Reflections on Cultural Matching in Direct Practice

by Rose M. Perez, Gabriela Ibarra, and Rafael Leon

The benefit of cultural matching between clients and therapists is a topic that has received little attention in the research literature. In light of recent demographic changes in American society and the increasing diversity of the social work client population, this issue is worth exploring. A group of Latino social work students at the School of Social Service Administration at the University of Chicago decided to explore this issue by interviewing a family with whom they felt they culturally matched. In this article, they describe their experience in interviewing the family and delineate some of the advantages of their being culturally matched. Implications for practice are offered.

THE LOW QUANTITY OF RESEARCH THAT EXPLORES THE QUESTION of whether or not participants are best served when they are culturally matched with clinicians is inconclusive (Atkinson, 1986). Even if research were to support such a proposition, the chance of it occurring is weak, given the large numbers of diverse participants and the low number of available culturally diverse providers (Atkinson, 1989). The concern over cultural matching is exacerbated when we look at the lack of information from which today's clinicians draw to inform their practice with diverse populations. Notions of human behavior and development that inform today's practice arena have, for the most part, been based on theories developed while studying white, middle class, nuclear families. Awareness of the impact of culture on theories of development has only recently begun to gain attention and challenge older, established notions.

Recent literature now sees culture as deeply entrenched in society (D'Andrade, 2001) and as interactively linked with the psyche (Shweder, 1990), claims that are now pushing the need to revise older, established psychological theories. An example of recent changes can be seen in the growing body of research drawing on the distinction between individualist and collectivist cultures. Collectivist cultures are described as ones in which people define their sense of self as a function of those around them in a contextualized

or interrelated way, whereas in an individualist culture, people tend to place less emphasis on the surrounding context (Markus and Kitayama, 1991). Asian and Latino cultures are often associated with a collectivist orientation and U.S. mainstream culture with an individualist view. Recognizing such a distinction is only elementary, however, considering that the ways in which such norms are actualized affect the day-to-day communication and interactions between people in subtle yet significant ways.

Concern for how diverse participants are being served, combined with growing awareness of the impact of culture on interactions between clients and service providers, sparked the interest of a small, fairly homogeneous group — all bilingual and bicultural immigrants from Latin America — to explore the qualitative aspects surrounding this topic. Our group intuitively felt that recent cultural insights provide only an introduction to understanding the large number of cultural groups represented in American society. The perceived gap in the ability to understand and provide clinical services for today's ever increasing multicultural family led our group to reconsider how the question of the cultural matching of clients and service providers affects a great number of social work participants.

We selected a family with which we were culturally and linguistically matched to conduct a two-hour open-ended clinical interview. The three of us interviewed the Lopez family, a pseudonym, in November, 2001, at the family's home in Chicago.[1] The six-member family comprises four offspring (two adolescents and two young children) and their biological mother and father. This article highlights some of the cultural aspects that emerged from the clinical assessment of this family, reflects on our individual interface issues during this process, and discusses what we feel are some of the implications of cultural matching for direct practice.

CLINICAL ASSESSMENT

Our group believes that our being culturally matched helped this family to quickly and easily connect with us. As we engaged the Lopez family in conversation at the dinner table, our impression was that it seemed to candidly and graciously share its family story with us. As the interview progressed, we attributed our ability to empathize with them to our having had similar life experience to theirs. We feel that it was our empathy that seemed to help the family members feel understood and contributed to the disclosure of information which was, at times, highly sensitive in nature. For example, this family discussed its concerns regarding its immigrant status, offered details about the stress created by the unplanned pregnancy of the youngest child, and divulged

secrets of physical abuse in the mother's family of origin.

The family's comfort with us was apparent throughout our time with it. Whereas many families might feel imposed upon when they are called upon to be the subject of a research study, this family warmly thanked us for choosing it and insisted that we return another day to talk some more. We attribute the success of our interview to our ability to connect in culturally sensitive ways that extend beyond verbal communication. Our being Latino and having had similar life experiences seemed to contribute to the strength of the interaction.

Another area where we felt that our being culturally matched was helpful was in the assessment process. We felt that we were able to understand topics rarely broached in psychology and social work texts, thus helping us to assess the family from a strengths, rather than a deficits, perspective. The familiarity some of us had with Mexican culture helped us to understand and appreciate the couple's enthusiasm as they elaborated at length about their courtship and marriage rituals. This ritual involved symbolic gestures such as formally requesting the bride's hand in marriage while offering a bottle of tequila as a gift to her father. We assessed their discussion of this ritual as culturally appropriate signs of respect among the families of origin and wondered whether someone unfamiliar with this tradition might see the use of alcohol as problematic.

A second way in which our being familiar with its culture was helpful was in the way we assessed the gender roles in the family. The father's domineering manner might all too easily be pejoratively cast as machismo, while the positive aspects of machismo might go unacknowledged. Our consensus was that it was clear that the father's dominating much of the discussion does appear as a sign of a family with a hierarchical power structure. At the same time, we felt that such a family structure seemed to provide clear structure, organization, and direction to all family members.

A third area where we felt our cultural familiarity was beneficial was in the portion of the family's discussion involving witchcraft. The parents shared their belief that a family member had gotten epilepsy as a result of a spell placed on her by a jealous rival. The role of *brujería* (bewitchment) in Latin cultural practices is documented in Latino psychology literature (Falicov, 1998). Our personal knowledge of how it manifests within our culture and our experiences working in clinical settings with Latino clients who have discussed it helped us to quickly and easily normalize this family's story, without needing to read about it.

Assessing this family's functioning was challenging in many ways. If we utilized psychological literature at face value, many of the areas we judged as survival strategies might have been confounded with deficits. First, this family's

organizational structure is rather rigid. Rigidity, in the literature, is typically discussed as serving a negative function in family functioning (Olson, 1993). Yet, in this family, such rigidity seemed to translate to firm boundaries, adherence to rules and limit-setting techniques, and consistency in discipline and expectations that seem to protect members from multiple stressors. The Lopezes cope with scarce economic resources, living space constraints (all four children share a bedroom), mixed immigration status, and more. Mixed immigration status refers to family members differing in their legal status. In this family, the two oldest children and the parents were born in Mexico and, despite being in this country for many years, have not yet been able to gain documented status. Thus, the two oldest children are ineligible for government benefits while the two youngest, born in the U.S., are. It seemed to us that their hierarchical power structure kept such tensions and stressors at bay.

Second, this Latino family's ability to communicate openly about deeply personal feelings and events combined with its overtly expressive loving emotions, might, by North American standards, be seen as possible signs of enmeshment. Mainstream American theorists have discussed enmeshed families as ones in which there is too much closeness and too little autonomy (Nichols and Schwartz, 2001). Yet, autonomy is not a core Latin American value. Our familiarity of Latinos relating in more interdependent as opposed to autonomous ways, along with our ability to understand the cultural codes by which communication typically occurs, helped us to see this family's behavior as being within the normal range.

Third, where family secrets are normally discouraged by therapists, the Lopezes use of family secrets seemed to protect the children from becoming sad and feeling powerless. For example, the children were not told about their uncle's death or their maternal grandmother's illness, both of which took place in Mexico—a place to which the family could not readily return—or about the details of the family's legacy of abuse.

Our motivation in selecting and interviewing this family helps us to draw attention to the clinical aspects of working with such populations. As we lend a voice to the needs of people such as those discussed here, our group has also been affected. This family's narrative induced us to recall both happy and painful personal memories. Our writing about its story helps us to expand our own self-understanding and represents and validates our own life stories.

CLINICAL INTERFACE ISSUES

Our group felt as though there were many similarities between the Lopezes' experiences and those of our own families. The Lopezes' difficulties related to

immigration resonated with our own life histories. All of the members of our group emigrated as children from a Latin American country—two of us from Mexico and one from Cuba. Each experienced similar interludes with the Immigration and Naturalization Service (INS) to gain legal residency and struggled with difficult separations with family in our home countries. Another similarity between the group members and the Lopezes is that in the early period of our immigration our families experienced similar harsh economic limitations. And still, today, our families continue to hold on to many native cultural traditions and norms and live in traditional ethnic enclaves like the Lopez family. Also, like the Lopezes, our families of origin were also patriarchically organized.

Although we shared many cultural similarities with the Lopezes, especially when we were recent immigrants, there are now many economic and social differences between us that need to be acknowledged. First, all of our families attained legal status a long time ago. Perhaps this fact has resulted in significantly different life paths. We have all reaped the benefits associated with U.S. citizenship such as higher education. By contrast, the Lopezes undocumented status prevents them from enjoying such similar rights. In particular, our hearts went out to the undocumented Lopez children who are nearing college age and will most likely not be able to find the means to attain a college education.

Our group feels very fortunate to have been able to benefit from such societal privileges, but access to such privileges has also invited challenges in our ability to adhere to the traditional norms and values of our culture of origin. For example, while all of the members of our group are still in school and live in fully bicultural environments, we took notice of the young ages at which the Lopez family formed and the responsibility that the parents have in raising four children amid such adverse living conditions. Also, while motherhood has an important place in Mexican culture, it is more optional in the U.S. culture to which we have acculturated, leading us to consider this issue as one of the many cultural aspects that each of us has had to navigate in our bicultural quests toward integrated identities. For example, while our group could appreciate the Lopezes' hierarchical norms as protective mechanisms, given our current level of acculturation, we reject much of the associated gender typing that such norms lead to. In particular, some of us resented Mr. Lopez's dominant character, possibly because it reminded us of our own struggles negotiating with parental authority in our quest to integrate into U.S. society.

Having acknowledged differences between our group and the Lopezes, it is also important to discuss some of the differences among our group mem-

bers. Being from similar cultural backgrounds does not necessarily imply that there was consensus in what we observed. We became aware that our differences influenced how we viewed and understood the family. An example of this is when each of us interpreted in different ways a comment that the father made. When the father responded to the question of who constitutes the family, he replied that the family is composed of those in the room rather than others elsewhere—alluded to by pointing both hands over his right shoulder. We did not get an opportunity to probe further, therefore we do not know to whom he was referring as not composing the family. What was intriguing about this brief tale is that the three of us all had a different interpretation of whom he was referring to. One of us flirted with the idea that has been described as existing in some Mexican families involving a "*casa chica* [small house]" where the father's "mistress" lives in addition to the "casa grande [big house]", which houses the legitimate family (Falicov, 1998). Another of us thought Mr. Lopez could have been referring to his own family of origin. A third interviewer thought that Mr. Lopez was talking about his sister-in-law who was sleeping in the other room. Such differences in our individual interpretations help us to realize that, in spite of our shared ethnicity, within group differences also matter.

IMPLICATIONS FOR PRACTICE

Our group felt that recognizing clinical interface issues such as the above-mentioned ones is important to being able to assess the well-being of any family. Not doing so runs risks such as overidentifying with clients. Excessive identification with clients and little introspection on the part of clinicians may render unclear which issues are the real ones being worked out, those of the therapist or those of the client. Psychodynamic theorists discuss the emergence of transference and countertransference phenomena between therapist and client. Originally conceived by Freud (1915-1917/1966), these concepts have been adapted and expanded upon by contemporary theorists. Transference is seen as a pattern of expectation that emerges in the course of development and life experience that is presented as a re-creation and elaboration of these expectations in an effort to preserve the sense of self. These expectations shape interpretation of experience and behavior; one is predisposed to process relational experience in particular ways without the flexibility to consider alternative readings of the situation (Borden, in press). Countertransference, which can potentially serve as a source of information helpful in the intervention process, is viewed as the role-responsive complement of transference, responding to the pushes and pulls of inflexible maladaptive ways of interacting that emerge from

the transference (Borden, in press). In order to be able to utilize these phenomena, therapists must possess a sense of self-awareness gained from having closely examined their own issues. Our being culturally matched in no way excuses us from analyzing how our own subjectivities might enter our work.

We saw many benefits to our being culturally matched with the participants we interviewed and assessed, both from the point of view of participants and from ours. From participants' vantage points, we imagine it facilitates their ability to trust and connect with us in conscious as well as unconscious ways. Experiences with people who can "mirror" us are important for the development of a healthy sense of self (Elson, 1986) and the lack of mirroring for some minority cultures has also been discussed as problematic (Suarez-Orozco, 2000). Our ability to understand their language and its cultural subtleties along with our ability to empathize with their culture in sensitive ways seemed an important component in our encounter.

From our point of view, we felt that our being culturally matched with this family helped us to assess it from a strengths perspective for all of the reasons noted earlier in the clinical assessment. A second area in which we feel it helped us to have first-hand insight into the family's culture was in our group's ability to fill in where gaps in the literature have not satisfactorily provided an answer. In our view, there is very little literature that would have been able to fully prepare us for all that we encountered. We feel that the richness that this body of research warrants is yet to arise. Even if such literature were to exist, our having had first-hand experiences in hearing about such things as witchcraft helped us to normalize the family's experience without blinking an eye.

Our group being bicultural gives us an advantage in being able to discuss the topic of cultural matching. In all of our daily interactions, we come face to face with people who are like us and people who are not like us. In each of our careers, we have pursued paths that keep us close to our culture, and we maintain culturally matched as well non culturally matched relationships with others. In an atmosphere where there are so few Latinos in higher education, there are probably few instances in which researchers are culturally matched when studying Latino populations. We feel fortunate to have been able to work as a team to report on such an issue and feel proud in being able to lend a voice to our own. That we, despite our inexperience, have taken on the tall order of reporting on such an issue that, if nothing else, suggests more work is sorely needed and, given the increasing numbers of culturally-diverse groups, highly warranted!

There are some limitations to the views we express here. First, this account is one-sided and based on a single case analysis. Thus, there is no con-

trol group with which we are comparing our findings. Second, in reporting our implications for practice, it is also possible that our group failed to notice and report on things that might be interesting to non-Latinos. The role that culture plays is very complex, and the nuances range from very subtle to very explicit. Communicating the details of such to anyone from a different culture is never likely to do it justice. Further, although our group sees many advantages to being culturally matched, our group is not advocating cultural matching as an exclusive component of clinical work. Any therapist must be capable and professionally trained and capable of working with many different types of people. Further, there are many other variables (for example, race, class, educational status, sexual orientation, personality) that are as important as culture.

The complexity involved in clinical interactions make it difficult to conduct empirical research on such matters. Culture is, after all, ubiquitous and hard to delineate. Ethnic differences are just a subset of cultural differences. The family we studied faces life daily with multiple stressors including poverty, mixed immigration status and low education. Even though our own group was culturally matched, there were differences of subculture, linguistic nuances, immigration experience and status, acculturation, education, class, phenotype, and conceptions of gender. Thus, isolating the relevant from the irrelevant variables is arduous, to say the least. At the same time, qualitative expressions such as the ones we have uttered serve only to highlight the complexities while leaving our thirst for a response to the question of cultural matching inadequately quenched. ■

FOOTNOTE

[1] Some of the data used to describe the family have been altered to protect confidentiality.

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ABOUT THE AUTHORS

ROSE M. PEREZ is a joint master's and doctoral student at the School of Social Service Administration with interests in acculturation. RAFAEL LEON and GABRIELA IBARRA are second-year students concentrating in clinical social work at the School of Social Service Administration.