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Cultural Adaptations of Emotionally Focused Therapy

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ABSTRACT

Emotionally Focused Therapy (EFT) is an evidence-based approach to working with couple distress. Similar to much of the research about the efficacy and effectiveness of couple therapy approaches, EFT research samples consist of white, heterosexual couples or research studies do not report further identifying information. In this paper, we report on 23 interviews of minimally trained EFT therapists to explore more in-depth experiences with cultural adaptations. Following a thematic analysis of the interviews, we identified five themes that include: therapist factors that contribute to work with diverse populations; model factors that provide a mechanism to engage across cultures; specific strategies therapists have used; training experiences; and challenges that research participants reported.

KEYWORDS

Emotionally Focused Therapy; couple therapy; cultural adaptation; Emotionally Focused Therapy (EFT) < Theory and Therapy Techniques

Emotionally Focused Therapy (EFT) is a demonstrably successful evidence-based approach to working with couples with promising outcomes and the identification of process variables that contributes to success in working with couple distress and improving relationship outcomes (Dalgleish et al., 2015; Wood et al., 2005). Common in couple therapy research, including EFT, the majority of research is conducted with white, heterosexual couple samples (Greenman & Johnson, 2013; Spengler et al., 2020). Often, data about ethnicity or sexual orientation may not even be gathered. While there is an active debate among scholars and clinicians about the role of evidence-based practices for diverse populations, one question to consider is what cultural adaptations are required to make approaches such as EFT successful with different populations?

The present study sheds light on practice-based interventions EFT therapists use with culturally diverse couples. This research is exploratory and intended to report on what therapists in the field are doing. There is evidence, both in research and anecdotally, that therapists are using EFT with gender and sexual minorities, in racialized communities, with couples

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from different socio-economic classes, different religions, and other diverse backgrounds. This article has two aims: (1) report on what therapists in the trenches do daily when working with diverse couples and (2) expand dialogue within the field of couple and family therapy about working with diverse couples.

Emotionally Focused Therapy

Emotionally Focused Therapy (EFT) is an empirically supported treatment that arose out of emotion theory and attachment theories and was formulated in the early 1980s by Johnson and Greenberg (1985). Johnson has gone on to further refine the model (Johnson, 2004; 2019). The EFT model views emotions as centrally important in the experience of self, in both adaptive and maladaptive functioning, and in therapeutic change. From the EFT perspective, change occurs by means of awareness, regulation, reflection, and transformation of emotion taking place within the context of an empathetically attuned relationship. The goals of EFT are to: (a) expand and re-organize key emotional responses; (b) create a shift in partners' interactional positions and initiate new cycles of interaction; and (c) foster the creation of a secure bond between partners (Johnson, 2019). The process of change in EFT has been elaborated on in other publications. The interested reader should see Johnson (2004, 2019) for a more detailed exploration of the underlying theoretical positions, interventions, and stages of change of within EFT.

Culturally Diverse Couples in Therapy

For the purpose of this research, we identify culturally diverse (CD) variables as including sexuality, gender, culture, nationality, race, ethnicity, and religion. Very little data is gathered about any of these factors when couple therapy research is conducted (Spengler et al., 2020) and when data is gathered, the research samples are primarily white and heterosexual (Allan & Johnson, 2017; Greenman & Johnson, 2013). The current exploration of how therapists make cultural adaptations does not imply therapeutic approaches studied with white and heterosexual couples do not work for CD couples. Rather, this preliminary investigation highlights the range of diverse ways therapists work with CD couples using EFT. The variety of relationships within non-diverse samples, let alone the range of ecological factors that can impact couple relationships, indicate that there is no single experience of being white and heterosexual; thus, there is also cultural diversity and variability in seemingly homogenous samples. More importantly, there are aspects of successful couple relationships that have

been shown to be consistent across cultures. These aspects include the quality of communication, the capacity to notice and respond to one other, and the ability to tune into emotion and be open to influence (e.g., Gottman & Gottman, 2008; Wiebe et al., 2017). While these characteristics of relationships are cross-culturally beneficial, there are several factors that have an impact on CD couples accessing therapy and experiencing couple therapy.

A repeated refrain by many scholars is that acculturation, ethnic identity, sexual orientation, language barriers, and help-seeking behaviors contribute to whether individuals seek therapy services (Cochran et al., 2003; Sue & Sue, 2013; Withers et al., 2017). The need for culturally competent therapists is also well documented. Bemak and Chung for example noted that therapists "should seek the help of individuals who respect and honor their clients' cultural belief system" (2017, p. 302). The need for this kind of cultural understanding extends to an awareness and ability to work with the impact of marginalization for CD couples (de Brito Silva et al., 2021). Various professional organizations have documented cultural competencies or how to attend to culture in counseling work (e.g., Northey & Gehart, 2019; Ratts et al., 2016). Furthermore, it is an ethical imperative that therapists be culturally aware and competent (Seedall et al., 2014). The need to attend to culture and the impact of marginalization in couple therapy is as relevant as it is for individual therapy and likely more complex because there are multiple cultural interactions co-occurring simultaneously (e.g., within couple, between couple and therapist, and between therapist and each partner). Given that evidence-based approaches such as EFT have research to support their effectiveness, it behooves clinicians to consider cultural adaptations of these models to potentially support their effectiveness with CD couples.

Cultural Adaptation of Evidence-Based Therapy Approaches

Bernal and colleagues (2009) define cultural adaptation as "the systematic modification of an evidence-based treatment or intervention protocol to consider language, culture, and context in such a way that it is compatible with the client's cultural patterns, meanings, and values" (p. 362). There is substantial evidence that culture and context impact almost every aspect of the diagnostic and treatment process (Sudano & Carter, 2019). This includes alliance formation (Bitar et al., 2014; Elias-Juarez & Knudson-Martin, 2017); the effectiveness of interventions (Brown, 2017); and client engagement (Jackson-Gilfort et al., 2001).

Resulting questions that are rarely asked are how culture is attended to in the treatment process and what culturally adapted therapeutic work looks like.

The call for cultural adaptations of evidence-based practices (EBP) emerged along with the development of these practices (e.g. Gray & Rose, 2012; Hall, 2001). One meta-analysis of culturally adapted mental health interventions that included 76 published and unpublished studies concluded that culturally adapted treatment resulted in moderate effects ($d = 0.45$) and produced significant results when provided to racially homogeneous client groups or when conducted in clients' preferred language ($d = 0.49$) (Griner & Smith, 2006). Further, research continues to demonstrate that culturally adapted psychotherapy is more effective than unadapted psychotherapy (Benish et al., 2011).

While there is a clear need for more clinical outcome studies of EFT with a wide variety of populations, the purpose of this study is to focus on practice-based knowledge and the experience of therapists working with culturally diverse couples who are implementing EFT in routine clinical settings.

Method

Research Design Overview

This qualitative study consisted of semi-structured interviews with 23 individuals. Interviews varied in length from 60-75 minutes. Interviews were conducted by the first and third authors. Examples of questions asked during the interview are: How have you modified your EFT practice with diverse couples?; During your EFT training, how was the topic of working with diverse couples addressed?. Additionally, interviews were conducted with flexibility whereby interviewers could follow up on responses. An example of this from one of the interviews is as follows:

> *Can I bring you back, because you said tuning in is sort of what matters and I'm curious, you said something quite profound, which is that maybe being more secure is helping with that. because tuning in is, you started by saying that's Rogerian, we join in, but really, we're profoundly impacted by our life's experiences and that affects our capacity to tune in. Everybody says they're empathetic and they tune in, but really, and you give a great example like, "I've left a country, but I've not been forced to and that refugee and that's very different." I'm just wondering, what helps you to tune in? What helps you to be able to work with such an extraordinary breath of experience out there?*

The data analysis followed the procedures outlined by Braun and Clarke (2012) for conducting thematic analysis (TA). According to Braun and Clarke, "TA is a method for systematically identifying, organizing, and

offering insight into patterns of meaning across a data set…This method, then, is a way of identifying what is common to the way a topic is talked or written about and of making sense of those commonalities" (2012, pg. 57). Because one of the chief goals of this project was to better understand how, collectively, the EFT community of therapists adapt their work with diverse couples, TA was selected given its utility at looking across broad spans of data (i.e., interviews) for commonalities and organizing these commonalities into meaningful descriptions.

Study Participants

Twenty-three EFT-trained therapists were interviewed to better understand the types of adjustments they make when working with diverse couples. For the purposes of this study, we define "EFT-trained" as having at least completed the basic externship in EFT. The basic externship in EFT is a 4-day immersive training experience regulated by the International Center for Excellence in EFT (ICEEFT; www.iceeft.com). There are levels of training within the ICEEFT training structure including basic externship, advanced/core skills training, certification, approved EFT supervisor, and approved EFT trainer. The interviewees ranged in experience and exposure to EFT. Interviewees included six ICEEFT (The International Center for Excellence in EFT) certified trainers, eight ICEEFT certified supervisors, and nine ICEEFT certified therapists and others who had EFT training and experience (i.e., basic externship and core skills). For a complete description of the training levels within the EFT model, see the ICEEFT website (https://iceeft.com/road-to-certification/). The interviewees averaged 12 years of experience working with couples after their initial EFT training. The interviewees noted working with the following identities in their practice: African-Americans, lesbian women, gay men, First Nations, Muslim-Americans, Christians, immigrants living in North America and Europe, Latinx, Asian-Americans, and people in open, polyamorous, or consensually non-monogamous relationships. Due to the relative smaller numbers of certified trainers and supervisors within the EFT training and practice community, a more detailed description of participant information is not provided as it may lead to inadvertently identifying participants.

Researcher Description and Positionality

Three researchers worked on this project in various capacities including conducting interviews, coding interview data, and engaging in data analysis meetings to explore individual coding responses and develop

themes. One researcher holds a PhD in the field of interdisciplinary studies, is licensed as an MFT, and teaches and researches in a graduate couple and family therapy program. Another researcher holds a PhD in the field of counseling psychology with a prior background as an MFT at the master's level. One researcher was an advanced graduate student in couple and family therapy at the time the study was conducted and is currently a PhD student in an MFT program. Two of the researchers are certified EFT therapists as outlined by the International Center for Excellence in EFT (ICEEFT; www.iceeft.com). Of the two certified EFT therapists, one of them is a certified EFT trainer and conducts local, regional, and national training events on the theory and practice of EFT. One researcher identifies as a white, cis-gender, heterosexual man who is married with children. Another researcher identifies as a white, cis-gender, immigrant, gay man, who cohabitates with his partner and has two adult step-children. The third researcher identifies as a white, cis-gender, bisexual woman, who identifies as poly-amorous and lives alone. All researchers are engaged in clinical practice with a wide variety of couples.

To both ensure the trustworthiness of the research and practice positionality, the authors followed the recommendations of Jacobson and Mustafa (2019). All authors created social identity maps to draw awareness to their dominant and non-dominant culture identities. This allowed the authors to better identify their social locations, including aspects of diversity, privilege, and oppression. The authors endeavored to be reflexive regarding how their identities impacted the research through the use of the social identity maps and consistent meetings to discuss how the authors' identities impacted interviews, analysis, and interpretation of findings.

Procedure

Recruitment and Selection Process

The information and informed consent materials were distributed to the Emotionally Focused Therapy listserv, which consists of therapists who have, at minimum, participated in a four-day externship in EFT. Additionally, the recruitment information was sent to official EFT centers and communities in the United States, Europe, Asia, and Australia. Lastly, the recruitment information was sent to other professional listservs organizations (e.g., American Association for Marriage and Family Therapy). As previously noted, to be included in the study, participants had to have minimally completed a four-day externship in EFT and be presently working with diverse communities as either trainers, clinicians, or both.

Data Collection and Transformation

Interviews were conducted in person or via Zoom and recorded for transcription purposes. A professional transcription service was used to take the audio data and transform it into transcripts of the call. These transcripts were then reviewed and compared to the original audio to check for accuracy. Identifying information was removed from the transcripts prior to coding. Transcripts and audio were stored on an encrypted device by the first author to protect participant privacy.

Data Analysis

We followed the six steps of TA as delineated by Braun and Clarke (2006, 2012). The first step is to become familiar with the data set as a whole. During this step, each member of the research team independently read through all 23 transcribed interviews, taking general notes, and familiarizing themselves with respondents' answers to the interview questions. Step two of TA consists of generating initial codes. For the purposes of coding, the primary unit of analysis was at the talk turn level. A talk turn is generally defined as the back-and-forth communication between interviewer and respondent. Coding occurred in a graduated, sequenced fashion to allow coders the opportunity to meet and discuss their coding approach, rationale for assigning codes, and building consensus. Transcripts were coded in the following batches: Transcript 1 followed by discussion; Transcripts 2 followed by discussion; Transcripts 3-5 followed by discussion; Transcripts 6-10 followed by discussion; Transcripts 11-15 followed by discussion; and Transcripts 16-23 followed by discussion. Our coding consisted of both inductive and theory-driven approaches to make sense of the data. Inductive coding refers to a bottom-up approach; whereas theory-driven refers to holding some a priori assumptions when approaching the data. As noted above, all three researchers have training in EFT. As such, our knowledge of EFT theory and application was used during the coding process. Step three of TA consists of searching for initial themes. During this phase, each coder worked independently to read and re-read the transcripts and assigned codes looking for overlap and similarities among the various coded responses. These groupings of codes were then consolidated as a potential theme to be later named. Coders met to discuss their groupings and build consensus. Additionally, each coder was assigned a theme and tasked with scouring the transcripts for prototypic "extracts" that highlight the theme. An extract was defined as a respondent statement that captures the essence of theme. These extracts were grouped according to their theme and used in the later steps of the TA process as outlined below. Step four of TA consists of checking for consistency

and accuracy by reviewing the themes and associated data extracts in relation to the entire data set. Step five of TA involves defining and naming the themes. Braun and Clarke (2012) advise that good themes are simple, have little overlap, and directly tied to your research question(s). The coders worked as a team to discuss possible names for the various themes. Finally, in step six of TA the coders began working on how to present themes in such a way that made a clear picture of how respondents answered the question: how do you adapt your EFT work for diverse couples? Through the iterative process of assigning initial codes, grouping codes and extracts into themes, and naming themes, we selected extracts that capture and highlight the core meaning of each theme (see Results section). Throughout the coding process, each researcher kept personal notes about their own process of coding. During coding meetings, we would discuss our own biases and reactions to the data.

Results

Interviews were conducted with 23 certified EFT therapists. Five relevant themes were identified during the analysis: (a) the challenges faced by therapists when attempting to integrate culturally responsive therapy and EFT (b) factors of EFT that allow for cultural responsiveness, (c) therapist factors that influenced the ability to be culturally responsive, (d) the strategies therapists use to make culturally responsive adjustments in EFT, and (e) the relationship between training experiences and culturally responsive therapy. Interviews were allocated numbers ranging one through 23 to identify specific quotes.

Challenges

All interviewees indicated they struggled to make culturally responsive adjustments in EFT. Participants expressed experiencing EFT as challenging to learn even without cultural adaptations, struggling to shift the heteronormativity of EFT, grappling to account for culturally acceptable display rules for emotionality, and a lack of same-culture mentoring for training. Seven of the therapists interviewed explained their struggle resulted in part from a lack of cultural diversity incorporated into learning EFT. Although the therapists recognized the value of integrating culture into their work, the lack of integration in trainings left them feeling uncertain how to conduct culturally responsive EFT: "I mean…[the trainer] didn't really address that at all, any of the differences really in ethnicity or sexual orientation or anything. In the beginning it seemed like most of her idea was that it is all the same, it doesn't really matter." (Interview 3).

The majority of participants mentioned that a significant challenge in making culturally responsive adjustments was that EFT as a model is difficult to learn. The therapists expressed some reluctance to integrate increased cultural responsiveness training due to their struggle to fully understand and then correctly use the model:

> EFT is such a huge, massive mountain. There's so much you have to learn. You know, you go into the externship, and you get hit with a tsunami of information. You retain what you can, but you're not going to get all of it. (Interview 6)

Other therapists mentioned the struggle of attempting to adapt the Western idea of the acceptability of emotional expression in collectivist cultures or cultures in which emotional expression was not a cultural norm: "I think my first hesitance was how do I talk to people who don't actually talk about emotion? For example, the question we typically ask, how does that make you feel, what happened to you? That wasn't the way we talk in my Chinese or in my culture" (Interview 2). Participants who did not identify their country of origin as Canada or the United States reported struggling because of their communal isolation: "…the first [country of origin] of the world, so there was nobody above me as a supervisor or somebody with experience that I could call in…." (Interview 11). Some therapists also cited the challenge of heteronormativity:

> …they talk about pursue withdraw, and the pursuer's usually the woman, and the withdrawer is usually the man. And, I sort of felt like, other types of couples, like, it immediately felt hetero-normative, but also gender-normative…. (Interview 5)

Model Factors

The majority of interviewees commented that their confidence in attachment theory and EFT as a model allowed for increased cultural engagement. By working from an attachment lens, therapists could account for the universal longing to connect while simultaneously understanding that the expression of attachment and emotional display rules could vary by culture. One therapist stated: "I think I feel more secure in myself in believing that the model can cope with all different kinds of diversity…" (Interview 1). When accounting for cultural display rules, one therapist stated: "I worked…with a woman from Canada and a man from South Korea…. The guy was very withdrawn, which you cannot call withdrawn, because it's about his culture…" (Interview 7).

Therapists discussed developing trust in assimilating culture and EFT: "And somewhere in there I had already figured out well no, EFT's got it, it's the right mechanism. If I talk about culture or race or something like that it's now very much fitting in with the step of EFT that we're working

at" (Interview 6). Indeed, a common discourse was learning to trust that EFT allowed for cultural engagement and curiosity: "what helps me is to trust the process that we're all impacted by each other if we're important to each other, and that it is always about attachment, and that all these emotions make sense" (Interview 21).

Therapist Factors

Many therapists mentioned their own life experience, courses done regarding multicultural competencies, the necessity to examine their own way of being in the world, and their experience as part of a community as guides to making culturally responsive adaptations. One therapist explained:

> I've lived in different countries. I've lived in countries where I've been the minority. I've experienced cultural difference. I've experienced culture shock. I took seriously the trainings in cultural differences. I took that all seriously. So, it's like I did have a fund of knowledge that I could rely upon…I did have a background already that I felt comfortable with (Interview 15)

Diverse life experiences were routinely cited as primary motivating factors to achieving culturally responsive therapy:

> I was doing a lot of contract work as a diversity trainer. And so, I think I found myself using EFT skills to facilitate some diversity dialogue. And, I think that was really the catalyst that made me think, 'This could be so amazing if I could bring it to couples therapy.'…But it's having learned all those types of things about multicultural dialogue…The experience on a daily for seven years base, long basis of traveling with an African-American company and being the only white woman was invaluable for the rest of my life, obviously…And I just feel like, again, from an attachment perspective, there is nothing like experiencing that. (Interview 5)

Additionally, taking the initiative to examine one's own experience, whether through supervision, watching video tape, or seeking out additional information, was an integral part to learning how to make cultural adaptations: "I'm really just developing a greater comfort with being curious and learning how to apply what I hear back when it's different from what my life experience has been" (Interview 17).

Strategies Used

By far the most common theme that emerged from the interviews were the strategies the therapists used when making cultural adaptations. These strategies include: (a) moving away from the expert role (b) changing language (c) moving at a slower pace, (d) changing assessment and attachment history questions, (e) integrating other approaches, (f) naming cultural differences often, and (g) modifying interventions. One therapist

noted working with cultural differences is challenging because "Well, to be curious is to risk. In a sense it's to risk. It's to risk that you don't know…That you can get it wrong. That you're vulnerable…You know as I'm thinking about trying to…tuning in to somebody of difference…" (Interview 14).

A critical aspect for many of the therapists interviewed was to remove themselves from the expert role. Therapists stressed collaboration, learning from the client, and the need to occasionally "put aside" their world view to understand the client's lived experience. Therapists stressed that "…[clients are] the expert of them, being open and transparent about 'I don't really know,' and that they need to teach me. If I say something that isn't a fit, making sure that they feel comfortable to correct me, and let me know" (Interview 23). Some of the therapists interviewed reported part of removing themselves from the expert role involved checking in more with their culturally diverse clients. Therapists discussed a need to understand the client's experience, the necessity of feedback from the client, and the client's understanding of therapy. One interviewee explained: "one of the most important things that I've learned to do, is to check in with people about how they feel in their beliefs about therapy. What their beliefs are about relationships, what their belief is about me being a white woman, helping them with…" (Interview 23).

Therapists reported modifying their language to account for cultural norms and rules about emotional expression. One of the therapists stated: "I frame [dependence] as that you may not need it…. I sort of framed this as unrelated to your ability or your competency…. I may not need it, but it would be nice if someone would do that for me" (Interview 2). Not only did therapists modify the language they used to account for cultural differences, but they noted increased use of metaphor and narrative as a way to access emotion. For example, one therapist noted:

> I've used baker…metaphors, where we use flour and bread and pastry and dough and if you're a mechanical engineer I will use something from…when I ask a question where I want to evoke something, I use the profession mostly as an entrance to form my imagination of metaphors that could reach a person. (Interview 18)

A consistent theme of moving at a slower pace and increasing the number of sessions was identified. Several therapists noted it often took more time to understand the client's cycle and "display rules" of emotion. For clients who immigrated or for clients who identify as gay or lesbian, therapists noted that the assessment phase, including attachment history taking, often takes longer than with straight, White, heterosexual couples. One therapist noted the essential nature of continuing to "slice it thinner:" "We just have to go very slow, and not repeat it 100 times but 300 times or a thousand times…" (Interview 7).

Similar to needing to "slice it thinner," therapists noted needing to adapt the assessment and attachment history question to more accurately understand how the client's cultural experiences form the basis for accurate and authentic therapeutic work. An interviewee noted: "Attachment history questions become immigration history questions. As in attachment is universal, but it looks different based on your immigration story…" (Interview 4). Several therapists connected attachment to not only family of origin, but to the client's community and culture as a whole.

Therapists noted a significant way that they adapt EFT to account for cultural diversity is to integrate other teachings, trainings, and supervision into their work. For example:

> I first researched everything I could about EFT. I found a dissertation that a Canadian gentlemen had done in his doctoral program on EFT and Christianity, so I read that and any articles that I could find although there wasn't much out there. Then, I went through all my seminary classes, theology, and sort of paired theological principles with the basic assumptions of EFT. So, I looked into the humanistic and experiential routes of EFT and then sort of cross-compared the philosophical foundation of the two approaches to life. And then just did a comparison of similarities and differences…. And then just really used it a lot in my therapy sessions with Christian clients. It was really easy to integrate and just to paired my work with that rationale. (Interview 22)

Many of the therapists discussed additional readings that impacted their understanding of cultural responsiveness in therapy: "…From a book called, This Bridge Called My Back…. And there was a quote from a black feminist writer and it was something like, 'You must always remember that I'm black and you must forget that I'm black.' And you know, just sort of navigating that…" (Interview 19). Other interviewees talked about the need to integrate additional knowledge about emotion:

> Then Panksepp's work, I think, was really helpful for me because I think his categorization of emotions is being very action related, helped me think a little differently about … If people don't like the cultural terms, sadness, happiness, fear, even though I know Ekman and some others say that would be the basics. When Panksepp talks about there being a panic and grief circuit and there being a play and joy circuit and there being a rage or rejection circuit, I can start to think of that emotion being more relationally. (Interview 14)

Some therapists mentioned that the ability to integrate other readings, teachings, trainings, and learnings allowed them to increase their understanding of their clients' experience, the nuanced emotional expression across cultures, and how to creatively accomplish the goals of EFT.

A principal culturally responsive adaptation mentioned by the therapists was to make culture and cultural differences in the therapeutic relationship

explicit and name those differences often. It remained essential that therapists come from a respectful, curious, and non-knowing position when broaching cultural differences:

And one of the ways of course, is when I first meet somebody that's of a different culture or different religion, or a sense of difference, I acknowledge right away. We're different and I may not know you and I may not understand your culture. And you may say things that are hard. And if I don't get it, I really need your help. We got to do this together (Interview 10).

Another therapist mentioned broaching culture depended on the step and stage of EFT:

> I'm very prone to talk about my experience with working with cross cultural stuff if that's relevant… I may be just another well-meaning white liberal, but I've also done some work around this personally. So, I'm prone, like if I have a client who's verifiably from a different culture, I might mention having had clients from the culture in the past or something from the news or the history. And step one is I'm trying to say you can trust me, I don't know everything, but I know some things. (Interview 10)

A significant piece of broaching culture was to acknowledge privilege and oppression: "I like to both own the places where I had it so much easier.… And talking about places where I didn't so that he can kind of find those parts of me, too.… I'm sharing way more information about myself than I normally would very specifically to maintain the client's trust in me" (Interview 10).

Another fundamental adaptation therapists made was modifying EFT interventions. In doing so, all therapists provided specific examples of their work, such as modifying empathic reflections:

> I'll say, "Because that's how important your family is, that's how important she is to you. Because you're not used to talking about feeling lonely, right? Because you're not supposed to do that. Everybody's really good and your family's supposedly taking care of themselves, but I hear you saying there's something upsetting.… (Interview 21)

Two of the most important aspects of culture mentioned by the majority of interviewed therapists were enacting culture and including culture as part of the couple's cycle. One therapist continually referenced the importance of placing privilege and oppression in the couple's cycle: "I have a few good examples of where it goes well when we do an enactment where someone actually talks about how oppression makes them scared to connect with their partner…" (Interview 17). It was clear for many of the therapists that their clients struggled to name how culture impacted their cycle and that the therapist needed to take the lead:

> I asked the African-American partner, and there was this flood of like, "Oh my god, I'm so glad that you brought that up. I just have known for so long I can't talk about that because…people to think I'm making excuses. I grew up in a wealthy black family, so what right do I have to talk about oppression? He grew up in a poor, white family, so I don't get to complain about how hard it was to not be able to find job. (Interview 16)

Another therapist explained:

> I do think that, you know I do work with some folks who really, they express their attachment at least partially through the sexual expression with their partner. It's not just about sex and getting off, it really is this deep, sometimes almost spiritual experience of being with your partner and feeling connected, and feeling attached to them…. Certainly, it's helpful when working with couples, especially if it's a desire discrepancy to have them be able to articulate that, those sexual desires in an attachment frame for their partner so that the person with lower desire isn't just feeling like, 'oh this isn't going to help me, this isn't going to be enough.' (Interview 9)

Training Experiences

Therapists expressed the following experiences relating culturally responsive therapy and EFT training: the idea that the model may not work for everyone, the appreciation of inclusivity in trainings, thoughts of lingering questions that participants wished they could explore, and additions they would like to see in EFT trainings. The idea that 'one size does not fit all' was discussed by half the interviewees. Two therapists described their experiences of being dismissed by trainers when they brought up diversity or issues with diversity meaning "not thought of," "not explored," or ignored by "attachment is universal" statements (Interview 4, 16). Indeed, participants expressed their disbelief that EFT is as culturally comprehensive as described during trainings: "But she said, yeah, it's worked for everybody. And so, I didn't trust that" (Interview 4).

Many participants expressed their appreciation of and desire for diverse couples to be included in the trainings: "the more clips where there are multicultural couples and where issues of gender identity and gender norms and racial identity and even class identity, I think if those are more explicitly addressed in clips, that's really helpful" (Interview 14). Male participants in particular reported appreciating watching examples of male EFT therapists (Interview 14). Trainers themselves discussed the strategies they use to increase inclusivity when training in a collectivist culture:

> I think that's the adjustment…start with one specific area of attachment. Not to sell then the whole package. We talk about, you should be able to say if you share your vulnerability and depend on others inside society, that you don't want to be burden of others. The thought of depending on others is just unthinkable. (Interview 2)

Some therapists also came away from trainings with lingering questions they desired to explore: "the main two places, I think, that EFT needs to pay attention are what effect do cultural differences, and not just culture but power, differences in power and privilege that come along with cultural differences, impact the alliance and the couple relationship" (Interview 16). Participants also expressed the frustration that: "they just go straight to talking about the cycle and the cycle dynamics, and diversity's considered content. It's not really considered part of the process" and that talking about the impact of culture is generally perceived as "critique" of EFT (Interview 16).

Finally, many therapists named additions they would like to see in trainings to address diversity in therapy: "more of a focus on the conflict issues in the core struggle and how each person's gender, sexual orientation, ethnicity, culture even political orientation [affect the relationship]" (Interview 3). Participants expressed the struggle of making cultural adaptations alone: "certainly the non-monogamy clients are a big one where I kind of had to figure that out on my own" (Interview 9). Therapists also mentioned that "ideally" a "cultural piece" would be built in to "all the trainings" (Interview 5, 11), underscoring the need for culturally responsive EFT.

Discussion

This study aimed to explore how EFT therapists make adaptations to their practice when working with couples who identify as nonwhite and non-heterosexual. The language of diversity is complex and often points to those who are not part of dominant culture as opposed to speaking to how we can be inclusive across a range of intersecting identities. The participants in this study overwhelmingly identified that they made changes to adapt their work with couples and spoke to specific strategies they used to address diversity, power, and oppression.

This research addresses a gap in the practice literature, specifically the gap that EFT research to date has been limited to white, heterosexual couples (Greenman & Johnson, 2013). This gap is not only experienced in EFT research; the field of couple therapy research has been limited in either gathering data about the identities of couples participating in the research or has been limited in how diverse the samples are in couple therapy research (Seedall et al., 2014; Spengler et al., 2020). Despite long standing awareness of the importance of integrating issues of culture, identities, and marginalization into practice and research (Bernal et al., 2009; Ratts et al., 2016), the field of couple therapy research is lagging compared to the practice realities that couple and family therapists address daily in their clinical work.

There were five themes identified from the interviews conducted. First, EFT therapists identified the challenges of being overwhelmed by learning a new model and/or struggling to find diversity in their training. Interviewees were forced to learn how best to work with the diverse couples in their practice which were not addressed or integrated into their training experiences. Previous research indicates learning new models of therapy can be challenging (Kennedy & Moore, 2020), specifically EFT (Allan et al., 2018; Bell et al., 2018; Sandberg & Knestel, 2011). The challenge of learning and integrating new therapeutic models is exacerbated by a lack of institutional support (Michie et al., 2007) and training that does not explicitly incorporate diversity (Constantine, 2001; Sandberg & Knestel, 2011). Interviewees were forced to learn how best to work with the diverse couples in their practice which were not addressed or integrated into their training or supervisory experiences.

Second, the EFT model itself allows for room to integrate, engage, and be powerfully present with a couple's cultural experience. Additional studies of learning EFT report therapist's increased compassion and empathy (Montagno et al., 2011), ability to use emotion effectively (Bell et al., 2018), and ability to form a strong therapeutic alliance (Sandberg & Knestel). Much as Johnson (2019) notes how couples need to be emotionally accessible, responsive, and engaged (ARE) with each other and therapists need to be ARE with their clients, interviewees spoke to how the model simply tuned them into being culturally ARE with their clients. Guillory (2020) and Sandberg and Knestel (2011) discuss the trust of the EFT model to provide a direction for healing couple relationships.

Third, therapists develop a multicultural orientation though lived experience and learning they engage in (Davis et al., 2018) throughout their lives and their clinical work. Therapists who have experience multiculturalism, as opposed to simply being trained, have been shown to demonstrate stronger abilities to work with diversity and multiculturalism (Møllersen et al., 2009), This sustained approach to working with and understanding culture reflects a life-long approach to learning, developing, engaging, and change that reflects practices known to develop strong therapists (Allan et al., 2018). The fourth theme included reports of their clinical experience with different populations and how therapists integrate their knowledge, experience, and awareness of cultural specifics into their practice with different couples. These practices reflect cultural adaptations frameworks which involve changing therapist language, the integration of culturally relevant metaphors, the discussion of culturally focused content, the importance of considering the broader sociocultural client context, and the need for explicit discussion of cultural factors pertaining to the client/therapist relationship (Escoffery et al., 2019).

The fifth and final theme warrants additional attention with the focus on the participants experience with EFT training. The importance of multicultural therapist training has been well reviewed in the literature (Bemak & Chung, 2017; Davis et al., 2018; Griner & Smith, 2006; Sue & Sue, 2013). A number of participants who were told aspects of the model were "universal" or it works "with everyone" found that assurance did not assuage their feelings that their clinical concerns were not been appropriately addressed. In many instances it left participants suspicious about the intent of trainers or whether the model was appropriate for the populations they worked with. People who train others about EFT would benefit from a more inclusive approach that includes: (1) showing a range of clients in their video demonstrations, (2) discussing a range of clinical experiences with diverse clients, (3) discussing how culture impacts emotional experience and expression, (4) exploring how identity impacts relationship conflict and distress, and (5) discussing how culture impacts view of self and view of other from an attachment perspective.

Limitations

As with all studies using thematic analysis, claims about language are limited and the lack of an epistemological position impacts the interpretation of findings (Braun & Clarke, 2006; Holloway & Todres, 2003). This study was exploratory in nature and intended to report on a range of work EFT therapists are doing across diverse clients, thus limiting the ability of this study to comment on the use of EFT with specific client populations. The interview protocol did not specifically address how therapists address issues of power, privilege, and oppression with minoritized clients. The study is limited to the reports of the participants and their clinical experience. Further research is required across a range of identities, clinical experiences, and methods to address issues of power and client diversity.

Conclusion

While systemic therapists pride themselves on a longstanding interest and attention to systemic matters such as how race, sexual orientation, religion, ethnicity, and other identities impact our clinical work, the published results of decades of couple therapy outcome research suggests otherwise. This exploratory study reports on clinical experience of EFT therapists working with diverse populations and the oft repeated fact is that we need outcome research – research of all kinds – to explicitly integrate and address identities and there be a diverse range of identities integrated into the research and training of relationship therapists.

Areas for future research need to both look at how existing models and therapy processes work with diverse populations as well as looking at models that can emerge from specific communities rooted in understandings that are specific to those communities. Future research needs to develop outcome studies that focus on identities not traditionally included in couple outcome research, therapist processes that work well with diverse populations, and research about diverse couples and relationships themselves.

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