



CHAPTER

# 5

## UNDERSTANDING CULTURE AND CULTURAL DIFFERENCES

There is a Zen story about a millipede that is stopped by an earthworm and asked how it can possibly manage to walk with so many legs to coordinate. The next moment, the millipede is lying on its back in a ditch, trying to figure out which leg to put in front of the next. Many Americans have become like that millipede when it comes to culture. My White students often complain that they have no culture. They know nothing and feel nothing about where they came from. What they mean, I believe, is that they lack the kind of connection to a cultural heritage and community that they see among people of color and White ethnics—and they are jealous.

When culture is alive and vibrant, it provides the kind of inner programming that keeps the millipede walking along. It is always there—and much of the time it is lying beyond our awareness. It gives life structure and meaning. When it becomes fragmented, however, a central part of what it is and what it can offer gets lost. This chapter discusses a number of issues related to culture. What exactly is it, and how does it function in the life of a person? Why are social scientists finding it preferable to describe group differences in terms of culture rather than race? Along what cultural dimensions do groups differ, and in what ways do the cultures of Euro-Americans and people of color clash? What happened to White culture? Are the theories that inform professional helping culture-bound, as some practitioners have suggested? And, finally, is there such a thing as multicultural counseling (i.e., a single approach that can adjust itself to the needs of many cultural groups)? Answers to these questions provide a better understanding of the ways in which culture affects service delivery.

## WHAT IS CULTURE?

Culture is a difficult concept to grasp because it is so basic to human societies and so intertwined with our very natures that its workings are seldom acknowledged or thought about by those who have internalized it. It is all encompassing, like water for a fish, so it remains largely preconscious and is obvious only when it is gone or has been seriously disturbed. Anthropological definitions point to certain aspects of it. Culture comprises traditional ideas and related values, and it is the product of actions (Kroeber and Kluckhohn, 1952); it is learned, shared, and transmitted from one generation to the next (Linton, 1945); and it organizes life and helps interpret existence (Gordon, 1964).

I also like the notion of culture as the ways that a people have learned to respond to life's problems. For instance, all human groups must deal with death. But the rituals and practices that have developed around it vary greatly from culture to culture. However, all these definitions lack something that would be particularly helpful for the present purposes—a more strongly felt sense of how culture functions within the individual. To get at this, the concept of paradigm is very useful. Kuhn (1970) introduced the term *paradigm* to describe the totality of how a science conceives of the phenomena it studies. He argues that sciences change over time—not through the slow accumulation of knowledge (as was always taught in high school physics), but through paradigm shifts. A paradigm is a set of shared assumptions and beliefs about how the world works, and it structures the perception and understanding of the scientists in a discipline. For example, in physics, when Newton's theory of how physical matter operated no longer fit the accumulating evidence, it was eventually replaced by Einstein's theory of relativity, which was a qualitative shift in thinking. The new paradigm was a radical departure from its predecessor and gave physicists a totally different way of thinking about their work. Kuhn's idea is very engaging because it suggests that our beliefs (paradigms) define what we perceive and experience as real.

The notion of paradigm was quickly appropriated by psychologists to describe the cognitive worldview through which human beings perceive and relate to their world. Their paradigms, without people's being very aware of them, tell us how human existence works—what is possible and impossible, what the rules are, and how things are done. In short, they shape an individual's experience of reality. People think through their paradigms, not about them. "I'll see it when I believe it" is an accurate description of how beliefs can give form to what is experienced as "real." People also grow emotionally attached to their paradigms and give up or change them only with great difficulty and discomfort. Having one's paradigm challenged is experienced as a personal threat, for ego gets invested in the portrayal of how things should be. Having one's paradigm shattered is akin to the chaos of psychosis. When the world no longer operates as it "should," one feels cut adrift from familiar moorings, no longer sure where one stands or who one is.

Culture is the stuff of which human paradigms are made. It provides them content—their identity, beliefs, values, and behavior. It is learned as part of the natural process of growing up in a family and community and from participating in societal institutions. These are the purveyors of culture.

In short, one's culture becomes one's paradigm, defining what is real and right. Diverse cultures, in turn, generate different paradigms of reality, and each is protected and defended as if a threat to it were a threat to a member's very existence. From this perspective, it is easy to understand why the imposition of a Northern European cultural paradigm onto the lives of people of color—who possess and live by very different cultural paradigms—is experienced so negatively.

### **CULTURE VS. RACE IN THE DEFINITION OF GROUP DIFFERENCES**

Before you learn about the various dimensions along which cultures differ, it is useful to take a short digression to discuss difficulties with the concept of race. Increasingly of late, social scientists have chosen to distinguish between human groups on the basis of culture rather than race. For example, when they refer to tribal subgroups within the broader racial category of Native Americans as separate ethnic groups, they are emphasizing cultural differences as opposed to biological or physical ones. I have followed a similar practice here by using terms such as *ethnic group* and *culturally diverse clients* to describe human diversity. The term *ethnic group* was defined in Chapter 1 as any distinguishable people whose members share a culture and see themselves as separate and different from the cultural majority.

The emphasis is on shared cultural material as a basis for identification. It is not likely that the concept of race and its usual breakdown into five distinct human groups will ever disappear. It is just too deeply ingrained in the fabric of American society. Rather, its importance as a social—as opposed to a biological—concept will increasingly be emphasized.

There are many serious problems with the concept of race, which Healey (1995) defines as “an isolated inbreeding population with a distinctive genetic heritage”:

- Physical anthropologists have shown quite conclusively that what has always been assumed to be clear and distinct differences among the races are not very clear or distinct at all. In fact, it appears that there is as much variability in physical characteristics within racial groups as there is among groups. For example, it is not uncommon to see a wide array of skin colors and physical features among individuals who are all considered members of one racial group. It is believed that there has been so much racial mixing throughout history that, today, groups that may have once been genetically distinct are no longer distinguishable.
- The term *race* has become so emotionally charged and politicized that it can no longer serve a useful role in scientific discussion.
- Racial categories have been used throughout U.S. history to simultaneously oppress people of color, justify White privilege, and confuse racial politics. For example, U.S. Census classifications of race have changed regularly every decade from 1889 to the present. In 1890, for example, they included “White, Black, Mulatto, Quadroon, Octoroon, Chinese, Japanese, and Indian.” The 2000 Census tracked the following racial groups: “White, Black, American Indian or Alaskan Native, Asian Indian, Chinese, Filipino, Japanese, Korean,

Vietnamese, Native Hawaiian, and Guamanian or Chamorro." In addition, Hispanic/Latino group membership has become a separate racial category, as has the acknowledgment of more than one racial background. Of particular interest in regard to such redefinitions is the fact that they seem to parallel changes in immigration restrictions passed by Congress. An increased demand for entry into the United States from groups who are perceived as threats by the White establishment results in reduced immigration quotas.

- Defining race biologically and genetically opens the door for pseudoscientific arguments about intellectual and other types of inferiority among people of color.
- The social reality of race in the United States does not conform to the existence of five distinct groups. Rather, only two bear any real social meaning: "White" and "Of Color." The notion of the great melting pot, for instance, was actually only about melting White ethnics. The myth was never intended to apply to people of color. For White ethnics, upper mobility involved discovering and asserting their group's whiteness as a means of setting themselves apart from and above the groups of color who perpetually resided at the bottom of the social hierarchy of the United States. When they first arrived, various White ethnic groups were met with prejudice and scorn and were merely tolerated because they represented a source of much-needed cheap labor. In time, however, as they acculturated into the system, they discovered that they could progress most quickly by identifying themselves as White and by taking on the prejudices against people of color that were an intrinsic part of White culture.

For all these reasons, it has become increasingly compelling to set aside the term *race* as a distinguishing feature among groups and to turn to cultural differences as a more useful and less controversial yardstick.

## THE DIMENSIONS OF CULTURE

Cultural paradigms define and dictate how human beings live and experience life. Brown and Landrum-Brown (1995) describe the dimensions along which cultures can differ. They refer to these differences as dimensions of *worldview*. The content and specifics of each vary from culture to culture. These differences and our natural tendency toward *ethnocentrism*, the assumption that everyone else views the world in the same way as we do, are the reasons that cross-cultural misunderstanding occurs. Brown and Landrum-Brown enumerate the following dimensions of culture:

- *Psychobehavioral modality* refers to the mode of activity most preferred within a culture. Do individuals actively engage their world (doing), more passively experience it as a process (being), or experience it with the intention of evolving (becoming)?
- *Axiology* involves the interpersonal values that a culture teaches. Do they compete or cooperate (competition vs. cooperation)? Are emotions freely expressed or held back and controlled (emotional restraint vs. emotional expressiveness)? Is verbal expression direct or indirect (direct verbal expression vs. indirect verbal expression)? Do group members seek help from others or do they keep problems hidden so as not to shame their families (help seeking vs. "saving face")?

- *Ethos* refers to widely held beliefs within a cultural group that guide social interactions. Are people viewed as independent beings or as interdependent (independence vs. interdependence)? Is one's first allegiance to oneself or to one's family (individual rights vs. honor and family protection)? Are all individual group members seen as equal, or is there an acknowledged hierarchy of status or power (egalitarianism vs. authoritarianism)? Are harmony, respect, and deference toward others valued over controlling and dominating them (control and dominance vs. harmony and deference)?
- *Epistemology* summarizes the preferred ways of gaining knowledge and learning about the world. Do people rely more on their intellectual abilities (cognitive processes), their emotions and intuition (affective processes, vibes, intuition), or a combination of both (cognitive and affective)?
- *Logic* involves the kind of reasoning process that group members adopt. Are issues seen as being either one way or the other (either-or thinking)? Can multiple possibilities be considered at the same time (both-and thinking)? Or is thinking organized around inner consistency (circular)?
- *Ontology* refers to how a culture views the nature of reality. Is what is real only what can be seen and touched (objective material)? Is there a level of reality that exists beyond the material senses (subjective spiritual)? Or are both levels of reality experienced (spiritual and material)?
- *Concept of time* involves how time is experienced within a culture. Is it clock-determined and linear (clock-based), defined in relation to specific events (event-based), or experienced as repetitive (cyclical)?
- *Concept of self* refers to whether group members experience themselves as separate beings (individual self) or as part of a greater collective (extended self).

In relation to these dimensions of worldview or culture, each society evolves a set of cultural forms—ritual practices, behavioral prescriptions, and symbols—that support them. For example, a given culture stresses the doing mode on the first dimension. Certain kinds of child-rearing techniques tend to encourage directed activity. Parents differentially reinforce activity over passivity. They also model such behavior. Cultural myths portray figures high on this trait, and moral teachings stress its importance. The group's language likely favors active voice over passive voice. What makes a culture unique, then, is the particular profile of where it stands on each of these dimensions combined with the specific cultural forms it has evolved.

As will become apparent shortly, the dimensions of culture are not totally independent. Rather, some tend to cluster. In relation to ethos, for instance, beliefs concerning independence, individual rights, egalitarianism, and control and dominance tend to occur together in the belief system of a culture, as do interdependence, honor and family protection, authoritarianism, and harmony and deference. Such clusters tend to be mutually reinforcing. It will become clear that certain cultures share a number of dimensions. For example, the cultures of color in the United States have many dimensional similarities and, as a group, differ considerably from Northern European cultures.

**TABLE 5-1** | SUMMARY OF WORLDVIEW POSITIONS

Worldview dimensions	Sample worldview positions
Psychobehavioral modality axiology (values)	Doing vs. being vs. becoming Competition vs. cooperation Emotional restraint vs. emotional expressiveness Direct verbal expression vs. indirect verbal expression Seeking help vs. "saving face"
Ethos (guiding beliefs)	Independence vs. interdependence Individual rights vs. honor and family protection Egalitarianism vs. authoritarianism Control and dominance vs. harmony and deference
Epistemology (how one knows)	Cognitive processes vs. affective processes (vibes) Intuition vs. cognitive and affective
Logic (reasoning process)	Either-or thinking vs. both-and thinking vs. circular
Ontology (nature of reality)	Objective material vs. subjective vs. spiritual and material
Concept of time	Clock-based vs. event-based vs. cyclical
Concept of self	Individual self vs. extended self

Note: From Brown, M. T., & Landrum-Brown, J. (1995). Counselor supervision: Cross-cultural perspectives. In J. P. Ponterotto, J. M. Casas, L. A. Suzuki, and C. M. Alexander (Eds.), *Handbook of Multicultural Counseling* (pp. 263-287). Thousand Oaks, CA: Sage.

Finally, it is important to note that each culture generates a unique *felt experience of living*. The quality of life differs in tone, mood, and intensity. The same is true of the kind of mental health issues that members must face, as well as the emotional strengths that they develop. A very dramatic example of this occurred many years ago. I was a graduate student running a personal growth group for students at a multicultural weekend retreat. The students who showed up for my group were all White, with the exception of one young Latino man, who was really there to spend more time with one of the young women in the group. Such groups seldom attracted non-White participants because it was the belief of most students of color that it was a "White thing" and something that "Whites really needed." "As for us, we don't have any trouble relating to other people." The group was quite successful, and it did not take long until people were sharing deeply and talking about feelings of disconnection from parents, isolation, and loneliness. At a certain point, the young Latino man could contain himself no longer and said, "I don't understand what you are all talking about. I am part of a big extended family; there is always someone around. I can't imagine feeling alone or isolated." Only after that did I realize that what I had thought to be the "universal malaise" of loneliness and isolation was, in fact, a cultural experience and an artifact of the Northern European lifestyle.

## COMPARING CULTURAL PARADIGMS IN AMERICA

Ho (1987) compares the cultural paradigm of White European Americans to those of the four cultures of color on five dimensions, which overlap extensively with those of Brown and Landrum-Brown. It is worth reviewing these in some detail to appreciate the breadth of difference that does exist. It should be remembered, however, that these comparisons speak in generalities and may not fit or apply to individual group members, especially those who have acculturated. In addition, each of the five "racial" groups described is actually made up of numerous subgroups whose cultural content can differ widely. In the United States, for example, Manson and Trimble (1982) identified 512 federally recognized Native "entities" and an additional 365 state-recognized Indian tribes, each with its cultural uniqueness.

### NATURE AND THE ENVIRONMENT

Ho classifies the four cultures of color—Asian Americans, Native Americans, African Americans, and Latin Americans—as living in "harmony with" nature and the environment, whereas European Americans prefer "mastery over" them. For the former, the relationship is one of respecting and coexisting with nature. Human beings are seen as part of a natural order and, as such, must live respectfully and nonintrusively with other aspects of nature. To destroy a fellow creature is to destroy a part of oneself. On the other hand, European American culture views human beings as superior to the physical environment and entitled to manipulate it for their own benefit. The world is a resource to be used and plundered. In contrast, cultures of color see the component parts of nature as alive and invested with spirit—which must be related to respectfully and responsibly. Great value is placed on being ever-attentive to what nature has to offer and teach. Out of such a perspective come notions such as the Native American idea of Turtle Island, a myth that views the nonhuman inhabitants of the continent as an interconnected system of animal spirits and archetypal characters. A "mastery" mentality results in environmental practices such as runaway logging, strip mining, and oil drilling, as well as the impetus for institutions such as human slavery, which exploits "inferior" human beings for material gain.

### TIME ORIENTATION

There is great diversity among the five cultural groups with regard to how they perceive and experience time. European Americans are dominated by an orientation toward the future. Planning, producing, and controlling what will happen are all artifacts of a future-time orientation. What was and what is are always a bit vague and subordinated to what is anticipated. At the same time, European Americans view time as compartmentalized and incremental, and as such, being on time and being efficient with one's time are positive values.

Asian and Latino/a cultures are described as past/present-oriented. For both, history is a living entity. Ancestors and past events are felt to be alive and influencing present reality. The past flows imperceptibly into and defines the present. Both Native Americans and African Americans, in turn, are characterized as

present-oriented. Focus is directed toward current experience of the here and now, with less attention to what led up to this moment or what will become of it. As a group, and distinct from European American culture, cultures of color share a view of time as an infinite continuum and find it difficult to relate to the White "obsession" with being on time. Interestingly, each of these groups has evolved a term to describe its "looser" sense of time: "Colored people's time," "Indian time," "Asian time," and "Latin time." Invariably, time becomes an issue when non-Whites enter institutions where European American cultural values predominate. Lateness is often mistakenly interpreted by Whites as indifference, provocative, or symptomatic of a lack of basic work skills.

### **PEOPLE RELATIONS**

Ho (1987) distinguishes European Americans as having an "individual" social focus compared to a "collateral" one for the four cultures of color. Individual behavior refers to actions undertaken to actualize the self; collateral behavior involves doing things not for oneself, but in light of what they may contribute to the survival and betterment of family and community. These differences, in turn, become a basis for attributing value to different and opposing styles of interaction. For example, European Americans are taught and encouraged to compete, to seek individual success, and to feel pride in and make public their accomplishments. Native Americans and Latino/a Americans, in particular, place a high value on cooperation and strive to suppress individual accomplishment, boasting, and self-aggrandizement. Having pointed out this shared collateral focus, it is equally important to understand that the four communities of color differ significantly in their communication styles and the meaning of related symbols. Native Americans place high value on brevity in speech, while for African Americans, the ability to "rap" is treated as an art form. It is considered impolite in certain Asian American subgroups to say "no" or refuse to comply with a request from a superior. Among Latino/a Americans, deferential behavior and the communication of proper respect depend on perceived authority, age, gender, and class. And the same handshake can be given in one culture to communicate respect and deference and in another to show authority and power.

### **WORK AND ACTIVITY**

On the dimension of work and activity (similar to Brown and Landrum-Brown's psychobehavioral modality), European Americans, Asian Americans, and African Americans are described as "doing-oriented" compared to Native Americans and Latin Americans, who are characterized as "being-becoming." Doing is an active mode. It involves initiating activity in pursuit of a given goal. It tends to be associated with societies where rewards and status are given on the basis of productivity and accomplishment. But even here, there are differences in motivation. European Americans' work and activity are premised on the idea of "meritocracy"—that hard work and serious effort ultimately bring a person financial and social success. Asian Americans, on the other hand, pursue activity in terms of its ability to confer honor on one's family and, concurrently, to avoid shaming them or losing face. African Americans fall somewhere between these two extremes. Being-becoming,

in turn, is more passive, process-oriented, and focused on the here and now. It involves allowing the world to present opportunities for activity and work rather than seeking them out or creating them. It is a mode of activity that can easily be misinterpreted from a doing perspective as “lazy” or “lacking motivation.” On a recent trip to the Sinai in Egypt, one of my traveling companions was a hardworking lawyer from New York City, clearly high on the *doing* dimension. After spending several hours visiting a Bedouin village, he could barely contain his shock at how the men just sat around all day. Our guide, himself a Bedouin, suggested that they were not merely sitting but were thinking and planning. He explained, “There is a lot to think about: where to find water, missing goats, perhaps a new wife, maybe a little smuggling.” This did not satisfy the lawyer, however, who said, “I don’t understand how they can get anything done without meetings. Give me six months, and I’d have this whole desert covered with condos.”

One last point: activity and work, whether of the doing or becoming variety, must occur in the context of other cultural values. For example, in many cultures, work does not begin until there has been sufficient time to greet and properly inquire about the welfare of one’s family. To do otherwise is considered rude and insensitive. In White European American business culture, such activity would be seen as lazy, wasteful, and maybe even the shirking of one’s responsibilities.

### **HUMAN NATURE**

This dimension of culture deals with how groups view the essence of being human. Are people inherently good, bad, both, or somewhere in between? According to Ho (1987), African Americans and European Americans see human nature as both good and bad and as possessing the potential for both. But, for each, the meanings of *good* and *bad* are quite different. In African American culture, where all behavior involves a collateral focus—or what Nobles (1972) calls “experiential communality”—*good* and *bad* are defined in relation to the community. It is good if it benefits the community and bad if it does not. Thus, human nature is seen as existing in the interaction between the person and the group.

European American culture, on the other hand, sees good and bad as residing in the individual. Freud’s view of human nature is an excellent example. The instinctive urges of the id are seen as a negative force that must be controlled. The ego and the superego are assigned this task and, as such, play a positive role in containing baser drives. In addition, Freud hypothesized a life instinct that is balanced by a death instinct. Thus, the two sides of human nature—the good and bad—are seen in constant opposition and conflict.

Ho describes Asian Americans, Native Americans, and Latin Americans as sharing a view of human nature as good. This tendency to attribute positive motives to others has at times proved less than helpful in interaction with members of the dominant culture. Early treaty negotiations between Native American tribes and the U.S. government are a case in point. Tribal representatives entered these negotiations under the assumption that they were dealing with honest and honorable men and that whatever agreements were struck would be honored. By the time sufficient experience forced them to reevaluate their assumptions, it was too late and their lands had been stolen. Similarly, in the workplace, when members of such

groups exhibit helpfulness, generosity, and caring for their fellow workers (behavior that follows from an assumption that others are basically good), they are frequently viewed as naive, gullible, and in need of "smartening up."

**CASE STUDY 1****A CASE OF CROSS-CULTURAL  
MISCOMMUNICATION**

Sue and Sue (1990) offer the following example of cross-cultural miscommunication:

Several years ago, a female school counselor sought the senior author's advice about a Hispanic family she had recently seen. She seemed quite concerned about the identified client, Elena Martinez, a 13-year-old student who was referred for alleged peddling of drugs on the school premises. The counselor had thought that the parents "did not care for their daughter," "were uncooperative," and "were attempting to avoid responsibility for dealing with Elena's delinquency." When pressed for how she arrived at these impressions, the counselor provided the following information.

Elena Martinez is the second-oldest of four other siblings, ages 15, 12, 10, and 7. The father is an immigrant from Mexico and the mother a natural citizen. The family resides in a blue-collar neighborhood in San Jose, California. Elena had been reported as having minor problems in school prior to the "drug-selling incident." For example, she had "talked back to teachers," refused to do homework assignments, and had "fought" with other students. Her involvement with a group of Hispanic students (suspected of being responsible for disruptive schoolyard pranks) had gotten her into trouble.

Elena was well known to the counseling staff at the school. Her teacher last year reported that she was unable to "get through" to Elena. Because of the seriousness of the drug accusation, the counselor felt that something had to be done, and that the parents needed to be informed immediately.

The counselor reported calling the parents in order to set up an interview with them. When Mrs. Martinez answered the telephone, the counselor had explained how Elena had been caught on school grounds selling marijuana by a police officer. Rather than arrest her, the officer turned the student over to the vice principal, who luckily was present at the time of the incident. After the explanation, the counselor had asked that the parents make arrangements for an appointment as soon as possible. The meeting would be aimed at informing the parents about Elena's difficulties in school and coming to some decision about what could be done.

During the phone conversation, Mrs. Martinez seemed hesitant about choosing a time to come in and, when pressed by the counselor, excused herself from the telephone. The counselor reported overhearing some whispering on the other end, and then the voice of Mr. Martinez. He immediately asked the counselor how his daughter was and expressed his consternation over the entire situation. At that point, the counselor stated that she understood his feelings, but it would be best to set up an appointment for tomorrow and talk about it then. Several times the counselor asked Mr. Martinez about a convenient time for the meeting, but each time he seemed to avoid the answer and to give excuses. He had to work the rest of the day and could not make the appointment. The counselor stressed strongly how important the meeting was for the daughter's welfare and that the several hours of missed work [were]

*continued*

**CASE STUDY 1***continued*

not important in light of the situation. The father stated that he would be able to make an evening session, but the counselor informed him that school policy prohibited evening meetings. When the counselor suggested that the mother could initially come alone, further hesitations seemed present. Finally, the father agreed to attend.

The very next day, Mr. and Mrs. Martinez and a brother-in-law (Elena's godfather) showed up together in her office. The counselor reported being upset at the presence of the brother-in-law when it became obvious he planned to sit in on the session. At that point, she explained that a third party present would only make the session more complex and the outcome counterproductive. She wanted to see only the family.

The counselor reported that the session went poorly, with minimal cooperation from the parents. She reported, "It was like pulling teeth," trying to get the Martinezes to say anything at all.

Note: From *Counseling the Culturally Different*, 2e, by S. W. Sue & D. Sue, pp. 118-119. Copyright © 1990 John Wiley & Sons, Inc. Reprinted with permission.

Before proceeding with an analysis of this case, I encourage you to first try your hand at identifying areas of cultural insensitivity in the reactions and behavior of the counselor.

The following are some of my thoughts on the matter. This is a clear case of misunderstanding cultural differences. The counselor proceeds with her normal modus operandi, regardless of the very obvious cultural differences that exist between her and the Martinez family. She misreads their reactions and intentions and draws erroneous and insulting conclusions about them as parents. She communicates these to the Martinezes, who immediately withdraw and become nonreactive. What are some of the assumptions that she made and cultural artifacts that she missed?

- It is very possible that because of her ethnicity and her involvement with a group of other Hispanic students, Elena was being carefully watched as a potential troublemaker.
- The counselor appears unaware that in a traditional Mexican family, the wife would not make a decision without first consulting her husband, which she did by "whispering on the other end [of the phone line]." Similarly, it is the husband who represents and talks for the family in a formal situation such as this.
- The counselor assumes that Mr. Martinez is indifferent about his daughter because he seemed reluctant to miss work on her behalf. She has no idea of what his work situation is or what the consequences of missing work might be for him and his family. But she assumes that he, like any middle-class professional, can make himself available during the day and even presumes to moralize at him—something he is probably not used to from a woman—about several hours of missed work being more important than his daughter. But at the same

time, she is unwilling to accommodate herself to the family's need for an evening session and hides behind bureaucratic rules to avoid doing so.

- The counselor thinks too narrowly about what constitutes a family, is used to dealing with nuclear families as opposed to extended families, and has no idea of the appropriateness of the brother-in-law's presence. Godfathers in Latin culture are responsible for the spiritual life of their godchildren and are expected to fill in for the father when the necessity arises. Elena was possibly in the midst of serious spiritual difficulties.

### ARE THEORIES OF HELPING CULTURE-BOUND?

In Chapter 4, cultural racism was defined as the belief that the cultural ways of one group are superior to those of another. It can exist within the mind of an individual, as in the case of Elena's counselor, who seems largely unaware that she is imposing her cultural values on the Martinez family. Cultural racism can also assert itself through the workings of institutions—such as the agencies in which most health care providers work—and through the theories and practices they hold. Many researchers strongly believe that the assumptions and practices of mainstream service delivery are based on Northern European cultural values (Draguns, 1981; Kim and Berry, 1993; Sue and Sue, 1990). Because of this, serious questions exist as to whether practitioners trained in such a model can serve culturally diverse clients adequately.

Anthropologists draw a distinction between *emic* and *etic* approaches to working cross-culturally. *Emic* refers to looking at a culture through its indigenous concepts and theories. For example, making traditional healers available to Native American clients is an *emic* approach to service delivery. *Etic* means viewing a culture through "glasses" that are external to it. This is the strategy that the helping professions have adopted. It has been assumed that their approach has relevance for all people regardless of their cultural backgrounds, but this may not be true. Some critics argue that since the helping profession has its origins and roots in Northern European ideas, values, and sensibilities, it cannot appropriately be applied to individuals who hold diverse cultural values and assumptions (Duran and Duran, 1995). They further contend that such models are at best "pseudoetic" (Draguns, 1981), which means that they naively misjudge the universality of their approach and that what really has been created are "emic approaches to counseling that are designed by and for middle-class European Americans" (Atkinson, Morten, and Sue, 1993, p. 54).

### KEY ASPECTS OF THE HELPING PROCESS

If one looks carefully at the assumptions and practices that are central to the helping professions as they currently exist, it becomes immediately clear that much is in conflict with the general worldview of non-White clients. Four key aspects of the helping process can be identified as especially problematic:

- Importance of verbal expressiveness and self-disclosure
- Setting long-term goals
- Relative importance placed on changing the client vs. changing the environment
- Definition of what is mentally healthy

## **VERBAL EXPRESSIVENESS AND SELF-DISCLOSURE**

Most practitioners believe that verbal expressiveness and self-disclosure by clients are critical aspects of the helping process. The cultures of color do not, however, share this value or feel comfortable talking about themselves or disclosing personal material to relative strangers. Asian Americans, for example, learn emotional restraint at an early age and are expected to exhibit modesty in the face of authority as well as subtleness in dealing with personal problems (Atkinson, Whitely, and Gin, 1990; Ho, 1994). To reveal intimate details of one's life to strangers is seen as bringing shame on the family and is experienced as "losing face." Similarly, it has been shown that Native Americans and Latino/a Americans also feel threatened with the demand for such disclosure (Fleming, 1992; Vontress, 1981). For both, intimate sharing is done only with friends of long standing. Only European Americans seem comfortable revealing intimate details of their life to relative strangers. Foreign travelers to the United States are often shocked by the amount of personal information revealed to them by the Americans they encounter.

African Americans, in turn, tend to be suspicious of requests by White providers for intimate life details (Gordon, 1964; Sue and Sue, 1990). The African American community considers it dangerous and potentially self-destructive to reveal one's feelings to Whites before their trustworthiness can be assured. I am reminded of a very bizarre but sad incident when minority youth leaders, mostly African American, from a major urban area were taken to an isolated part of the Grand Canyon for a sensitivity training experience by a group of White professionals. Communication between the two groups broke down very quickly, and only when it was learned that the African American youths had come to believe that they had been taken there to be assassinated was it possible to defuse the situation. Helping professionals obviously need to be aware of how culturally diverse clients view their efforts at helping, as well as careful in drawing conclusions about a client's reluctance to self-disclose. Such behavior is normative in many cultural groups and should not be interpreted as defensiveness or as reflecting depression, shyness, or passivity.

## **SETTING LONG-TERM GOALS**

Psychodynamic approaches to counseling and other forms of helping place importance on long-term treatment planning. Helping is envisioned as a long-term, ongoing process where therapist and client interact in a rather unstructured situation with the aim of making significant changes in the client's inner psychology. Clients of color, on the other hand, tend to be more action-oriented and desirous of concrete advice and immediate solutions to the problems for which they seek help (Sue and Sue, 1990). They seem to find directive approaches as opposed to nondirective approaches most helpful and often express confusion or frustration around the idea of abstract, long-term goal-setting. The differences may result from differing time orientations, a belief that the individual's purpose is to serve the collective (rather than the self), or the fact that "sitting around and talking" is a luxury they just cannot afford or cannot see as potentially helpful. Again, the helper must avoid the temptation to interpret their "reluctance" to go along with long-term goal-planning as resistance.

### CHANGING THE CLIENT VS. CHANGING THE ENVIRONMENT

Practitioner and client can differ greatly in how they conceive and think about the change process: Is it important to change the client to fit his or her circumstances or vice versa? These orientations are referred to technically as *autoplastic* and *alloplastic* solutions. Helping clients cope with a difficult life situation by accommodating or adapting to it (i.e., changing themselves in that direction) is autoplastic; encouraging or teaching clients to impose changes on the external environment so that it better fits their needs is alloplastic.

Cultures of color differ widely on this question. Asian American culture tends to stress a passive acceptance of reality and a transcendence of conflict by adjusting one's perceptions so harmony can be achieved with the environment (Ho, 1994). African Americans, on the other hand, tend to point to a racist environment as the cause of many of their distresses and advocate changing it as opposed to themselves (Kunjufu, 1984). To this end, in the late 1960s, African American psychologists in the state of California called for and obtained a moratorium on testing minority children in the public schools (Bay Area Association of Black Psychologists, 1972). They argued that culturally biased psychological assessment was being used to funnel culturally diverse children into special education classes by White teachers and administrators who were not comfortable with their non-White ways. In a similar vein, Braginsky and Braginsky (1974) and others have called the helping profession to task for serving as a "handmaiden to the status quo" by encouraging culturally diverse clients to adapt their behavior to the demands of White institutions as opposed to encouraging their clients to pursue societal change. Northern European culture, for its part, tends to encourage the confrontation of obstacles in the environment that restrict one's freedom (Holtzman, Diaz-Guerrero, and Swartz, 1975).

What seems most influential in determining the stance a provider assumes is the general theoretical perspective that he or she follows. Psychodynamic approaches, for example, locate problems and conflicts within the individual and dictate inner changes as the exclusive solution. More behaviorally and cognitively oriented theories do the opposite. They advocate changing the environment to change behavior.

Sue and Sue (1990) offer an interesting perspective on this question. They suggest that much client behavior can be understood as resulting from their beliefs about locus of control and locus of responsibility. *Locus of control* refers to whether individuals feel that they are in control of their own fate (internal control) or that they are being controlled externally (external control) and, therefore, whether their actions can change the external world. *Locus of responsibility* refers to whether individuals believe that they are responsible for their own fate (internal responsibility) or that they cannot be held responsible because there are more powerful forces at work (external responsibility). Sue and Sue propose four "world-views" based on combining these two dimensions and argue that people of color may exhibit any of the four. Generally, Northern European American helpers believe in internal control and internal responsibility—that clients are in control of their own fate, their actions do affect their outcomes, and success or failure in life is related to their personal characteristics and abilities. If this does not match a client's perception of how the world works, there are likely to be serious differences regarding treatment goals and just what constitutes helping.

## DEFINITIONS OF MENTAL HEALTH

The human service professions have tended to adopt Northern European cultural definitions of what constitutes healthy and normal functioning. Self-reliance, autonomy, self-actualization, self-assertion, insight, and resistance to stress are seen as hallmarks of healthy adjustment and functioning (Saeki and Borow, 1985; Sue and Sue, 1990). These are the characteristics toward which clients are encouraged to strive. They are not, however, the same personal qualities that are valued in all cultures. For example, Asian American cultures value interdependence, inner enlightenment, negation of self, transcendence of conflict, and passive acceptance of reality (Ho, 1994). This view is largely antithetical to that of mainstream Western thought. What Asian American culture shares with the other three cultures of color—and what sets them apart from Northern European culture—is the diminished importance of individual autonomy and self-assertion. A similar idea is expressed in the way Native American culture views health and illness (Duran and Duran, 1995). Illnesses, both mental and physical, are thought to result from disharmony of the individual, family, or tribe from the ways of nature and the natural order. Healing can occur only when harmony is restored. This is the goal of traditional healing practices.

Another way to describe this important difference is the distinction between the individual and the *extended self* (Brown and Landrum-Brown, 1995). The individual self is characteristic of Northern European culture. It exists autonomously, is fragmented from its social context, and has personal survival and betterment as its goal. The self develops very differently in cultures that limit its narcissism and free expression. The term *extended self* is used to describe ego development in group members who conceive of themselves not as individuals but as part of a broader collective. All behavior occurs with an awareness of what its impact will be not on the self but, more important, on the larger social group of which the person is a part. Referring back to the axiology and ethos dimensions suggested by Brown and Landrum-Brown, the subvalues of competition, emotional restraint, direct verbal expression, and help seeking and the subbeliefs of independence, individual rights, egalitarianism, and control and dominance (all typical of the Northern European cultural paradigm) represent ideas that support the existence of an individual self.

Similarly, their opposites (the subvalues of cooperation, emotional expressiveness, indirect verbal expression, and “saving face” and the subbeliefs of interdependence, honor and family protection, authoritarianism, and harmony and deference), most typical of the worldview of the communities of color, are related to an extended self. Independence, for example, allows for greater self-assertion; interdependence allows for greater intergroup harmony. In speaking of the extended self, I am reminded of a former graduate student of color who, when introduced to a model of identity development in people of color that described the final stage of growth as “transcending specific group identities,” reacted: “This can’t be right. How can they see this as optimal growth? The person is no longer a part of the community.” Thus, practitioners must be aware of incongruence between their notion of what is healthy and where treatment should be leading and that of the client. Where differences exist, they must be respected, and great care must be taken not to project one’s values onto the helping process and not to unintentionally judge a client’s behaviors that vary from one’s own standards as inferior and deficient.

## COLLECTIVE PERSONALITY: THE EXAMPLE OF ARABS/MUSLIMS

Marwan Dwairy (2006), who contributed a chapter for this edition entitled "Working with Arab/Muslim American Clients" (Chapter 15), offers yet another powerful example of why traditional Western approaches to helping may not always be appropriate for culturally diverse clients. He makes a most useful distinction between the personality structure of people who live in collective social systems and that of those who live in individualistic social systems. Earlier in this chapter, this distinction was referred to as the individual vs. the extended self. In response to our previous question—Are theories of helping culture-bound?—Dwairy would suggest that the vast majority of our theories of personality and psychotherapy are individualistically based and thus inadequate to "explain and predict the behavior of people who possess a collective, non-individualistic personality." He is talking about a qualitatively different structuring of personality development. As a metaphor, Dwairy suggests that "an encounter with a traditional Arab/Muslim individual is an encounter with a group of people that live inside her or him and still play a major role in directing their behavior." And, similarly, all aspects of the person's psychology and inner structuring are organized around their membership in the family, tribe, etc. In this regard, Dwairy describes collective people as motivated by group rather than personal goals, situationally and contextually rather than dispositionally oriented, prioritizing interpersonal responsibilities over issues of personal justice or individual rights, and other-focused emotionally rather than ego-focused. He goes on to make the following important distinctions regarding the structure of the collective personality as they differ from the individualistic personality in Western psychology:

- Conflict within the person tends to be intrafamilial rather than intrapsychic. Behavior tends to be directed by external pressures, not internal ones, whereby inner needs are set against familial pressures and expectations. Most typically, the latter hold sway.
- The family is the source of threat, esteem, and joy, and enormous personal energy is directed toward avoiding familial rejection and seeking its approval.
- The inner psyche is structured around social rather than unconscious mechanisms. As opposed to dependence on Freudian mechanisms of defense, Arabs/Muslims internalize and act upon mechanisms such as *Mosayara* (getting along), which involves hiding real feelings and instead reacting in socially acceptable ways, and *Istighaba*, which involves expressing authentic feelings away from family and social observation.
- Rather than being highly differentiated internally in regard to separation of constructs such as thoughts, emotions, attitudes, etc., the inner world of the collective individual tends to be much less differentiated and more indistinct and fused. Rather, the primary inner distinction is between a "social layer" and a "private layer."
- Consistency of behavior tends to exist within each of these layers rather than between them, and individual differences in public life among Arabs/Muslims tend to be minor rather than extensive and related to the amount of individuation within each person as well as their social status.

Not surprisingly, according to Dwairy, these differences lead to very different manifestations of psychopathology as well as major differences in the goals and processes of psychotherapy with collective peoples. Rather than exhibiting itself in the form of intrapsychic disorders, psychopathology tends to be more indistinct and more pervasive across interpersonal, intrapsychic, and somatic levels. Problems arise when the system of give and take within family interaction and between social and private layers becomes imbalanced, as well as when cohesion within the family and familial support of the individual is disrupted. Psychotherapy must also be conceived very differently. According to Dwairy: “For Arab/Muslim people, psychotherapy should aim to find new order within the psycho-social-somatic system. Joining the family authority, revising the efficiency of the client’s social coping mechanisms, and implementing indirect metaphoric interventions are basic directives for working with Arab/Muslim clients.”

### **COLLECTIVE VS. INDIVIDUAL TREATMENT MODELS**

While Dwairy’s clinical work is adapted for use in a collective society, his basic approach is decidedly individualistic or one-to-one, with the exception of bringing in authoritative family members in order to reify family structures and power relationships. *Collective treatment models*, such as the Tree of Life exercise developed by Ncube and Denborough (2009) of the Dulwiche Center, Australia, and Father Michael Lapsley’s Healing of Memories workshop developed in South Africa—which you will be learning about in Chapters 7 and 10, respectively—actively depend on interactions with other group members for therapeutic outcomes. Such approaches, especially when they are coupled with narrative therapy techniques of inviting group members to “tell their stories” in the presence of witnesses, are especially useful in working with collective trauma. According to Tabak (2012):

“A principal task, then, in working with traumatized populations is to assist people in constructing stories or narratives that help to contain and organize their traumatic experiences, which will then help them to better cope with their suffering (Graybill, 1999; Wigren, 1994). Tuval-Mashiach et al. (2004) believed that sharing one’s trauma experience or story with another helps the survivor to construct a detailed, coherent, and chronologically accurate trauma story. Once the construction of the narrative is completed, the survivor begins to make meaning and regain control over his or her trauma and can then start incorporating it into the larger autobiographical story.”

After reviewing Herman’s (1997) emphasis on group work as critical to the treatment of trauma, Tabak continues: “The group environment offers members the solace of being in the presence of supportive others who have been through similar experiences and serves to metaphorically welcome victims of trauma back into the world of humanity. With a particular focus on strengths, group members are encouraged to draw upon the resources and strengths of other group members and in doing so, the group as a whole, begins the process of grieving past losses, integrating traumatic experiences, and refocusing their lives in the present.”

Drawing upon the work of the author in Diller (2011), Tabak completes her discussion of collective treatment models by pointing to the reasons they tend to

be preferable to one-to-one and individualistic methods in the treatment of trauma:

- They are more common and culturally syntonetic to non-Western family and tribally based cultures that view physical and mental dysfunction or disease as communal issues rather than problems that are unique to the individual.
- They require active involvement of all tribal members in a communal setting and the merging of individual identities to form a collective whole, a process that strongly encourages the emergence of new behaviors.
- They tend to encourage the use of a broader range of interventions such as expressive arts, rituals, rites of passage, and celebration to bond communities together and facilitate healing.
- Because they tend to be more intensive and short-term, they can provide treatment to a greater number of individuals in a shorter period of time.
- They are able to better facilitate individual healing through multiple witnessing in a manner that one-to-one treatment cannot.

### **CONFLICTING CROSS-CULTURAL SERVICE MODELS**

What can a practitioner do about these potential areas of conflict? The easiest and most immediate answer is fairly simple: alter and adjust the helping model to accommodate the client(s). Recall from Chapter 2 that one of the central skills associated with cultural competence is the ability to adapt mainstream practices to the needs of culturally diverse groups. For example, it does not seem unreasonable or impossible to expect providers to alter their expectations (especially in the early stages of working together) regarding self-disclosure, verbal openness, or fluency. The provider should also be able to adjust the type of interaction that occurs and, when helpful, move into a less ambiguous and more directive problem-solving mode. Similarly, it should be possible to adapt the provider's view of where change should take place (changing the individual vs. changing the environment) to align with the client's cultural tendencies and to rethink treatment goals and outcomes in light of the client's cultural beliefs.

Sue and Zane (1987) suggest two additional strategies for improving provider credibility. First is to ensure the client feels that their problems or reasons for seeking help are understood by the provider in terms of the client's own cultural viewpoint. This involves both appreciating the client's worldview in terms of the intricacies of his or her cultural background and being able to communicate that awareness to the client. Second is to ensure that the client receives some immediate benefit or reinforcement as a result of the helping process. This may involve advocating for the client with another agency, teaching the client some skill or practice that might help him or her navigate the system, or even directly intervening in a situation on the client's behalf. Although such interventions push the boundaries of what is considered appropriate behavior for mainstream providers, it should be remembered that such helping practices were developed primarily for working with dominant-culture clients. Such therapeutic guidelines just may not make cultural sense in relation to working with clients of color.

Certain critics, however, suggest that merely making adjustments to a predominantly Northern European model of helping is insufficient. Approaching the problem of cross-cultural service delivery from such a limited perspective seems like

something akin to “rearranging the deck chairs on the *Titanic*.” They argue that merely making cosmetic changes to a process that is, by its very nature, highly destructive to traditional people and their cultures, does little to get at the real heart of the problem. Duran and Duran (1995), for example, believe that Northern European culture and its application through Western psychology has been instrumental in fragmenting Native American culture and lifestyle. They further contend that inherent in the Northern European worldview is an inability to tolerate the existence of alternative ways of knowing and experiencing the world:

The critical factor in cross-cultural psychology is a fundamentally different way of being in the world. In no way does Western thinking address any system of cognition other than its own. Given that Judeo-Christian belief systems include notions of the Creator putting human beings in charge of all creations, it is easy to understand why this group of people assumes that it also possesses the ultimate way of describing psychological phenomena for all of humanity. In reality, the thought that what is right comes from one worldview produces a narcissistic worldview that desecrates and destroys much of what is known as culture and cosmological perspective. (p. 17)

Diamond’s (1987) work on “primitive” vs. “civilized” societies offers a useful metaphor through which to compare the nature of traditional cultures (which include the cultures of color in the United States) with that of postmodern Northern Europe. Like Duran and Duran, Diamond contends that there is something fundamentally skewed within “civilized” culture—that something essential has been lost. Only through a careful analysis of the dimensions of traditional culture can one discern what those elements might be. Diamond summarizes eight characteristics of “primitive” culture that have been lost through the civilizing process:

- Good psychological nurturance of the individual
- Multiple and engaging relationships throughout the life cycle
- Various forms of institutionalized deviance
- Celebration and fusion of the sacred—within nature, society, and the individual—through ritual
- Direct engagement with nature and natural processes
- Direct and active participation in cultural forms
- Equating goodness, beauty, and the natural environment
- Socioeconomic support as a natural inheritance

One consequence of the breakdown of traditional culture vis-à-vis the civilizing process, according to Diamond (1987), was a radical increase in stress, dysfunction, and mental illness:

These prominent features of primitive society should lead us to anticipate an exceedingly low incidence of the chronic characterological or psychoneurotic phenomena that seem to be growing with civilization. This reflects my own experience; I would add only that the disciplined expressiveness of primitive societies, together with traditional social and economic supports, also results in a greater tolerance of psychotic manifestations, or better, converts the latter into a normal, bounded human experience. (p. 171)

The author, in Diller (1991), documents a similar destructive tendency in contemporary Western culture. Specifically, he looks at Jewish emancipation in nineteenth-century Europe and describes how it psychologically altered and

transformed traditional Jewish culture. The result was widespread fragmentation and the destruction of traditional Jewish values, ways, community, and identity:

As chaos reigned supreme within the ghetto, it simultaneously intruded itself into the inner psyche of the assimilating Jew, rupturing previous bases for self-understanding and identity. The internal consequences were staggering. One major symptom was a fragmentation in the way people thought. Mind increasingly came to function independent of emotion and intuition, and the integrity of the Jewish self fell prey to self-consciousness and compartmentalization. With the Enlightenment, Jews became self-conscious about their own Jewishness, and in time they grew alienated from it. In the ghetto, being a Jew was a given, a fact of life that required no further exploration. Jews uncritically followed customs and habits thousands of years old and participated in a lifestyle that defined all aspects of their existence. They questioned the fairness of God, the reasons for their sad plight and exile, but never the fact of who they were. A given becomes a matter of debate, an absolute becomes relative, only when there is an alternative available. Emancipation provided Jews with that alternative in the form of potential escape and assimilation, the possibility of no longer being Jews. In so doing, it forced them to inquire into the nature of their Jewishness, thereby objectifying it and setting them apart from it. By asking the questions: "Why am I a Jew and what does that mean?" by tasting of the tree of Knowledge as Adam had, post-emancipation Jews set into motion a process which would eventually and permanently alienate them from the past. (p. 32)

Such concerns have led some researchers in cross-cultural service delivery to suggest alternative models that go beyond mere adaptation and adjustment of the Northern European paradigm. Three trends of this sort can be identified:

- Some theorists call for the creation of individual ethnic-specific (emic) models, or "psychologies," each developed by providers and researchers from a given ethnic community. The aim is to define a unique and unbiased understanding of the mental health and treatment issues of each community. In arguing for the wisdom of a "Black psychology," for example, White (1972) contends that "principles and theories developed by white psychologists to explain the behavior of white people simply do not have sufficient explanatory power to account for the behavior of blacks" (p. 2). In a similar vein, Clark (1972) suggests the need for "creating an alternative framework within which black behavior may be differently described, explained, and interpreted" (p. 1). According to Jones (1972), Mosby "makes the case for qualitative differences in the life experiences of blacks which lead to differences in developmental, social, personal, intellectual, educational, and family functioning. Black Psychology would account for the differences" (p. 2). Each evolving model would dictate a unique and culturally sensitive approach specific to providing helping services to members of that community.
- A second approach, such as that suggested by Duran and Duran (1995), advocates for a return to traditional healing practices from the client's culture. Over time, each community of color has developed its own conceptions of health and illness, as well as unique indigenous healing practices. First of all, availing oneself of such services guarantees that the help being received has not been compromised by dominant cultural ways. Second, it provides an avenue for strengthening ethnic identity and cultural ties. Finally, offering such services is

especially useful to clients who remain steeped in traditional cultural ways and values and for whom dominant U.S. culture has little relevance or feels unsafe.

- There is also a logical compromise that involves including traditional healers and healing practices as part of a broad range of helping services within a community. Such a strategy, above all, provides a strong statement about the value of cultural diversity in the area of human services. Most culturally diverse clients, however, have experienced some level of acculturation or—to put it differently—are in varying degrees of biculturality. For these individuals, a full return to traditional, cultural ways is probably neither possible nor desirable. More relevant to their situation is the use of models of helping that have been sensitively and extensively adapted to the cultural needs of their group by practitioners, either indigenous or culturally diverse, that are truly culturally competent.

### **ADAPTING GENERIC MODELS VS. EVOLVING CULTURALLY SENSITIVE MODELS**

Much of the previous discussion regarding conflicting models is more visionary and theoretical than reflective of our current state of the art of cross-cultural counseling. At present, I would suggest that there exist two general approaches to cultural sensitivity in service delivery. The first is to adapt generic models of psychopathology, counseling, and psychotherapy to the situation of culturally diverse clients. Much of what currently exists in this regard can be found in Chapter 3, especially the exemplary efforts of Pamela Hays (2008), with her ADDRESSING framework and thoughts about how to approach DSM diagnosis in the most culturally sensitive manner.

The second type of model is one that has been designed specifically for working cross-culturally. These models tend to include culture of the client as a central issue, acknowledge social disparities, include social justice as an orienting principle, and is non-pathologizing, strength-based, and non-hierarchical in their structure. Examples of such work can be found in previous and subsequent chapters as follows:

- In Elaine Pinderhughes's theoretical framework for cross-cultural service delivery, presented in Chapter 4
- In the case study of the Just Therapy model as practiced by the Family Center in Wellington, New Zealand, described in Chapter 6
- In the case studies of narrative therapy with children of color, the Tree of Life exercise for working with child trauma victims, and the School-Based Social Justice Intervention Program—all of which appear in Chapter 7
- In the collective trauma work practiced by the the Institute for Healing Memories, in Cape Town, South Africa, presented in Chapter 10
- In the work of Marwan Dwairy, introduced earlier in this chapter and in his interview that appears in Chapter 15

It is also important to acknowledge that as the demand for cross-cultural helping continues to grow and increasingly complex and effective strategies for serving culturally diverse clients are developed, it is just a matter of time before dominant forms of helping will begin to lose their decidedly Northern European perspective and become increasingly infused and informed by the wisdom and values of a variety of other cultural forms. In other words, it will become more multicultural.

## SUMMARY

Culture is the conscious and unconscious content that a group learns, shares, and transmits from generation to generation that organizes life and helps interpret existence. A useful analogy for understanding culture is the concept of paradigm. A paradigm is a set of shared assumptions and beliefs about how the world works that structures an individual's perception and ideas about reality. Our paradigms, or worldviews, tell us what is possible and impossible, what the rules are, and how things are done. The culture into which a person is born and socialized defines the dimensions of his or her personal paradigm. Different cultures generate different paradigms and experiences of reality.

Increasingly, social scientists have chosen to distinguish among human groups on the basis of culture rather than race. For example, there seems to be as much variability in physical characteristics within traditional racial categories as among these various groups, and the social reality of race in the United States does not conform to the existence of five distinct racial groupings.

Brown and Landrum-Brown (1995) define eight dimensions along which cultures can vary. Each culture generates a unique profile along these various dimensions and, as a result, generates a unique experience of living and reality that is shared by members of the cultural group. Ho (1987) compares the five racial groups on various cultural dimensions, including views of nature and the environment, time orientation, human relations, work, and activity.

Contemporary theories of helping and counseling are themselves culture-bound, embodying the values and style of Northern European culture. Examples include an emphasis on verbal expression and self-disclosure, setting long-term goals, and changing the client rather than changing the environment, as well as using definitions of mental health that emphasize individuality and self-assertion. Dwairy (2006) distinguishes between collective and individualistic family and social systems and argues that the latter are also culture-bound and Euro-centric. Because of such concerns, serious questions exist as to whether practitioners trained in such a paradigm can serve culturally diverse clients adequately. Often such therapeutic objectives are in conflict with the cultural tendencies and values of the four communities of color. Tabak (2012) in turn argues for the use of collective treatment methodologies both in working with collective communities and, more broadly, in the treatment of trauma.

Various strategies for creating adequate cross-cultural service delivery models have been suggested. Some theorists believe that it is possible to adjust and adapt existing dominant-group-oriented paradigms, while others think that there is something inherently destructive to traditional peoples and cultures in the Northern European worldview and call for the creation of ethnic-specific psychologies. A third alternative is to use traditional healing practices from the client's culture. A reasonable compromise is the inclusion of traditional healers and healing practices as part of a broad range of helping services offered to a community. Examples of each of these approaches are included in later chapters.

## ACTIVITIES

1. *Explore your culture.* This exercise will help you become more aware of your cultural roots and identity. Answer the following questions (developed by

Hardy and Laszloffy, 1995) in relation to each ethnic group that constitutes your culture of origin. You might need to seek additional information from parents or other relatives.

- a. What were the migration patterns of the group?
  - b. If other than Native American, under what conditions did your family enter the United States (immigrants, political refugees, slaves, etc.)?
  - c. What were/are the group's experiences with oppression? What were/are the markers of oppression?
  - d. What issues divide members within the same group?
  - e. Describe the relationship between the group's identity and your national ancestry. (If the group is defined in terms of nationality, skip this question.)
  - f. What significance do race, skin color, and hair play within the group?
  - g. What is/are the dominant religion(s) of the group? What role does religion and spirituality play in the everyday lives of members of the group?
  - h. What role does region and geography play in the group?
  - i. How are gender roles defined within the group? How is sexual orientation regarded?
    - (1) What prejudices or stereotypes does this group have about itself?
    - (2) What prejudices or stereotypes do other groups have about this group?
    - (3) What prejudices or stereotypes does this group have about other groups?
  - j. What role (if any) do names play in the group? Are there rules, mores, or rituals governing the assignment of names?
  - k. How is social class defined in the group?
  - l. What occupational roles are valued and devalued by the group?
  - m. What is the relationship between age and values of the group?
  - n. How does the group define family?
  - o. How does this group view outsiders in general, and mental health professionals specifically?
  - p. How have the organizing principles of this group shaped your family and its members? What effect have they had on you? (Organizing principles are "fundamental constructs which shape the perceptions, beliefs, and behaviors of members of the group." For example, for Jews, an organizing principle is "fear of persecution.")
  - q. What are the ways in which pride/shame issues of the group are manifested in your family system? (Pride/shame issues are "aspects of a culture that are sanctioned as distinctively negative or positive." For example, for Jews, a pride/shame issue is "educational achievement.")
  - r. What impact will these pride/shame issues have on your work with clients from both similar and dissimilar cultural backgrounds?
  - s. If more than one group comprises your culture of origin, how are the differences negotiated in your family? What are the intergenerational consequences? How has this impacted you personally and as a therapist?
2. *Take a cultural self-inventory.* Review Brown and Landrum-Brown's (1995) dimensions of culture. Ask yourself where you fit on each dimension and from where in your cultural past this characteristic is likely to have derived. Are there ways that you have personally changed on any of these dimensions as you have grown and matured? How and why?