Effects of ethnic matching/mismatching on therapy and the need to deal with difference

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Dr Addila Khan
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Introduction

- More intra-ethnic therapy?

  a) Proponents: Ethnic matching facilitates therapy process and positive outcome

  b) Against: Ethnic differences can be overcome, like diff. in age, gender, etc.

- Important implications for practice, training, policies and politics.
Reviews of existing research

- 3 of 4 reviews from 70’s and 80’s found an even split btw studies pro- and against ethnic matching

- 3 later reviews found matching to: 1) predict outcome (Sue et al, 1994), 2) enhance therapy process (Gray-Little & Kaplan, 2000), 3) predict process and outcome (our own review, in prep.)

- However, the most recent review Karlsson (2005) concludes instead that:

  “... support for ethnic matching... is inconclusive”
Reasons for confusion

- Most studies of process+outcome use students’ role-play of 1 session: mixed results+low validity
- Studies w general population clients mainly use archival data: matching=less dropouts+better outcome, high validity, mute on process (eg WA)
- Only 2 studies of actual clients over time (Ricker et al, 1999; Erdur et al, 2000): little effect of matching on working alliance+outcome, but only 4-6 sessions with US college student clients
Farah Farsimadan’s research

- One qualitative and one quantitative study of clients from the general population in the UK
- Quantitative study explored whether:
  a) *Both* outcome and process are significantly better in matched than in nonmatched dyads
  b) Process *mediates* the effect of ethnic matching/mismatching on therapy outcome
Method

- 50 matched + 50 nonmatched dyads (all from ethnic minorities, matched preferred matching)
- One measure of outcome: Difference btw pre- and post-therapy Global Severity Index (BSI)
- Two measures of process:
  - Bond with Therapist (measure of relationship quality in the WAI, client version)
  - Therapist Credibility Rating Scale (perceived expertness, attract. ness, trustw. ness, utility)
- Age, gender, ethnicity, nation., length of ther.
## Results

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Matched</th>
<th>Nonmatched</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indian</td>
<td>14 (28%)</td>
<td>17 (34%)</td>
</tr>
<tr>
<td>Black Caribbean</td>
<td>11 (22%)</td>
<td>7 (14%)</td>
</tr>
<tr>
<td>Pakistani</td>
<td>9 (18%)</td>
<td>7 (14%)</td>
</tr>
<tr>
<td>Bangladeshi</td>
<td>7 (14%)</td>
<td>3 (6%)</td>
</tr>
<tr>
<td>Black African</td>
<td>7 (14%)</td>
<td>8 (16%)</td>
</tr>
<tr>
<td>Middle Eastern</td>
<td>2 (4%)</td>
<td>6 (12%)</td>
</tr>
<tr>
<td>Sri Lankan</td>
<td>0 (0%)</td>
<td>2 (4%)</td>
</tr>
</tbody>
</table>
## Outcome + Process in the two groups

### Means (and SDs) by group

<table>
<thead>
<tr>
<th>Variable</th>
<th>Matched</th>
<th>Nonmatched</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)*</td>
<td>35.6 (4.01)</td>
<td>37.5 (4.79)</td>
</tr>
<tr>
<td>Length of ther. (wks)</td>
<td>9.2 (2.82)</td>
<td>9.48 (2.76)</td>
</tr>
<tr>
<td>Therapy outcome***</td>
<td>1.37 (0.49)</td>
<td>0.94 (0.37)</td>
</tr>
<tr>
<td>Bond w therapist***</td>
<td>65.52 (8.74)</td>
<td>34.8 (7.47)</td>
</tr>
<tr>
<td>Therapist credibil.***</td>
<td>58.16 (6.84)</td>
<td>32.58 (7.25)</td>
</tr>
</tbody>
</table>

*p<.05. ***p<.001
Mediation analyses

- EM predicts Outcome ($\beta = .449***$)
- EM predicts Bond w Th. ($\beta = .889***$)
- EM w Bond does NOT predict Outcome ($\beta = -.114$), but Bond does ($\beta = .636***$)
- EM predicts Th. Credibility ($\beta = .887***$)
- EM w Th. Credibility does NOT predict Outcome ($\beta = -.014$), but Th. Credibility does ($\beta = .528***$)
Exemplifying quotes from qualitative study

- Must get them from Farah’s study (have copy at work)
Conclusions/open questions

- Matching therapists’ with clients’ ethnicity can be very beneficial (at least if all are from minorities in the UK and clients prefer to be matched).

- This is so because of a strong effect of EM on therapy process (bond, therapist credibility).

- But:
  - also true for therapists from white majority?
  - why process difficult in nonmatched dyads?
Study 2 – Addila Khan

- Introduction
- Qualitative research
- Quantitative research explored whether:
  a) The *overall* results of Farah’s study do generalise to the general population of matched (White) dyads and non-matched (White/south-Asian) dyads.
  b) Culture-sensitive variables identified do significantly differentiate between the two groups.
  c) some of these variables have an effect on process and hence outcome.
  d) relationship specific variables *moderate* the effect of ethnicity on process.
South-Asian clients’ experiences of psychoanalytic/psychodynamic psychotherapy and the circumstances related to its premature ending: an interpretative phenomenological analysis

Participants
- 7/8 females with White therapists
- South-Asian (Indian, Pakistani, Bangladeshi)
- Ended therapy prematurely

Across all themes participants appeared to review their experience of psychotherapy and origins of termination through a cultural lens reflecting earlier interactions with significant persons and cultural traditions.

Transcripts: 6 main themes identified
- Secrecy & trust
- Negotiating & wrestling with aspects of ‘Asianness’
- Expectations met/unmet & emotions surrounding leaving therapy
- Asian clients’ interpretation of empathy & understanding
- Family transference
- Personal insight & self reflection
Method

- 125 matched (White/White) + 116 non-matched dyads (White Th./S.Aian)
- One measure of outcome: BSI – Global Severity Index
- Three measures of therapeutic process (excluding ‘Therapist Credibility Rating Scale):
  - WAI-Bond with therapist,
  - Pretend self and secrecy in therapy,
  - Client’s perceived level of stereotyping by therapist (devlp).
- Three measures culture-related variables unrelated to therapy:
  - Self-concealment Scale (Larson & Chastain, 1990)
  - The Marlowe-Crowne Social Desirability Scale (Reynolds, 1982)
  - Cultural Change Scale (developed)

Age, gender, ethnicity, nationality, length of therapy
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<tr>
<td>White</td>
<td>103 (%)</td>
<td>53 (%) 17(34%)</td>
</tr>
<tr>
<td>White other</td>
<td>22(%)</td>
<td>39 (%) 7 (14%)</td>
</tr>
<tr>
<td>Indian</td>
<td>14 (28%)</td>
<td>45 (56%) 17(34%)</td>
</tr>
<tr>
<td>Pakistani</td>
<td>9 (18%)</td>
<td>39 (%) 7 (14%)</td>
</tr>
<tr>
<td>Bangladeshi</td>
<td>7 (14%)</td>
<td>24 (%) 3 (6%)</td>
</tr>
<tr>
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## Outcome + Process in the two groups

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<tbody>
<tr>
<td>Age (years)/*</td>
<td>2.77 (1.04) / 35.6 (4.01)</td>
<td>2.84 (1.21) / 37.5 (4.70)</td>
</tr>
<tr>
<td>Length of ther.(wks)</td>
<td>4.84 (2.42) / 9.2 (2.82)</td>
<td>4.30 (2.44) / 9.48 (2.76)</td>
</tr>
<tr>
<td>Therapy outcome***</td>
<td>0.50 (0.40) / 1.07 (0.49)</td>
<td>0.26 (0.22) / 0.04 (0.37)</td>
</tr>
<tr>
<td>Bond w Therapist***</td>
<td>65.82 (11,93) / 65.52 (8.74)</td>
<td>42.10 (8.73) / 34.8 (7.74)</td>
</tr>
<tr>
<td>Secrecy+pretend.self in Therapy.***</td>
<td>30.43 (18.54)</td>
<td>75.20 (13.33)</td>
</tr>
<tr>
<td>Perceived Stereotyping in Therapy***</td>
<td>15.92 (7.21)</td>
<td>38.19 (7.80)</td>
</tr>
<tr>
<td>Cultural Change***</td>
<td>25.28 (8.23)</td>
<td>32.29 (5.36)</td>
</tr>
<tr>
<td>Self concealment***</td>
<td>27.28 (8.10)</td>
<td>36.10 (6.08)</td>
</tr>
<tr>
<td>Social Desirability***</td>
<td>18.01 (2.56)</td>
<td>20.37 (2.57)</td>
</tr>
</tbody>
</table>

*p<.05  ***p<.001
Mediation analyses

- Ethnicity matching predicts Outcome ($\beta = -0.374*** / \beta = 0.449***$)
- EM predicts Bond w Th. ($\beta = -0.750*** / \beta = 0.889***$)
- EM w Bond does NOT predict outcome ($\beta = -0.099 / \beta = 0.114$), but does mediate the effect of ethnicity on bond ($\beta = 0.327*** / \beta = 0.636***$)
- EM predicts culture-sensitive variables:
  a) Relationship-specific variables (RSV)
     - Perceived Stereotyping ($\beta = -0.830***$)
     - Secrecy + Pretend Self ($\beta = -0.810***$)
  b) Variables unrelated to therapy
     - Self Concealment ($\beta = -0.524***$)
     - Social Desirability ($\beta = -0.419***$)
     - Cultural Change ($\beta = -0.449***$)
- EM w Bond does NOT predict relationship-specific variables nor variables unrelated to therapy but RSVs do moderate the effect of ethnicity on Bond
Mediation Analysis – culture-sensitive variables

- EM w Bond does NOT predict Culture-specific background variables
  - Self Concealment ($\beta = -0.433^{***}$)
  - Social Desirability ($\beta = -0.266^{***}$)
  - Cultural Change ($\beta = -0.606^{***}$)

  nor does it moderate the effects of EM/mismatching on Bond. ($\beta = -0.122$ $\beta = -0.203^*, \beta = 0.209^*$)

- However, although EM w Bond does NOT predict relationship-specific variables
  - Perceived Stereotyping ($\beta = -0.532^{***}$)
  - Secrecy + Pretend Self ($\beta = -0.436^{***}$)

  EM does moderate the effect of ethnicity on Bond ($\beta = -0.398$ and $\beta = -0.498$) respectively.

These results suggest that south-Asian clients of White therapists tend to be more secretive, pretentious and feel more stereotyped.
Exemplifying quotes from qualitative study

Secrecy + Pretend Self:

“I just felt “you’re not going to understand why I didn’t tell my family that I was with somebody so I just let her assume they knew […] no point in telling her”. [Camal]

“If I had a therapist of the same age group […] I could tell them anything […] it’s not like an older person that I have to respect this person or feel scared of opening up […] because of cultural control”. [Sirah]

“Quite honestly it was difficult to share things, I mean real things […] I didn’t want her to start judging how it is in Asian culture […] the shame it would bring on us […] I would find that I’d lose my voice and end up saying nothing [Sati]

Perceived Stereotyping

“Without trying to they would subscribe to some stereotype, that I was submissive because I was Asian” [Sati]

“She would give me parallels of how it is [in Asian culture] Some Asians might be like that but I come from […]. I don’t think putting me into boxes helped. She really didn’t understand”. [Hannah]
What participants accounts had in common were feelings of not being understood related to cultural aspects rather than other phenomena

“When you’re sitting there with someone listening to you not really giving you any input you have this whole thing of you’re not really going to understand anything I’m saying to you [...] because you’re from [...] a completely different life style [...] to me they’re not really with me [...] the cultural side of me”. Hannah

“There have been times when I felt she’s not understood [...] I’ve tried really to kind of make her see by giving her big explanations of how it is [in Asian culture]”. Rajinder

An explanation of what they perceived as difficult was most aptly and clearly articulated by Sati:

“I think to be fair to them [therapists] they tried to understand my background and how it may have affected me but at some point they don’t understand it because they don’t share it”.
Conclusions

- Therapy process and thus outcome is easier for most ethnic groups in the UK when they are matched to a therapist from a similar group.
- Culture-sensitive differences affect process (e.g. pretence/concealment and perceived stereotyping in south-Asian clients with majority therapists).
- More research needed to explore effects of other factors (e.g. political context, type of agency, client and therapist projections, therapist factors).
Implications

- Institutions to provide more ethnic matching
- Courses to train more ethnic minority therapists (is it enough to train culturally sensitive ones?)
- Therapists in nonmatched dyads to focus on process and the effect of cultural differences (and own culturally determined limitations...)
- Overall, we all need to take the effects of ethnicity more seriously than we do at present (results are quite clear there...)

In practice

- Difficulties
  - context, client expectations, stigma, help seeking behaviours at ‘crisis point’
- Active rather than passive approaches?
  - Directive?
  - Self-disclosure?
  - Friendly?
- To consider
  - Balance between familiarity and difference
  - Choices
  - emphatic understanding whether indirectly through ‘empathically attuned’ interpretations or somewhat directly with occasional sharing of personal experience (Rowan & Jacobs, 2002)
- Thus an argument for ethnic matching.

However, we need to bear in mind Frith’s (1998) argument related to the ‘other’ even when the client-therapist dyads are ethnically matched that “knowledge...[should not be] taken for granted as shared, but rather must be investigated” (p535)

“I need a therapist who is culturally aware and someone who is free thinking and open minded. I think they would be perhaps more accepting and understanding” [Sati]