical and conceptual models: Toward Asian Americanist psychology. In F. T. Leong, A. G. Inman, A. Ebreo, L. H. Yang, L. Kinoshita, & M. Fu (Eds.), *Handbook of Asian American psychology* (2nd ed., pp. 29-46). Thousand Oaks, CA: Sage.

Palombo, J., Bendicsen, H. K., & Koch, B. J. (2010). *Guide to psychoanalytic theories*. New York, NY: Springer.

Paradox. (2017). *Oxford living dictionaries*. Retrieved from https://en.oxforddictionaries.com/definition/paradox

Patton, M. Q. (1990). *Qualitative evaluation and research methods* (2nd ed.). Newbury Park, CA: Sage.

Pedersen, P. B. (2008). Ethics, competence and professional issues in cross-cultural counseling. In P. B. Pedersen, J. G. Draguns, W. J. Lonner, & J. E. Trimble (Eds.), *Counseling across cultures* (6th ed., pp. 5-20). Thousand Oaks, CA: Sage.

Pedersen, P. B., Crethar, H. C., & Carlson, J. (Eds.). (2008). Traditional and nontraditional perspectives on empathy, help-seeking, and healthy outcomes. *Inclusive cultural empathy: Making relationships central in counseling and psychotherapy* (1st ed., pp. 7-21). Washington, DC: American Psychological Association.

Pedersen, P. B., & Pope, M. (2016). Toward effectiveness through empathy. In P. B. Pedersen, W. J. Lonner, J. G. Draguns, J. E. Trimble, & M. R. Scharron-del-Rio (Eds.), *Counseling across cultures* (7th ed., pp. 1-18). Los Angeles, CA: Sage.

Perez Foster, R. (1998, Fall). The clinician's cultural countertransference: The psychodynamics of culturally competent practice. *Clinical Social Work Journal, 26*, 253-269. doi:10.1023/A:1022867910329

Perlman, H. H. (1979). *Relationship, the heart of helping people*. Chicago, IL: University of Chicago Press.

Polkinghorne, D. E. (2005). Language and meaning: Data collection in qualitative research. *Journal of Counseling Psychology, 52*(2), 137-145. doi: 10.1037/0022-0167.52.2.137

Racker, H. (1968). *Transference and countertransference*. New York, NY: International Universities Press.

Renik, O. (2007). Intersubjectivity, therapeutic action and analytic technique. *The Psychoanalytic Quarterly, 76S*, 1547-1562. doi: 10.1002/j.2167-4086.2007.tb00320.x

Ridley, C. R., Ethington, L. L., & Heppner, P. P. (2008). Cultural confrontation: A skill of advanced cultural empathy. In P. B. Pedersen, J. G. Draguns, W. J. Lonner, & J. E. Trimble (Eds.), *Counseling across cultures* (6th ed., pp. 377-393). Thousand Oaks, CA: Sage.

Ringel, S. (2005, February). Therapeutic dilemmas in cross-cultural practice with Asian-American adolescents. *Child and Adolescent Social Work Journal, 22*, 57-69. doi:10.1007/s10560-005-2554-4

Roland, A. (1996). *Cultural pluralism and psychoanalysis: The Asian and North American experience*. New York, NY: Routledge.

Schore, A. N. (2003). *Affect dysregulation and disorders of the self* (1st ed.). New York, NY: W.W. Norton.

Shweder, R. (1996). True ethnography: The lore, the law and the lure. In R. Jessor, A. Colby, & R. Shweder (Eds.), *Ethnography and human development* (pp. 15-52). Chicago: University of Chicago Press.

Shweder, R. A., & Bourne, E. J. (1984). Does the concept of the person vary cross-culturally? In R. A. Shweder & R. LeVine (Eds.), *Culture theory: Essays on mind, self, and emotion* (pp. 158-199). New York, NY: Cambridge University Press.

Siegel, A. M. (1996). *Heinz Kohut and the psychology of the self.* New York, NY: Routledge.

Slote, W. H. (1996). Koreans abroad in therapy. In A. Roland (Ed.), *Cultural pluralism and psychoanalysis* (pp. 187-198). New York, NY: Routledge.

Stampley, C., & Slaght, E. (2004). Cultural countertransference as a clinical obstacle. *Smith College Studies in Social Work, 74*, 333-347. doi:10.1080/00377310409517719

Stolorow, R., & Atwood, G. (1979). *Faces in a cloud: Subjectivity in personality theory.* New York, NY: Jason Aronson.

Stolorow, R., Brandchaft, B., & Atwood, G. (1987). *Psychoanalytic treatment: An intersubjective approach.* Hillsdale, NJ: Analytic Press.

Suchet, M. (2007). Unraveling Whiteness. *Psychoanalytic Dialogues, 17*, 867-886. doi: 10.1080/10481880701703730

Sue, D. W., Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A. M., Nadal, K. L., & Esquilin, M. (2007, May-June). Racial microaggressions in everyday life: Implications for clinical practice. *American Psychologist, 62*(4), 271-286. doi:10.1037/0003-066X.62.4.271

Sue, D. W., & Sue, D. (2008). *Counseling the culturally diverse* (5th ed.). Hoboken, NJ: John Wiley & Sons.

Tsang, A. K., Irving, H., Alaggia, R., Chau, S. B., & Benjamin, M. (2003). Negotiating ethnic identity in Canada: The case of the "satellite children." *Youth & Society, 34*, 359-384. doi:10.1177/0044118X02250124

Tummala-Narra, P. (2007). Skin color and the therapeutic relationship. *Psychoanalytic Psychology, published by the American Psychological Association, 24*, 255-270. doi:10.1037/0736-9735.24.2.255

Tummala-Nara, P. (2010). Dialogues on difference: Studies of diversity in the therapeutic relationship, edited by J. Christopher Muran, Washington, DC: American Psychological Association, 2007. *Psychoanalytic Psychology, 27*, 389-394. Retrieved from http://www.apa.org/

Tung, M. (1996). Insight-oriented psychotherapy and the Chinese patient. In A. Roland, *Cultural pluralism and psychoanalysis* (pp. 175-186). New York, NY: Routledge.

University of Southern California (USC) Taiwanese Student Association. (n.d.). Retrieved from www.usc.edu/dept/tsa/faq/html

U.S. Census Bureau. (2009). *The Asian population: 2010.* Retrieved from http://www.census.gov/theAsianpopulation:2010

Vontress, C. E. (2008). Foreword. In P. B. Pedersen, J. G. Draguns, W. J. Lonner, & J. E. Trimble (Eds.), *Counseling across cultures* (6th ed., pp. vii-x). Los Angeles, CA: Sage.

Wallin, D. J. (2007). *Attachment in psychotherapy*. New York, NY: Guilford Press.

Winnicott, D. W. (1947). Hate in the countertransference. In D. W. Winnicott (Ed.), *Collected papers: Through paediatrics to psycho-analysis* (pp. 194-203). New York, NY: Basic Books.

Winnicott, D. W. (1960). The theory of the parent-infant relationship. In D. W. Winnicott (Ed.), *The maturational processes and the facilitating environment* (pp. 37-55). New York, NY: International Universities Press.

Winnicott, D. W. (1963). Communicating and not communicating leading to a study of certain opposites. In D. W. Endicott (Ed.), *The maturational processes and the facilitating environment* (pp. 179-192). New York, NY: International Universities Press.

Wolstein, B. (Ed.). (1988). *Essential papers on countertransference*. New York, NY: New York University Press.

Wrenn, C. G. (1962). The culturally encapsulated counselor. *Harvard Educational Review*, *32*, 444-449. Retrieved from http://www.hepg.org

Yi, K. (2014, February 12). From no name woman to birth of integrated identity: Trauma-based cultural dissociation in immigrant women and creative integration. *Psychoanalytic Dialogues*, *24*(1), 37-45. doi:10.1080/10481885.2014.870830