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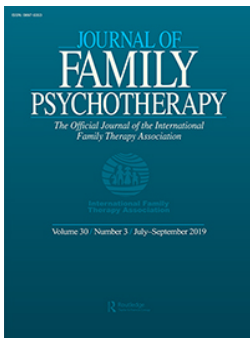
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Emotionally Focused Therapy: A Culturally Sensitive Approach for African American Heterosexual Couples

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ABSTRACT



This article discusses unique considerations for a culturally sensitive emotionally focused therapy (EFT) for African American couples. EFT is an empirically supported treatment that significantly reduces relationship distress, yet efficacy with diverse populations remains unknown. African Americans' chronic exposure to racism and discrimination creates a cumulative racial stress that negatively impacts their couple relationships. We propose a racially sensitive intervention for African American couples that addresses five considerations most salient for successful EFT treatment: the impact of racial stress, client trust of the therapist, gender-role expectations, and racial-gender views of emotionality and vulnerability. A case study illustrates this approach.

KEYWORDS

couples; African American; Emotionally Focused Therapy; couple therapy

Relationship distress has significant negative consequences beyond individual unhappiness. The quality of intimate relationships has a stronger impact on life satisfaction than one's job or one's health and, interdependence is as significant to physical and mental health as diet and exercise (Kiecolt-Glaser & Wilson, 2017). Continued exposure to the stress of a troubled relationship elevates risks for chronic conditions (cancer, diabetes, heart attacks, sleep problems, obesity, depression, anxiety, mood disorders, substance abuse, impaired work functioning) and increases risks for suicide and early mortality (Kiecolt-Glaser & Wilson, 2017).

Distressed couples wait six years, on average between identifying significant problems and seeking professional help (Doss, Atkins, & Christensen, 2003). Desperate couples often seek help as a last effort before ending a relationship and partners often present as angry, hurt, withdrawn, and hopeless (Sullivan & Davila, 2014). Interventions designed specifically for couples have been most effective in relieving relationship distress (Lebow, 2016).

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We use African Americans and Blacks interchangeably in the article. Blacks/African Americans are couples and individuals of African descent.

Emotionally focused therapy for couples (EFT) is an empirically supported intervention with a 70–75% effectiveness rate for reducing relationship distress (Wiebe & Johnson, 2016). EFT, experiential, humanistic, and systemic, grounded in attachment theory, asserts that relationship distress results from a partner's rigid, constricted responses to emotional threats that trigger reactivity in the other partner (Johnson & Greenberg, 1985a). Triggered couples lack emotional flexibility and retain negative reactive patterns, reinforcing an ongoing cycle of misunderstanding and disconnection (Johnson & Greenman, 2006). EFT attempts to break that cycle, helping partners examine their inter-psychic world to understand how they contribute to and maintain problematic interactions (S. M. Johnson & Greenberg, 1985a). The goal is to increase emotional security, closeness, and connection (Johnson & Greenman, 2006).

EFT addresses a number of comorbidities: depression (Denton, Wittenborn, & Golden, 2012), cancer (McLean, Walton, Rodin, Esplen, & Jones, 2013), and trauma from military deployment (Weisman et al., 2017). EFT is now a manualized treatment used globally by EFT-trained clinicians (Wiebe & Johnson, 2016).

Practitioners use EFT with diverse clinical populations, although EFT researchers have focused “almost exclusively on primarily White, middle class heterosexual couples” (Greenman & Johnson, 2013, p. 57). Some have suggested EFT is well-suited to address the needs of lesbian couples (Hardtke, Armstrong, & Johnson, 2010) and multicultural couples (Greenman, Young, & Johnson, 2009) because the underlying attachment foundation provides a universality that can attend to couple distress across many cultural populations (Wiebe & Johnson, 2016). The assertion of universality is without empirical validation, suggesting the contextual factors of race, ethnicity, and sexual orientation are not germane to EFT success.

In contrast, a growing body of literature argues that empirically supported treatments (such as EFT) used with diverse populations that neglect to address clients' cultural and racial experiences, may risk inflicting harm; “the external validity of ESTs is simply not known, and there is no scientific basis (contemporary or otherwise) for the application to other groups except on a faith, perhaps even blind, of a distorted view of empiricism” (Bernal & Scharrón-del-Río, 2001, p. 339). This view appears to contradict the fundamental requirements of successful intervention.

According to the manual, empathic attunement with clients' emotional experiences is a core competency for successful EFT intervention (Johnson, 2004). EFT training advocates authentic joining with the client, including understanding how the client experiences the world. Clinicians in training are cautioned against making sweeping generalizations about behavior, thoughts or meaning, and are advised to stay close to clients' experiences. Trainees are encouraged to validate clients' experiences as legitimate, even if

they differ from trainees' own life experiences (Johnson, 2004). Treatment is not likely to be successful without successful therapeutic attunement (Wittenborn, 2012). Yet, in the EFT workbook and training, explicit attention to contextual factors is largely absent (Johnson, Bradley, Furrow, Lee, & Palmer et al., 2005). Therapeutic attunement for diverse couples requires more than blind faith. Therapeutic attunement in EFT interventions must explicitly address the lived experiences of diverse couples and how those experiences impact relational functioning. Daily displays of racial, religious, and sexual-orientation oppressions for those from diverse populations appear readily on U.S. media. Relentless assaults on personal dignity are likely to impact clients' emotional world and relational functioning, rendering them germane to treatment (Awosan & Hardy, 2017).

Given the dearth of attention to diverse populations in EFT research, many types of couples would benefit from a closer examination; however, we limit the current focus to Black heterosexual couples. Black couples report lower marital quality, higher marital dissatisfaction, and higher rates of divorce than other racial groups (Awosan, 2014). In 1960, 78% of Black households included a married couple, but by 2016, that rate dropped to 29% compared to 48% for all Americans (U.S. Census Bureau, 2016). Attempts to explain disparities compared Black couples to their White counterparts and attributed differences to individual psychopathologies or the lack of positive role models in Black communities (Amato, 2011). Inherent research bias minimized the impact of racism, perpetuating a distorted view of Black relationships (Johnson & Loscocco, 2014). Chronic exposure to racism creates a unique stress for African Americans, exacerbating problems these couples face (Awosan & Hardy, 2017). Sociohistorical behaviors previously considered indicative of pathology are explainable responses to externally imposed stressors (Bryant et al., 2010). Clinicians can use this critical information to help struggling couples identify external stressors that inflame disconnection and conflict.

Here, we review the EFT theoretical framework. As a model predicated on deep emotional exploration, certain factors may make EFT work especially challenging for African Americans in ways that are not always obvious. For example, racial stress is an ongoing and ubiquitous force present in the lives of most African Americans. Many clients may be unaware of how powerfully racial stress drives emotional reactivity or stunts emotional expression. To build therapeutic trust, clinicians should explore their own racial identity before initiating therapy, to understand how their own social and racial location informs how they understand African Americans. Successful EFT work with Black couples requires effective therapeutic attunement to the issue of race in therapy and in the couple's relationship, including the effects of racial pain and stressors on their relationship. EFT therapists need to attune to personal racial work to

work effectively with Black couples (Hardy & Awosan, 2019). Clinicians must understand why fear of vulnerability is an understandable response to persistent negative stereotypes of Black men and women and why gender-role expectations are uniquely problematic for couples who cling to them, despite incongruence with their lived reality. The EFT practitioner needs a foundation for supporting deeper emotional exploration with Black couples, tailored to each couple's need. A case illustration outlines this approach.

Theoretical framework of EFT

EFT is an experiential humanistic approach focused on processing experience in the present moment and using the power of emotion to organize meaning making and behavior (Johnson, 2004). Emotions are a high-level information-processing system that integrates innate biological and emotional needs with past experiences, present perceptions of the environment, and anticipated interpersonal consequences. Emphasis rests on the therapeutic relationship, where the therapist remains open to accepting clients' emotions, striving to empathically understand clients' emotional experiences. These emotional experiences are focused on, expanded, reformulated and restructured. The major influence of systems theory on EFT formulation is the concept of circular causality: one partner's behavior impacts the other partner's behavior, in a circular fashion. Interactions reciprocally determine each other (Minuchin & Fishman, 1981). EFT espouses attachment theory as applied to adults (Shaver & Hazan, 1993). Seeking and maintaining contact with significant others is an innate primary motivating principle. Understanding close relationships from an attachment perspective addresses how partners manage emotions, process and organize information about themselves and others, and communicate with loved ones.

Overview of EFT

The EFT process has nine steps in three stages (Johnson et al., 2005). In Stage 1 (cycle de-escalation), the therapist builds an alliance with the couple. Through empathic attunement, the therapist listens to each partner's present emotional experience (Step 1). The therapist witnesses clients' expression or suppression of reactive emotional responses in a negative interaction cycle. The therapist tracks and reflects behaviors that elicit the negative response, identifying the negative cycles of pursue/attack followed by defend/withdraw (Step 2). The therapist helps each partner access the primary emotions of fear, hurt, or sadness (Step 3), thereby creating mutual empathy, leading to de-escalation. The therapist reframes the problem as underlying emotional

and attachment needs; the couple begins to see the cycle as the problem that maintains distress in the relationship, rather than blaming each other (Step 4).

In Stage 2 (structuring new interactions) the therapist accesses and expands on unmet attachment needs, promoting accessibility and responsiveness between partners. Withdrawer reengagement and blamer softening are objectives of this stage (Johnson, 2004). Typically, one partner criticizes, demands, complains, and pursues, hoping to engage during conflict; the other partner becomes defensive, shuts down, and emotionally withdraws. The therapist first works with the partner who is more withdrawn, helping the partner access previously unacknowledged longings and attachment needs. The therapist facilitates an enactment in which the withdrawer turns to their partner and asks, from a position of vulnerability, for their attachment needs to be met (Step 5). The shift rests on the partner's responsiveness (Step 6) and the withdrawer's direct request for acceptance, assurance, and comfort (Step 7). The partner who avoided engaging with their partner now is more open and responsive. Once the withdrawer has reengaged, the goal is to have the blaming partner complete Steps 5–7, to “soften.” In blamer softening, the critical partner now expresses more vulnerable emotions, drawing connections. Partners have communicated their attachment needs and longings, and have been responded to. New experiences reinforce and secure the couple bond.

In Stage 3 of EFT (consolidation), the couple integrates new ways of engaging in discussions or when solving problems (Step 8). The therapist reviews accomplishments in therapy, the journey out of distress, and helps the couple create bonding rituals that will enhance their relationship (Step 9). We now turn attention to the clinical implications of working with African American heterosexual couples by examining the impact of racial stress.

Racial stress

Almost all African Americans experience direct or indirect racism in their lifetimes, and all experience pervasive negative racial stereotypes regardless of education, class, or income (Awosan & Opara, 2016). The daily experience of racism is a powerful and insidious organizing principle affecting every aspect of African American life, making these couples uniquely vulnerable to relationship distress (Awosan & Hardy, 2017). Explicit racism manifests as discriminatory laws, systems, and institutions created and maintained to confer benefits to White racial groups while limiting access to people of color in housing, education, and economics. Less explicit but equally destructive are racial micro-aggressions: micro-assaults (purposeful explicit racial attacks against people of color meant to hurt them); micro-insults (rude or insensitive comments that demean a person's racial heritage or identity); and micro-invalidations

(“communications that exclude, negate, or nullify the psychological thoughts, feelings, or experiential reality of a person of color”) (Sue et al., 2007, p. 274). Couples suffering micro-aggressions or combatting overt racism may unknowingly bring negative experiences to their partners and direct race-related frustrations or anger toward them (Hardy & Awosan, 2019).

Chronic stress from racism is cumulative, aligned with “decreased quality of life, negative self-esteem, intrusive thoughts, hypertension, and increased risk for mental and physical illness such as depression, anxiety, or headaches” (Carter & Reynolds, 2011, p. 156). Racial stressors magnify in couples’ destructive communication (Kelly & Floyd, 2006), leading to network/relational stress for Black women (Woods-Giscombé, 2010) and anger in Black men (Kogan, Yu, & Brown, 2016). Racial stressors compound relationship stressors, amplifying and decreasing the ability to cope (Lataillade, 2006). Racial stressors may also fuel conflicts and exacerbate negative perceptions of one’s partner (Awosan, 2014). Couples may be unaware of the toll of racial stress on their relationships and may attribute negative interactions to a partner’s deficits (Hardy & Awosan, 2019).

Not all clients are receptive to these conversations; some minimize negative racial experiences or avoid talking about race. If the therapist is also uncomfortable about racial discussions and lacks facility to encourage exploration, a significant part of a client’s life may remain unexamined. Skilled therapists must identify the powerful influence of negative racial experiences and skillfully help clients negotiate this difficult terrain (Awosan & Hardy, 2017). Therapists who hold unexamined negative biases or are unaware of the impacts of racial stressors on the emotional and relational lives of African American couples may not be able to have these conversations.

Therapeutic trust

Successful outcomes depend on a strong therapeutic relationship between the client and therapist. This is especially tenuous when the client and therapist have different racial backgrounds (Awosan, Sandberg, & Hall, 2011). Building rapport and trust is critical (Hall & Sandberg, 2012). All therapists, regardless of race must engage in critical self-of-the-therapist work to build trust and therapeutic alliance with Black clients. Location-of-self in therapeutic work with marginalized groups needs to allow for recognition and acknowledgment of power differentials in client–therapist relationships and their influence on treatment (Hardy & Bobes, 2016).

Client’s context

Historically, African Americans are less likely to seek mental health professional support and often rely on religious institutions or leaders. Reluctance

to engage the mental health community stems from historic mistreatment by medical professionals such as the Tuskegee study and other abuses by the scientific community (Awosan et al., 2011). When they engage in therapy, African Americans are more likely to attend fewer sessions and withdraw from therapy before achieving therapeutic goals (Davey & Watson, 2008).

Personal experiences of racism and historic experiences of racism have created a healthy cultural mistrust of therapists, especially White therapists (Boyd-Franklin, 2003) as the result of actual or perceived racially unfair treatment by Whites. In the therapeutic setting, White therapists may dismiss or question the realness of the pain of the experience of racism expressed by African American clients or hold unconscious racial stereotypes about the experiences of Black clients (Hemmings & Evans, 2018). These challenges could make it difficult for clients to address these issues in treatment, even when they directly impact their mental, emotional and relational functioning (Hall & Sandberg, 2012).

Additionally, some therapists may mistakenly believe racial issues are not germane to the treatment focus, reinforcing a Eurocentric worldview that minimizes the impact of race on the everyday lives of people of color. EFT therapists must make room for explicit conversations about race and racism, and how they impact individual and relational functions (Kelly & Boyd-Franklin, 2009). Clients will be reluctant to discuss these experiences if they do not sense that the therapist will believe them or view these experiences as valid. One way to open the therapeutic space for racial conversations is for the therapist to acknowledge differences in race in the initial assessment (Watts-Jones, 2010). Acknowledging differences builds trust with African American clients, affirming that the therapist is aware that racial identity informs the ways people of color experience the world (Laszloffy & Hardy, 2004). Acknowledgment can be a powerful first step in building trust that Black clients will be seen, heard, and understood.

Therapist's context

As the United States becomes increasingly diverse, most licensing bodies require therapists to provide culturally competent services (Commission on Accreditation of Marriage and Family Therapy, 2017). Culturally competent clinicians may acknowledge differences, but lack the sensitivity to understand how their own racial experiences may impede or enhance the therapeutic process and outcome. Race is difficult to discuss, even in the therapeutic setting (Sue et al., 2007). Regardless of one's racial background, one needs to be aware of and comfortable with one's own racial identity (Laszloffy & Hardy, 2004).

White therapists working with Black clients must first understand how they have benefited from privileged racial positions, often at the expense of

people of color. Understanding how one's white racial identity informs one's worldview and impacts the lives of people of color is critical to building a trustworthy therapeutic relationship with Black clients (DiAngelo, 2018). Therapists who claim to colorblindness reinforce the invisibility of whiteness and the insidious negative impact of racism on People of Color (Laszloffy & Hardy, 2004).

Therapists of color need to understand how whiteness and unconscious anti-Black racial views inform clinical work with Black clients (Watson, 2013). To identify and acknowledge the nuances of the effects of racism on the mental, emotional, and relational health of Black clients, clinicians of color must understand the ways whiteness is used as a standard of emotional, mental, and relational wellness or how they have internalized anti-Black racial stereotypes. Racially sensitive therapists "have the capacity to relate, especially cross-racially, in ways that make others feel racially understood and comfortable" (Laszloffy & Hardy, 2004, p. 37). All clinicians must engage in the process of de-centering whiteness and anti-Black racism in their personal lives and clinical work with Black clients, and make an internal commitment to an ongoing process of self-exploration about their own racial identity and development of racial awareness (Hardy, 2016).

EFT therapists can begin to build client trust with Black clients in assessment by allowing clients to talk freely with few interruptions honoring the Black cultural tradition of storytelling (Akinyela, 2008) and refrain from asking attachment related questions until the client is comfortable. Attempting to gather personal information before joining has occurred may hurt the therapeutic relationship; Black couples may view premature questions about emotions as intrusive and inappropriate (Boyd-Franklin, 2003). Therapists should listen attentively without skepticism or redirection. Most Black people have experienced been talked over or down to by Whites in educational, employment, and other settings; replicating such interactions in therapy undermines clients' trust. By listening patiently and accepting what is said, the therapist creates a new experience for many Black clients that may be surprisingly therapeutic, building trust that will be invaluable when the EFT clinician explores deeper emotions in the later stages of treatment.

Gender-role expectations versus realities in the context of race

Many Black men ascribe to the Eurocentric binary marriage paradigm with the husband having the responsibility to support the family and the wife caring for the children and performing most household chores (Johnson & Loscocco, 2014). These roles are antithetical to the realities of many Black couples. Black women have consistently been in the workforce since the days of slavery (Pinderhughes, 2002); Black families have been unacknowledged

pioneers of an egalitarian economic and family structure, even though Black women have also taken responsibility for housework and caring for children (Johnson & Loscocco, 2014). Many Black women contribute equally (or more) economically to the family, then find themselves overwhelmed with responsibility in trying to meet an unrealistic ideal.

In this paradigm, Black men struggle with their assigned gender roles as well. Facing systemic workplace discrimination, mass incarceration, and ubiquitous white fear, Black men struggle for economic parity in the workplace. The income gap is widening between the races: “After narrowing from 1940 to the mid-1970s, the median Black–White earning gap has since grown as large as it was in 1950” (Bayer & Charles, 2018, p. 2). Many Black men struggle to meet the patriarchal definition of provider and Black women’s advancement in education and career may further inflame relationship conflicts. Whereas Black women earn .37 to every dollar White men earn, they advance in the workplace where their Black male partners have stalled (Bayer & Charles, 2018). In many families, Black women out earn their partners, challenging egalitarian gender traditions (Johnson & Loscocco, 2014).

This gendered economic reality contradicts Black men’s *expectations* for their partners (Stanik, McHale, & Crouter, 2013), which may cause many men to have silent anger toward their partners for not fulfilling the (white) feminine ideal. Stanik and Bryant (2012) found that the more Eurocentric minded the husband, the greater the likelihood of relationship conflicts. Husbands unsupportive of egalitarian roles often experience early marital conflicts, shortening the couple’s honeymoon stage. However, when partners can negotiate egalitarian role sharing, relationships are more stable (Stanik & Bryant, 2012). The Eurocentric ideal of male breadwinner is unrealistic in the conceptualizations of masculinity and especially destructive for Black men’s relationships (Awosan & Opara, 2016). Black men unable to meet the breadwinner ideal may cling to assertions of male power and privilege at home because that is the only place they feel fully able to be men (Chambers & Kravitz, 2011). Similarly, Black women embracing the ideal male partner as the breadwinner endangers emotional and relational conflicts with their partners (Awosan & Opara, 2016).

Contextual view of emotionality and vulnerability

For some Whites, the presence of Blacks inspires fear. In recent incidents, Whites have called police to report “suspicious” African American behaviors, including sitting in a Starbucks, eating at a Waffle House, golfing with friends, or barbecuing in a public park (Fields, 2018). Weaponizing white fear can cast any activity of Black people, however innocuous, as “suspicious” and the common perception that doing anything “while Black” can be inherently dangerous. Although this may appear absurd, African Americans

know that ignoring white fear can have devastating consequences; one can lose a job, be criminally charged, or be shot and killed. To survive a racially oppressive culture historically and currently, African Americans often hide their physical, financial, emotional, and relational vulnerabilities to survive. Most Blacks have learned from an early age how to alter their behavior, language, and demeanor around White people to make them racially comfortable (Oluo, 2018). African Americans often mask their emotional selves to be successful in life, at work, and in U.S. streets. Although this survival behavior may be beneficial in navigating an oppressive world, persistent masking of one's emotions undermines successful partnerships.

Black men's emotionality and vulnerability

Many Black men adopt a hard, emotionless exterior to combat pervasive negative stereotypes that characterize them as lazy, hypersexual, violent, inherently dangerous, and irresponsible providers. Sadly, many Black women have also adopted the belief that Black men are generally not responsible partners. Even when many Black men obtain economic success, daily micro-aggressions and assaults on their dignity may manifest in internalized conceptualizations of inferiority (Watson, 2013). Additionally, Black boys are socialized to be emotionless against the threat of police brutality by Black parents, who, painfully, are more concerned for their safety than their emotional availability. That hard exterior is reinforced by toxic expressions of masculinity in the larger society and a street culture that views emotional expression as weakness. Many Black men feel the need to protect their emotional selves and not appear weak in relational interactions. In an attachment framework, what may be considered an avoidant or dismissive attachment style often masks simmering rage due to experiences of racism (Hardy & Laszloffy, 2005). Black men wear an emotional armor to survive in a society that constantly threatens them. For many Black men, the armor is a symbol of painful pride that keeps them safe from losing their cool and, sadly, their lives, in the face of racism and oppression (Hardy, 2013).

The socio-historic subjugation of Black manhood is rarely addressed when emotionally withdrawn men present for treatment (Hardy, 2013). Their partners accuse them of not caring and therapists may label them as avoidantly attached. This view obscures the structural violence that organizes this behavior and reinforces dominant narratives that attribute African American relational conflicts to individual deficits. Attempting to get Black men to express vulnerable emotions using an attachment frame without attending to the racial component is uninformed and may reinforce internalized inferiority. They may need help to understand that emotional disengagement is an explainable response to societal distortions of Black manhood that keeps them from connecting emotionally with their partners.

Black women's emotionality and vulnerability

Like many Black men, many Black women have also developed an invisible survival mask to combat the negative effects of racial assaults and trauma on their lives by over functioning. Many Black women use the notion of “strong Black woman” or millennials’ “hashtag Black girl magic” to evidence a sisterhood and pride around the achievements and strength of Black women. However, these hashtags are survival masks to counter the ubiquitous barrages of racial and gender assaults in a society that marginalizes women for being Black and female. Black women grapple with the traumatic assaults of racial and gender oppressions while balancing the daily demands of relationships, family, and work.

Many Black women extend themselves emotionally and physically in and outside their relationships to negate persistent negative societal stereotypes that cast them as sluts, gold-diggers, loud, aggressive, ball busting, or as lazy, welfare queens (Watson, 2013). The survival mask of strong Black woman and Black girl magic are useful for daily survival in a society that holds and practices anti-Black and anti-female agendas; yet, these masks undermine Black women’s ability to be vulnerable and fully emotionally present for themselves in their personal and relational lives.

The assaults on being Black and female, historically and contemporarily, render Black women invisible in society and in their heterosexual relationships. Due to patriarchy, society often focuses on the racial traumatic experiences of Black men, with less attention to Black women’s racial traumatic experiences (Hardy & Awosan, 2019). Patriarchy requires women, regardless of race, to take full responsibility for the emotional caretaking of their relationships. In heterosexual romantic relationships, Black women often must hold not only the psychic and emotional assaults of the negative racial experiences they encounter but also the negative experiences of their male partners. To be strong for themselves and their partners in addressing the daily assaults and trauma of racism and sexism, Black women are mentally, emotionally, and relationally overwhelmed, rendering them emotionally vulnerable.

EFT work: therapeutic alliance and continuous assessment

When Black couples present to treatment, most Black men do not feel comfortable expressing their vulnerable selves and most Black women are determined not to show theirs to anyone, including the therapist. EFT therapists must develop an understanding and sensitivity to the invisible survival masks that many Black women and men wear to protect and care for themselves physically, mentally, emotionally, and relationally. Clinical interventions to explore and evoke the emotional selves of Black women

and men by requiring them to be vulnerable first calls for the EFT therapist's awareness, empathic attunement, and validation of the functions of survival masks.

Requiring many Black men and women to remove their survival masks places them in a dangerous position physically, mentally, and emotionally; vulnerability is not safe. To survive racial oppression and trauma, Black men and women must be guarded; the EFT therapist must slowly help each partner to understand the importance of allowing vulnerable emotions to emerge in the relationship while helping clients maintain their emotional armor to manage negative racial experiences in the world. Therapists need a substantial amount of time and space to explore the effects of racism on the emotional and relational lives of these clients.

A clinical case vignette, based on a hypothetical African American couple, highlights critical considerations in EFT work. The vignette draws from experiences of previous clients of the first author (MN). Names, ages, and other identifying features have been changed and do not reflect an actual couple in therapy. The vignette illustrates the 3 stages of clinical work in EFT: Stage 1: cycle de-escalation, Stage 2: structuring new interactions, and Stage 3: consolidation. We will not cover the 9 steps of EFT in the 3 stages due to limited manuscript space. Also, these stages and steps are not linear but circular in our work with couples.

Clinical-case vignette

Initial stages of therapeutic alliance and assessment

Mark and Janay are a heterosexual African American couple in their mid-40s who have been married for 10 years. When they married, each had one child from a previous relationship. They have had two children together and all four children live with them most of the time, but Mark's daughter visits her mother on weekends. Janay initiated the need for therapy because she said they were arguing constantly and their fights were escalating to yelling in front of the children, which had been avoided in the past. Both denied physical violence and said this was the first time either of them had been in any type of therapy.

EFT assessment

The assessment phase of EFT consists of four sessions including one joint session, two individual sessions, and an additional joint session. For African American clients, particularly those who have not been to therapy before, therapists must build trust in the first session. If this couple believes they cannot trust me, they are not likely to return. I introduced myself as the

therapist and located myself as an African American woman. I explained that race, gender, class, and other ways we experience the world are always at play, and these contextual factors often arise and may affect their relationship, even if one is not aware of it. I acknowledged that these issues are not always easy or comfortable to discuss, but they need to be addressed because they often reflect a large part of the lived experience of Couples of Color. I asked if they had any questions. Both smiled and said “no.” I asked how each identified and offered that I did not presume any identity based on my visual perceptions. The couple appeared mildly amused, but both stated they were an African American heterosexual couple. I thanked them and acknowledged that although we all identified as African American, our experiences in the world may differ due to our age, class, region, or religion. I asked again if they had any questions or thoughts. Mark shook his head, no. Janay nodded affirmatively. “Thank God!” she said. “I know all about that. We have to be able to talk about what’s real. It can get rough out there.” I agreed. This brief introduction established that I saw them as multidimensional cultural and racial beings, and that I was comfortable with and invited conversations about the impact of identity.

I asked what brought them to therapy and Mark looked toward the window. Janay looked at the side of his head, sighed, and pursed her lips. After a long pause, she stated she felt she never got a break. She described constantly being under enormous pressure to provide for their family emotionally and financially, and often felt she was doing it alone. Mark stared at the floor as she listed her daily responsibilities from getting their children ready for school, dropping them off, rushing to work, working long hours, rushing home, making dinner, helping with homework, and getting the children to bed. She paused slightly, glared at Mark, and then resumed. She stated she was often so tired at the end of the day, she would fall asleep with her clothes still on, and with the lights and TV blasting. Tears began to fill her eyes, and she struggled to blink them back and said, “Mark does not help at all. He just withdraws and walks away when I ask him to help. It’s like talking to the wall. Or like I’m speaking in a language he can’t understand. He’s so selfish and he does not care that this is killing me!” Mark continued to look at the floor.

In a traditional EFT treatment, I might have asked about the tears and lightly explored her primary emotions of hurt and sadness as part of the assessment process. However, as a culturally sensitive therapist, I am mindful that “emotional” Black women are unfairly judged as “crazy” or weak, and I run the risk of putting Janay on the defensive if I ask about what prompted her to cry before she trusts me. Instead, I paused to allow her to gather herself, and said I get why she feels so frustrated, because her life sounds really hard. She looked up hopefully, “It is hard. Really hard.” she said softly. Janay described Mark as “physically present but emotionally absent” and that

he often “looks through her.” When I asked her what that meant, she stopped talking, wiped her eyes and glared at him. He turned to her, but before he could respond, she looked back at me, “Like that, right there. Like he’s not even listening. Sometimes it feels like I’m talking to a wall. I don’t know how long I can do this.”

I looked at Mark. After a long pause, he reported that he was doing the best he could, and that Janay “gets emotional about everything.” He knew they had problems but didn’t think it was as bad as she described. “All couples go through something and it is just our turn.” Janay was staring at the floor as tears rolled down her cheeks. “It will pass and we will be okay, but she’s got to calm down.” Janay interrupted, “You calm down! Ain’t nothing wrong with me except that I’m tired and you want to blame all your problems on everybody else instead of doing something about it. But, you know what Mark? Life keeps going no matter how bad *you* feel. How about you think about that?!” Mark looked down, clenched his teeth and scowled.

I told them it sounded like they were in a really tough spot and that Janay sounded angry while Mark believed that they were going through something that many couples do, but he had faith it would work out. Both nodded in agreement. For the balance of the session, I continued to explore Janay’s frustration, and Mark’s belief that “it will be okay.” As in traditional EFT, my primary goals were twofold: to ensure they returned, and ensure they *felt* that I did not “pick a side” but understood both of them. I could have briefly explored Janay’s primary emotion of hurt or sadness, but I knew Black women view emotional vulnerability as weakness. To point it out so soon would have been risky for building trust. Equally risky would have been asking Mark how he received her remark about his lack of financial contribution, although I saw him visibly react when she said it. I was sure it cut deeply and probably contributed to the rage seething beneath his surface “cool.” In traditional EFT treatment, a brief exploration of primary emotion might have helped the couple to feel heard and understood, but for this African American couple, these premature questions might be perceived as “too familiar” before we had mutual trust. For them, I am a stranger who has not proven I can be trusted, even though we are all Black.

Janay and Mark’s interaction appeared to fit a classic pursuer/withdrawer dynamic. However, this was a working hypothesis that could change as I continued to assess in the second and third individual sessions. The task in individual sessions is to explore each partner’s attachment history, which can confirm the therapist’s assessment of the cycle-contributing factors (such as unhealed attachment injuries) that will be important to resolve in treatment.

I invited Janay and Mark each to tell me their “story in a free flowing narrative.” This was a significant departure from traditional EFT where

therapists attempt to limit the content clients want to share and keep them focused only on attachment-related experiences. However, as a culturally sensitive therapist, I put them at ease by allowing each to tell me what they wanted me to know about them. They could “control the narrative” and reveal only as much as each was comfortable sharing in the African American storytelling tradition. I suspected their stories would include key information about families of origin, parenting, discipline, love, nurturing, caring, pain, and hurt, and much more than if I had asked questions. Additionally, if I listened attentively and minimized interruptions and probing questions, I would signal that I found whatever they shared to be important and accurate. Consequently, the individual sessions proceeded as if they were chatting with an old friend, and Janay and Mark opened up significantly.

Janay reported she grew up in a family surrounded mostly by Black women. Her mother and father had divorced when she was 7 and she had minimal and inconsistent contact with him. The women in her family frequently expressed very strong and negative views of Black men as cheaters and undependable. She was consistently admonished to take care of herself and any children and would “be stupid to ever depend on a man.” She described feeling close to her mother, but also feeling afraid of her mother’s short temper and never knowing what to expect when her mother came home from work. “A lot of it depended on what BS she had to deal with that day.” Additionally, her family pushed education as her only escape from poverty. She was also severely warned to “watch herself around White people” although she could not remember a specific conversation. “It was just something you picked up.” I asked how she currently follows that advice. “I don’t talk too much about my family around people, White people especially. You know that old saying about not airing dirty laundry in public? Well, my family has a lot of that and it’s nobody’s business.” She talked about changing the way she talks at work “to sound White” and that she has never lost “her cool” at work, even when “I wanted to punch somebody in the face. I will NOT be the angry Black woman. No, ma’am. Never ... *at work*. Now around Black people, who cares? We are all angry.” Janay described previous relationships as “some okay, some really bad, until she met Mark with whom she fell in love right away. She admitted she got too attached to romantic partners too fast, but shrugged her shoulders: “Life is short, why wait?” Mark had been “everything” she had wished for, even though in the back of her mind, she “knew that he wouldn’t live up to the hype.” Janay ended her session wistfully. “Some days I just want to walk out of the house and keep going and never look back. Some days, I can’t imagine my life without him. But, he doesn’t see that part of me. He just thinks I’m mad all the time.” I asked her why she doesn’t let him see that part of her. “I’m not showing him that. He hasn’t earned it. I already do EVERYTHING. If he saw that I’m

weak, he would never get off the sofa. I have to keep the pressure on.” I asked her how that was working for her. She sighed deeply. “It’s not. Am I crazy?” I assured that she was not crazy and that we would figure it out.

It would have been difficult to view Janay’s attachment experiences embedded in her “story” without considering the impact of race. Her self-assessed struggle to regulate her emotions may have the hallmarks of an anxious attachment and she may appear to be a critical pursuer in a traditional EFT frame. However, Janay’s fears and anxieties about emotional vulnerability that began with her mother were exacerbated and reinforced by racial lessons to guard her emotions with Whites and Black men. Thus, attending to attachment without considering the continuing impact of race would ignore the powerful influence that race continued to have on her reactive emotional responses. The danger of this miss might lead a traditional EFT therapist to view Janay’s later struggles to soften as “resistant to treatment” thereby reinforcing negative stereotypes about Black women. However, I knew that Janay would need to explore deeply why the wall she constructed (for good reason) protects her emotionally from racial and gender oppression but also from connecting with Mark. I assume that this is a difficult terrain for Janay to navigate.

In his individual session, Mark began tentatively. As I listened and asked few questions, he became increasingly open and animated. He had grown up very poor and never knew his father. He had heard from “people in the neighborhood” that his father had another family, but his mother never talked about him. She worked nights cleaning hotels and left him alone for most of his childhood. He liked school because he could get a hot breakfast and lunch and had other children to play with. He had grown up without a TV and video games (things most of his friends had), so his two primary activities were doing homework and playing basketball in the lot next door. He did well in school but was teased by other children for being “too Black” because of his dark complexion. Mark had always been taller and bigger than children his age. He got into many fights because of name calling or because he was teased for wearing “old clothes.” He did not start most fights, but was suspended multiple times because it was assumed he was a bully.

Mark’s mother worked hard to provide, but was often angry and tired when she returned home; whenever he was suspended she would tell him, “You keep on with this shit and you ain’t going ever be shit.” She was not affectionate at all, but he knew she cared because she often told him, “You are all I got,” which Mark understood as her way of saying that she loved him. He became a local basketball star and dreamed of making it to the National Basketball Association so he could “buy my mother a house, so she didn’t have to work so hard.” However, the multiple school suspensions got him removed from his high school basketball team. Mark’s mother was so angry, she refused to attend his high school graduation, and as he shared this,

his eyes welled with tears. After high school, he drifted for a while and “hustled a little bit” but after a close friend was murdered, he attended a community college to avoid “being pulled into street life.” He earned an associate’s degree and completed an internship at a local pharmaceutical company that later hired him in a full-time position.

Mark met Janay at a club. After dating for three months they moved in together to save on rent. A year later, they married when she was pregnant. Early in the marriage, he was successful financially, making more money than his friends, especially for his level of education. He was downsized two years earlier and has not found work at the same level of income, although he sometimes gets “pick up work” at construction sites. When he was laid off, he learned that many White male coworkers with less seniority were assigned to other areas of the company. When he asked for the same treatment, he was told that his lack of a bachelor’s degree was the main reason he could not be reassigned, despite his 15 years of experience and good job performance. A recruiter at one temporary-employment agency later told him that he needed to “make himself smaller” so he would “not scare people” because he could look “threatening.” When he finished, I shook my head and matter-of-factly, said, “Wow. That’s a lot.” “Yep,” he responded.

As I had suspected, I did not have to ask Mark about his attachment history. He had layers of unprocessed emotional pain. I understood that he watched me while he talked to see how much he could trust me. I remembered what he said about Janay being “too emotional” in the first session, and I guessed that if I showed too much emotion, he would shut down. I knew that the twin devils of judgment (gasping at his mother’s emotional harshness), and pity (expressing sadness that he did not know his father) would injure Mark’s pride, and bring his story to an abrupt end. He needed to know that I could “handle” his story and that I would receive it as “normal.” I did not ask how he “felt” about the painful parts of his life or say that it was “sad” or “unfortunate.” I listened, and nodded and as I did, he allowed me to “see” more of him. Again, I intentionally created a space it felt like old friends “catching up.” Before he left, Mark apologized for being skeptical about talking to a “stranger.” “This was the first time in my life that I have ever talked about myself like that. I never even did that with my wife. It’s crazy. I know we just started but I already feel like you’re alright. Like you really care about us.” I thanked him for allowing me “in”. Attentive listening may be the most powerful tool a therapist has to build trust with African Americans.

Mark’s story, like Janay’s, indicated how race had powerfully been entangled with attachment. In a vacuum, he appeared to be a shut-down withdrawer with a dismissive avoidant attachment. However, his behaviors were explainable given the relentless struggle to combat racial oppression. Mark had not chosen his dark complexion or his tall frame. The invisible

forces that kept him trapped in an inexpressive emotional prison were not leftover from childhood. These were his current and continuing daily experiences because of nothing more than people's reactions to his skin color. As a culturally sensitive therapist, it was imperative that I meaningfully addressed how this couple's racial experiences informed their underlying emotional and attachment pain, needs, and longings.

EFT stage 1: deescalating the negative cycle

We outline the steps in Stage 1 of EFT in a linear fashion. However, in practice, most couples do not progress neatly from one step to another, but go forward, then back – a pattern that repeats throughout the treatment. My primary goal was to get Janay and Mark to de-escalate their arguments by accessing their primary emotions and to create mutual empathy. We confirmed that they were locked in a negative pursuer/withdrawer interactive cycle; and both began to identify their respective roles in creating and maintaining that cycle. I explained that what happened in our families of origin tells part of the story, but that for most Black people racism organizes and reinforces much of our behavior. “Black men are taught to shut down, and not let them see you sweat, *ever*. Am I right?” I said. Mark agreed. “Black women are taught to handle everything and then are expected to never complain about it. Yes?” Janay nodded. “So it makes sense to me why you shut down Mark, and why you are so angry, Janay. Race matters, and to get to the core of your disconnection, we will need to understand how negative racial experiences impact your relationship as much as anything else.” They agreed.

After a few sessions, I revisited what I had noted on the first day I met them. Janay said she teared up because of her allergies. Mark laughed at that and she shrugged her shoulders. She was not ready. “Mark, that day, I also saw you clench your fists and you looked really angry when Janay said you blame your problems on everyone else. What was happening for you?” “It hurt. It really hurt. I think she sees me as just another Black man who doesn't take care of his family. That hurts.” He couldn't describe the hurt. Janay appeared surprised at his candid answer and sank back into her seat. I asked her what had just happened and she shrugged again. They were both silent. I shared with them that racial oppression often organizes Black women's and Black men's emotional responses differently and invited their thoughts. Mark said that he was starting to understand why he doesn't open up. Janay was silent.

In the next few sessions, surprisingly, Mark was more talkative than Janay. In EFT fashion, I followed his lead. Mark reported that he had learned these lessons mostly “in the barber shop. You know the old guys be in there telling the young ones not to let people get ‘the best of them,’” and added these

messages were “everywhere.” He learned not to share his emotions even with his woman “because they will use it against you.” We began to explore how his keeping himself safe was impacting his relationship with Janay. Mark was trusting me in ways that made Janay nervous, and fidgety. When probed for her experience of what was happening, she reported that she was “letting him have his moment and was glad he was finding his way.” As Mark opened up, the fights at home became less intense. I suspected that Janay was reluctant to explore her primary emotions in any depth, because she didn’t trust being vulnerable with Mark. I noted that the more he came forward, the more she seemed to shrink back. Then, they stopped fighting altogether and I knew they were ready for deeper emotional exploration.

Stage 2: structuring new interactions

My goal in stage 2 was to help Janay and Mark access and expand on their attachment needs and promote their accessibility and responsiveness to each other. Mark started helping at home; Janay complained that he was “taking over.” Mark seemed confused. During one particularly emotional session, Mark was in the middle of describing how scared he had been growing up when he was home alone most nights and Janay suddenly burst into tears and became very angry. “I’m sick of hearing about Mark’s pain. I know this is awful, but so f*** what? He wants us to feel sorry for his terrible childhood, but meanwhile I’m the one over here doing all the damn work! I mean, I’m just over it. When is it going to be my turn?”

Janay was struggling with Mark’s progress. Although, Mark was doing exactly what she had been asking for such as helping at home, she didn’t like that. He was opening up and trying to understand his behavior, and she didn’t like that either. As a culturally sensitive therapist, I suspected that following the traditional EFT model of re-engaging Mark before attending to Janay’s emotional needs might have inadvertently reinforced narratives that elevate attending to Black men’s needs while Black women continue to suffer alone. From an EFT perspective, we had not completed Mark’s work, and it was risky to leave him open and emotionally exposed, but I knew that he trusted me, and I knew that I would lose Janay if I did not pivot.

I asked Janay to describe what it was like for her to watch me “support” Mark while she waited. “Black women are always at the end of the line. We are always expected to put everyone else’s needs first. I’m sick of that.” “Tell me what it is like to live that life,” I asked. Janay sighed deeply. “On one hand, you’re dealing with your own shit. Crazy bosses. Micro-aggressions left and right. I have an unemployed husband, who may be trying, but still, it’s all on me. Nobody cares. If I complain, folks say ‘Girl, get it together. Ain’t nobody got time for your pity parties?’ But I can’t stop. I don’t know how. Weak is what I think White women do. You know, they fall apart over every

little thing. I don't want to be *that*. I'm proud of being a Black woman. I don't have time to be weak. I don't want Mark to think I'm weak." We talk about how as Black women, we hold each other to impossible standards, judge each other for not living up to them, and then get mad at everybody else because we are so tired and filled with rage. "I don't want to die at my desk," she says finally. "So don't," I tell her. "Choose something else. It's okay. Let them judge you." She began to cry again. This time, she didn't try to hold back. She sobbed. I sat silently and let her cry.

Mark leaned in and put his arm around Janay; this gesture was what she has been longing for. Janay sobbed as Mark pulled her to him. I knew that this moment was a turning point for their relationship. Janay cried more and Mark moved in to reassure her "Everything will be okay. I hear you," he says repeatedly. "I hear you. I'm listening. I'm here." Following this session, they reported that they talked "until the wee hours of the morning," re-visiting other painful situations that they had kept bottled up for years. After this breakthrough, Mark and Janay shifted and both were more open to discussing their emotional needs, pain and longings. Both tried harder to listen, to understand, and to respond to the other's needs.

EFT stage 3: consolidation

With this couple, the Stage 2 work went relatively fast compared to the multiple sessions we had in Stage 1. We enter Stage 3 as they talk about how they never believed it was possible to get to where they are now. My goal is to integrate their new ways of engaging and to review their journey as they create bonding rituals that will continue the work. Although things are not perfect between them, neither has felt as free as they do now. Mark has been asking for Janay's help to review his resume and prepare him for job interviews. They created a list of chores that each will do, including caring for their four children. Mark insisted Janay take time for herself to recharge and trust he can handle the family without her (even if imperfectly). Their sex life has been invigorated since they stopped fighting. A new ritual is to leave the house one night a week and spend at least 2 hours together. "Even if we sit in Chick-fil-A, we get away," Mark reported. They report that the most important thing they learned in the therapy is how much race has impacted their relationship. We talk about how they will work to "park the armor" and try not to blame each other for what happens "in the world". They admit that this will not always be easy, but they commit to continuing to work on it.

Conclusion

This clinical case illustrates complex ways race organizes behavior for Black couples. One significant challenge for the EFT therapist is developing the

facility to promote racial discussions while helping couples locate emotional experiences in a racial context. This is not easy even for highly skilled practitioners because it requires deep understanding of one's own racial experience and expressions of power, privilege, or subjugation. No precise point exists for a culturally sensitive therapist to insert conversations about race. One must have the facility to seamlessly weave racial discussions into treatment when necessary. It is not adding the dimension of race; rather, it is understanding that the couple is always a Black couple and responding accordingly. Additionally, although the factors identified here may be most salient for successful EFT treatment, other contextual factors not discussed here (e.g., religion, sexual orientation, and physical ability) may be more important to particular couples.

We present these ideas in a linear manner for organizational purposes and understand these issues are complex and may surface earlier or later and in more or less depth. We recommend a location of self in the first session to encourage early and strong alliances, but failure to do so does not preclude racial discussions at a later date. We strongly believe racial stress is an organizing feature that impacts the lives of almost all Blacks. However, some may not consider themselves affected by negative racial experiences. The therapist must understand that these experiences may have become so normalized that some people experience them as benign. When clients attribute relational conflicts to personality, when external influences powerfully impact the relationship, it may frustrate the couple to try to change something over which they have little control and may keep partners in a perpetual negative feedback loop. Therapists working with this population must be sensitive to these experiences and competent enough to help clients externalize the loci of the problem. One significant limitation is the limited space we have to identify the unique cultural strengths of African Americans that may help to facilitate treatment success.

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References

- Akinyela, M. (2008). Once they come: Testimony therapy and healing questions for African American couples. In M. McGoldrick & K. V. Hardy (Eds.), *Re-visioning family therapy: Race, class, culture and gender in clinical practice* (pp. 356–366). New York, NY: Guilford.
- Amato, P. (2011). *Research report on marital quality in African American marriages*. National Healthy Marriage Resource Center. Retrieved from <https://www.healthymarriageinfo.org/wp-content/uploads/2017/12/1197-African-American-Marriages-Final-Final-Final—posted-092911.pdf>

- Awosan, C. I. (2014). *Never married heterosexual Black male–female intimate romantic experiences: A phenomenological study* (Unpublished doctoral dissertation). Drexel University, Philadelphia, PA.
- Awosan, C. I., & Hardy, K. V. (2017). Coupling processes and experiences of never married heterosexual black men and women: A phenomenological study. *Journal of Marital & Family Therapy*, 43, 463–481. doi:10.1111/jmft.12215
- Awosan, C. I., & Opara, I. (2016). Socioemotional factor: A missing gap in theorizing and studying Black heterosexual coupling processes and relationships. *Journal of Black Sexuality and Relationships*, 3(2), 25–51. doi:10.1353/bsr.2016.0027
- Awosan, C. I., Sandberg, J. G., & Hall, C. A. (2011). Understanding the experience of Black clients in marriage and family therapy. *Journal of Marital & Family Therapy*, 37, 153–168. doi:10.1111/j.1752-0606.2009.00166.x
- Bayer, P., & Charles, K. K. (2018). *Divergent paths: A new perspective on earnings differences between Black and White men since 1940* (Working Paper No. 2018-45). Chicago, IL: University of Chicago Becker Friedman Institute.
- Bernal, G., & Scharrón-del-Río, M. R. (2001). Are empirically-supported treatments valid for ethnic minorities? Toward an alternative approach for treatment research. *Cultural Diversity & Ethnic Minority Psychology*, 7, 328–342. doi:10.1037/1099-9809.7.4.328
- Boyd-Franklin, N. (2003). *Black families in therapy: Understanding the African American experience* (2nd ed.). New York, NY: Guilford.
- Bryant, C. M., Wickrama, K. A., Bolland, J., Bryant, B. M., Cutrona, C. E., & Stanik, C. E. (2010). Race matters, even in marriage: Identifying factors linked to marital outcomes for African Americans. *Journal of Family Theory & Review*, 2, 157–174. doi:10.1111/j.1756-2589.2.010.00051.x
- Carter, R. T., & Reynolds, A. L. (2011). Race-related stress, racial identity status attitudes, and emotional reactions of Black Americans. *Cultural Diversity & Ethnic Minority Psychology*, 17, 156–162. doi:10.1037/a0023358
- Chambers, A. L., & Kravitz, A. (2011). Understanding the disproportionately low marriage rate among African Americans: An amalgam of sociological and psychological constraints. *Family Relations*, 60, 648–660. doi:10.1111/j.1741-3729.2011.00673.x
- Commission on Accreditation of Marriage and Family Therapy. (2017). *Accreditation standards graduate & post-graduate marriage and family therapy training programs, Version 12*. Retrieved from <https://www.coamfte.org/documents/COAMFTE/2018%20COAMFTE%20Accreditation%20Standards%20Version%202012%20May.pdf>
- Davey, M. P., & Watson, M. F. (2008). Engaging African Americans in therapy: Integrating a public policy and family therapy perspective. *Contemporary Family Therapy*, 30, 31–47. doi:10.1007/s10591-007-9053-z
- Denton, W. H., Wittenborn, A. K., & Golden, R. N. (2012). Augmenting antidepressant medication treatment of depressed women with emotionally focused therapy for couples: A randomized pilot study. *Journal of Marital & Family Therapy*, 38, S23–38. doi:10.1111/j.1752-0606.2012.00291.x
- DiAngelo, R. (2018). *White fragility: Why it's so hard for White people to talk about racism*. Boston, MA: Beacon Press.
- Doss, B. D., Atkins, D. C., & Christensen, A. (2003). Who's dragging their feet? Husband and wives seeking marital therapy. *Journal of Marital & Family Therapy*, 29, 165–177. doi:10.1111/j.1752-0606.2003.tb01198.x
- Fields, S. (2018). Weaponized racial fear. *Tulane Law Review*. Advance online publication. doi:10.2139/ssrn.3355891

- Greenman, P. S., & Johnson, S. M. (2013). Process research on emotionally focused therapy (EFT) for couples: Linking theory to practice. *Family Process*, 52, 46–61. doi:10.1111/famp.12015
- Greenman, P. S., Young, M. Y., & Johnson, S. M. (2009). Emotionally focused couple therapy with intercultural couples. In M. Rastogi & V. Thomas (Eds.), *Multicultural couple therapy* (pp. 143–166). Thousand Oaks, CA: Sage.
- Hall, C. A., & Sandberg, J. G. (2012). “We shall overcome”: A qualitative exploratory study of the experiences of African Americans who overcame barriers to engage in family therapy. *American Journal of Family Therapy*, 40, 445–458. doi:10.1080/01926187.011.637486
- Hardtke, K. K., Armstrong, M. S., & Johnson, S. M. (2010). Emotionally focused couple therapy: A full treatment model well-suited to the specific needs of lesbian couples. *Journal of Couple & Relationship Therapy*, 9, 312–326. doi:10.1080/15332691.2010.515532
- Hardy, K. V. (2013). Healing the hidden wounds of racial trauma. *Reclaiming Children and Youth*, 22(1), 24–28. Retrieved from www.reclaimingjournal.com
- Hardy, K. V. (2016). Toward the development of a multicultural relational perspective in training and supervision. In K. V. Hardy & T. Bobes (Eds.), *Culturally sensitive supervision and training* (pp. 3–10). New York, NY: Routledge.
- Hardy, K. V., & Awosan, C. I. (2019). Therapy with heterosexual Black couples through a racial lens. In M. McGoldrick & K. V. Hardy (Eds.), *Re-visioning family therapy* (pp. 419–432). New York, NY: Guilford.
- Hardy, K. V., & Bobes, T. (2016). *Culturally sensitive supervision and training: Diverse perspectives and practical applications*. New York, NY: Routledge.
- Hardy, K. V., & Laszloffy, T. A. (2005). *Teens who hurt: Clinical interventions to break the cycle of adolescent violence*. New York, NY: Guilford Publications.
- Hemmings, C., & Evans, A. M. (2018). Identifying and treating race-based trauma in counseling. *Journal of Multicultural Counseling and Development*, 46, 20–39. doi:10.1002/jmcd.12090
- Johnson, K. R., & Loscocco, K. (2014). Black marriage through the prism of gender, race, and class. *Journal of Black Studies*, 46, 142–171. doi:10.1177/0021934714562644
- Johnson, S. M. (2004). *The practice of emotionally focused couple therapy: Creating connection* (2nd ed. ed.). New York, NY: Routledge.
- Johnson, S. M., Bradley, B., Furrow, J., Lee, A., Palmer, G., Tilley, D., & Woolley, S. (2005). *Becoming an emotionally focused couple therapist: The workbook*. New York, NY: Routledge.
- Johnson, S. M., & Greenberg, L. S. (1985a). Differential effects of experiential and problem-solving interventions in resolving marital conflict. *Journal of Consulting and Clinical Psychology*, 53, 175–184. doi:10.1037/0022-006X.53.2.175
- Johnson, S. M., & Greenman, P. S. (2006). The path to a secure bond: Emotionally focused couple therapy. *Journal of Clinical Psychology*, 62, 597–609. doi:10.1002/jclp.20251
- Kelly, S., & Boyd-Franklin, N. (2009). Joining, understanding and supporting Black couples in treatment. In M. Rastogi & V. Thomas (Eds.), *Multicultural couple therapy* (pp. 143–166). Thousand Oaks, CA: Sage.
- Kelly, S., & Floyd, F. J. (2006). Impact of racial perspectives and contextual variables on marital trust and adjustment for African American couples. *Journal of Family Psychology*, 20, 79–87. doi:10.1037/0893-3200.20.1.79
- Kiecolt-Glaser, J. K., & Wilson, S. J. (2017). Lovesick: How couples’ relationships influence health. *Annual Review of Clinical Psychology*, 8, 421–443. doi:10.1146/annurev-clinpsy-032816-045111

- Kogan, S. M., Yu, T., & Brown, G. L. (2016). Romantic relationship commitment behavior among emerging adult African American men. *Journal of Marriage & Family Therapy*, 78, 996–1012. doi:10.1111/jomf.12293
- Laszloffy, T. A., & Hardy, K. V. (2004). Uncommon strategies for a common problem: Addressing racism in family therapy. *Family Process*, 39, 35–50. doi:10.1111/j.1545-5300.2000.39106.x
- Lataillade, J. J. (2006). Considerations for treatment of African American couple relationships. *Journal of Cognitive Psychotherapy*, 20, 341–358. doi:10.1891/jcpiq-v20i4a002
- Lebow, J. L. (2016). Editorial: Empirically supported treatments in couple and family therapy. *Family Process*, 55, 385–389. doi:10.1111/famp.12240
- Mclean, L. M., Walton, T., Rodin, G., Esplen, M. J., & Jones, J. M. (2013). A couple-based intervention for patients and caregivers facing end-stage cancer: Outcomes of a randomized controlled trial. *Psycho-Oncology*, 22, 28–38. doi:10.1002/pon.2046
- Minuchin, H., & Fishman, C. (1981). *Family therapy techniques*. Cambridge, MA: Harvard University Press.
- Oluo, I. (2018). *So you want to talk about race*. New York, NY: Hachette Book Group.
- Pinderhughes, E. B. (2002). African American marriage in the 20th century. *Family Process*, 41, 269–282. doi:10.1111/j.1545-5300.2002.41206.x
- Shaver, E. R., & Hazan, C. (1993). Adult romantic attachment: Theory and evidence. In D. Perlman & W. Jones (Eds.), *Advances in personal relationships* (Vol. 4, pp. 29–70). London, England: Jessica Kingsley.
- Stanik, C. E., & Bryant, C. M. (2012). Marital quality of newlywed African American couples: Implications of egalitarian gender role dynamics. *Sex Roles*, 66, 256–267. doi:10.1007/s11199-012-0117-7
- Stanik, C. E., McHale, S. M., & Crouter, A. C. (2013). Gender dynamics predict changes in marital love among African American couples. *Journal of Marriage and Family*, 75, 795–807. doi:10.1111/jomf.12037
- Sue, D. W., Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A. M. B., Nadal, K. L., & Esquilin, M. (2007). Racial microaggressions in everyday life: Implications for clinical practice. *American Psychologist*, 62, 271–286. doi:10.1037/0003-066X.62.4.271
- Sullivan, K. T., & Davila, J. (2014). The problem is my partner: Treating couples when one partner wants the other to change. *Journal of Psychotherapy Integration*, 24, 1–12. doi:10.1037/a0035969
- U.S. Census Bureau. (2016). *Selected social characteristics, 2012–2016 American Community Survey 5-year estimates*. Retrieved from <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkml>
- Watson, M. F. (2013). *Facing the Black shadow*. (Kindle, ed.). Chester, PA: Author.
- Watts-Jones, T. D. (2010). Location of self: Opening the door to dialogue on intersectionality in the therapy process. *Family Process*, 49, 405–420. doi:10.1111/j.1545-5300.2010.01330.x
- Weisman, N., Batten, S. V., Rheem, K. D., Wiebe, S. A., Pasillas, R. M., Potts, W., ... Dixon, L. (2017). The effectiveness of emotionally focused couples therapy with veterans with PTSD: A pilot study. *Journal of Couple & Relationship Therapy*, 1, 1–17. doi:10.1080/15332691.2017.1285261
- Wiebe, S. A., & Johnson, S. M. (2016). A review of the research in emotionally focused therapy for couples. *Family Process*, 55, 390–407. doi:10.1111/famp.212229
- Wittenborn, A. K. (2012). Exploring the influence of the attachment organizations of novice therapists on their delivery of emotionally focused therapy for couples. *Journal of Marriage and Family Therapy*, 38, 50–62. doi:10.1111/j.1752-0606.2012.00290.x
- Woods-Giscombé, C. L. (2010). Superwoman schema: African American women's views on stress, strength, and health. *Qualitative Health Research*, 20(5), 668–683. doi:10.1177/1049732310361892