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Bangladeshi Couple Therapists' Perspectives of Divorce Decision-Making

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ABSTRACT

This qualitative study explores how family therapists ($n = 15$) in Dhaka, Bangladesh, assist couples in navigating divorce decision-making, addressing a gap in research on divorce ideation in non-Western contexts. Thematic analysis of the interviews revealed four key themes: (1) Therapists as experts, (2) Respect for client autonomy, (3) Therapist neutrality, and (4) Clarity in the decision as the goal. Each of the themes is situated in the social context of Dhaka, the capital city, where couple therapy is a fairly new mental health practice and beliefs about marriage and divorce are culturally informed. These cultural beliefs include ideas that divorce is shameful, is not religiously sanctioned, and is harder on women. Future research could focus on the experiences of therapists or other community helpers (i.e., religious or kinship networks) in rural areas and among less-educated populations to better understand the broader landscape of divorce decision-making in Bangladesh.

Marriage and divorce trends are changing and evolving across the world, with significant socio-cultural and economic implications (Stevenson and Wolfers 2007). The age of first marriage is rising, with many individuals delaying marriage or choosing not to marry at all, opting for cohabitation instead (Copen et al. 2012; Manning et al. 2014). Additionally, the use of divorce as a resolution to marital conflict has increased globally (Amato 2010). While the divorce rate in the United States peaked in the 1980s and has since stabilized (Amato 2000; Amato and Irving 2013), other countries are witnessing an upward trend in divorces, raising international concern (Lester 1996; Cherlin 2017). Despite the growing global discourse on divorce, the bulk of research remains concentrated in Western contexts, particularly the United States (Amato 2000; Hawkins et al. 2017), leaving a gap in understanding divorce ideation and decision-making in non-Western settings. The present study addresses this gap by exploring how family therapists in

Dhaka, Bangladesh, assist clients in navigating divorce decisions. Through this study, we seek to contribute to the global discourse on divorce decision-making by centering the unique socio-cultural context of Bangladesh through the experiences of Bangladeshi couple therapists.

We begin this paper with a review of the existing literature on marriage, divorce, and divorce ideation in South Asia, with a primary focus on anything published in Bangladesh. We will then highlight the emerging role of couple and family therapy in a Bangladeshi context. We then report the results of our study that investigated how Bangladeshi family therapists help couples manage divorce decisions. The findings enrich our understanding of family therapy practices in this collectivist country where marriage remains a deeply entrenched social institution and divorce trends are on the rise.

Umme Kawser and Steven M. Harris contributed equally to this study.

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2 | Literature Review

2.1 | Marriage Trends in Bangladesh

In Bangladesh, marriage is a stable social institution deeply embedded in cultural, religious, and economic traditions. Historically, early marriage has been the norm, with men and women expected to marry young and remain married throughout their lives (Amin and Das 2013). Polygamy, though legal under family law, is rare. In recent years, however, urbanization and socioeconomic changes have led to a shift in marital practices, particularly in urban settings. Parents, once the primary decision-makers in arranged marriages, now give more consideration to their children's preferences (Samad 2015; Duyen and Thuy 2023). In urban areas, couple-initiated marriages—where individuals choose their partners before seeking parental approval—are becoming more common. These changes reflect a shift in traditional family structures and the growing importance of individual autonomy in marital decisions.

Despite these shifts, pragmatic concerns such as socioeconomic status, religiosity, and familial approval still play a major role in marriage, as well as divorce decisions. In Bangladesh, a predominantly Muslim country, marriage and divorce decisions are influenced by religion, and gender roles continue to influence the institution of marriage. Men are often seen as the providers, while women are expected to act as moral guardians (White 2017). These gendered expectations can create imbalances in marital relationships, which sometimes contribute to domestic violence. When conflicts arise, women tend to rely on informal support systems, such as family or community leaders, rather than pursuing legal recourse due to the stigma associated with divorce (Khan 2015). Reluctance to pursue legal intervention in domestic issues may impact willingness to engage in legal services where divorce is concerned as well.

2.2 | Divorce Trends in Bangladesh

The divorce rate in Bangladesh has seen a 34% increase over the last 7 years (Tanvir and Mostofa 2024). While divorce remains relatively uncommon compared to Western contexts, it is gaining social visibility as both men and women experience changing expectations regarding marriage. Factors contributing to divorce in Bangladesh are multi-dimensional, including economic stress, poor communication, intimate partner violence, polygamy, infidelity, and dowry-related disputes (Afroz 2019; Akter and Begum 2012). For women, the social and economic consequences of divorce are often more severe, with stigmatization, economic hardship, and psychological distress following marital dissolution (Afroz 2019). Men, too, face emotional challenges post-divorce, but these are often less discussed in research (Chowdhury 2023).

2.3 | Socio-Cultural Factors Shaping Divorce

Bangladesh's collectivist culture plays a critical role in shaping both marriage and divorce. Family cohesion is often prioritized

over individual desires, and marital conflicts are typically resolved through informal reconciliation processes mediated by family members or community leaders (Rahman et al. 2013). These informal mechanisms, while culturally significant, often lack the structure and support needed to effectively resolve deep-rooted marital issues. Additionally, gender dynamics heavily influence the divorce process, with women often facing significant pressure to conform to traditional roles (Bejanyan et al. 2015).

2.4 | Mental Health Implications and the Role of Couple and Family Therapy

Divorce in Bangladesh has profound mental health implications, particularly for women and children. The psychological toll of divorce is compounded by social stigmatization and economic hardship, which can lead to anxiety, depression, and social isolation (Rahman et al. 2013). Research indicates that the consequences of divorce are often intergenerational, affecting children's emotional and psychological well-being as well (Alam et al. 2000). Despite the severity of these issues, formal mental health interventions, such as family therapy, are still in the early stages of development in Bangladesh. There is a growing recognition of the need for structured support to help families navigate the complex emotional terrain of divorce (Hoque 2022). Family therapy, though nascent, offers a promising approach to addressing the emotional and psychological challenges faced by divorcing couples and their families.

This literature review highlights the unique socio-cultural context of marriage and divorce in Bangladesh. While family therapy is still emerging as a discipline, it holds the potential to help couples navigate the complexities of divorce decision-making. The current study seeks to build on this literature by examining how family therapists in Dhaka, Bangladesh, work with clients experiencing divorce ideation, offering possible insights into culturally attuned therapeutic practices for this traditionally collectivist society.

3 | Methods

3.1 | Design

We conducted in-depth semi-structured interviews to explore how couple and family therapists ($n = 15$) in Dhaka, Bangladesh, perceive their role in helping individuals and couples navigate the divorce decision-making process. An interview protocol (see Appendix S1), informed by prior research on divorce decision-making (Allen et al. 2022), was designed to investigate therapists' perceptions and experiences of assisting couples in navigating divorce decision-making in the context of Bangladesh's unique socio-cultural environment. The researchers ensured that the study adhered to strict ethical guidelines. Human subjects approval was obtained from the lead authors' institutional review board before the commencement of data collection. Informed consent was obtained from all participants, ensuring they were fully aware of the study's purpose and their right to withdraw at any time. No financial incentives were provided for participation.

3.2 | Participants

The study included 15 therapists from Dhaka, Bangladesh, selected through purposive sampling to capture a range of clinical perspectives on couple and family therapy, with particular emphasis on divorce decision-making. All participants had received formal training in systemic family therapy through a structured and comprehensive program facilitated by a team of UK-based family therapy professionals. In addition to this specialized family therapy training, all participants were qualified mental health professionals with substantial clinical experience. Their academic credentials included Master's degrees in Educational or Counseling Psychology; MPhil degrees in Educational Psychology, Clinical Psychology, or Psychiatry; and PhDs in Psychology or Clinical Psychology. The sample comprised 11 female and four male therapists, with a mean age of 40.93 years (range: 29–65) and an average of 13.83 years of professional experience (range: 6–40 years).

3.3 | Data Collection

All interviews were conducted in person or via computer-aided conversation media (i.e., zoom, skype) in English by the same interviewer (a coauthor), and no translation was necessary. The semi-structured interview format provided participants with the flexibility to share their insights and experiences freely. Each interview was conducted in a private setting to ensure confidentiality, and all participants gave consent for the interviews to be recorded. The interviews, which lasted roughly 60 min, were transcribed verbatim for analysis. Transcribed interviews were data de-identified to protect participant confidentiality and anonymity.

3.4 | Data Analysis

We employed thematic analysis following Braun and Clarke's (2006) framework. This approach is considered an acceptable method for analyzing qualitative data from the researchers' perspective or point of interest (Braun and Clarke 2006). The four members of the coding team first familiarized themselves with the data by reading and re-reading the interview transcripts, followed by the generation and labeling of initial codes. We then developed a codebook where we identified overarching themes using open, axial, and selective coding. The research team consisted of five members. One researcher conducted the interviews and reviewed the themes generated by the coding team. The coding team was led by two researchers, who engaged in the initial phase of coding, and two additional coding team members. All members of the coding team reviewed each of the 15 transcripts. In group meetings, the entire team took a final pass at the transcripts and refined the coding through a consensus-based discussion to ensure intercoder reliability. Throughout the process, the team wrote field notes and memos to document insights and reflections. Two of the research team members were Bangladeshi, and the others were from North America. All researchers had an interest in the topic of divorce decision-making with one member having written extensively on the topic. We offer the description as a way of bracketing our

biases for the reader. While members of the research team had expertise on the topic and the population being studied, we began this study not knowing what we would find, given the newness of family therapy in Bangladesh and the under-studied nature of divorce decision-making. To enhance the trustworthiness of the findings, the research team employed multiple coding team meetings to arrive at consensus of the final themes. Thematic saturation was reached sometime after reviewing the 12th interview transcript, with no new themes emerging from the data. The continued review of interviews 12–15 confirmed no new themes emerging.

4 | Results

All of the themes we report here are situated in a contextual setting that is unique to Bangladesh and was informed by educated people who live and work in Dhaka, Bangladesh, the capital city. The experiences of less educated and more rural people of this country are not reflected in our interviews. Throughout our interviews, there were multiple references to gender and family roles, power dynamics, the contrast between religious and secular Bengali views on divorce, and what types of family configurations are valued. Divorce as a shameful act was a theme throughout the interviews. It was seen largely as a negative life event. The shame and social stigma of getting divorced or contributing to “breaking up” a family was evident. This was supported by articulated beliefs about the importance of having an intact family. Furthermore, most of the therapists we interviewed talked about secretly hoping for marital reconciliation among the couples they worked with.

Gender was also tacitly mentioned within each of the themes we highlighted. Women, specifically, seem to bear the brunt of the negative aspects of divorce. They seemed to receive more blame for or were the reason for divorce, especially in instances where children were involved. One of the major factors our participants discussed that constricted women from seriously considering divorces were related to financial stability and the ability to afford life after divorce or to get remarried. Some reported a belief that even women who were financially stable after divorce would still be stigmatized as divorced women. So, the social context of these interviews includes a heavy emphasis on the stigma of divorce and the hope of marital reconciliation to avoid such stigma.

Four specific themes emerged from the data, separate and apart from the cultural and social context already mentioned: (1) Therapists as experts, (2) Respect for client autonomy, (3) Therapist neutrality, and (4) Clarity in the decision as a goal. We present the four themes below and include participant quotes to support each theme. Additionally, we provide, where possible, emphasis on the specific cultural and contextual influences within each of the themes.

4.1 | Therapists as Experts

In Bangladesh, where education is highly respected, family therapists often find themselves positioned as authority figures

and are specifically referred to as experts by the families they serve. Clients and their extended families often approach therapy with the expectation that the therapist will function as an expert and make decisions for them. Our participants shared that this is both implicitly and explicitly an expectation put upon them. Rupali (all names pseudonyms), a 42 year old who's been a therapist for 15 years, put it this way, "In our culture, it may happen that the person can ask me, you are my therapist and I am here to have suggestion[s] from you about my life, my decision." This reflects broader societal norms, where those with more education are assumed to hold greater power and are looked to for guidance in resolving personal and family issues. Many therapists reported feeling that their clients, and sometimes even their clients' families, were looking to them to make definitive judgments about the marriage. Selina, a 32-year-old therapist, noted:

In each session, most of them are finding [or expecting] that my role will be the lawyer... They want me to show them who is right and who is wrong, whose mistake is bigger or smaller... This [is the] kind of judgment they want from me. So, that is the most challenging part as a therapist... But as therapists, we don't judge, right?

Nazifa (40-year-old woman) talked about how she tried to get out of this role when it was explicitly thrust upon her:

I prefer to being very non-judgmental and not getting into their trap. Like, most of the time [a] couple or clients will say to us, what is your decision? What do you think is right? Should get separated or...divorced...what is it?

This theme of being seen as an expert was further reinforced by the expectation that the therapist would "solve" the couple's problems, which was in direct contrast to how the therapists saw their role. Several therapists commented on the challenge of balancing their clients' desire for immediate answers with the therapeutic process, which often involves helping couples explore their issues over time and come to answers on their own. Sakib, a 35-year-old therapist of 9 years, said, "but I am not [the] decision maker. I am not the advice giver for their decision, regarding their life." Another participant, 34-year-old Marjana, explained, "It happens that both of them come to visit a psychotherapist or an expert. It's very difficult. [They] don't question your expertise, just review your expertise."

Despite the societal pressures to act as decision-makers, the therapists we interviewed emphasized that they view their role differently, as facilitators rather than judges. This clash between cultural expectations and their professional stance to have clients make their own decisions created a common point of tension for many therapists.

4.2 | Respect for Client Autonomy

Respecting client autonomy in divorce decision-making emerged as a core theme across all interviews. Therapists expressed that their primary role in these situations was to

support clients in reaching their own decisions rather than imposing their views or directing the course of the marriage. Marjana added, "As a therapist, my role is to support the client [so] that they can make their own decisions..." Rupali, backed this up: "I believe that this is their own process and decision. I just try to facilitate a conversation about the divorce...I try to make them experts for their own relationship." However, this stance was often complicated by the cultural expectation that therapists should act as decision-makers and that they are often sought out for the purpose of making the decision. Selina put it this way:

In our culture they seek this kind of [help]; they will go to a therapist who will decide for them. But as therapists we don't decide anything... We are just here to understand and their problem, their blame game, their emotional [connection], their communication... We make sure they will be aware of those issues and they will take their own initiative or action.

This same therapist further highlighted the cultural pressures. Upon reflecting on a case where a particular client made their own decision, but the family believed it was the therapist's decision:

So, [the client made their] own individual decision but [their] family doesn't want to hear them. They want to blame us... "you said that!" [They believe that the] therapist made the decision...[that the] therapist influenced [their] son or daughter to take this decision.

Other therapists in our sample expressed that, despite the pressure from both clients and their families to make the decision, they prioritized supporting the client's autonomy to decide. This cultural push for therapists to assert authority, combined with the ethical obligation to foster client independence, creates a dynamic tension in the therapeutic process. Most therapists reported navigating these challenges by emphasizing non-directive guidance, allowing clients to arrive at divorce decisions on their own terms. A 32-year-old therapist named Sazzad explained, "I just support them in their decision-making process. They have their autonomy...to take their own decision from their perspective, values, and morality."

4.3 | Therapist Neutrality

Therapist neutrality was another key theme, with most participants emphasizing the importance of remaining non-judgmental and avoiding taking sides in divorce decision-making cases. Sazzad, a therapist of 8 years, succinctly put it this way, "there [are] no biases from our side. It's totally their call. We just help them to explore and understand." Sakib agreed, stating: "I'm careful to play a neutral role for my clients. Therapists were particularly mindful of the need to facilitate a balanced exploration of both partners' perspectives. Nazifah explained, "...I am not [the] decision-maker. I try to keep it neutral and reflect what they are thinking rather than giving my perspective." Kajol, a therapist of 20 years, spoke to this

balancing of perspectives in her sessions, “Sometimes, clients want to convince me that they are right. But as a therapist, both persons are equally important to me. I make sure I am non-judgmental and maintain that balance.” The therapist’s humanity was also evident for some of our participants as they discussed neutrality. Nusrat, a 41-year-old therapist of 12 years, admitted that divorce decisions can hit her hard and that it can be difficult to hold that preferred, neutral state:

So, sometimes it comes to my mind, like when I hear about divorce I feel a bit concerned, [of what] the life would be [like] for that woman, or, if there is a baby... how it would [be for the child]...My personal feeling...I really go through that feeling, that pain. These are my personal feelings but I try not to be influenced.

The emphasis on neutrality was seen as vital to ensuring that both partners felt heard and validated. However, given the cultural context in which therapists are supposed to be experts (see the first theme), remaining neutral or maintaining neutrality was challenging. The pressure to take a more active role in the decision-making process seemed to be ever-present. Additionally, neutrality was complicated by the social expectation that divorce is inherently negative or shameful, which may lead therapists to subtly lean toward reconciliation, even if they remained outwardly non-directive.

4.4 | Clarity in Decision-Making

Helping clients gain clarity in their decision-making process was a central goal for the therapists interviewed. Monira, a 60-year-old who has been a therapist for 23 years, explained this goal in her work, “[I] just want to give the person a very clear perspective so that they can see from a bird’s eye view or a 360 degree perspective and then make [their] decision.” Our participants reported that divorce decision-making clients entered therapy feeling confused and uncertain about the decision. Therapists saw their role as guiding their clients through an exploration of their relationship dynamics and helping them understand the potential consequences of either decision. Rupali explained, “My task is to co-create the conversation around their goals, not my goals. I value relationships, but it’s up to them what their purpose is for the session and what their wishes are.” Marjana described the inverse of clarity as the state in which divorce decision-making clients present;

So, my role and responsibility is to understand what is actually stopping them or what is actually creating the barrier for them to navigate those options. Or, what is making them confused between choosing one of the options.

Muna, a therapist of 6 years, noted the importance of giving clients time to reflect on their decisions, “we explore all the things and give it time. Whether they want to stick with that decision or change.”

The goal for therapists was not to push for divorce or reconciliation but to help clients develop insight into their

relationship and make an informed decision. The emphasis was on clarity rather than a specific outcome, with therapists supporting clients in exploring all the factors involved. Sagor, a 46-year-old therapist, summarized this approach by saying, “I offer different perspectives and help them think through the impact of their decision on their family and future... My role is to support them as they navigate this complicated process.” Sakib made sure to clarify that his role was to help them gain enough insight so the couple could make a decision that they would not regret in the future, “I really try to assure them that they can make [whatever] decision [they want], it is absolutely fine, but don’t regret your decision later. These are the things that I really try to [emphasize].”

5 | Discussion

The findings from this study offer valuable insights into the complex role that family therapists in Bangladesh play in supporting couples as they navigate the decision-making process around divorce. The results highlight the tension between the cultural expectations that frame divorce as a deeply negative event and the ethical principles that guide family therapy practice, such as respect for client autonomy and therapist neutrality. While family therapy is an emerging discipline in Bangladesh, it is clear that practitioners are already grappling with significant challenges in balancing societal pressures with their professional responsibilities. This discussion will elaborate on the four major themes—therapists as experts, respect for client autonomy, therapist neutrality, and clarity in decision-making—and the broader cultural and gender-related factors that influence these themes.

5.1 | Cultural Expectations and Therapists as Experts

The theme of therapists being viewed as experts is deeply intertwined with the cultural norms in Bangladesh, where education and authority are highly respected. In a society where those with advanced education are often perceived as having more power and prestige, it is not surprising that clients look to therapists to provide clear answers and even make decisions for them. This is particularly evident in the context of divorce, a topic fraught with social stigma and uncertainty. Clients and their families frequently expect therapists to assume a decision-making role akin to that of a legal advisor or advocate, determining who is at fault and whether the couple should remain together.

This expectation places therapists in a challenging position. While the cultural norm dictates that therapists should act as experts and decision-makers, professional ethical standards in family therapy emphasize the importance of empowering clients to make their own decisions. The therapists interviewed for this study spoke about the difficulties of balancing these expectations, noting that while clients often seek their judgment, they are trained to refrain from imposing their views or making decisions on behalf of their clients.

This tension reflects a broader cultural clash between collectivist values, which prioritize family cohesion and social order,

and the individualistic principles that guide contemporary therapeutic practice. In Bangladesh, the preservation of family unity is often seen as paramount, and divorce is viewed as a failure to uphold this value. Consequently, therapists may feel the pressure to guide couples toward reconciliation, even when doing so may not align with the couple's best interests. This cultural expectation to act as an expert can undermine the therapist's ability to remain neutral and support the client's autonomy, creating ethical dilemmas in practice.

5.2 | Respect for Client Autonomy in a Collectivist Context

Respecting client autonomy is a cornerstone of ethical therapeutic practice. However, in the context of Bangladeshi society, where family approval and collective decision-making play a significant role, client autonomy can be difficult to navigate. The study's findings indicate that while therapists strive to empower clients to make their own decisions, they often face resistance from clients and their families, who may expect the therapist to take a more directive role. This cultural clash complicates the therapist-client relationship, as the therapist must balance respect for individual autonomy with the collective pressures that influence clients' decision-making processes.

In a collectivist society like Bangladesh, family expectations and societal norms often weigh heavily on individuals. Divorce, in particular, is not just a personal decision but one that affects the entire family (Wang and Schofer 2018; Rubab et al. 2023). Therapists reported that family members had at times blamed them for "influencing" their children to divorce, revealing the deep-seated belief that decisions about marriage and divorce are not solely the purview of the couple but are shared with the extended family. This reflects a tension between the individual rights of clients and the collectivist expectations that dominate the cultural landscape.

The therapists in this study acknowledged the difficulty of maintaining client autonomy when societal pressures are so strong. Many expressed frustration with the expectation that they would make decisions for their clients, noting that they worked hard to help clients take ownership of their choices. This tension between respecting autonomy and managing cultural expectations is a recurring challenge in family therapy practice in Bangladesh, where therapists must navigate the fine line between supporting individual agency and honoring the collective values that shape their clients' lives.

5.3 | Therapist Neutrality: Maintaining Balance in a Biased Environment

Therapist neutrality is critical in providing a balanced, non-judgmental space for clients to explore their feelings and decisions. The results of the current study show that these family therapists in Bangladesh place a strong emphasis on maintaining neutrality, particularly in divorce decision-making, where societal bias toward reconciliation can skew the process. However, neutrality is often difficult to sustain in a context

where cultural and religious norms heavily favor keeping the family intact and where gender dynamics place disproportionate blame on women for marital breakdowns.

The therapists we interviewed discussed the challenge of remaining neutral when clients and their families expect them to offer solutions or judgments. In many cases, therapists are pressured to side with one partner or support family members' expectations for reconciliation. This is particularly true when gender norms come into play, as women are often blamed for the failure of the marriage, especially when children are involved (ChenFeng et al. 2015). The societal expectation that women should sacrifice their personal happiness for the sake of their families creates additional pressure on therapists to support reconciliation, even when it may not be in the best interest of one of the clients.

Despite these pressures, therapists emphasized their commitment to neutrality, working hard to validate both partners' perspectives and avoid imposing their own values or opinions on the couple's decision. This focus on neutrality, however, can be difficult to uphold in practice, especially when cultural and religious views conflict with the principles of therapeutic ethics. The findings suggest that therapists in Bangladesh are deeply aware of the ethical challenges they face in maintaining neutrality and are constantly negotiating their role within a complex cultural landscape.

5.4 | Clarity in Decision-Making: Facilitating Informed Choices

The goal of helping clients achieve clarity in their decision-making process was central to the work of the therapists interviewed in this study. Other research supports the interest people have in arriving at clarity regarding a divorce decision (Harris et al. 2017). Rather than pushing clients toward divorce or reconciliation, therapists saw their role as guiding couples to understand their relationship dynamics better and the potential consequences of their decisions. This process of facilitating clarity was seen as a way to empower clients to make informed choices, even in the face of societal pressures that favored reconciliation.

The emphasis on clarity is particularly important in the context of divorce, where confusion and uncertainty often dominate the decision-making process (Fackrell 2012). Many clients come to therapy unsure of whether they want to remain in the marriage or pursue divorce, and therapists view their role as helping clients explore their options in a non-directive way. This approach allows clients to gain a fuller understanding of their situation, including the impact of their decisions on their children, finances, and personal well-being (Bell et al. 2022; Crabtree et al. 2018; Harris et al. 2022).

One of the study's key findings is that therapists do not see their role as advocating for a specific outcome—whether divorce or reconciliation—but rather as facilitating a process of self-reflection and informed decision-making. This focus on clarity reflects the therapists' commitment to respecting client autonomy while also recognizing the complex cultural, social,

and familial pressures that influence clients' choices. In a society where divorce carries a significant stigma, helping clients achieve clarity in their decisions is a crucial aspect of therapeutic practice.

5.5 | Cultural and Gender Influences

Each of the themes we identified is situated within the cultural context of Bangladesh. This includes the idea that divorce is seen as a deeply shameful act, particularly for women, who bear the brunt of the social and economic consequences of marital breakdown (Patoari 2020). Women are often blamed for the failure of the marriage, especially when children are involved, and they face significant stigma as divorced individuals (Sarmadi and Khodabakhshi-Koolae 2023). The cultural expectation that women should prioritize family unity over personal happiness creates additional barriers for those considering divorce.

The therapists in this study recognized the disproportionate impact of divorce on women and were sensitive to the ways in which cultural and gender norms shaped their clients' experiences. Divorce in South Asia is often stigmatized due to entrenched patriarchal and religious norms that regulate gender roles and family dissolution (Acharya 2024). Many therapists acknowledged that while they sought to remain neutral, they were aware of the gendered power dynamics at play in the decision-making process. The results of this project do not allow us to know the exact extent of how gender figures into therapist actions and beliefs in divorce decision-making cases. However, we believe that their awareness of gender dynamics somewhat influenced how they facilitated discussions with their clients, particularly in cases where women were facing significant societal pressure to remain in unhappy or unhealthy marriages. More research is needed in this unique cultural context to shed greater light on divorce decision-making, and the role family therapists might play in helping clients achieve clarity in their process.

In addition to the cultural stigma surrounding divorce, financial independence was hinted at as a critical factor for women considering divorce. There was not enough data to have that rise to the level of a theme, but we recommend future studies look specifically at how financial concerns weigh on the minds of those in the divorce decision-making process. Some of the therapists noted that even financially independent women were reluctant to pursue divorce due to the fear of social ostracization. This may highlight the complex interplay between gender, culture, and economic factors in divorce decision-making in Bangladesh.

Our findings align with Reid and Ahmad's (2015) conceptualization of marital resilience, particularly the idea that identification with the relationship is central to how individuals maintain or reassess commitment. According to their framework, resilience is strengthened when partners view the relationship as integral to their personal and shared identity. While our study focused on therapists' roles in supporting divorce decision-making, participants noted that clients often struggled with the tension between valuing the relationship and confronting its limitations. In these moments, therapists facilitated deeper reflection on the relationship's meaning, supporting

clients in clarifying whether to continue or end the partnership. This process parallels Reid and Ahmad's emphasis on relational self-examination. However, in the Bangladeshi context, such identification is shaped by collectivist norms, family expectations, and sociocultural obligations, which often complicate individual agency in decision-making.

In this study, the therapists described the nuanced negotiation between maintaining client autonomy and responding to culturally embedded expectations for directive input. Although therapists emphasized neutrality and the value of client-led decision-making, they acknowledged the normative expectation shaped by broader sociocultural structures for therapists to adopt an expert stance. In Bangladesh, professional authority is closely associated with educational status, particularly in health-related professions, positioning therapists as figures whose guidance is actively sought. Within this framework, autonomy, neutrality, and authority are not experienced as opposing constructs but as relationally embedded dimensions that therapists must continually balance. These findings are consistent with cross-cultural literature highlighting that in many non-Western settings, therapist directiveness is not only accepted but often preferred. (Pan, Huey, & Heflin 2017).

5.6 | Limitations

This study has several limitations that must be considered when interpreting the findings. First, the sample was limited to family therapists in Dhaka, Bangladesh, and may not reflect the experiences of therapists working in rural or with less-educated populations. The urban context, with its relatively higher levels of people with advanced education and exposure to global therapeutic practices, may have influenced the findings. Second, the small sample size limits the generalizability of the results. Future research should include a more diverse sample of therapists from different regions and socioeconomic backgrounds to capture a broader range of perspectives.

5.7 | Future Research

There is a clear need for further research into the practice of family therapy in Bangladesh, particularly in relation to divorce decision-making. Future studies could explore how therapists in rural areas or working with less-educated populations navigate the cultural and ethical challenges identified in this study. Additionally, research into how systemic family therapy training and supervision can be expanded and adapted to meet the needs of Bangladeshi therapists would be valuable. Given the emerging nature of family therapy in the country, there is significant room for growth in the development of culturally attuned therapeutic practices that balance respect for client autonomy with the collective values of Bangladeshi society.

5.8 | Conclusion

This study provides important insights into the challenges faced by family therapists in Bangladesh as they support couples

navigating divorce decision-making. The tension between cultural expectations and professional ethics is evident in all aspects of the therapeutic process, from therapists' perception as experts to the pressures surrounding client autonomy and neutrality. While divorce remains stigmatized in Bangladeshi society, therapists are actively working to empower clients and provide a safe space for decision-making. As family therapy continues to grow as a discipline in Bangladesh, there is a pressing need for more structured training, supervision, and support to help therapists navigate the complex cultural and ethical landscape in which they operate.

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Supporting Information

Additional supporting information can be found online in the Supporting Information section.