Therapeutic Conversation through Confrontation: Reflections from a Singaporean Perspective

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Abstract

This article offers some reflections on confrontation from a Singaporean perspective and highlights some difficulties and successes the author has had using confrontation in psychotherapy. In addition, some suggestions are made about how a therapist can confront with compassion, courage, competence, and cultural sensitivity.

Singaporean Perspective

Singaporean learning experiences are diverse, multifaceted, and complex, in large part because the society is not homogeneous. For example, there is wide diversity in language proficiency in this small country, and rapid change over the last 30 years has meant that perspectives and values have developed in multiple directions. In addition, various Western influences have seeped into the country through (past) colonialism, business transactions, education, and the media. Thus, the experience of each Singaporean varies tremendously in terms of generation and religious and cultural context.

Given all of this, therapy in Singapore requires an open and unassuming attitude toward the client's cultural reality.

Therapy in Singapore

Therapy as a practice is fairly new in Singapore; it only became a recognizable profession with the establishment of the churches' counseling service in 1964. This group of pastors, doctors, and community leaders initiated a pilot project to offer therapy to the community, with the professional activity managed by foreign expatriates. Over the past 20 years this has gradually changed as more locals have ventured into the therapy field. However, unlike in Europe and North America, where therapy has gained credibility over the years, in Singapore therapy does not yet have such a reputation.

For example, in Singapore, traditional issues such as "face saving" and "in- and out-group values" remain strong. As a result, seeking help outside the family is often perceived as a 'loss of face' for family members. Among Singaporeans, high levels of "uncertainty avoidance" (Hofstede, 1980)—that is, the need for clear directions/rules and predictable outcomes—also supports reluctance to seek help from nonfamily members. At the same time, people expect therapy to "fix" the problem fast (the "quick-fix" syndrome), rather than appreciating that some problems require extended psychotherapeutic sessions.

Taking note of such cultural issues in therapy is important, and doing so helps the therapist provide the most effective treatment possible.

Gaining Potency and Credibility through Cultural Sensitivity

Despite the diversity characteristic of Singaporean society, it is important not to overlook some of the more common patterns of attitudes and behaviors that emerge in the therapy setting. As is true anywhere in the world, gaining credibility with and trust from clients is essential if the therapy process is going to be successful. Gaining credibility involves three factors: being sensitive to the client's cultural background, making therapeutic benefits explicit, and being a potent therapist.

In my work I carefully consider cultural issues and make sure to gain vital background information from the client. I am, of course, always conscious of various Asian cultural concepts—such as respect for authority, maintaining harmony, collective and communal values, family ties, uncertainty avoidance,

indirect communication, face saving, in-out groups, and conformity—but I keep in mind that these values vary for each individual.

Another important way I address cultural needs in this part of the world is to make the benefits of therapy as tangible, explicit, and substantial as possible so the client will feel satisfied after each therapy session. This allows the client to feel that some progress has been made and that the problem is being "fixed" a little more each time.

In Singapore, therapeutic potency lies in the therapist's credibility. A potent therapist is not "wishy-washy," but rather is perceived to be strong, knowledgeable, and stable, with a sound therapy background.

Confrontation and Its Usefulness in Therapy

The vital need for awareness and sensitivity about cultural diversity in therapy prompted me to consider an issue that is quite provocative in the context of Singaporean society and culture: confrontation in therapy. Such confrontation only becomes effective if the client has confidence in the therapist's credibility, which translates into the client accepting new feelings, thoughts, or behavior after a confrontation. In addition, such confrontation must be done in a way that allows the client to hear without becoming overly defensive.

The Oxford Dictionary (Hawkins, 1979) offers the following meanings of "confront":

> 1. To be or come face to face with, for instance, *the problems confronting us.* 2. To face boldly as an enemy or in defiance. 3. To bring face to face (for example, *we confronted him with his accusers).* (p. 168)

In therapy, the first Oxford meaning of confrontation is vital and central, whereas the second is potentially destructive. When confrontation becomes punitive and attacking, it generally fails because the client recoils, defenses harden, and a counterattack is soon under way (Heron, 1975).

Because these Oxford definitions vary in meaning, they can be confusing when applied to therapy. In contrast, Ivey and Gluckstern offer a more subtle view: "A confrontation is defined as . . . the pointing out of discrepancies between or among attitudes, thoughts or behaviors" (cited in Ivey, 1987, p. 84). Carkhuff and Berenson (1967) also suggested that confrontation in therapy is valuable when it is used to reduce the ambiguities and incongruities in a client's experience and communication. The research of Berenson, Mitchell, and Laney (1968) indicated that effective therapists tend to confront their clients more frequently than less effective therapists.

In transactional analysis, Stewart (1996) wrote about confronting script beliefs. He agreed with the transactional analysis use of the word "confrontation" as not implying harsh or aggressive intervention but as speaking or acting in any way that invites clients to consider their beliefs in relation to reality.

Thus, one could say that overall, the purpose of confrontation in therapy is to help clients break through defenses that they have built up to avoid consideration of something (a concern, a worry, a fear, or other people) and to promote honest communication about it.

The Beginning Therapist and Confrontation

Kottler and Blau (1989) wrote that new therapists "wanting to be liked by the client . . . search for approval, often avoid setting limits with clients" (p. 82). When I began providing therapy some 10 years ago, I certainly had a need to be liked by my clients. I was concerned they might not return after the first visit, which would have been met with much disapproval by my then employer. As a result, I acceded to clients' demands in the interests of pleasing them and avoiding confrontation. For example, there were occasions when I permitted clients to decide how the therapy room should be arranged or when I gladly agreed to set up appointments outside my normal working hours. However, over time I learned to confront clients, even though I was aware of the risks I was taking in doing so. This was in line with what Carkhuff (1969) wrote about confrontation and the risks the therapist must sometimes take.

The Timing of Confrontation in Therapy

Here I share some of my "teething problems" and occasional "hiccups" as I learned about confrontation in the initial stage of therapy.

> A fragile, sad, scared, and unhappy client complained to me that her needs were never met. Responding in a gentle, caring voice, I suggested that her unmet needs could be because of her driver to "Please others" at all times. The client suddenly became very pleasing and agreed to my suggestion. However, her nonverbal behavior revealed that she was scared of me. The session ended up in a transference relationship, with the client seeing me as an authoritative figure. Henceforth, after the confrontation, she chose to "Please me" in therapy.

In retrospect, I feel that, although the intervention strategies were appropriate, the timing was wrong. In this case, the client was not ready for the confrontation. This experience enhanced my understanding of Nelson-Joan's (1984) concern about timing when challenging clients. He believed that therapists who do not carefully time their intervention with vulnerable clients may retard the therapy process. Along the same lines, Carkhuff (1969) commented that well-timed confrontation was the same "as offering clients crisis that offer the possibility of moving to higher levels of awareness and functioning" (p. 92).

In Singapore, the timing of a confrontation in therapy is especially important, and the therapist must use a great deal of creativity and competency to decide when the time is right. The process of therapy is a foreign experience for many clients, who may already feel embarrassed about seeking outside help. Trust must be nurtured before confrontation can be accepted by clients as part of safe, caring, potent, and effective therapy.

This is especially important when confronting a client's script beliefs. Common script beliefs among Singaporeans include: "strive toward excellence," "work hard," "support productivity and team work," and "uphold Asian values such as filial piety, support for aged parents, and being a family." Children in Singapore grow up incorporating these commands in their scripts and believing that if they follow these messages, they will be "accepted" at home, in school, and later at work. Therapists in Singapore must keep these cultural scripts in mind. For example, a high achiever who received a parental command of "strive toward excellence" may be depressed because he did not achieve perfect exam scores, which may drive him to work even harder and eventually lead to burnout and more frustration. If the therapist contradicts any of the self-imposed demands of such an individual, the client would immediately feel guilty and confused. This could also propel the student's parents to confront the therapist for being a negative influence on the child.

Another important factor to take into account when considering the timing of confrontation in therapy is that in Singapore, more so than in many Western countries, the family and other social networks play an important part in a person's life and possible problems. Sometimes direct intervention with clients may affect family and other social relationships negatively, as pointed out by Yeo (1993). For example, it is culturally unacceptable to suggest to or approve of a male client (an only son or first son) living separately from his parents, even when he or his wife is having difficulty living with his aged parents.

Another example of cultural differences with regard to confrontation in therapy is that my feelings and thoughts about confronting in initial sessions are different from those of some rational-emotive practitioners. Ellis (1967), for instance, suggested that therapists should confront clients during initial sessions if there is evidence of irrational thoughts and behavior. In Singapore, if a therapist suggested to a client that his perfectionist thinking is not helping him at work, it would result in the client rejecting the therapist and accusing him or her of being ill-informed of reality at work and lacking in insight about the competitive world.

Developing Competence in Confronting

The ability to confront in an appropriate and

useful manner has contributed significantly to my clinical work in the following ways:

- helping clients to challenge their own discounts, restrictive attitudes, and behaviors
- facilitating clients to challenge their script beliefs
- inviting clients to look at the way they define transactions
- clarifying information or lack of information
- focusing on clients' strengths
- becoming aware of clients' discrepancies or incongruities
- expanding clients' frames of reference
- offering interpretations of how clients sustain problems
- clarifying irrational thinking and behaving

Through my studies and training I have learned when and what to confront as well as how to be confrontive in a variety of situations.

Confrontation and Group Work: There were times when a particular group would not move or one member persistently dominated the discussion. To confront this I said, "I'd like to share something I've noticed. Ah Seng seems to be the only one who has feelings about this issue. I believe we have a great deal to share with each other about the way we want this group to work together." After this confrontation, group members became more productive; they understood that participation was a normal part of group life and something in which every member of the group had an investment. Ah Seng was also aware that I had heard his views and that it would be helpful for him to hear how the rest of the group felt. Neither Ah Seng nor others in the group experienced the confrontation as a personal attack against an individual or the group.

A Client Making a No-Suicide Contract: A client told me that he had a secret wish to kill himself. In response I said, "Will you agree never to hurt, harm, or kill yourself under any circumstances, no matter how bad things are?" He retorted, "All my friends know I'm too much of a coward. I don't have the courage to kill myself." To confront this comment, I said, "So, are you saying that one of these days, if you pluck up enough courage, you might hurt yourself?" I was aware that the client was redefining the transaction, and I chose to confront immediately because I saw the option of killing himself as the most fundamental escape hatch for that client.

One important point about cultural differences with regard to closing escape hatches to block tragic outcomes: In Singapore, the process relies heavily on who brings up the subject of suicide. If the client initiates the subject, the procedure for closing escape hatches is straightforward. However, if the therapist initiates the topic of closing escape hatches as protection or safeguard against the possibility of a client harming or killing himself or herself, then this can cause a panic reaction with the client becoming defensive and agitated. The client/family might then blame the therapist for having planted the thought in the client's mind and for how it could now be realized. The language used, the timing of the confrontation, and the client's maturity determine the appropriate time for the closing of escape hatches. For young clients, the therapist must bear in mind that parents might accuse the therapist of "cursing" their children by suggesting death.

Confronting and Gestalt (Two-Chair Work): A student who said she was angry at her father was invited to sit in an empty chair. I then used the "hot-seat" fantasy technique to help her express her anger toward her authoritarian father.

Student: "I'm angry at you, Father!"

Therapist: "Again" (heightened).

Student (voice becomes soft and smiles): "I'm angry at you, Father."

Therapist (confronts): "You don't sound angry. Do you usually smile when you're angry?" (This incongruity was confronted in a caring way and from an "I'm OK, You're OK" position.) "Give yourself time to feel what's going on for you."

Student: "I'm frightened. I'm scared of being angry with Father. To do so is unfilial."

The confrontation shifted the client into her authentic fear and feelings of guilt, which earlier were covered with anger; a further goal of therapy would be to help her explore these feelings. The guilt, in particular, can lead to

severe depression, especially when the parent passes away. In Singapore, after a parent has died, it is unacceptable to bring him or her back into the hot seat for unfinished business. The therapist must be alert and watchful that work done concerning deceased parents does not elicit anger over the deceased party; it is more therapeutic to allow the client to mourn the love that he or she did not receive and to free him or her to seek love from others in the present.

Gestalt therapy demands that clients experience themselves as fully as possible in the here and now both to understand their present manipulation and to reexperience the unfinished business of past problems and traumas by means of a range of experiential techniques (e.g., the hot seat and confrontation). I feel that such confrontation involves substantial risk, so when I use it, I take care to communicate support, empathy, immediacy, and warmth to the client.

Confronting Game Playing: My knowledge of the games that people and organizations play has helped me to be aware of such games as well as to know how to stop them before they reach their predicted outcome. A client who plays a hard game of "Stupid" or "Kick Me" (without being aware of it) to replay a script or maintain a not-OK life position must be confronted before he or she will move out of the game. There is great therapeutic value in confronting such games and presenting new, authentic options in their place.

Conclusion

It is hoped that this article will deepen the reader's understanding and appreciation of the importance of cultural sensitivity with regard to confrontation, especially in the context of therapy. In the past, confrontation has often been negatively perceived and experienced by the receiver. As a result, many therapists and therapists are reluctant to take risks in confronting their clients. I hope that this article sheds some light on how confrontation can be done with care, compassion, courage, and cultural sensitivity.

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