

Intercultural Therapy with Latino Immigrants and White Partners: Crossing Borders Coupling

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SUMMARY. Interethnic and interracial marriages of Latinos and White Americans are on the rise and will continue to reshape the identities of individuals, couples, families, and communities. Clinicians working with these intercultural couples find no systematic training to address what is becoming a significant segment of our society. Couple therapists, however, cannot be culturally competent and effective based solely on knowledge of some dimensions of a couple's cultural backgrounds. Using clinical and theoretical ideas, the author defines clinical work with these couples as an explicit intercultural exchange. Our task as clinicians requires a rethinking of our conversations with these couples. It involves a

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caring therapeutic approach that is sustained on relational and systemic levels, and intercultural conversational skills inspired by clinical and other literatures that are explicitly dedicated to work with cultural difference and the “other.” [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2003 by The Haworth Press, Inc. All rights reserved.]

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All couple therapy can be construed as an intercultural encounter—a conversational domain in which cultural assumptions organize both clinical work and the couple’s expectations and stories. This paper explores various epistemological and clinical approaches that include intercultural frameworks for relational therapy.¹ The paper uses the author’s research on the stories of bicultural/bilingual therapists working with couples and families, using clinical vignettes in which cultural dilemmas are themes in the therapeutic conversation. Major issues and an inclusive set of metaphors that are useful for therapists to consider when working with these couples are also presented. Like the intercultural couples described in this paper, linking form and content, the author acknowledges and embraces a writing style that merges Latino and White intellectual traditions. This paper is informed by a literature review and a synthesis of clinical work with couples; its inspiration is grounded in experiences that are often inhibited in academic journals. Just as therapists need to be able to “read” biculturally to effectively engage with bicultural couples, this paper calls for a bicultural reading, an effort that may require *hablar los dos*. “Speaking both” involves linguistic as well as meaning making skills and is lived as a natural process for children of immigrants who grow up bilingual (Zentella, 1997).

The most recent census data (Guzman, 2001; Ramirez, 2000) suggest that more than one of nine families have *at least one member* who is self-designated as Latino/a. These revealing statistics are dissonant with the lack of understanding that Latinos/as encounter in their communities and in society at large when they engage with partners from the dominant racial group. Interethnic families are growing in number but neither theoretical nor empirical investigations seem to follow that trend (Lindahl & Malik, 1999; Negy & Snyder, 2000). Over 70% of interracial heterosexual marriages involve Anglos married to Latinos/as

or to Asian Americans, yet such partnerships constitute only about 3% of all marriages in the United States (Gaines & Liu, 1997). These numbers may be changing, however, as Latinos/as marry across race and ethnicities at a higher rate than any other group (Falicov, 2001). Rodriguez (1996, in Cabrera, 2000) found that 31% of U.S.-born middle-class Latinos and 34% of U.S.-born Latinas marry non-Latinos. Interracial couples constitute a discriminated against ethnic and racial group and like other non-dominant groups, therapists and researchers have given them little attention.

Psychosocial research on international and/or immigrant couples and on intercultural marriages (Gleckman & Streicher, 1990; Lehrman, 1967; Levkovitch, 1990) emphasizes the potential risks of partnering cross-culturally. Contextual variations (Falicov, 1998; Kearl & Murguia, 1985) and resilience mechanisms (Garcia-Preto & McGoldrick, 1984; Johnson, 1995) have, however, been invisible. Negy and Snyder (2000) compared Mexican American and non-Hispanic White American interethnic couples with monoethnic Mexican and White American couples. They concluded that the levels of relationship satisfaction in the interethnic couples are similar to the White couples in contexts in which Mexican-Americans are not a minority group. Root (2001) has written that conflicts within interracial marriages are more likely to arise from cultural, gender, class, social, and personal differences than from racial ones.

No systematic research, other than that conducted by Negy and Snyder (2000) has been published in the family therapy field about this couple configuration. Clinicians serving this population therefore can only find guidance by drawing on the research and theorizing of related disciplines' studies of intercultural phenomena. My clinical work with interracial couples is often inspired by the writings of feminist Latinas who critically explore the lives of immigrant families in the U.S., and how to give voice to the experiences of those living at the cultural borders (Anzaldúa, 1990). My work with intercultural couples explicitly acknowledges the complexities of clinical dynamics and of couples, incorporating the tools of a critical, reflexive, and postmodern researcher (Clifford & Marcus, 1986; Hymes, 1996; Lather, 1991; Merchant & Willis, 2001; Smith, 1999; Van Maanen, 1988). All therapies are cultural encounters, although working with intercultural couples requires more than just recognizing difference in the individual and couple domains. It involves reflecting on how differences relate to larger social contexts, which are defined by histories of inequity and colonialism. Some of the increase in interethnic and interracial marriages, for exam-

ple, is based less on a romantic view of relationships than on the economic needs of immigrants who marry U.S. residents for the documents that allow them to stay in this country (J. Inclan, personal communication, April 28, 2001).

This paper refers to Latino/a immigrants in committed relationships with non-Hispanic White partners who have consulted a therapist, and explores dimensions that affect partners' identities in the course of therapy. It does not attempt to be inclusive of all interethnic couples, nor of all potential issues that present in therapy. Nor does it exhaustively review the literature about Hispanic families to develop a set of guidelines for "what therapists should be prepared to do" (Bean, Perry, & Bedell, 2001) that applies exclusively to the case of Latino families. My approach is a collaborative one in which I integrate research ideas into therapeutic conversations with couples. Frequently I find myself telling couples in therapy² and supervisees that something they say, or something we have a conversation about, deserves further documenting and sharing with others through writing (Bacigalupe, 1996). This paper is written in that spirit.

CULTURE AND INTERCULTURAL THERAPY

When couples are explicit about their cultural backgrounds, a therapist can draw on the most basic form of intercultural sensitivity. Even in this situation, a knowledgeable, competent therapist is not merely someone who has achieved some sort of "cultural literacy" (Dyche & Zayas, 1995). In addition, Dyche and Zayas (1995, p. 389) have suggested, "cultural naiveté and respectful curiosity are given equal importance to knowledge and skill." Working competently with an interracial couple requires more than learning about one or two cultures; such learning often obscures the heterogeneous nature of human systems. "Insider" knowledge of the family's specific culture of origin may be less important than the therapist's personal experience of a "transcultural differentiation process" (Khisty, 2001, p. 23). Therapists' awareness of her/his own cultural history as much as understanding of intercultural communication issues is central in this differentiation process.

Less obvious forms of intercultural work evolve from therapists' and clients' reactions to each other's values and core beliefs (Bot, 1990; Gorkin, 1986; Harvey, 1993; Sue, Arredondo, & McDavis, 1992), or from entering the unique worldview of our patients (Rigazio-DiGilio & Ivey,

1995). This form of cultural exploration implies a personal knowledge of the therapist's own cultural background (Hardy & Laszloffy, 1995; Lappin, 1983; Pinderhughes, 1989) and the evolving nature of such story vis-à-vis the couple's stories. At a more subtle level, an intercultural conversation may reflect a gentle form of colonialism (Bacigalupe, 1998; Cheyfitz, 1991). In the latter, the couple is deprived of open and transparent access to the therapist's assumptions, even as they seem to participate in a learning experience with the therapist. A postcolonial therapeutic sensibility recognizes the intersecting play of multiple positions and categories that frame our lives (Marks & Leslie, 2000).

Representing Latinos/as as a homogeneous group is problematic considering the multiple and intersecting nationalities, races, languages, immigration histories, social class positions that distinguish Latino and White identities (Baca Zinn, 1995; Casas & Pytluk, 1995; Comas-Diaz, 2001; Falicov, 2001). Yes, Latino and White individual identities evolve. Race and ethnicity are not static variables with the infallible central role that some critiques of multicultural approaches have suggested. Recognizing their definitional ambiguity creates a space to fully experience our clients as distinct and unique (Gordon, 1996; Tobin, 1986). An ambiguous sense of culture can be very useful clinically, since it offers a venue for reflective engagement. Although a therapist needs to be cautious about defining identity on the basis of a specific social marker, race matters in family life:

Race makers do count in the way people perceive and interact with others, the way "racialized" persons construct and negotiate their own identities in everyday public life and in immediate, nuclear and extended family relations, and in the ways that it can reshape relationships among interracial couples and families. (Luke & Carrington, 2000, p. 5)

Like an ethnographer, a relational therapist learns about each individual's and couple's indigenous (emic) categories of experience in addition to those that are non-indigenous (etic) and imposed. Although a collaborative therapist is particularly interested in emic categories of experience, exploring imposed meanings systems is important since they also shape the couple's experiences (Terri Karis, personal communication, September 5, 2001). An etic stance is often based on prevalent western cultural meaning systems that are insufficient to create a collaborative conversation in couple therapy. As narrative theory proposes (Ricoeur, 1981), the telling shapes the identity of the teller; thus, mean-

ing evolves as the couple and the therapist reflect upon their own understandings. As in any intercultural exchange, couples and therapists negotiate meaning in a social context. In this case, clients are positioned into a social context for interaction with someone who is interested (or not) in how they communicate. Just as couples are continuously being transformed by the intercultural relationship, the therapeutic system is a transforming entity. Couples are not fixed entities or unchanging essences colliding with a fixed, stable, and unchanging culture (Laird, 1998). Concepts such as transcultural differentiation (Khisty, 2001) or fluid identities (Hoffman, 1998) help us understand the interactive changes in which intercultural couples participate. Clinicians can explore these changes as couples embrace aspects of each culture: the ones they join, the ones they want to know, and the one(s) they collaboratively create. Interactional patterns may illustrate this process. Some couples, spontaneously or as a response to a question I have made, describe “acting White” or “responding like an immigrant” as ways of naming changes in the way they react to each other.

Empathy and respect, research evidence suggests, is at the core of effective clinical work (Duncan, Miller, & Hubble, 1998; Duncan, Solovey, & Rusk, 1992). Similarly, a respectful and empathic stance is basic of therapeutic cross-cultural sensitivity (Jordan, 2000). For relational or systemic therapists, openness and curiosity intersect to create a stance that ensures a trustworthy engagement in light of intercultural differences, both within couples and between therapist and clients. Obvious cultural differences may arise in situations in which privilege and oppression are present, as is often the case when recent immigrants partner with residents or citizens. In a meta-analysis of 33 studies of cross-national marriage, three main types of couple arrangement were found: “war bride/colonizer, educated Western and non-Western, and educated Western-Western”; these couples also reflected “the culture of the country in which they reside, unless there is strong commitment to the foreign partner’s culture” (Cottrell, 1990, p. 151). If the dominant culture predominates in how the couple construes their relationship, the therapist will need to carefully unpack the privileges that this predominance provides to one of the members in the relationship. The therapeutic process, in this case, would include what feminist therapy proposals call for to directly address issues of power and agency (Byrne & McCarthy, 1999; Seu & Heenan, 2000).

INTERCULTURAL COUPLE ISSUES IN COUPLES THERAPY

Who you date and who you marry are among the most personal decisions a person can make, yet strangely enough, nothing elicits

such an outcry as when we date outside our cultural, ethnic or racial groups. Suddenly the private boundaries disappear and our personal lives are fair game for strangers and family alike. (Cabrera, 2000, p. 1281)

Plurality of Language and Languages

Conversations about language use lead to labels that may foster a deficit model or an opportunity for learning and engagement. Couples' negotiations about the use of English and/or Spanish often reveal a core dimension of their relationship that therapists need to carefully and respectfully explore. For both members of the couple to share code switching—the back and forth usage of Spanish and English depending upon an evolving communicational context—is not always embedded in an interracial couple's relationships unless it was already an accepted element at the time the couple met. Investigating the history of language switching or lack thereof provides venues for the couple to discover themselves anew, which may be terrifying and/or exhilarating to one or both partners. Who is more fluent, and in what contexts? Who accepts the challenge of learning a new language and for what purpose? In what languages do discussions and conflict resolution occur? In what language(s) is love made? What sort of mix or integrative approach does the couple take regarding the shared language? How does the couple reproduce or innovate on dominant and subordinated language structures? What social structures are created, maintained, and/or reflected in the use of one, two, or a combination of languages at home? How are decisions made about the preferred languages of children at home? When adopting children, what language issues are brought forth?

Eloisa,³ a Venezuelan, a student counselor at a community college, is married to Charles, a Caucasian professor at an Ivy League college. Prior to their marriage and Eloisa's immigration to the US, Eloisa had a long love relationship with a compatriot. Eloisa and Charles came to therapy because of flashbacks Eloisa had been having about the previous relationship for several months and her difficulties describing these flashbacks to their family physician, who does not speak Spanish. The primary language spoken at home is English and only a few of Eloisa's acquaintances speak Spanish. The couple struggled with how to manage the care of their 11-year-old daughter, as Eloisa is pursuing a new career that requires further education. Charles does not speak Spanish, although he is fluent in French. Eloisa's grandmother from a rural town in Ecuador raised Eloisa after her parents had died when she was a toddler. Charles' parents, with whom he maintains little contact, live in an-

other state. They had an upper middle class well-educated background. The couple met a couple of years after Eloisa had graduated from a state college and Charles had completed his doctorate at a private institution.

Eloisa set up the first appointment, in which Charles' initial question to the therapist was about the therapist's education. Charles was surprised by the therapist's initial "culturally sensitive" question about which language they would prefer for the session. Eloisa started to cry almost immediately. An attachment injury (Johnson, Makinen, & Millikin, 2001) was patently demonstrated in the initial session, but the couple quickly moved into a discussion about Eloisa's flashbacks. Charles reaffirmed his support for her recovery but declared that his presence might not be necessary for treatment. To engage Charles, I explored how he defined "being supportive" and the connection that existed between this meaning and his upbringing as a White upper-middle-class man. My questions addressed the flashback and their reactions, their constructions of why they were occurring, and their behaviors before and after. In sum, I attempted to capture their knowledge and how it had been insufficient to resolve their actual concerns. They talked with love about their daughter but disagreed about the work that Charles was dedicating towards her care.

After establishing a sense of shared trust in the couple therapy work, we spent the next few meetings exploring the content of the flashbacks. Eloisa talked about some of the violence she witnessed as an adolescent. Her story switched to Spanish as she talked about the details of her upbringing. Charles seems "to understand" some of the content but was unable to actually contain some of the emotional aspects that surfaced as Eloisa told her childhood traumatic stories. Charles was often motionless or responded with short sentences that seemed unconnected to the emotional tone of Eloisa's story. Not engaging in Spanish seemed to protect Charles from having to deal with Eloisa's emotional needs. Since the telling of the story is as important as the content, I reassured Eloisa and asked her to tell what she felt comfortable sharing. This simple instruction clearly surprised Charles, who later tried a similar approach at home when Eloisa attempted to mutter a piece of her traumatic experience. Now, she felt less inadequate when pieces of the story emerge in Spanish when they are together. It is as if talking about this issue had provided her with the permission to reclaim Spanish as her language when she is in pain. Anger at having "forgotten" this story was mixed with anger and sadness about the trade-offs made in the relationship because Charles has not attempted to learn Spanish. In one of the sessions, we concluded that Charles' lack of Spanish proficiency

had hindered their development as a couple and might symbolize a missing part in their relationship, that which allows for traumatic events to be shared and worked through in the intimacy of their telling. This lack of intimacy also translated into sexual difficulties, which the couple shared later on in the therapy work. Charles started to learn Spanish and recognized that his knowledge of French could support his capacity to hear Eloisa's Spanish if she was "willing to withstand his English 'accent.'" Being willing to share the same difficulty that Eloisa often confronts impacted positively the couple relationship. Working on this aspect of their relationship was easier now that the language deficit and proficiencies could be playfully discovered in their own relationship.

Understanding Self and Family

Latino family researchers (Padilla, 1995; Sotomayor, 1991; Zambrana, 1995) and clinicians (Espin, 1997; Falicov, 1998; Shapiro, 1996) have written extensively about Latinos' familism as a core identity dimension. A central and constitutive identity element for Latinos and Latinas is family. The past, present, and future are mediated by an allegiance to family, a symbolic and real presence in the lives of couples. This identity dimension suggests that when conflict arises, a major issue complicating their resolution is the powerful effects of deep-rooted cultural assumptions about who I am as person in the world. For White partners—more specifically, those who don't come from the collectivist cultures of the Mediterranean and Middle East or East European Jews—it may be difficult to understand and accept their partners' deep concern with their families' economic and emotional welfare even when this concern questions the stability of the couple relationship. Taking care of extended family members who are far away may be a primordial ethical and moral undertaking for the Latino partner. At the beginning of relationship, the Caucasian partner may construe this allegiance as congruent with her/his own culture's privileging of the couple over kin; when conflict arises, however, this priority may become the target of disqualification and attack. The dominant culture's emphasis on individualism and the Latino cultural emphasis on familism (collectivism) may come into conflict within the couple relationship. At the beginning of the relationship, the Latino partner may have construed this tendency towards individual development as empowering; but when conflict develops or becomes acute, and emotional upheaval increases, the Latino partner's construction may change.

A Latina client, Maya, told me about her relationship with an older woman, a well-known Caucasian writer, with whom Maya lived while writing her doctoral dissertation. Living with Julie provided Maya with emotional and pragmatic support to complete her graduate degree. After having accepted a faculty position at a college in the Northeast, they broke off the relationship when Julie was not willing to move to the Midwest. Years later, while Maya was pursuing her academic career and developing a stable relationship with a businesswoman, she still resented Julie's stance, even while feeling guilty about the break up. In therapy, Maya explored how that relationship had been entrapping, even though it allowed her the freedom to explore a relationship with a woman without being rejected for living openly as a lesbian. She was able to strengthen her sexual identity but, in her perspective, could not maintain a strong connection with her family in Latin America. To prevent a repetition of similar patterns in her present relationship, the therapy benefited from innovative ways of constructing self, autonomy, and connection. Helping each construct a renewed sense of self while also reconnecting with their extended families required my thinking beyond the myths of independence that are typical of family therapy and psychological theories (DiNicola, 1996; Luepnitz, 1988). Therapy helped when a focused balancing of self and family was introduced into the couple's conversation, aimed at resolving their conflicts and appreciating their strengths and abilities.

Creating Intimacy and Trust: It's Not Just About Acculturation

Acculturation is a popular concept in the analysis of immigrants' relations with the dominant culture; it is most often assumed to be the goal for individuals and families. Even critical analyses of multicultural family counseling myths accept assimilation as a family goal, although not necessarily one "evenly distributed among all family members" (Montalvo & Gutierrez, 1990, pp. 36-37). Adaptation (which is almost synonymous with success in this country) seems to require obliteration of what may be central to the identity of someone partnered with a person who belongs to the dominant group. Acculturation and assimilation are not the only desired outcomes for immigrants entering transcultural couple relationships, nor do they imply a healthier outcome. First, acculturation as a clinical goal is problematic, as it suggests an a priori standard to be achieved and a subtext signifying what constitutes a dysfunctional pattern. Second, even if we accepted acculturation as a pattern that immigrants go through, the concept has little descriptive power;

individuals who come with their partners to therapy can be at very different levels of cultural assimilation. Some assimilate and adopt the values of the dominant culture. Others develop a bicultural identity, negotiating both the values of mainstream culture and their culture of origin. A third group continues to embrace the values of their own culture of origin alone. Still others may reject both sets of cultural values. Moreover, many immigrants develop combinations of positions, which evolve and mutate as they develop a commitment to a partner or transform their relationships.

Cultural homelessness, Vivero and Jenkins' (1999) term for experiences and feelings reported by some multicultural and multiracial individuals, also applies to intercultural couples and offer a powerful metaphor for these couples in therapy. Intercultural couples may have a heightened sense of marginality arising "from cross-cultural tensions within the ethnically mixed family and between the family and its culturally different environment, especially due to geographic moves" (Vivero & Jenkins, 1999, p. 6). Joining with a couple that experiences this sense of isolation is difficult, but recognizing this construction of the relationship can transform each partner's lack of trust about the other's social location.

Assumptions arising from partners' respective experiences with those who have real or perceived privilege can be more powerful than constructions about masculinity (Bacigalupe, 2000) or womanhood (Flores-Ortiz, 2000). Latinos/as may disqualify and fear their White partner's privilege at the same time that they desire that influence for themselves. Therapists must be sensitive to the meanings and the practices that sustain unequal arrangements. How is meaning conveyed in the case of couples in which there are unavoidable differences sustained by cultural histories? Partners who have less privilege are often placed in rigid arrangements with implicit or taken-for-granted truths that rule their relationships with the more privileged.

Francisco, a recent Mexican immigrant in his early forties who works at a restaurant, recently married Sharon, the White mother of two teenagers. His boss told Francisco that not speaking English hurt his chances of working more closely with his customers and reduced the probability of earning good tips. Only after marrying Sharon had he been able to start working with legal immigration documents. Lacking language skills and having to send a large portion of his salary to his family in Mexico, decreased his chances of generating savings, or working fewer hours so that he could further his education. Sharon and Francisco did not speak much to each other and were referred to couple therapy after

Sharon had completed a mandated parenting group after an investigation for child neglect. When asked about how they had met and fallen in love, they, in their respective native languages, shared that it was in an urban hospital waiting room where they first saw each other and started to talk. The couple told their story without suggesting any romantic interlude to their relationship or the emotional tone characteristic of couples describing their courtship. When asked how they fell in love, they both revealed that they were “not really in love,” that they married quickly to resolve Francisco’s undocumented status, and that they never had a courtship period “like couples who give flowers to each other.” In this exchange, expectations about how Francisco could remain in the U.S. created the context not only for failure, but also for how true love could not develop.

ALTERNATIVE METAPHORS FOR COUPLES THERAPY CONVERSATIONS

Therapy with couples in which one of the partners can easily be defined as the “other” by the dominant culture requires an ethnographic listening stance. This listening is not detached, but a personally committed endeavor of choosing to share expertise while learning constantly about the complexities that such couples construe and face. Engaging with these couples involves both reflecting on the taken for granted and inquiring about the unknown. Traveling through conversation with the couple requires not only a therapeutic stance but also a continuous translation of clinical skills into a moving, ever-evolving cultural context. Simple interventions may work at times but do not allow one to learn with the couple how to honor the complexities of living in unknown territories. Tourist metaphors do not work to describe such work, since effective intercultural conversations and real dialogue require true engagement, not just traveling through.

Crossing Borderlands

The following are some metaphors and questions I find useful in working with intercultural couples in therapy, and they may be useful to all therapists working with couples in multicultural social contexts. How does your relationship resemble traveling to unknown lands? Does it resemble your immigration journey? How do you experience yourself as the traveler and/or the host? What were the difficulties settling into this

new territory? What are your reactions when someone/something invalidates your beliefs? How do larger social and cultural problems find a space in your relationship? How would you compare your values with the values that sustained each of your parents? How do your extended family values find a place with your own values? What aspects of the relationship feel like nowhere zones? What dimensions of the relationship appear to you as secure ports? What do I, as a therapist, need to know to stay attuned to your values? What ideas would be fine to discuss and reevaluate? Asking Sharon and Francisco some of these questions helped them to redefine romantic love and put into a context that did not disqualify the basis of their caring relationship.

Couples as Nations

The following questions have a militaristic tone, foreign to what couples expect in a therapeutic conversation about couple relationships. The questions, however, may allow for couples to acknowledge deep fears and wounds that are not necessarily related to their relationship histories. When did the continent start to crumble? Did you quickly develop neutral zones? How does your relationship resemble a larger political and/or national conflict? Having experienced your partner as an enemy during times of high conflict, how have you engaged collaboratively with him/her later? What territories have you explored, conquered (or lost), and which ones are you not willing to give up? As commander-in-chief of your respective countries, what do you use against each other during full-force battle? If one of you were the political prisoner and the other the jailer, how would you free the prisoner, or as a prisoner, how would you escape? What would be required of a neutral bystander? What would a therapist need to know to survive without injuries? When Eloisa and Charles were asked some of these questions, their interest moved them into developing “language neutral zones.” As they reported, the task involved developing truce periods while also becoming aware of the need for each other’s language to have a space in their conversation and to develop a shared language for intimacy.

Couples Multi-Tasking

Added to the potential stresses of having to negotiate two or more culture of origin value sets, couples living in this country are confronted with the exhausting requirements of “balancing family and work” (Bacigalupe, in press; Fraenkel, 2000). It is useful to incorporate this di-

mension into work with couples who care for children or elder adults. How do larger economic/social/political dimensions frame your difficulties? How has your sex life changed as your income increased or decreased? How do metaphors from the culture find a place in your minds and expectations (e.g., accounting, acquiring, branding, consumer satisfaction, fast change, interest, multi-tasking, teamwork, venture)? How would your relationship work in a rural (or urban, suburban, international, etc.) context? How does satisfaction in your couple relationship relate to success as an employee, worker, professional, or businessperson? When did you stop thinking about these expectations? Early on, as couples and I find difficult to schedule therapy sessions, I ask many of these questions to validate their experience and to place it in the context of conflicting demands that compound the struggles of growing in bicultural relationships.

INTERCULTURAL COUPLE THERAPY: A FINAL COMMENT

An intercultural couple therapist is a translator who invites collaboration (Baduna, 1998; Lyle & Gehart, 2000); invites conversations about “cultural” stories, and is attentive to multiple cultural vistas (Barbetta, Edelstein, & Gaspari, 1998); accepts initial ambiguities, acknowledges, validates, and normalizes couples’ differences and complementarities (Perel, 2000); and poses not-knowing as an ethical, collaborative stance of deep respect for the other (Larner, 1994). Therapeutic conversation, however, can also be a subtle, or gentle, form of colonialism that evolves from a reproduction of oppressive structural social patterns. The therapist herself can also be part of this reproductive stance; her expert position can simply disallow conversations that require critiquing the authority, including her own.

System or relational ideas are useful elements in making these conversations respectful and inviting grounds. These clinical practices include honoring the importance of context and process, the use of genograms, particularly historical and cultural oriented genograms, future and reflexive questions, reflecting teams, the practice of meaning making through stories and the deconstruction of narratives and discourses. Shared knowing requires a therapist who is attentive to the continuous implications of his/her privileged position. Such a therapist creates a zone of safety (Byrne & McCarthy, 1988) and often checks how therapy is honoring others’ reality without fearing to share her/his own thoughts. The tools for caring in an intercultural conversation are

multiple and integrating in the practice of relational therapists is a must for those working with couples struggling to create loving relationships while crossing national, racial, class, and cultural borders.

NOTES

1. Relational therapy is the term I use rather than systemic because I find it a theoretically more inclusive term and prefer its emphasis on relationship, while the systemic therapy framework includes relationship only as one aspect, rather than as a constitutive therapeutic element. My use of the term acknowledges the systemic and post-systemic/postmodern traditions in our field. It does not invoke the specific description of the Stone's Center's particular therapeutic stance (Jordan, Kaplan, Miller, Stiver, & Surrey, 1991).

2. How we name those we serve as clinicians is bound by social and institutional meanings, which are not neutral (Sluzki, 2000). As of this writing, none of the names clinicians use to name the ones seeking help adequately represents who they are or will be. The terms "patient," "client," or "consumer" do not seem ethically appropriate, and even less when referring to interracial couples. I will call these, orphan of a single relational term, people in therapy or couples in therapy.

3. All names and identification information has been disguised for the purpose of telling aspects of my supervisees' or clients' stories.

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