CHAPTER 3 WORKING WITH CULTURALLY DIVERSE CLIENTS

In subsequent chapters of this text, you will be introduced to a variety of conceptual issues intimately related to working with culturally diverse clients. We will explore the meanings of prejudice, racism, and White privilege—especially as these relate to and affect clients and providers—and come to understand culture, cultural differences, and worldview, as well as the cultural limits of the helping models that have shaped most providers' thinking. In addition, you will learn about a number of psychological factors and aspects of service delivery that are unique to the experience of ethnically diverse clients and critical to an understanding of their behavior. These will include aspects of child development and parenting, differences in family structure and biracial/bicultural families, and various areas of psychological difficulty and disturbance that especially challenge clients of color. Material to be covered will include conflicts in identity development, problems with assimilation and acculturation, and higher levels of stress, traumatic experience, and use and abuse of alcohol and drugs. There will also be chapters that discuss bias in service delivery and working with collective trauma.

At this point, however, I would like to provide readers—and especially those who are or will be enrolled in practicum settings where they will be beginning to do hands-on counseling work—some basic ideas and tools that will be helpful (as well as anxiety-reducing) in getting started. We will begin this chapter by exploring how cross-cultural service delivery differs from mono-cultural work and then proceed to develop an understanding of the psychological dynamics that play themselves out in situations where the therapist and client are ethnically different. The work of Elaine Pinderhughes (1989) and Pamela Hays (2008) and her ADDRESSING framework will be especially useful here. Next, you will learn how to assess and diagnose culturally diverse individuals, receive tips on establishing rapport, learn how to maximize productivity in your initial contacts with culturally different clients, and finally

learn how to sensitively raise and talk about the issues of race and ethnicity with clients. At the end of this chapter, you will be given an opportunity to analyze two case studies of hypothetical clients of color as a means of beginning to assess your cross-cultural knowledge and skills.

HOW IS CROSS-CULTURAL HELPING DIFFERENT?

There is general agreement among practitioners that cross-cultural helping is more demanding, challenging, and energy-draining than work with same-culture clients. According to Draguns (1981), for example, it tends to be more "experiential, freewheeling, and bilateral" (p. 17).

- By "experiential," he means that it is more likely to affect the provider directly and emotionally. Draguns likens it to culture shock, where providers are immersed in a foreign culture in which familiar patterns of behavior are no longer useful and new means of acting and relating must be discovered. It has also been described as more labor-intensive and more likely to result in fatigue.
- The term *freewheeling* refers to the fact that the helping process must be continually adapted to the specific cultural needs of differing clients. As suggested earlier, the only constant is the shared humanity. Standard approaches are overwhelmingly culture-bound and Northern European in nature, and even efforts to catalog cultural similarities among racially related ethnic groups must be tentative and ever-mindful of enormous intragroup diversity. To this end, Draguns suggests:

  > Be prepared to adapt your techniques (e.g., general activity level, mode of verbal intervention, content of remarks, tone of voice) to the cultural background of the client; communicate acceptance of and respect for the client in terms that make sense within his or her cultural frame of reference; and be open to the possibility of more direct intervention in the life of the client than the traditional ethos of the counseling profession would dictate or permit. (p. 16)

- Finally, "bilateral" implies collaboration. By the very nature of cross-cultural work, the provider is more dependent on the client for help in defining the process itself. For example, although it is common practice for providers to collaborate with clients in setting treatment goals, doing this is even more imperative in cross-cultural work. Providers need direct and continuing client input on what is culturally valued so that goals are culturally appropriate and useful, and minimize ethnocentric projection. Because provider and client begin at very different cultural places, it is reasonable to expect some mutual movement in each other's direction. Culturally competent professionals adapt and adjust their efforts to the cultural milieu of the client. At the same time, by entering the helping process, culturally diverse clients cannot help but gain some knowledge and insight into the workings of mainstream culture and its worldview.

CONCEPTUALIZING CROSS-CULTURAL WORK

Cross-cultural work is challenging in yet another respect, and that has to do with the complexity of emotional and psychological dynamics at work in the lives of ethnic individuals. As pointed out earlier, for example, ethnic children must negotiate

not only the same developmental challenges that all other children face but also a series of issues resulting from race, ethnicity, and minority status. Keeping track of these various psychological phenomena, sorting them out, and addressing them is our job as human services providers. One might say that this is yet another aspect of cultural competence.

Pinderhughes (1989) suggests four different systems of psychological dynamics that especially define cross-cultural work and the relationship between client and practitioner. Included are the psychologies of difference, ethnicity, race, and power. The task of the practitioner is to not only to understand how these four systems shape the behavior and experience of the client but also to see how they play themselves out in the way the practitioner perceives and relates to the culturally diverse client. As stressed throughout this text, self-awareness is a critical aspect of cultural competence.

Pinderhughes describes ethnicity as follows:

> Involving individual psychological dynamics and socially inherited definitions of self, ethnicity is connected to processes, both conscious and unconscious, that satisfy a fundamental need for historical connection and security.... It thus embraces notions of both the group and the self that are, in turn, influenced by the value society places on the group. Societal definition and assigned value, among other factors, help determine whether ethnic meaning for a given group or individual becomes positive, or negative, which then has great significance for how they behave. (p. 39)

Race, in turn, refers to an acquired social meaning in which

> biological differences, via the mechanism of stereotyping, have become markers for status assignment within the social system. The status assignment based on skin color identity has evolved into complex social structures that promote a power differential between Whites and various people-of-color. These power-assigning social structures in the form of institutional racism affect the life opportunities, life-styles, and quality of life for both Whites and people-of-color. In so doing they compound, exaggerate and distort biological and behavioral differences and reinforce misconceptions, myths, and distortions on the part of both groups about one another and themselves. (p. 71)

The psychologies of difference and power, less widely understood or acknowledged, deserve additional attention.

Understanding Difference

According to Pinderhughes (1989), how the provider responds to being different and what it means to him or her are issues that are rarely attended to in preparing people for culturally diverse work:

> Yet the experience of the self as different from another is important.... And the feelings, attitudes, perceptions, and behaviors that are mobilized can play a prominent part in the work they do. Because these responses are more frequently than not negative and driven by anxiety, they can interfere with successful therapeutic outcome.... Unconscious distancing and defensive maneuvers are only a few of the unhelpful responses practitioners as well as clients may manifest in relation to perceptions of themselves as different from one another. (p. 21)

Feelings generated by the experience of being different tend to be negative and can include the reactions of confusion, hurt, pain, anger, and fear, as well as envy, guilt, pity, sympathy, and privilege. Interpersonally, these reactions can lead to a sense of distance from others, loneliness, isolation, rejection, and abandonment. All these reactions influence the helping situation. As Pinderhughes (1989) points out by way of example:

> A client may seek to ease his [*sic*] discomfort over differences by resisting involvement in treatment. A practitioner may react to similar discomfort by devaluing, ignoring, or misperceiving the cultural identity and values of the client. And these responses may be compounded when the source of discomfort lies in early developmental struggles. (p. 39)

Understanding Power

Power is the capacity to produce desired effects on others. *Powerlessness*, in turn, is the inability to influence others. The helping relationship is by nature a power imbalance in favor of the practitioner; therefore, the client is in a potentially vulnerable situation in which practitioners may seek to use their power to meet personal needs. According to Pinderhughes (1989):

> In the cross-cultural helping relationship the compounding of the power differential that exists between helper and client due to their respective cultural identities and group connections can mean that helpers may be doubling vulnerable to invoking the power inherent in the role for their own needs. (p. 110)

This is especially likely when the helper is unaware of or uncomfortable with his or her ethnic or racial identity or unaware of or uncomfortable with those aspects of the cross-cultural client. Pinderhughes suggests that there are two very important ways that power and powerlessness can be valuably explored and used in treatment.

First, powerlessness can be an unpleasant and painful psychological experience, and people respond to it "in ways that will neutralize their pain with strategies that enable them to turn that powerlessness into a sense of power" (p. 124). Such responses can be very positive and productive, as in the case of those who gain power through self-development, achievement, and personal mastery. Alternatively, a false sense of power can be gained by putting down others, "powering over them," inspiring fear, and/or manipulating them. Even accommodation and dependency can be seen as strategies for overcoming powerlessness. Often, such maladaptive practices are related to problems in clients' lives, and exploring them in treatment and developing alternative behavioral reactions can be very freeing and empowering. A second strategy offered by Pinderhughes is to introduce practices within the therapeutic structure that equalize or reverse the power relationship between a practitioner and culturally diverse client. She refers to the latter as "taking a one-down" position. For example, the client may take on the role of cultural expert, teaching the practitioner, who is ignorant in the ways of the client's culture. Through such strategies, clients can learn to become more comfortable in this new role and empowered by the acquisition of new behaviors in relation to it. Pinderhughes seems to be suggesting that a basic component of working with clients whose life experience is defined by powerlessness is reducing the power relationship between himself or herself and the client.

HAYS'S ADDRESSING FRAMEWORK

Just as attending to Pinderhughes's four levels of psychological dynamics at work in cross-cultural service delivery helps us to appreciate the complexity of such work, so too does acknowledging the inner diversity of individual clients help us to avoid oversimplifying, overcategorizing, or stereotyping them. Too often, we tend to underemphasize the variety of cultural influences that affect any given individual, making him or her the unique person he or she is. For example, by identifying an individual by race or ethnicity alone—because it seems most salient or central to them or to us—we unintentionally turn them into stereotypes and one-dimensional beings, losing the full complexity of their cultural experiences and limiting our understanding of them as complex individuals. In so doing, we not only privilege a particular aspect of their cultural identity over others but can also unwittingly set various aspects of identity in opposition to each other.

To overcome this pitfall, Pamela Hays (2008) has created what she calls the ADDRESSING framework, a list of cultural influences or identity dimensions that human services providers need to address in their work as therapists. The framework includes the following:

- Age and generational influence
- Developmental disabilities
- Disabilities acquired later in life
- Religion and spiritual orientation
- Ethnic and racial identity
- Socioeconomic status
- Sexual orientation
- Indigenous heritage
- National origin
- Gender

According to Hays, she uses the first letter of each of these influences to create an acronym and as a

> starting point for what I call the ADDRESSING framework, a practitioner-oriented approach that conceptualizes cross-cultural work in two broad categories. The first category, Personal Work, involves the therapist's introspection, self-exploration, and an understanding of the influences of culture on one's own belief system and worldview. The second category, Interpersonal Work, focuses on the therapist's learning about and from other cultures, which usually involves interpersonal experiences. The importance of both the personal and interpersonal aspects of cross-cultural learning has been emphasized throughout the multicultural literature. (pp. 4–5)

Using the ADDRESSING Framework as a Clinical Tool. The ADDRESSING framework is offered as a guide to assessment and personal data collection for both the self-awareness of the therapist and a fuller understanding of a client and the various identity influences that currently affect him or her. Specific information regarding the status of knowledge about each of these cultural dimensions of identity should be inquired about at intake and supplemented as new information comes out during each session. What will emerge over time is an increasingly complex

enumeration and description of the cultural influences and identifications at work within each of the ADDRESSING dimensions. By looking within and across these various cultural influences, hypotheses about the meaning of cultural influences and identity, as well as possible sources of client problems and concerns, are likely to emerge. Consider, for example, Hays's exploration of the possible meaning of age and generation in the following seventy-two-year-old Japanese American male:

> Calculating the client's date of birth immediately leads to questions about the client's personal history in relation to historical events. A general knowledge of the dominant cultural attitudes toward Japanese Americans during World War II, the probable internment of the client's family, and the socioeconomic losses of Japanese Americans after the war would lead the therapist to make hypotheses about the impact of the war on the client that are different from those the therapist might make about an older European American man. (p. 110)

In a similar manner, hypotheses regarding the other aspects of the ADDRESSING framework can be usefully explored and delved into. Table 3-1 provides an example of a therapist's self-assessment according to the ADDRESSING framework, while Table 3-2 provides an example of an ADDRESSING framework for a client's cultural influences and identities.

Hays suggests that therapists actively carry out their own cultural self-assessment using the ADDRESSING framework as a learning tool and points out a number of important dynamics to be aware of:

- Exploring the influence of one's own cultural heritage and identity on the personal values, beliefs, and views that one brings into therapy is an important first step in cross-cultural learning because it highlights potential areas of personal prejudice, lack of knowledge, and misinformation that can unknowingly become major disconnects for culturally different clients.
- It is critical to recognize in which ADDRESSING cultural identities one holds privilege as a therapist, and in which, one is a minority and thus on the down side of power. This is critical because privilege tends to cut us off from knowledge and experiences related to specific minority groups, leaving us less aware and knowledgeable about them. Also, one must be aware that privilege is contextual, and that a privileged identity in one culture might not be considered privileged in another.
- Psychology itself is a privileged profession that reinforces many dominant cultural values and themes, and the personal beliefs and lifestyles of most therapists tend to be reflected in their values concerning therapy. A good example is *individualism*. In contemporary psychotherapy in the United States, one-to-one, individualistic modes of treatment are disproportionately favored over group and collective work. Thus, it is important to realize that because of certain background and value preferences, culturally different clients may find themselves in foreign and unfamiliar territory, and culturally sensitive therapists must be aware of this fact and find ways of leveling the playing field.
- While the preference of many of us in learning about "cultural differences" tends to be individually oriented work (e.g., introspection, self-questioning, reading, or some form of research), it is not in and of itself sufficient for developing cross-cultural competence. Of equal importance is a willingness to

TABLE 3-1 | THE THERAPIST'S CULTURAL SELF-ASSESSMENT: EXAMPLE OF OLIVIA

Cultural influences	Olivia's self-assessment
*Age and generational influences	52 years old; third-generation U.S. American; member of politically active generation of Chicanos and Chicanas in California; first generation affected by post–civil rights academic and employment opportunities in the 1970s.
*Developmental disability	No developmental disability.
Disability acquired later in life	Chronic knee problems since early adulthood, including multiple surgeries; sometimes I use crutches to walk.
*Religion and spiritual orientation	Mother is a practicing Catholic, father nonpracticing Presbyterian; my current beliefs are a mixture of Catholic and secular; I do not attend mass.
Ethnic and racial identity	Mother and father both of mixed Mexican (Spanish and Indian) heritage, both born in the United States; my own identity is Chicana; I speak Spanish, but my primary language is English.
*Socioeconomic status	Parents urban, working, lower-middle-class members of an ethnic minority culture; however, my identity is as a university-educated Chicana; I identify with working-class people, although my occupation and income are middle class.
*Sexual orientation	Heterosexual; I have one friend who is lesbian.
*Indigenous heritage	My maternal grandmother was Indian and immigrated to the United States from Mexico with my grandfather when they were young adults; what I know about this part of my heritage came from her, but she died when I was 10 years old.
*National origin	United States, but deep understanding of the immigration experience from my grandparents.
Gender	Woman, Chicana, divorced, mother of two children.

*Connotes dominant cultural identity.

Note: Hays, P. A. (2008). Addressing cultural complexities in practice: Assessment, diagnosis, and therapy. 2d ed. Washington, D.C.: American Psychological Association.

search out new and different sources of information whereby one can learn from and with (not simply about) culturally diverse people. Peer-level intimate relationships with people of diverse identities is probably the best and richest source of learning about culture and diversity.

Finally, it is useful to review Hays's notions about the cultural identity of clients. "Identity is a complex phenomenon that includes both *group-specific* and *person-specific* meanings ... Knowledge of a client's identity allows the therapist to more accurately infer what cultural influences have been important in that person's life. In turn, such information helps the therapist to form hypotheses and ask questions that are closer to the client's reality" (p. 82). Again, it is worth highlighting

TABLE 3-2 | ADDRESSING CLIENTS' CULTURAL INFLUENCES AND IDENTITIES: THE CASE OF JEAN

Cultural influences	Jean's influences, as noted by Marie
Age and generational influences	35 years old; born in 1972 and grew up under the oppressive Duvalier government (1957–1986).
Developmental disability	None reported or apparent.
Disability acquired later in life	None reported or apparent.
Religion and spiritual orientation	Self-identifies as Catholic; I did not ask about, and he did not mention, any voodoo beliefs or practices.
Ethnic and racial identity	Haitian; reports he "does not feel Canadian," although he has landed immigrant status (i.e., permanent residency).
Socioeconomic status	Middle-class parents, has a university education, underemployed, probably as a result of discrimination; speaks French fluently (a class-related ability).
Sexual orientation	Probably heterosexual.
Indigenous heritage	None.
National origin	Haitian; speaks Haitian Creole and French fluently; immigrated to Quebec, Montreal, Canada in 1985.
Gender	Male, single (divorced), father of one son; also a brother and uncle.

Note: Hays, P. A. (2008). Addressing cultural complexities in practice: Assessment, diagnosis, and therapy. 2d ed. Washington, D.C.: American Psychological Association.

some of Hays's thoughts about the dynamics of working with cultural identity. (The reader is also referred to Chapter 9 for a more in-depth definition and discussion of the inner dynamics of ethnic identity.)

- Identities are multidimensional and can vary across cultures, contexts, and time. At the same time, a particular identity may have one meaning in the dominant culture, another in a minority culture, and still another, person-specific meaning for the individual. Identifying clients' salient cultural identities can provide a therapist valuable clues about how they see the world, how they might behave in certain situations, what they value, how they have been treated by others in the past, and how they tend to view and value themselves.
- While a client's wish to not explore or discuss the connection of his or her personal and cultural identities to the presenting problem in session must be respected, the therapist nevertheless must consider these issues, especially the possible interactions between the therapist's own cultural identity and that of the client, in the therapist's personal conceptualization of the case. (For a fuller

discussion of this and related topics, the reader is referred to Deborah Ronay's section, "Talking About Race and Ethnicity with Clients," which appears at the end of this chapter.)

- While information regarding personal-specific meanings of cultural identity generally must derive from therapeutic interactions with the client, information regarding cultural-specific meanings of identity is best sought as part of the therapist's own personal learning agenda, and is best derived from education that occurs primarily outside the therapeutic setting. That is to say, the client is not an appropriate cultural guide or instructor about his or her culture.
- In cross-cultural therapy, the terms *transference* and *countertransference* (that is, personal reactions of clients and therapists to one another) bear a somewhat different meaning. Rather than reflecting reactions to early parental figures and experiences that are helpful to talk about in therapy, *transference* and *countertransference* refer to cross-cultural relationships, conflicts, and power imbalances in the real world that get stimulated between therapist and client with regard to each other. "A client's reaction to a therapist of another cultural identity may be less related to the client's feelings about her parents than to the client's daily experience with people of the therapist's culture." (p. 79) Being aware of one's own cultural identity is a essential first step in sorting out the often-complex interactions related to issues of transference and countertransference across cultural identities.

PREPARING FOR CROSS-CULTURAL WORK

To be perfectly honest, no amount of preparation can totally allay the anxiety that is typical of providers-in-training when they first contemplate working with culturally diverse clients. Students regularly ask: "But what do I do when I find myself sitting across the desk from someone who is culturally different from me? I'm afraid I'll panic or draw a blank and not know what to say." My usual answer is: "Just do the same thing you do with any other client—begin your work." This anxiety and hesitancy reflect a basic discomfort with cultural differences and the fact that most providers have grown up in a racist society separated from those who are different from them. They are afraid—because of their ignorance about a client's culture—that they will make a cultural faux pas or miss something very obvious. They are, in addition, often anxious and uncomfortable because of feelings of guilt over the existence of racism or embarrassed because of past indifference, the racist behavior of family and friends, or feelings of personal privilege or entitlement. It feels like very dangerous territory, and after you have read chapter after chapter about the complexity of issues in working with diversity and how easily cross-cultural communication can break down, the prospect of facing people from diverse cultures and providing them with useful help can be rather daunting. At such moments of doubt, it is important to remember several things:

- First, as a provider, one is already—or is in the process of becoming—a skilled professional. Becoming culturally competent does not mean starting from scratch or learning everything anew. Rather, it means honing skills that one already has, broadening clinical concepts that are too narrow in their

application in the first place, and gaining new cultural knowledge about clients with whom one will be working. Culturally competent providers are, in general, more competent professionals because they must remain more conscious about what they are doing to be vigilant as to the cultural appropriateness of tasks, methods, and perspectives that others may routinely overlook. In a certain sense, one might say that every client carries his or her own unique culture, and it is the professional helper's task to discover how to gain entry into that culture respectfully and offer services that are sensitive to its rules and inner dynamics.

- Second, the clients with whom one will be working are, above all, human beings, and this is the ultimate basis for connection. They are also anxious about meeting with a new, unfamiliar person, especially if that person is culturally different. More than likely, they have had experiences that make them mistrust the kind of system in which the provider works. The initial task, then, is to set clients at ease in a manner that has meaning for them. Helping is, above all, a human process. It is bound to fail, however (with all clients, not just culturally diverse ones), when this awareness is lost.
- Third, unfortunately in the process of teaching people about cultural differences, there is a tendency to objectify and stereotype clients by seeing them only in terms of their differences. This must always be guarded against. By attending to differences too fully, one can easily lose sight of the entire person sitting across from the provider.
- Fourth, focusing too heavily on differences and thereby overlooking basic human similarities (e.g., with Asian Americans, you must do this, be aware of this, assume this, and so forth) can turn cross-cultural work into a mechanical process. This is exactly the wrong approach. Cross-cultural interaction must be based on the shared humanity that exists between client and provider. That is the one place where both are similar and can most easily join. Kroeber (1948), an early anthropologist, pointed out three kinds of human characteristics: those that one shares with all other human beings, those that one shares with some other human beings, and those that are unique to each individual. It is in relation to the first kind that cross-cultural communication and helping are made possible. A sensitivity to the second and third kinds of characteristics allows for the defining of human differences and uniqueness once a basic connection has formed. Again, it is through the very human capacities of caring, having sympathy and empathy for others, and identifying with the basic joys and predicaments of being human that differences can be best bridged.

ASSESSING CULTURALLY DIVERSE CLIENTS

A good, culturally sensitive assessment provides valuable information about how to proceed with treatment. It can give insight into the problem as conceived by clients and a sense of barriers that might stand in the way of seeking and providing help. It can suggest what clients expect to receive from the helping process and their notions of what the process will involve. It can also provide a sense of how acculturated clients are, how comfortable they would be with a more mainstream approach, how much the process needs to be adjusted, and whether any special preparation of