

Empathy in Cross-Cultural Psychotherapy

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Dimensions of Empathic Therapy

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e-Book 2016 International Psychotherapy Institute

From *Dimensions of Empathic Therapy* Peter R. Breggin, MD, Ginger Breggin, Fred Bemak, EdD

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Empathy in Cross-Cultural Psychotherapy

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Interest in and knowledge about cross-cultural psychotherapy continues to flourish. A large literature now exists on it in the United States and abroad. At annual conventions, local, state, national, and international psychotherapeutic associations feature numerous content programs on theories and practices advocated in counseling culturally different clients. However, little if any attention has been devoted to an important consideration in cross-cultural therapeutic interactions—empathy. The purpose of this chapter is to argue for the position that empathy is basic to human nature. Therefore, it occurs in all helping relationships. Several therapeutic encounters are briefly described to support the contention.

There are four levels of empathy innate to the human species. First, universal empathy is species-related. Human beings understand the feelings of others simply because they are members of the same species. Second, ecological empathy joins people who share the same physical environment. It is difficult for humans residing in Alaska to identify with the challenges of surviving in the tropics of West Africa and conversely. Third, there is a national empathy which is the product of people experiencing the demands and expectations implicit in living in a given country. Individuals become accustomed to the freedoms or lack of them and conduct themselves accordingly. Third, there is a regional culture which includes an empathy which in turn makes it possible for people from that region to understand and identify with others from the same part of the country. Finally, there is a racio-ethnic culture and the concomitant empathy which enable individuals from a culture, racial, or ethnic enclave to feel the emotions of their cultural peers. Therefore, everybody has the innate ability to empathize with others on at least two or more levels, regardless of their cultural heritage.

CLOSE ENCOUNTERS WITH OTHERS

During my over 30 years of counseling culturally different clients, I recall several therapeutic relationships which illustrate cross-cultural empathy. The first one involved Ho Hing Ming, a 27-year-old Korean graduate student who consulted me, complaining that he could not sleep nights. The third of four sons in a wealthy family, his father had planned each one's future, including choice of occupation and

spouse. Having recently married, he indicated that he did not love his wife. She, unlike him, was not interested in his intellectual pursuits. They could not talk about anything of mutual interest. He would like to divorce her but does not want to upset his father, who had always given him whatever material things he wanted.

His father wanted him to be a university professor, but he preferred to be a businessman. Anxiety-ridden, my client was confronted with choices he did not realize he had. I helped him to realize that there were choices still available to him. Primary among them was how he reacted to his father's ready-made choices. He could choose to learn to love his wife or not. Besides, he would probably learn to live with whatever choice he made. I also helped him to understand that it was he and he alone who would decide how he responded to his father's occupational choice for him. I empathized with my client, because I, too, have been confronted with choices over which I have agonized, robbing me of my nights of sleep. The fact that he was Korean was not a barrier to my ability to empathize with him.

I had another client from Cote d'Ivoire, a country I know well, having traveled there several times over the last 15 years. Twenty-eight-years-old, Francois came to the United States intending to enroll in a university to work toward a MBS, a prestigious degree in Africa. Unfortunately, his money ran out much too soon and he had to drop out of school. He was overwhelmed by anxiety, because he had found himself in this country on an F-1 visa but not in school. He was an illegal alien, who could be deported. Moreover, lonely, he tried to connect with several young women, thinking that if he married an American, he could become "legal" and remain in the country. However, his courting skills were not immediately transferable from one country to another. He never found a wife.

Although he spoke academic English very well, he had trouble communicating his deep feelings in a foreign language. He wanted to acculturate to the American culture but seemed laden with one problem after another. He did not know what to do. He was suffering from *cultural anxiety*, a diagnostic construct not found in the *DSM-IV*. However, it is an emotion which I have felt often during my travel in foreign countries. The anxiety is situational. The more culturally different the environment, the greater is the anxiety which individuals feel. I understood his problem very well and was able to help him to get admitted to a university, where he obtained part-time work on campus, a move which restored his F-1 visa status. He soon began to feel acculturated, received a MBA, returned to his country, married his

childhood sweetheart, has a family, and now occupies a high position in the federal government.

A native of Burkina Faso, West Africa, Albert was an undergraduate student at a major American university where he majored in accounting. He consulted me because he was afraid of his father, who treats him like a “little boy.” A very good student he wanted to be a university professor; his father, however, a prominent businessman in Ougadougou, the capital of the country, insisted that he pursue a MBA degree in graduate school and return home to take a good job in a foreign company there and “be somebody.” The client, on the other hand, wanted to determine his own future. To do that, he needed help in communicating with this stern father “man- to-man.” I could identify with his dilemma. Although my father was not as dictatorial as he described his, I could identify with what he was feeling; that is, not wanting to disrespect his father, but at the same time needing to be true to himself. I asked my client if he had an uncle back home with whom he could ask to intervene on his behalf. He indicated that this is a role that uncles often play in African societies, but that he had no such uncle who could help him. Since there was no one in his extended family to help him, I saw no other option than to coach my client in how to communicate more effectively with his father, when he got home after completing his undergraduate degree. In role playing his father, I first saw my client perspire and stutter as he responded to my assertiveness. However, as the sessions went on, Albert became more assertive as he talked about his aspirations for the future.

In sessions which immediately preceded his departure for home, he reported that he had talked with his father by telephone. He indicated that he was able to get more words in than before by inviting his father to slow down, so he could say something, too. In the past, he usually sat as the silent listener. Soon after he got home, he wrote to tell me that “It worked.” I had encouraged him to be more assertive in conversations with his father. In approaching his father thus, I assured him that he would gain respect from him, since he would see him as a man. I shared with him how my response to my father changed from that of a boy to a man.

Sometime ago I saw a middle-aged client from Venezuela. She had come to the United States to pursue a PhD in psychology. From a small rural community back home, she was somewhat anxious about her pursuit of an advanced degree, since most women in her country get married at an early age and have rather large families. However, her father was a highly educated man with four daughters. He

wanted his oldest one, my client, who was not married, to be a university professor and bring honor to the rest of the family, as he would have wanted his oldest son to have done, had there been one.

During the first 3 years of her degree program, Elizabeth did very well. Her grades were excellent. As she neared the final hurdle, the dissertation and its defense, she became immobilized by fear and self-doubt. What if she fails? How would she explain her failure to her father and to people back home who were singing her praises to everybody in the neighborhood? She kept postponing the completion of the dissertation until she was informed that the time allocated for the fulfillment of all the requirements for the degree was about to expire. She sought my help. I understood her procrastination because I have gone through graduate school, too. Even though she had straight As in all of her course work, she doubted that she knew enough statistics to write and defend a dissertation. Existentially speaking, she was stuck, fixated, unable to take the next step necessary to achieve her goal. I suggested that she do what I did when I was in a similar situation: hire a tutor to help her with the research design and strategies for defending her dissertation. She sought the assistance of a retired professor of research, who consulted with her as she wrote and prepared the defense of her dissertation. Elizabeth graduated with distinction and is now back home in the capital city of her country where she is a professor of psychology in a university there. Recently, she wrote me to say that her father, who is now advanced in age, has encouraged her to get married. He is helping her to find a suitable husband. She said that she was happy and was optimistic about her future.

John was an Anglo-American client who came to see me, complaining of depression. He sobbed uncontrollably as he told me that he had recently been diagnosed HIV positive. He just knew that he was doing to die. In anticipating that end, he had closed his bank account, quit his job, stopped eating, began to drink heavily, and spent most of his time in bed. Prior to the diagnosis, he had a very active social life, going from one gay party to another. He reported that he was also a “neat freak,” always wanting his apartment to look like it was right out of *Good Housekeeping*. However, since his “death sentence,” he had “just let things go, including myself.” He stopped answering the telephone and the doorbell. He was terrified of death. I told him that I understood. It was a normal reaction. I said that I, too, was afraid of death, but had learned to accept things over which I have no control and to change those which I have the power to change. Although neither he nor I can change our death sentences, we can change our attitude toward it. We can learn to use more effectively the days allotted to us in earth.

My client and I met for several sessions, in which I helped him to understand and accept the fact that everything that lives dies, but that most creatures hold on tenaciously to life as long as possible. We also discussed the research which reveals that most individuals, when first diagnosed with HIV, go through a 90—day tailspin. Finally, the depression began to lift. He started to eat and take care of himself again. He reestablished social relationships and joined an HIV support group. John has been living with HIV for 8 years and remains asymptomatic. He called a few weeks ago to tell me that he had gone back to work, reopened his bank account, and was waiting for “the cure.”

When Suzanne came to the United States from France 25 years ago, she was a beautiful young woman who had just turned 23. Although her English was not perfect, it was sufficient to propel her into the social scene of Washington, DC. She enjoyed the attention of prosperous people in high places. Even though she had several opportunities to marry “well-off,” she did not want to tie herself down with the responsibilities of children and a home to look after. Alone in this country, she had a few relatives back in France whom she visited from time to time. However, as time went by, her visits became less and less frequent. She reported that her mother and father died when she was a child and that she mainly had cousins in France.

One day Suzanne realized that she was alone in a foreign country, where she had really made no plans for her golden years. Suddenly she became frightened. She had lost her social contacts in France and had not really acquired any solid ones in the United States. She was nearly 50 when she consulted me, wanting to know what she could do to put a stop to the panic attacks which continued to rob her each night of much needed sleep. Instead of being the beautiful young woman of a quarter of a century ago, she was fighting a weight problem, circles under her eyes, and a face which was beginning to sag under the weight of years.

Suzanne was experiencing existential anxiety. She feared aging and its implications. Having chosen to not become involved with others as her existence unfolded, she was now overwhelmed by the realization that she was alone and frightened. In the therapy sessions with her, I assured her that I understood her situation, that we are all alone. We come into the world alone and we leave alone. However, our stay here is made easier by huddling with others in the same boat, so to speak. I encouraged her to reach out to others and to share herself spiritually with them. Her panic attacks were

wake-up calls for her. She could now take stock of her life, assume full responsibility for it, and change it, if she really wanted to.

Suzanne was experiencing what many human beings feel at various points throughout life. Her experience was aggravated by her being alone without family or significant others in a country that she had not yet adopted as her own. Even though she had lived here for over 25 years, she was still a stranger, mainly because she was a stranger to herself. Indeed, I empathized with her and her situation, because I have “been there.” In fact, I am still in search of myself, because self-discovery is never-ending. Unfortunately, my client had enjoyed so much the distracting fun and games of life that she had never started the journey to self-discovery. Once she set in motion the quest for self-knowledge, she renewed a friendship with a man whose wife had died, married him, became stepmother to his children, and found meaning in her life for the first time ever.

CONCLUSIONS

Empathy is basic to human nature. People are innately endowed with the capacity to connect with others, regardless of cultural differences which may separate them. Nature intended that humans be able to empathize with one another. It is only when we deny this instinct that we complicate our existence. Instead of responding to everybody as fellow human beings, we too often react to them as if they were different and therefore exclude them from our community.

The cases described here illustrate that the challenges of human existence are pretty much the same, no matter who we are. There are no shortcuts in life. There is no easy way to live out our existence. One thing seems clear, however: whoever or wherever we may be, our existence is more fulfilling when we realize how much we all need to understand and support one another. It is also especially important for therapists to realize the empathic bonds which allow them to reach out to culturally different clients and help them through their life’s journey.