Cross-Cultural Psychotherapy

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SETTING THE STAGE

It is to be expected that a dominant culture will impose its style and "norms" on other cultures living within its parameters. History is full of such situations in which supremacist functioning has insisted that all conform to its social and behavioral patterns. We can see how this insistence has gone so far as to remove young children from their families of origin (Native-American and Australian Aboriginal societies as examples) and to place them with families that are part of the dominant population to be reared and educated in its way. Those who do not conform to the dominant characteristics are often ostracized, imprisoned or killed, or as we see in the history of North American culture (and many others), delegated as second-class citizens and separated from the mainstream society. This dynamic is also seen in countries where a class system has predominated and those of the lower classes are excluded from participating in certain segments of cultural life, as is the case in India where the caste system still operates, although these days deemed illegal, and those in the untouchable class are considered to be more lowly than animals and treated accordingly. It is not only these overt divisions which cause marginalization and misunderstanding, but also the subtle distinctions made between two people in interaction who may be from different races, cultures, sexual orientations, ages, socio-economic classes, degrees of health, and genders. Exclusion occurs when the individual from the dominant or more acceptable mainstream position expects the other to relate and behave in the culturally prevalent manner and style. Moreover there is an unconscious expectation that this person will naturally assume the thinking patterns, frames of reference, belief systems and competency of the other and the prevailing culture, and that if they cannot, that is sufficient reason for them to be minimized. There is also often little or no awareness on the part of those in majority positions that the minority person may have a different cultural way that is to be valued and included. Anne Fadiman (1997) beautifully illustrates this tendency in her book, *The Spirit Catches You and You Fall Down*. Here we find a Hmong family deeply imbedded in their cultural

ways of childrearing and healing, in almost direct antithesis to the modern medical model to which they are exposed. Living in the United States this family is virtually forced to capitulate to a system foreign to them and suffers the temporary loss of one of their children to "protective services" when the family is unable to comply to directives. The author throughout the book clearly depicts the lack of recognition, on the part of those entrenched in the dominant model, that the Hmong people have their own beliefs and customs, which are deeply imbedded in their way of life. Expecting the Hmong parents to put these aside in order to adopt a model different to their own without the dialogue necessary to cultivate joint understanding, results in enormous turmoil and inner conflict for the family, as the roots of their very existence are threatened. In fact, adhering to one's own cultural patterns when going through transitions provides a sense of familiarity and stability. This can be seen in experiences of immigration, loss, war and ethnic cleansing (Bell-Fialkoff, 1999), as well as when challenged by either physical or mental illness.

Having taken a quick look at some general misperceptions that arise in the meeting of different cultural identities, let us now turn to a more specific focus, namely cross-cultural emphases in the theory and practice of group facilitation and psychotherapy.

MULTICULTURAL GROUP WORK

I'm sitting in a group of 300 people representing 26 different countries. In one part of the room a Japanese group is holding up a sign that reads in huge letters "SPEAK SLOWLY". This is the fifth day of a ten-day conference on diversity issues in Washington, D.C., and for each of the preceding days Japanese participants have hesitatingly stood to share their difficulties with the Western cultural style of speaking very quickly. "It is not our way to push ourselves forward to share our views, and having to ask for slow speech is a difficult matter for us," they say. "In our country thought emerges from silence and it is the silence that is most cherished. If the thought appears to be a useful one, then it is spoken." Euro-Western participants have not yet grasped the importance of style of speech for the Japanese culture, and are continuing to speak often and quickly. As Japanese representatives continue to bring this matter forward for

attention, the group at last reaches a consensus to process this issue. Out of the ensuing dialogue among those present new insight emerges about how painful lack of awareness can be for those in minority groups when their cultural styles are overlooked and/or negated by a more dominant presence.

I bring this example because I think it best highlights how easily we can slip into an ethnocentric focus which fails to recognize that other ethnic or cultural groups and individuals have different priorities, emphases, styles and characteristics to our own. This can be especially inflammatory when evidenced in the behavior of a group facilitator or leader. Who is the "we" that I mention? This can be seen to be any dominant cultural group, for example, the Spanish in South America, the Nazis in Europe, heterosexuals, the physically healthy, the group facilitator, personal analyst, medical practitioner, and so on. What has become apparent through many of the group interactions of which I have been part, is that there is a hope among diverse ethnic groups that their unique expressions, attitudes and styles will be valued by the predominant culture both in the group and in the societies in which they live. In the groups in which I have participated diverse peoples are asking whites to work on their racism as part of their growth toward multicultural awareness and cultural competence. White participants have on occasion agreed to work on white privilege and racism, and I have been witness in many instances to the anguish, fear, uncertainty and confusion that emerges when this kind of work is undertaken. Sabnani, Ponterotto and Borodovsky (1991) combined a number of different theories of white racial identity development to postulate a five stage model, as follows (p.8):

- The pre-exposure/pre-contact stage in which there is no awareness of self as a racial being and an implicit acceptance of stereotypes in minority groups.
- New information challenges the individual to acknowledge his or her whiteness and a conflict ensues between conforming to white norms, and upholding humanistic non-racist values.

- The pro-minority/antiracism stage polarizes the individual against the white majority, and guilt and remorse for prior racist attitudes are strongly evident.

- As a backlash to this polarized position, the person again retreats into the white culture stage where an over-identification with whites ensues and minority interactions are avoided.

- Acknowledgement of white racism, with a concomitant identification with a non-racist attitude, occurs in this redefinition or integration stage. Good and bad are recognized in their own group as well as in others.

The willingness and ability to recognize previously unconscious attitudes and behaviors related to positions of privilege, race and supremacy are important factors in exploring what it means to be culturally competent. What we oppress or dominate in groups is a reflection of the same dynamic in the greater society and/or culture in which we live. Similarly, these qualities will be oppressed in our own psyches and in therapeutic interaction with our clients. Each level reflects influences on every other level, and change within one will affect all the others (class notes, summer 2004). In addressing the intrapersonal repressions and conflicts, we will also be facilitating change on the interpersonal levels both between individuals and between groups, communities and nations (Rose, 2000). As a person engaged in the therapeutic field, both with individuals and groups, it therefore becomes very important for me to both have an awareness of the intrapsychic influences that may dominate me at different times, and also how these might override aspects of my clients' expression in our interactions. In developing my ability to notice these tendencies in myself I will be contributing to the growth of my competence as a cross-cultural counselor and facilitator.

CULTURAL COMPETENCE

Lopez (1997) reminds us of the importance of making a distinction between what may be considered pathological, and behavior that can be attributed to cultural difference. Lopez (1997) points out two ways in which non-familiarity with cultural norms may influence the therapist's judgment and assessment. Culturally normative behavior may be seen as

pathological by a clinician outside of that cultural model. We may judge behavior that is considered normal within the client's particular cultural context as pathological and thus over-pathologize the client. In this case, we fail to consider the unique cultural background of the client. Alternately, we may under-pathologize the client's presentation when we assume that the behavior is reflective of the norm within that culture, without exploring the cultural framework sufficiently and how that might apply to the specific client. Lopez (1997) goes on to define cultural competence as the ability to move between alternative cultural systems while considering both culture specific belief systems, pertaining to the group to which the client belongs, and culture general belief systems, pertaining to more universal cultural principles (p. 572). This model has been criticized mainly due to the emphasis placed on the therapist's degree of awareness of cultural measures, in that the therapist will always be influenced by areas of lack of awareness in him/herself. What contributes a universal cultural principle can be an arbitrary allocation on the part of the therapist without sufficient knowledge and experience of what this may encapsulate. I agree that it is extremely difficult to come up with a normative, measure or concept of something that is considered universal. Alternatively in my view, what may be considered culturally competent would be the ability of the therapist to recognize that not only will s/he have areas of unconsciousness with regard to aspects of another culture and its style, but that s/he might also not be up to understanding the implications of this for the client. How do we get around this in therapy? Ridley (1995) suggests that in order to overcome these difficulties an idiographic representation of the client needs to be considered in which all the roles that the person fills in his or her life are considered. This approach explores the client's unique frame of reference based upon conjoint membership in these different roles within the person's life and his or her biopsychosocial sphere. In order to counsel idiographically, Ridley (1995) suggests a number of different actions that the counselor can initiate both in his or herself and within the therapeutic context. In order to illustrate some of these I would like to bring in a case example of a young woman who came to me for therapy some months ago. I will not highlight her whole case, but for the purpose of this paper I will illustrate the difficulties I have encountered due to what I perceived to be the cultural differences between us. Please note that underlined headings below reflect

some of the therapeutic actions and practices recommended by Ridley (1995) to engender enhanced cultural awareness (pp. 88-100).

The woman described herself as Vietnamese, having lived in the United States since she was 13, namely for the last 15 years. She said that she had been estranged from her parents for some time but did not explain why. Her speech was very hesitant and hardly audible and her gaze was directed downward to the floor almost the whole therapy session. She was barely able to express her difficulties and remained silent for long stretches of time. In that first session, and subsequently, I became aware of my sense of frustration and hopelessness that we would ever be able to communicate with each other and access the deeper levels of what was occurring for her.

Developing Cultural Awareness: I realized that I had a personal agenda and an expectation that she would be able to express herself in a style that was understandable and familiar to me. I would need to drop this agenda and my own dominant style in order to meet her in a way which would acknowledge her experience in her own idiographic framework associated with her culture.

Avoiding Value Imposition: Similarly to the point above, I noticed that I was biased in favor of a certain style of reporting and that when my client was unable to do this, I immediately assumed that she was in some way "hampered" or "retarded" in her ability to express clearly and functionally. I wanted her to value direct and open communication as that would have helped me as the therapist. When I stopped imposing this on her and mentioned that I wanted to support her own style of expressing, she became more relaxed. However I was not clear whether her silences and downcast gaze was part of her presenting problem or not.

Showing Cultural Empathy: I wanted to make it clear to her that I did not know the Vietnamese culture at all. She had mentioned that she did not interact with her parents and when I asked her about this, she replied that she was ashamed because she was a failure and could not face her parents. I didn't know whether this was a cultural issue - perhaps her situation caused her to lose face and therefore she was too shamed to face her parents – or, on the other hand, the result of a harsh superego which was highly critical and thus causing her to cut off from her family and friends. When asked about the

cultural aspect, she said that in her culture losing face in that way was not an issue, and this helped me to learn more of her inner psychology.

Weigh and Determine the Relative Importance of the Client's Primary Cultural Roles:
The difficulty I encountered with this client in therapy was that I was trying to learn more about her roles in her own culture, in an interaction which was at least half of the time non-verbal due to her very withdrawn and quiet style. I wanted to honor and acknowledge her history and background, and the associated style of interaction, but I also needed to find out more about what her problems were and how they were affecting her life. What was the client's personal and cultural frame of reference? Were her silences and withdrawn manner a cultural reflection or were these symptomatic of her distress? I pondered over how she and I could clarify these questions and also how we could begin to isolate the difficulties she was experiencing, taking into account that she may also be suffering from being Vietnamese in a predominantly Euro-Western society.

Remaining Flexible in Selecting Interventions: I tried to intervene in a rational, linear verbal way to learn more about individual factors and her cultural roles. This clearly was not working. She continued to be silent and withdrawn most of the time. One day she came in crying and completely unable to speak. I handed her a pad and pen in the hope that this would enable her to express herself. She immediately began to write about her experiences and feelings and illustrated more clearly where her behavior was due to the problems in her life rather than her cultural mannerisms. In fact, it did emerge that her silences, inability to speak and withdrawal were symptomatic rather than cultural.

Examining Counseling Theories for Bias
The direction that I would normally take in therapy with a presentation such as this client's would be to attempt to strengthen the ego structure through working with dreams, active imagine, role-plays, inner dialogue and awareness training. However, on learning more about her cultural background I realized that more than anything else, she was suffering from the loss of her community and support system. Although my western model might want to develop independence and freedom, what was needed was in fact the opposite. I began to see that only once some kind of community support was cultivated and she began to feel loved and accepted, would the punitive aspect of her

superego begin to be quieted. At this point, she may also be able to find the strength to counteract it more consciously.

<u>Build on the Client's Strengths</u>

In focusing on the need for community as a strength, the emphasis that my client placed on her shortfalls began to hold less influence over her. Her tendency to blame herself for being dependent, weak and a failure, because she had not succeeded on her own, had less power over her and she gradually began to feel stronger and less withdrawn as she became involved in a number of ongoing groups within the Asian community.

PSYCHOTHERAPY AND DEPTH PSYCHOLOGY

Various forms of psychotherapy, including depth approaches, assume that the patient will be able to grasp and appreciate the methodology offered by the particular approach, even though this may be contrary to his/her usual cultural form. In other words, the approach itself has its own culture, which it generally imposes on the patient. For example, in offering itself as an approach to working with the unconscious, depth psychology has a fundamental assumption that plays out within the psychotherapeutic context. When a patient enters analysis, it is assumed that this person will be able to access and value dreams, will grasp the method of free association, and will be willing to explore repressed, unconscious or shadow material (class notes, summer 2004). In Western psychotherapeutic approaches, the major emphasis is on verbal content, but as we noticed in my example above, this may not meet the cultural needs of the patient. In the therapeutic context, two individuals come together and the fact that each comes from a unique and different cultural world – even if from the same culture – is often overlooked. Worldviews, enculturation, and family beliefs, influence our ways of problem solving, making decisions, resolving conflicts and our attitudes towards life (Ibrahim, 1991). This needs to be recognized in order for cross-cultural therapeutic intervention to be effective. According to Fowers and Richardson (1996), the force of the multicultural argument is evident in the influence that is has gained in psychology in America and United States society (p. 609). They define multiculturalism as "a social-intellectual movement that promotes the value of diversity as a core principle and insists that all cultural groups be treated with respect and as equals" (p. 609). Multiculturalism may indeed become the

fourth wave within the field of psychology, ushering in a new era in our approach to psychology and therapy, in which each individual encapsulates a unique cultural model. James Hillman (1983) expresses this beautifully when he states that therapy may be most helpful when a person can be understood within a variety of histories, styles and genres without having to choose one against the other, just as the polytheistic pantheon is embraced in all its variety and variegations.

CONCLUSION

I am well aware that delving into multiculturalism in the field of psychology is a huge topic, one that I have not been able to cover sufficiently in this paper. I have not yet addressed many issues under this umbrella. To name but a few aspects which also interest me, I would like to mention the dominance of Euro-Western faculty in psychological institutions; the cultural discrepancies which exist in assessment techniques and tools; greater financial support for counseling in elementary, middle and high schools which comprise of mainly white, western children; and so on. I believe that multiculturalism needs to be acknowledged as highly important in the field of psychology. It underlies the practice of the many different psychotherapeutic approaches developed, and merits a central position in ongoing research, study and application. I feel very privileged to have this opportunity to deepen my own awareness in this field.

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