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Culture Matching and its Impact on the Therapeutic Relationship: A Literature Review

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Abstract

As cultural competency and cultural humility move to the forefront of therapeutic treatment so does a need for understanding the effects of culture on the therapeutic relationship. Often individuals who belong to minority groups are less likely to seek mental health care and more commonly receive subpar treatment. This project attempts to examine the effects of matching patients and therapists based on a shared identity and/or culture as a form of culturally responsive treatment – also known as culture matching. In this literature review, the selected peer reviewed articles considered the perspectives of both therapists and patients. Research was divided into cultural groups. Results demonstrated patients generally prefer being paired with therapists who share an identity or cultural background. Treatment outcomes were varied. Some research indicated that shared culture or identity resulted in positive health outcomes while other research attributed positive health outcomes to the individual therapist's skill, values, and multicultural competency. Results also varied for each cultural group, further indicating a need for cultural humility. Ultimately, more research is needed to understand culture matching, particularly in populations with fewer members of that culture working as mental health professionals.

Keywords: Culture, Therapy, Therapeutic relationship, Social Justice, Matching

The Effects of Culture Matching on the Therapeutic Relationship in the Patient/Therapist Dyad: A Literature Review

Introduction

The American Psychological Association describes culture as "the values, beliefs, language, rituals, traditions, and other behaviors that are passed from one generation to another within any social group. Cultural groups could include groups based on shared identities such as ethnicity, gender, sexual orientation, and socioeconomic class" (American Psychological Association, 2023). Culture affects the way an individual interacts with the world and impacts the power, privilege, and opportunities a person is afforded in their lifetime. Within culture, there is meaning in the sharing of stories and building of communities. Often, culture has been seen as a secondary factor to other human phenomena, particularly in the field of psychology. Historically, psychologists such as Freud focused on the internal workings of an individual, such as aggression, sex, and defense mechanisms. Whereas Skinner targeted the behavior of humans and the reinforcement of said behaviors (Hook et al., 2017).

With time, psychologists began to study and write about the effects of culture on the psyche and the therapeutic relationship. With the rise of narrative therapy, solution-focused short-term therapy and relational-cultural therapy, perspectives have shifted to a social constructivist model. This model acknowledges the development of meaning for the individual in context to their relationship to other people, language, culture, and society. These ideas challenge practices set in place by earlier psychologists such as Freud and Skinner as discussed earlier. (Neukrug, 2017).

This writer is a white, able bodied, queer, neurodivergent, non-binary person who is six years into recovery from alcohol abuse with a PTSD, depression, and anxiety diagnosis. This

thirty-year-old writer is from the rural Mid-west and grew up in a household below the poverty line. Disclosure is necessary, seeing as culture is at the center of this work and the world view of researchers will undoubtably inform the way it is written and the overall process. This writer acknowledges their experience as a highly privileged individual who holds great power in the publication of this text. Many other voices are often left unheard or silenced. As a developing therapist, this writer has an interest in working with patients who belong to cultural groups in which they also belong. This literature review explores how a therapist's identity in relation to their patients can help or hinder the therapeutic process. This method is known as culture matching, which Ibaraki defined as "cultural match, in which clients and therapists from a shared cultural background share similar attitudes, values, and cultural beliefs about different mental health topics" (2014, p.1).

For this literature review, culture will be the center point of analysis, particularly in therapeutic relationships in which the therapist shares a cultural touchstone with their patients. These touchstones will include language, culture, and relationships to others and greater society. Treatment implications for when a therapist shares these touchstones will be discussed. Are there benefits to a patient sharing a common world view or cultural experience? Can an understanding between a therapist and a patient in relation to societal views of their shared identities build rapport in the therapeutic relationship?

One objective of this literature review is to create awareness about the lack of diversity and perspectives of marginalized social groups in the field of psychology. These perspectives are valuable to the therapeutic relationships of individuals that belong to marginalized communities. This lack of diversity results in the failure to integrate social justice and multicultural counseling theories provided by different perspectives such as Critical Race Theory, Feminist Therapy,

Intersectional Theory, Liberation Psychology, and Queer Theory. (Singh, 2020). Therapists who belong to marginalized communities may be more likely to employ these theories and treatment strategies. For example, this writer has studied Queer Theory to understand perspectives of researchers with similar identities. In turn, this emerging therapist utilizes Queer Theory frameworks with patients who identify as queer.

This literature review will investigate and explore various research studies and scholarly articles concerning multiple cultural groups. Research on gender, sexual orientation, ethnicity, mental health diagnosis, socioeconomic status, political affinity, and religion/spirituality will be included.

Methods

Research for this literature review was collected via the Lesley University library website, using the advanced search function. Search criteria included words such as “disclosure”, “therapeutic relationship”, and “culture match”. To find researchers of varied cultural identities, an AND search was conducted. The first search criteria included a word used to describe the cultural group placed before the word “therapist”, e.g., “queer therapist” or “Black therapist”. The second search criteria included a word used to describe the cultural group placed before the word “patient”, e.g., “queer patient” or Black patient,”.

Articles were selected when research involved therapeutic treatment of individuals who share a common cultural group with their therapist. Research studies were collected after selecting the peer reviewed option via the Lesley Library database. Google Scholar was also utilized with the same search criteria. Articles from the therapist’s perspective as well as the patient’s perspective in these culture matches were considered. The reference pages of

previously collected articles were helpful to ensure proper citation and further inform the body of work.

Citations were recorded from the Lesley database and stored in a Microsoft Word document. PDFs of each document were stored on the author's computer. Information pertinent to this literature review within each article was highlighted electronically for future reference. Articles were further categorized by common themes and stored in electronic folders labeled by themes and populations studied. This included folders labeled "gender matching", "ethnicity matching", "disclosure", "transference", etc. This process included note taking via a separate document in Microsoft Word and several voice memos. In addition, texts were collected from various courses throughout this author's graduate studies and have been included within for context on culture and its influence on the therapeutic relationship.

Literature Review

Gender Identity (Cisgender Populations)

For the purposes of this research, the terms sex and gender and their differences will be discussed. Sex is defined by the Merriam-Webster dictionary as "either of the two major forms of individuals that occur in many species and that are distinguished respectively as female or male especially on the basis of their reproductive organs and structures (Merriam-Webster, 2024) The World Health Organization defines gender as "the characteristics of women, men, girls, and boys that are socially constructed. This includes norms, behaviors and roles associated with being a woman, man, girl, or boy, as well as relationships with each other. As a social construct, gender varies from society to society and can change over time." (World Health Organization, 2024) This distinction is important when considering the language used in the literature collected for this work. These terms are often used interchangeably and gender diverse and cisgender

populations are rarely differentiated. Data pertaining to individuals whose sex does not match with a socially assigned gender role, such as non-binary individuals, trans men, and trans women, were often not included. When these individuals are discussed, this will be explicitly stated.

Studies have indicated a connection between therapeutic outcomes and gender matching in clinical settings. According to Schmalbach, a matching between female clients and female therapists found that there was an improvement for female clients in symptom reduction and quality of life. (Schmalbach, 2022).

A study matching adolescents in substance abuse treatment with therapists based on gender showed that, "from a patient perspective, a gender match with the therapist facilitated alliance development, and gender-matched dyads were more likely to complete two thirds of treatment." (Wintersteen, 2005, p. 405). "The greatest discrepancy between patient-rated and therapist-rated alliance existed between adolescent girls matched with male therapists." (Wintersteen, 2005). Wintersteen suggests that this may be due to male therapists being unsure of their abilities when working with adolescent girls. (Wintersteen, 2005, p. 405). Similarly, another study discussed how "the effects of client and therapist gender and ethnicity, and the match on these variables (e.g., female therapist-female client) were examined. Results showed that clients generally improved from both the client and therapist perceptions." (Bryan et al., 2001, p. 11).

Other researchers found no significant correlation in diagnoses at all. A study concerning men and women with depression found that there were no coalition between the matching of gender and level of depression at termination of therapy or the patient perceptions of the treatment they received. (Zoltnick et al., 1998). The study suggests that "the gender of the

therapist, or even the patient's expectation concerning the helpfulness of either a male or female therapist does not optimize the treatment of depressed patients" (Zoltnick et al., 1998, p. 658).

In the Schmalbach study discussed earlier, results indicated that female therapists matched with female patients and male patients resulted in significantly better health outcomes compared to male therapists matched with female patients and male patients. (Schmalbach, 2022). Schmalbach concludes that this could be due to female therapists being more empathetic and responsive toward clients. In addition, female clients had more positive perceptions of female therapist at the beginning of treatment. (Schmalbach, 2022). This demonstrates the complexity of the variables at play in therapeutic gender matching.

Similar findings were presented by Bhati in a study driven by a hypothesis that gender matching would be initially important to the therapeutic relationship but would become less important throughout the therapeutic relationship. Results did not support this hypothesis but instead supported positive outcomes with female therapists regardless of matching. (Bhati, 2014). As discussed by Blow et al., most research surrounding gender matching focuses more on biological sex as opposed to social and relational implications of gender as a construct. (Blow et al., 2008). Blow states that "this means moving beyond the simplistic variable of male or female and into the complexities of how gender effects therapists, clients, and the larger society in which we live." (Blow et al., 2008, p. 69).

This highlights the importance of analyzing the complexity of societies effects on the way individuals perceive therapists and their own experiences. Societal expectations imply that women and men should act in certain ways, and this influences the way women and men behave in their environments. Culture matching may aid in conversations and the deconstruction of societal expectations placed upon either gender.

Gender identity (Gender Diverse Individuals)

As a result of the public depathologization of gender diversity as a mental health disorder from the World Health Organization, there has been a rise in therapists advertising competencies working with these populations. (Snow et al., 2021). A survey of 1,567 Trans and gender diverse individuals concerning their experience in mental health spaces found that "A minority described only positive therapeutic relationships, while far more interacted with unknowledgeable unnuanced or unsupportive mental health providers." (Snow et al., 2021, p.156). Snow et al. suggest that this study may point to providers advertising as affirming providers are not as affirming to gender diverse populations as they claim. They also suggest that some providers inflate their expertise, conflate Trans and gender diverse experiences with sexual minority experiences and manipulate their clients. (Snow et al., 2021). A systematic qualitative review in 2022 on the experiences of Trans and gender non-conforming individuals found that:

> When gender was considered within therapy, several participants described experiences of their therapist appearing to hold rigid and fixed views. Oftentimes participants reported being 'put into boxes' that they felt reflected therapists' own notions of gender, which were regarded as cisnormative (a discourse privileging cisgender as the norm). Some participants described experiences of their therapists pathologizing gender, conceptualizing it as 'something to be fixed.' (Compton & Morgan, 2022, p. 234)

This can be further observed in smaller studies collecting the experiences of trans and gender divergent people feeling misunderstood and even oppressed by Gay, Lesbian, and Bisexual therapists. (Dispenza et al., 2012; Elder, 2016; McCullough et al., 2016).

A trans and queer therapist described their work with a trans patient as such:

> I made the decision to relay parts of my gender story. In addition, I shared themes and possibilities drawn from work with and knowledge of other gender expansive or questioning individuals: An effort to signal that there is no one gender narrative and that theirs did not need to unfold similarly to anyone else's to be valid." (Bennet 2021, p. 221)

Then Bennet provides a quote from that patient's perspective:

> Getting to work with someone who is a transgender psychologist has made an enormous difference. With someone with similar experience, you can say just a few things and they're right there with you, it is just inexplicably relieving to not have to recount in detail the pain you've been through or are going through, there's an important difference between sympathy and empathy. In a world where it is nearly impossible to even get sympathy for the torture that is gender dysphoria, being able to talk to someone who can give you empathy has astronomical value. (Bennet, 2021, p. 221)

There is a plethora of literature pertaining to the practicing of cisgender therapists but there is a lack of literature describing the experiences of gender variant therapists. (Blumer 2008). Blumer goes on to describe his experience working as a therapist with gender variant people:

> I acknowledge my approach to therapy need not solely revolve around myself as a transman, but place value on how this aspect of my background may relate to the emotions and thoughts that my clients may be experiencing, and because of this knowledge, may lead clients to develop greater insight into themselves, their problems, and their relationships with others. (p. 61)

Therapists frequently use their sense of self as a tool to promote therapeutic change in patients and the use of self may lead to more positive therapeutic experiences. This is particularly

poignant in a population that is so venerable and often has mental health challenges. Representation is important. Culture matching may help patients to see themselves in their therapists and health care providers which can be valuable to their personal growth and progress in health goals.

LGBTQIA+ Community

Due to a lack of research pertaining specifically toward gender variant therapists working with gender variant individuals, this writer will expand the scope of this review to include the broader LGBTQIA+ community as a whole working with individuals within the LGBTQIA+ community. Furthermore, a large part of the literature pertaining to this topic centers on disclosure of identity. A meta-analysis of 53 studies concerning general disclosure found that overall, self-disclosure had a favorable impact on clients. Clients had favorable perceptions of the disclosing counselors and were more likely to disclose to counselors who had self-disclosed. (Henretty, 2014).

Deborah Coolhart a queer licensed marriage and family therapist describes her experience with disclosure with queer patients:

> Coming out to queer clients has almost always been a joining experience that seems to help clients feel safe and understood in therapy. Because queer people do not typically have access to role models, people who are out are often seen as role models by those in the process of coming out. This is particularly true of therapists, due to the intimate nature of a therapist-client relationship. I believe this dynamic to be inevitable and have often observed it in my practice. (p. 5)

Coolhart acknowledges her limitations but expresses the importance of queer therapists being transparent about their identities. Coolhart states:

> I cannot know the impact my being out with closeted clients has on their sexual identity development. But I do know that the less pathologized view a queer person has about being queer, the more likely he or she will be able to develop a positive sense of self." (p. 4)

Public acknowledgment of identity from therapists may lead to accessibility for queer patients (Clark 2021) Clark, a queer therapist described her experience with a patient seeking her out due to a shared identity. The patient discovered that Clark was a queer therapist from a list given to her from a friend of a friend. Clark stated, "I know from experience that members of minority groups, including sexual and gender minorities, often rely on such informal 'referral' networks, given that mainstream referral pathways are indifferent to or ill-equipped to meet their needs." (p. 219).

Community resourcing can provide more pathways to care and treatment for a vulnerable community. LGBTQIA+ experiences are different for each member of the community but when that community works to support others within it, great change is possible. Culture matching LGBTQIA+ patients may aid in this change.

Ethnicity/Race

Mental health challenges are common in Black, Puerto Rican, Hispanic/Latino(a) American, Native American, and Pacific Islander communities (Regier et al., 1993; R. Turner, 2006), Individuals from racial/ethnic minority groups are less likely than white people to seek mental health services (Alegrı´a et al., 2008; Gallo et al., 1995). This may be due in part to the high degree of microaggressions that this population experiences. (Constantine, 2007) "Racial microaggressions are defined as subliminal or subtle, intentional or unintentional, messages that degrade BIPOC" (Constantine, 2007, p. 1) Studies have found that the majority of BIPOC clients

report experiencing at least one microaggression from their therapist over the course of counseling (i.e., 81%, Hook et al., 2016; 53%, Owen et al., 2014).

> In a meta-analysis conducted by Raquel R. Cabral and Timothy B. Smith:
>
> A total of 154 studies, 52 contained effect sizes specific to participant preferences for racial/ethnic match, 81 contained effect sizes specific to participant perceptions of therapists as a function of racial/ethnic match, and 53 contained effect sizes specific to client outcomes as a function of therapist racial/ethnic match." (p. 541)

Cabral and Smith further summarize this data concluding that people tended to desire a therapist of their own race/ethnicity and tended to have more positive perceptions of therapists that share their race/ethnicity. This did not result in significant correlation in positive treatment outcomes. (Cabral & Smith, 2011). These authors instead emphasized a focus on multicultural training while also acknowledging ethnic matching will continue to be relevant with misunderstood and discriminated peoples and populations. (Cabral & Smith, 2011). This might be particularly poignant for individuals who have strong racial/ethnic preferences or mistrust. These individuals may benefit from being matched with a therapist of their own race/ethnicity. So long as group biases persist in society (e.g., Morrison & Morrison, 2008).

Atkinson et al. (1978) developed a study that constructed video presentations of mock therapy sessions, two with a white therapist presenting a directive method and a non-directive method. Another two recordings were constructed with an Asian American therapist presenting identical methods and identical scripts as the white therapist. Atkinson et al. then had a group of Asian American University students watch one of the four given presentations and then asked them to discuss their perceptions of the therapy session they viewed. They found that "for Asian American university students, racial similarity was found to be a highly significant factor in

determining how much credibility participants assigned the counselor." (Atkinson et al., 1978, p. 81). "The existence of a counselor race effect among Asian American university students suggests the need for qualified Asian American counselors to work in university settings." (Atkinson et al., 1978, p. 82). Atkinson et al. (1978) discuss that a culturally appropriate method from a white therapist has more positive outcomes than an Asian American therapist who uses inappropriate therapeutic approaches. In spite of this "Asian American university students clearly perceived the same race-culturally appropriate approach combination as most credible and useful." (Atkinson et al., 1978, p.82).

In a study on the effect of race on therapeutic relationships with adolescents it was found that initially being matched with a therapist with a shared race/ethnicity was appealing but throughout treatment qualities such as respect and connection were more valued. Considering the previously discussed studies, topics pertaining to race and ethnicity such as racism may be easier to approach with same race/ethnicity therapist patient pairings. (Wintersteen, 2005).

When measuring the perceptions of patients that belong to minority ethnic groups with a white therapist vs a Black therapists Philip and Maimon (2023) found that:

> There were significant differences in perceived racism, relationship genuineness, perceived clientele demographics, and perceived cultural competency between the Black therapist and white therapist. Specifically, we found that Asian American and Latinx female clients anticipated a more genuine therapeutic relationship with the Black therapist and expected her to be more culturally competent and less likely to be racist than the white therapist (p. 75)

Next a case study concerning an art therapy intervention with a Black therapist and a young Black autistic child will be examined. In this account Nevers-Ashton describes her

experience with this patient that shares an ethnic identity. She describes a moment in which this patient requested black markers, which she provided in the following session. Upon receiving the black markers, the patient said “I just want to take it home. I like Black, I’m Black, your Black, and I just want to take it home ok.” (Nevers-Ashton, 2023, p. 25). She describes this moment as follows:

> I perceived this as a real cultural connection he made with the pens and sharing our ‘blackness’. I felt that this reflected the impact of race on our relationship. In addition to the differences within the therapeutic alliance, there was an acknowledgement of similarity. Our shared racial identity appeared to have been a gateway to connect through the association of the colour of the pen. (p. 25)

A theme of patients preferring therapist from their own ethnic group presents itself among Native American women as well in a 2001 study presented by Bichsel & Mallinckrodt:

> Native American women (N= 218) living on a reservation were surveyed to assess their preferences for counselor sex, ethnicity, cultural awareness, counseling style, and commitment to Native American and Anglo-American cultures. Women generally preferred a counselor with the following attributes: female, ethnically similar, culturally sensitive, and used a non-directive counseling style. All these preferences, except for counseling style, were generally stronger for personal versus vocational problems and were stronger for women with high commitment to Native American culture. (p. 1)

In research assessing the effects of matching based on therapist qualifications and expertise Boswell found that the majority of patients in the study experienced more positive health outcomes regardless of race when being matched based on therapist’s experience and qualifications (Boswell 2022). More pertinent to this review, Boswell found that:

> The match effect on symptom change was more than two times stronger for racial/ethnic minority versus white patients. Racial/ethnic minority patients who were treated by matched therapists experienced the greatest amount of improvement, whereas racial/ethnic minority patients who were assigned to a therapist by usual, pragmatic means experienced the least amount of improvement (p. 68)

The practice of matching patients with the most appropriate therapist leads to the most improvement. Culture should be considered in the practice of matching. A treatment team should evaluate the potential benefits and challenges that can come from culture matching based upon ethnicity. How patient health needs are related to culture, and race/ethnicity should be considered when matching.

Mental Health Diagnosis

Autism Spectrum Disorder

The inclusion of this subheading may seem odd to some as many do not view a mental health diagnoses as an identity. Some psychologists and persons with mental health diagnoses are centering identity in mental health diagnosis. Historically, when seeking to understand the experiences of people with disabilities, identity-based theories have not commonly been applied. (Rivera and Bennetto, 2023). For example, the treatment of autistic people has been conceptualized from a deficit model of disability, but recent scholars have begun to recognize autism as an important part of their social identity. (Rivera and Bennetto, 2023). Further, the integration of social theories and understanding of autistic people as a social group can help researchers better understand the mental health concerns of these individuals and how stigma and camouflaging can contribute to those mental health concerns. (Rivera and Bennetto, 2023). For these reasons the implications of patients sharing a mental health diagnosis with their therapist

will be further examined in this work. Unfortunately, this writer was unable to find any peer reviewed literature concerning autistic therapists working with autistic patients so other diagnoses will be considered instead.

Borderline Personality Disorder

Perhaps the most well-known example of culture matching for mental health diagnoses is prevalent in the work of Marsha M. Linehan, the creator of Dialectical Behavior Therapy (DBT). Linehan created (DBT) with her own Borderline personality Diagnosis informing the practice. In an interveiw describing her creation of DBT and her work as a therapist Linehan stated "I honestly didn't realize at the time that I was dealing with myself, but I suppose it's true that I developed a therapy that provides the things I needed for so many years and never got." (Carey, 2011, p.1). Linehan also recalls a conversation with a patient describing the encounter. "'Are you one of us?' 'You mean, have I suffered?' 'No, Marsha, I mean one of us. Like us. Because if you were, it would give all of us so much hope.'" (Carey, 2011, p. 1). In a systematic review of controlled randomized studies:

> Most revealed that both short-term DBT and standard DBT improved suicidality in BPD patients with small or moderate effect sizes, lasting up to 24 months after the treatment period. Furthermore, these studies showed that DBT can significantly improve general psychopathology and depressive symptoms in patients with BPD. Improvement of compliance, impulsivity, mood instability, as well as reduction in hospitalization rate are other findings observed in the trials following DBT (Hernandez-Bustamante, 2024, p. 1)

Marsha Linehan's experience of a shared culture with her patients informed her practice, which led to the creation of DBT. This exemplifies how culture matching can contribute to the growth of the field of psychology and psychiatric treatment.

Substance Use Disorder

Although it is not therapy in the traditional sense, peer recovery support is often employed with individuals with substance use disorders. Peer recovery support is even supported by the Substance Abuse and Mental Health Services Administration (SAMHSA) under the Recovery Community Services Program and the Access to Recovery (ATR) initiative. (Reif et al., 2014). This method can lead to "improved relationships with providers and social supports, increased satisfaction with the treatment experience overall, reduced rates of relapse, and increased retention in treatment." (Reif et al., 2014, p. 860).

In an observational study conducted concerning the treatment of individuals with substance use and the use of peer support in which the majority of patients were Majority of clients were from low-income, minority demographics that had a high prevalence history of incarceration, homelessness, and inconsistent employment through a program called The Peer Recovery Expansion Project (PREP):

> They reported a 22% increase in stable housing and a 25% increase in full- time/part-time employment/training program enrollment. They also demonstrated a significant decline in reported depression, anxiety, and prescribed medication use at 6- month follow-up when compared to baseline. (Hansen et al., 2022, p. 1)

This may because Peer support can aid in the breaking down of barriers to access, increase client engagement and motivation as well as provide culturally appropriate resources. (Jack et al., 2018).

In a meta-analysis including 9 studies concerning peer support in Substance abuse programs, it was found that:

> Most studies reported statistically significant findings indicating that participants receiving the peer intervention showed improvements in substance use, a range of recovery outcomes, or both. These findings suggest that peer interventions positively impact the lives of individuals with substance use disorders. Notable findings among the other studies include decreased alcohol use and drinking to intoxication, reduced re-hospitalization rates, and increased post-discharge adherence among the groups receiving the peer intervention. (Bassuk, 2016, p. 7)

This shows that peer support contributes to various positive health outcomes in the substance use population.

A theme of intersectionality should be noted. In a study analyzing a mobile peer outreach program for sex workers in Canada found that:

> Peer-based outreach services by community organizations and sex work cooperatives often serve as the first and sometimes only point of contact between FSWs who use drugs and health and support services, and may thus play a critical role in facilitating access and utilization of addiction treatment for these women. (Deerling et al., 2011, p. 47)

A systematic review pertaining to peer support services found similar benefits as listed above but, Eddie et al., presents a caveat for consideration:

> Findings should be viewed in light of many null findings to date, as well as significant methodological limitations of the existing literature, including inability to distinguish the effects of peer recovery support from other recovery support activities, heterogeneous populations, inconsistency in the definitions of peer workers and recovery coaches, and lack of any, or appropriate comparison groups. (Eddie et al., 2019, p. 1).

For patients with substance use disorder, culture matching can serve as a facilitator to treatment for individuals who otherwise may not seek treatment.

Religion and Spirituality

A fair of research exists analyzing the potential for transference and counter transference to which is best summarized by Abernethy stating:

> Increased sensitivity to the overt and covert religious themes in patients' communications is an important skill for therapists. Religious differences and similarities between therapists and patients are only one potential counter transferential challenge in therapeutic work. Other cultural issues that may evoke transferential and countertransferential reactions include race, gender, ethnicity, and class. Sensitivity to these issues in addition to the religious dimensions can enhance the therapeutic relationship and deepen our understanding of ourselves and our patients." (Abernethy 1998, p. 288)

Abernethy points out potential strength and weaknesses for religious and non-religious therapists stating:

> First, therapists' lack of training and religious heritage may predispose them to avoid religious content. Therapists' religious background may also increase their openness to religious content and contribute to an overemphasis on this content at the expense of other important patient communications. (p. 288)

In a study working with orthodox Jewish people and orthodox Jewish therapists and secular therapists as the control group found that:

> Interactions between patient and therapist religious affiliations were not significant. These results suggest that religious (and non-religious) patients may benefit equally from

> treatment delivered by religious and non-religious therapists. Notably, in the naturalistic context of the present study, no specific efforts were made to cater to patients' religious needs, save for encouraging clinicians to inquire about and discuss religious topics and concerns in a supportive manner." (Rosmarin, 2020, p. 6)

In a study targeting the therapeutic alliance between religious patients receiving Religious CBT treatments from Christian therapists and religious patients Receiving Secular CBT treatments from secular therapists they found that:

> Clients who dropped out did not have significantly higher levels of depression than those who completed at least five treatment sessions, respectively, However, dropouts did have a lower 4-week therapeutic Alliance scores compared to those who completed therapy. (Koenig et al., 2016, p. 10)

This may be significant because:

> Therapeutic Alliance appeared to be slightly higher in those receiving RCBT (vs. SCBT) after 4 weeks of therapy However, this relative advantage for RCBT narrowed during the rest of therapy Thus, the mean difference in TA between SCBT and RCBT decreased. Looking at the 4th week, those receiving RCBT scored significantly higher than those receiving SCBT on item 5 ("I feel I am working together with the therapist in a joint effort") item 15 ("The therapist and I have meaningful exchanges") and item 18 ("I believe the therapist likes me as a person") By the 12th week, however, no significant differences were found between treatment groups on any of the 19 items. (Koenig et al., 2016, p. 10)

Culture matching can contribute to the reduction of drop out in therapy services in cases of religion matching. Patients cannot receive treatment if they do not show up to therapy spaces.

Culture matching may be one way to help achieve this. Also, the reluctancy for therapists to discuss religion due to a lack of training in religious practice or discomfort with the subject can be reduced by having religious therapists.

Political Affinity

Political Affiliation is a consideration for some individuals seeking therapy services particularly in tense political climates:

> Many countries have been experiencing the generalized occurrence of people fighting over politics, in contexts including family, workplace, friendships, and romantic relationships. Over the past 2 years, it has been possible to observe an unexpected and overwhelming effect of the political climate on psychotherapy patients, some of whom have started to actively look for therapists who share their convictions. (Brietzke, 2023, p. 1)

In a (now post) Donald Trump Presidency in which many therapists and patients were overwhelmingly effected the sharing of political affiliations should be considered (Solomonov & Barber 2018). Solomonov & Barber in one study collected the perspectives of patients in politically matched patient/therapist pairs and in another study, they collected the perspectives of therapists in politically matched pairs. In the first study they found that:

> "two-thirds of patients reported engaging in political discussions with their therapists, with almost half of patients indicating they would like to speak about politics more frequently. Two-thirds of patients reported their therapist disclosed his/her political stance either explicitly or implicitly. Additionally, patients reported higher quality therapeutic alliance when they thought their therapist shared their political views and

> experienced in-session political discussions positively." (Solomonov & Barber, 2018, 1509)

In the second study concerning therapists perspectives they found that:

> "Most therapists (87%) reported they discussed politics in-session; 63% reported political self-disclosure (21% explicit; 42% implicit). Therapists who perceived political similarity with most patients were more likely to report political discussions and self-disclosure. Therapists who reported shared political views with a higher percentage of patients, and those who explicitly disclosed, also reported stronger alliances" (Solomonov & Barber, 2019, p. 1508)

Shared political affiliation in matched pairs can contribute to feelings of safety and therapeutic alliance. This form of culture matching may also encourage more discussion about the effects of politics on the individuals mental health concerns.

Language

Communication error due to language and have often led to issues in health spaces including mental health spaces and psychiatric hospitals (Baxter & Bucci, 1981) "Issues of diagnosis, integration into the ward treatment program, and progress in the course of treatment can in some cases be traced to specific socio-linguistic problems, which have previously gone undiagnosed." (Baxter & Bucci, 1981, p. 1)

Therapists and patients sharing language is also an important consideration demonstrated in a Canadian study analyzing the Health communication anxiety of individuals using their second language to communicate with health care providers:

> The results revealed that, separately for both physical and mental/emotional health contexts, there were significant and meaningful L2-specific relations between health

> communication anxiety and willingness to use L2 health services – i.e., over and above general anxiety and discomfort about using an L2, and over and above general health communication anxiety. The effect was stronger for mental/emotional health contexts." (Zhao, 2021, p. 1)

In a cross-sectional study questioning 194 clinicians about their experiences with interpreters it was found that:

> Clinicians reported communication difficulties affecting their ability to understand symptoms and treat disease, as well as their ability to empower patients regarding their healthcare. Training in the use of interpreters may improve communication and clinical care, and thus health outcomes. (Karliner et al., 2004, p.1)

Language is an essential part of communication. An inability to communicate with patients as therapists inevitably leads to sub-par treatment. Although translators may be a meaningful alternative, there is less standardization in the training protocol of these individuals and they may lack the sensitivity training therapists receive. This challenge can be avoided altogether with culture matching regarding language.

Socioeconomic Status

Perhaps a cultural group that is less thought about in the context of therapeutic relationship is socioeconomic status:

> Therapists lack of awareness of social class was shown to lead to inadvertent oppressive and/or classist behavior. For a client to take full benefit from therapy, therapists must recognize the importance of social class and classism and their impact upon the therapeutic relationship and be prepared to attend to these dynamics when appropriate. (Trott and Reeves, 2018, p. 166)

In a survey collecting the thoughts of patients concerning social class Trott and Reeves reported "Overall, there was a sense that social class (irrespective of similarity/disparity) had a far greater impact on respondents than they initially thought, with some respondents not recognizing the impact until taking part in this study." (Trott and Reeves, 2018, p. 172). Trott and Reeves do mention that in filling out the questionnaire participants many have reconstructed their experience which could be viewed as priming or confirmation bias. (Trott and Reeves, 2018).

With this social it is important to mention that therapists carry a certain amount of privilege inherently due to their income bracket. Therapists may have belonged to a culture that exists in lower or high-income brackets at one point in their lives that they could use to inform discussions centering on socioeconomic status. In this way a type of culture matching may be achieved.

Discussion

Throughout the present literature review, many different cultural groups were considered including sex, gender, race/ethnicity, Religion/spirituality, language, political affiliation, and socioeconomic status for the purpose of understanding potential ways in which culture can affect the therapeutic relationship in culture matched patient/therapist pairs. This was accomplished in the compilation of peer reviewed qualitative and quantitative literature pertaining to the experiences of both therapists and patients in these pairings.

This research demonstrates what some therapists and patients can have positive outcomes when they share cultural identity or similar world views. In much of the research presented here there is a decrease in patient therapy dropout rates, symptoms of mental health related diagnosis and increases in positive perceptions of therapists, health outcomes, therapeutic alliance, trust, empathy, and positive mental health outcomes. It appears that the personal understanding and

shared world experiences that may come between these individuals can contribute to positive therapeutic situations. This is not to say that culture matching therapists and patients may not have its own challenges such as transference, counter transference, over identifying with therapist and potential loss of boundaries. Overall, this method of matching is important to consider for patients who desire it, those who have been historically oppressed, or for patients who culture is a central theme in their current mental health goals.

This literature review has its limitations. One of which may be the positionality of this writer. As objective as one may claim to be, bias always finds ways into academic work. This writer acknowledges that their personal experience as a patient and a as therapist have influenced the way in which the sought-out research. Also worth mentioning is a lack in accessibility in research seeing as most of the articles presented here are not accessible to the common public without steep pay walls and the use of academic language and rhetoric. There is also a lack in research in the culture matching phenomena particularly in minority culture groups. For example, this writer was able to find a considerable amount of research concerning woman therapists working with women patients as opposed to the experiences of trans therapists with trans patients. The type of research available points to a need for more systematic data collection from these minority cultures seeing as most research pertaining to these groups have regrettably low sample sizes challenging the validity of findings.

Ultimately this points to a need for more research into the effectiveness of these cultural group pairings. This writer postulates that encouraging diversity in therapeutic spaces is one way that this might be achieved. With systematic change that can bring about opportunities for more diverse communities and individuals to become therapists.

In conclusion, in no way is it necessary to culture match patients and their therapists but it could prove beneficial to individuals seeking out therapeutic services. Regardless, the field of psychology needs diversity of perspective and patients should have access to therapists who belong to their cultural communities.

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THESIS APPROVAL FORM

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Student's Name: *Taylor Marsyla*

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In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

Thesis Advisor: *Basel Zayed*