

Must All Counselors Be Culturally competent?

By

Sorie Gassama

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## Abstract

That the number of people from a variety of background is on the increase in all countries in the world is a fact that must be accepted, and not be ignored. This is especially true about western societies where people from diverse backgrounds seek refuge for a plethora of reasons. Some of these may be fleeing from war, political witch hunts, or economic starvation. When these are not the cases, people migrate temporarily to attain the education they might have been otherwise denied in their home countries, or which, they believe, might increase their chances of becoming what they aspire to become in their societies. Whatever the reasons for their migrations, one thing remains clear, and that is that they come in with different personalities, beliefs, and cultures. As is with all humans, when these people reach their destinations, they not only bring with them, but face new problems, and therefore need a lot of help if to make their transitions smooth, or even semi-permanent. Rendering these helps, may not be easy as one may predict. So being, the countries harboring these new arrivals must be well equipped with those professionals that can, to some extent relate to the culturally different migrants. Unfortunately, while there are many so called counselors, few can boast of being culturally competent. According to Sue and Sue (1990) most mental health professionals have not been trained to work with other than mainstream individuals or groups. For most western refugee agencies the idea, being there economically for the refugees they bring outweigh the social help they so badly need. In the United States for example, refugees are provided with free apartments and food stamps for a determined period of time not to last over four months, except in rare cases. The case workers they are assigned, are not culturally competent to solve the many challenges that the refugees face, and therefore cannot help them. Worst still, these case workers know nothing about the culture of the refugees, and when they refer them to counselors, it is only to make them swim deeper in their problems, because in many cases the counselors' approaches are culturally inappropriate so that the refugees remain hurt. While as the counselors' intentions are good, their lack of cultural competencies breed displeasures in the very people they strive to help. It is becoming increasingly clear that the assumptions, beliefs, and practices of our society are structured in such a manner so as to serve only one segment of the population ( D. W. Sue, Ivey a. Podersen, 1996). To make situations better for migrants, it is therefore very necessary to train counselors that are culturally competent.

## A CASE STUDY

Noura, a 40 years old mother of four has been living in Houston for eight months. She was resettled to the United States with her husband and children. Just a month before their departure, Noura's husband died due to a suicide attack. Shortly after arrival, Noura got the sad news that both her parents have been killed in the like manner as her husband. Receiving the news was a blow to Noura. She became totally disoriented. The thought of handling a job to maintain an apartment, feed her children, be with them after they come from school, and attend her night ESL classes was too overwhelming. She visited the local refugee agency trying to seek help, and was referred to a counselor by her case worker. The agency promised to pay whatever the cost may be. Noura met with her counselor the first time and they scheduled a two day a week session until the problem was solved. On the first day of the sessions, the counselor who believed that all clients must be on schedule, blamed Noura for coming late, letting her know that responsible people, despite their situations are always on time when it comes to appointments. She told Noura that because she arrived late, her session has been cancelled for that day, and bid her adieu.

Noura stood outside perplexed. She just cannot understand the counselor's behavior. After all, this was the person that was supposed to help her with her problems. Instead, she had just added to her problems. She went straight to her case worker, and reported the issue. She was all in tears. Her case worker advised her to continue seeing the counselor. She explained that the counselor refused to see her because he had other clients scheduled. Noura agreed to, and returned home with a heavy heart. She thought at first that it was better to die of her problems than go back to see the same counselor whom she considered as ultimately impudent. However, on the day of her session, she decided to try once more. She arrived an hour earlier, sat, and waited for her turn. Her experience with her therapist that day was even worse than her previous visit. While she had expected the therapist to help her with her problems, all she did was ask her questions about her family. To Noura, this was an anathema. Things about one's family must remain private. After all, a family issue, is a family issue. This is not only inquisitive, but disrespectful, she thought. To her, this was the final straw to break the camel's back. There is no returning to see this therapist who to her, has proven to be a nightmare. If she returned, that would only worsen her problems. This time, she was very obstinate and told her case worker that there was no way that she was going to see that therapist anymore. Seeing her obstinacy, the counselor decided to let her go home until a decision was reached.

There are many cases like Noura's that go un-noticed. However, Noura was lucky that she still had ties with her agency that brought her, and that was willing to still help her. Nevertheless, her case workers insistence that she continued with the first therapist despite her rude behavior towards Noura was quite out of place, and showed how like the therapist, she was culturally insensitive. That Noura was frustrated and mistrustful with the therapist's attitude was enough for the caseworker to know that there were issues that will forever keep the relationship between the therapist and Noura unbalanced. The therapist in Noura's case failed to take into consideration the fact that Noura comes from a different culture, and might therefore be offended by things that otherwise are normal in western cultures, but considered quite out of place in others. The fact remains that the therapist's attitude came more out of ignorance than any malice.

Two weeks passed by during which time the case worker did some consulting with the director of the refugee organization. During this time, a decision was reached by the powers that be that Noura be assigned a counselor with a Middle Eastern background. After a thorough search, a therapist from an Iranian background was identified and interviewed. She seemed to be doubtlessly very fit for the job. The fact that both the therapist and Noura had similar cultural background was enough to bring a glimmer of hope that the sessions will be successful. Another problem of very little significance was the location of the therapist's office. It was a little over thirty miles away from where Noura lived. Nevertheless, the refugee company decided that to make it work; they will give Noura rides to and from the therapist's office on the days she had sessions. With all logistics in place, Noura was then summoned in and informed about her new therapist. After learning that they were both Middle Easterners, she was more than happy to give it a try. As it turned out, the new therapist spoke perfect Arabic. Though the sessions were originally scheduled for two days a week, no sooner had they begun than Noura pleaded to the therapist to add more days. With the refugee agency's approval, one more session a week was added, making it three. A month into the sessions, it was evident that things were getting better for Noura; she seemed to be herself more than any other time, she mixed well with people, and her confidence seemed to be returning. When the agency was perfectly sure that no more sessions were needed, and after consulting with the therapist, the sessions were brought to an end.

That her therapist was of Iranian descent, and was very much abreast with the Middle Eastern culture was a plus. Her sessions went well contrary to the ones he had with the first therapist, and she pulled far ahead in a very short period of time. She claimed that she enjoyed the sessions, and it was evident without her saying it, that she had gained a lot from them. When in the end those sessions ended, Noura had improved a lot. This helped to change her views about therapy and therapist .

Although both Nora's first and second counselors might hold the same qualifications, the last one ended up being more culturally competent than the first. Multicultural competence means in part to approach the counseling process from the context of the personal culture of the client. ( Sue, Arrendondo & Mcdavis, 1994; Sue & Sue, 2007). One of the cornerstones of counseling which every counselor must know is that professional ethics stipulates that counselors do not force their own cultural values on their clients. Nora's first counselor, while she meant no harm to Noura refused to take into account the fact that Noura comes from a culture different from hers. A skilled counselor utilizes the interventions that are client based and which serve the client's needs (Chung & Bemak, 2002). It is vital for the counselor to be aware of his/her limitations in the counseling skills used so as not to alienate the client. With a good rapport between therapist and client, and the careful utilization of counseling techniques to fit the client's cultural make-up, the sessions are bound to be successful. A culturally competent counselor is open to the values, norms, and cultural heritage of clients and does not impose her or his beliefs on clients (Sue & Sue, 2007). A good working relationship between therapist and client can be severely damaged when and if the therapist looks at the client in a negative way embedding in the client notions of the therapist's superiority to him. Once this occurs, collaboration is completely dismantled thereby causing the trust, if any that existed between the therapist and client to erode, or completely fade away.

Noura's first therapist failed to be aware of her limitations, tried to force her values on her, and did not utilize the counseling techniques that might be tailored to match Noura's cultural background. At an earlier stage in the relationship, she failed to establish trust with her and demonstrated a very negative regard by being too bossy in her demands. Her ways were too antagonistic for Noura to continue feeling comfortable with her. Thus the credibility that a client must have for his/her therapist did not exist for Noura. Credibility may be defined as the constellation of characteristics that makes certain individuals appear worthy of belief, capable, entitled to confidence, reliable, and trustworthy (Sue & Sue, 2007).

While as the first therapist failed to see Nouras discomfort when she commanded her not to be late anymore, and when she asked her to talk about her family, the second therapist was quite the opposite. Because she was abreast with the Middle Eastern culture, she knew what was acceptable and what was not acceptable in that culture. She therefore was very culturally sensitive, and did all she could to avoid all that could cause the trust that existed between her and Noura to dissipate. She knew that Noura's continuous confidence in her is the key to the success of the

sessions. A therapist who is perceived as trustworthy is likely to exert more influence over a client than who is not (Sue&Sue, 2007). Noura considered the second therapist to be trustworthy and it worked just right to make the sessions successful. Minorities, especially Middle Easterners can only self-disclose where trustworthiness exists. With trustworthiness, minority clients are likely to be frank, open, sincere, and willing to work with the therapist. The research carried out by Atkinson and Lowe (1985) emphasizes to a great extent the relevance of ethnicity, the techniques of multicultural counseling, and cultural knowledge in a counseling relationship. With regard to research which refers to the same ethnic group throughout the process, the results of the five studies show that the preferences of African Americans depend on the racial identity of the Negro (Helms & Carter, 1991; Mortem & Atkinson, 1983 and Red, 1988). The comprehensive review carried out by Lopez and Fong (1991) into research with Mexican Americans showed their preferences for counselors from a similar ethnic background. Atkinson (1985) also gives favorable results concerning the marked preference of Native American university students for counselors who like them are Native American. The Mandingo ethnic groups of West Africa in a recent survey I conducted overwhelmingly agreed that they would feel more comfortable counseling with someone belonging to their own ethnic group than one from another. However, in a similar survey, members of the Creole ethnic group residing in the capital city of Freetown, and more western oriented prefer counselors from their own ethnicity only if the problem is relevant to African culture, but that they won't mind dealing with a culturally different therapist (preferably a Caucasian) if the problem is relevant for western culture. Studies carried out in mental health centers by Flakerud (1986 and 1991) and by Sue, Fujimo, Hu, Tekeuchi and Zane (1991), reinforce the favorable outcome of ethnic parallelism between therapist and client.

It is of colossal importance for counselors to change their techniques, thus making them fitting for the minority group they are working with. Therapists must also adapt to cultural contents if they should build working relationships with their clients. The possibilities of the counseling results being positive are greater if the beliefs of the culture of clients are taken into consideration in the counseling process.

Nouras first therapist neither changed techniques, adapted to cultural contents, nor took Noura's beliefs into consideration. From the onset, she outrightly condemned Noura for arriving late to their first session, without trying to find out the reasons behind it. This was contrary to Noura's culture, wherein, concerns for ones wellbeing surpass his/her late arrival to an appointment. Though she was late, Noura expected her therapist to greet her warmly, and ask if all was well with her. In Noura's culture being late for an appointment is a cause for concern as anything bad might have happened to prevent the individual from arriving in a timely fashion. That the therapist scolded her instead of showing concern, was something that acted as a

shocker to her. She took it for a complete lack of concern, something completely inhumane. The question that remained in her mind was how can someone who personally did not care to know the reason for her late arrival to an appointment help her with her personal problems. Hence, she knew that the relationship between her and her therapist was at stake. Thus if anything, the therapist's behavior was a serious blunder, that ultimately led to an early disintegration of the relationship between him and his client; a relationship that shattered any trust or credibility that the client embodied for her.

The relationship between therapist and client was further destroyed by the therapist when she asked Noura to discuss her personal life with her. The therapist did not have the knowledge and skills needed to function as a multicultural counselor. Multicultural counseling competence is defined as the counselor's acquisition of awareness, knowledge, and skills needed to function effectively in a pluralistic democratic society and on an organizational/societal level, advocating effectively to develop new theories, practices, policies, and organizational structures that are more responsive to all groups ( Sue and Torino, 2005). For therapists to know their clients, they should know themselves first, and be aware of how any cultural biases that they may have might possibly act as a stumbling block in the counseling process. Any cultural misstep on the side of the therapist might totally wither the trust that the client might have for him/her.

### A CASE Study:

Williams Deng, a Southern Sudanese from the Dinka tribe was resettled in Houston where he has been living for a year. While in Sudan, he lived in a village in Jonglei State, as the eldest of 25 children. As fate might have it, all his siblings with his mother and father included, were consumed by the decade old war between the South and North Sudan. His village was completely obliterated. He managed to escape to Egypt with five of his children who survived the war. From Egypt, he was resettled in Houston. In Houston, he was made to live in a three bedroom apartment off Bissonnett and Gessner streets mostly inhabited by Southern Sudanese refugees of his like. As was, the first three months of his arrival were normal for him; he got enough help from other Africans who gave him and his family used clothing, furniture, kitchen utensils, free housing, and enough food stamps from the government.

A few months later, Mr. Deng started experiencing an unusual behavior with his eldest son Zion. Zion, who, before had been a very obedient boy, had taken up to some new habits that were incomprehensible: he arrived late from school every day, and left home immediately after eating, only to return at midnight, he refused to help with the household chores, he refuses to study and was always at loggerheads

with his siblings. Worst still, he abused them physically, and talked back to his parents whenever he so desired. Overall, he had become unimaginably flippant. On several occasions, the principal of the night high school he was attending had to report frequent absences, and obnoxious attitudes towards his teachers and fellow students. When one day Mr. Deng decided to confront his son, it turned into a brawl. Zion in a disrespectful manner gathered his belongings, brushed his father aside and left. Subsequently, all of Mr. Deng's other children in lieu of what they have seen their elder brother do with impunity, started being so disrespectful to their parents. To Mr. Deng, this was unthinkable. He became so disoriented, and felt helpless, and ashamed of himself. With the passing of time, he became so isolated, and refused to communicate even with his wife. He refused to eat, and ate very little even when he did so for want of survival. Seeing this, his wife consulted their caseworker who, after much consultation with the director decided upon referring the issue to a counselor.

At first, Mr. Deng was very excited about seeing the counselor. He believed the counselor will reprimand his children for being unruly, and disrespectful to their parents. At least in his village in Jonglei state, such things were unheard and if or when they occur, such unruly children will be beaten by parents, other villagers, and even the police after which they are bound to live by the norms of society or exiled from the community. At last, he can see a green light at the end of the tunnel. He cannot wait to see this great counselor.

On the day of the first sessions, Deng and his family arrived at the counselor's office. They were called in half an hour later. The therapist after hearing Mr. Deng's version of the story asked to hear the versions from each of the children. After boiling with anger about the proceedings for some time, Mr. Deng got up, and bolted out of the office. He has never seen anything so disrespectful. How can someone demand explanations from parents and their children? Hence he decided never to see that therapist again even if it meant losing his entire family. That ended the counseling sessions for the Deng family. Even with much conviction from the caseworker to return for counseling, Mr. Deng insisted that he never would, accusing the counselor of being rude, lacking respect, and worst still condescending.

Just as race, culture, ethnicity, and gender may affect communication styles, considerable support exists that theoretical orientations in counseling will likewise influence helping styles as well. There is strong support for the belief that different cultural groups may be more receptive to certain counseling/communication styles because of cultural and sociopolitical factors (R. D.Herring. 1997; D.W. Sue, 1990; Wehrty, 1995). The counselor was completely out of touch with the Dinka culture wherein it is considered as the utmost disrespect to settle a dispute between parents and their children by asking each side to explain. Mr. Deng expected the



counselor to listen to him, and help punish the children as is done in the Dinka culture. Like most African cultures, the Dinka culture stipulates that parents are always right when it comes to their children, and should remain that way.

In Mr. Deng's case, the sessions would have succeeded had the counselor been a little knowledgeable about the Dinka culture, especially in relation to their children. Counselors will therefore do themselves and their clients' favors by doing some background findings about the clients' cultures prior to commencement of the sessions. In Mr. Deng's case, that would have definitely saved the counseling relationship. When the counseling style of the counselor does not match the communication style of the culturally different client, many difficulties may arise: premature termination of the session, inability to establish rapport, and/or cultural oppression of the client. Thus, it becomes clear that effective multicultural counseling occurs when the counselor and client are able to appropriately and accurately send and receive both verbal and non-verbal messages (Sue&sue, 2007). So to say, it is therefore of vital importance that all counselors be culturally competent.

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