

## CHAPTER 5

# CULTURAL AND DIVERSITY SENSITIVITY

It can be extremely important for the group leader to have an understanding of the need for cultural sensitivity. Culture is a significant influence on everyone's development, and many of its lessons are integrated into the person and acted on unconsciously. In addition, there are different cultures, each with unique characteristics and expectations that were internalized and are now an unconscious component for the various group members (Brinson & Fisher, 1999; Chen & Han, 2001; Colmant & Merta, 1999; Haley-Banez & Walden, 1999; Kim, Omizo, & D'Andrea, 1998; Santiago-Rivera, Arredondo, & Gallardo-Cooper, 2002; Sue & Sue, 2003; Torres-Rivera, Wilbur, Roberts-Wilbur, & Phan, 1999). Thus, counselors and other mental health professionals cannot know all of the cultural influences for every group member, but these influences will have an impact on the interactions with and functioning of clients. Counselors need to have a high level of cultural sensitivity and competence in order

to develop the therapeutic relationship, help clients set reasonable goals, understand how ethics will be operationalized, and to build safety and trust (Abernethy, 2002). This is a difficult job even when clients are native-born Americans, and much more difficult when clients are immigrants who continue to practice many of the aspects of their culture of origin.

It is not possible to provide all the information needed for developing awareness, sensitivity, and competence here because the subject is too broad for adequate coverage. Readers are encouraged to consult the many books and articles on the subject, to enroll in courses and workshops, and to consult with experts. The latter will be especially important when you have clients from varying cultures. This discussion is limited to presenting some cultural variables that can be important for many clients. Variables that can be of importance include the following:

- Perceptions of authority figures;
- Source of illnesses or other conditions;
- Gender and gender differences in expressing emotions;
- The role of family;
- Meaning attribution to experiences;
- Language barriers, facility, and understanding.

### **Authority Figures**

The counselor is generally perceived as an authority figure by almost all clients. Counselors are the holders of knowledge, the guide for information and understanding, the teacher of skills and, if court ordered participation, the determiners or contributors to their fate. However, there can be varying reactions to counselors as authority figures depending on clients' reaction to authority, such as overcompliance or defiance; their perceptions of your authority as moderated by your gender, age, race/ethnicity; and by your attitude toward differences. An example of what is meant:

*Monica is a 28-year-old female leader of a psychoeducational group for patients diagnosed with alcohol abuse problems having been convicted of several driving under the influence violations. The group members are all male, ages 22 to 65, and hold a variety of laboring jobs. Four are new immigrants from Columbia, Nigeria, Russia, and Saudi Arabia, and four are native born Americans. Monica has difficulty from the very first session. Members respond with very short answers when they respond at all, will not interact with each other, deny having any problems with alcohol abuse, do not express any feelings either about the court-ordered group participation or anything else, and appear to her to be very angry.*

Some cultural variables that can be impacting this example are Monica's age and gender as an authority figure. Young women are not perceived as authorities over men in some group members' culture of origin; there is shame around having to be in a subordinate position to a female; and it may be that some members cannot conceive of a female knowing more than they do about anything. There are numerous other possible variables that could impact this group and the leader.

### **Source of Illness or Other Conditions**

Spierings (2004) provides three perceptions about the source for the illness or condition; medical, magical, or religious. Medical refers to the Western understanding that many illnesses and conditions are caused by viruses, bacteria, genetics, environmental factors, and so on. They tend to look for an empirically derived cause and effect that can be replicated and generalized. There is a considerable emphasis on research and the scientific method.

Some cultures, even some in the United States, believe that illnesses and conditions result from magical outside sources such as the evil eye, an act of a witch doctor, or a curse. They believe that they can only get better and be cured if the person performing the magic can be overcome, or if they can find another source that is more powerful with greater and more effective magic.

Religious sources for illnesses and conditions are seen as punishment for sins, failing the higher power, or as karma or fate. People believe that they must pay the penalty of pain and suffering for being who they are or for what they have done or failed to do. Only the source of the condition or illness can cure them or bring relief.

Faith is a huge factor in healing as has been documented in many studies, and can play a major role for many group members. The term *faith* is used here because the perceptions of the source of the illness or condition relies heavily on faith, whether that faith is in the medical and scientific professions, magic, or religion. Group leaders with members from varying cultures may want to explore what members believe to be the source of their condition or disease.

### **Expressing Emotions**

I once led a group with a member from Rwanda, and he commented that in his country people did not label or express feelings. They only said that they were ok or not ok. This is a clear example of cultural differences in expressing emotions. Readers are encouraged to learn the cultural expectations for expression of feelings for major countries in the world.

In addition to cultural differences, there can be gender differences within countries/cultures. There can also be unspoken norms about expressing certain emotions such as, shame, guilt, anger, fear, and disgust. Counselors cannot assume that clients are resisting because of personal issues because the resistance to expressing or exploring emotions could have its basis in the culture of origin.

Another issue that merits attention is how feelings are, or are not displayed. In some cultures, even some within the United States, people are not expected to display their feelings and can go to great lengths to keep their nonverbal behavior from reflecting their feelings. Generally, in the United States and some other Western countries, the person's facial expression

is thought to be the prime conveyer of feelings. However, this is a fallacy because people learn through their experiences that it is not always appropriate or safe to show one's true feelings on one's face. There are other cultures where subtle nonverbal behavior reveals the person's feelings, and members of that culture become expert at reading those signs. It can be helpful to research how emotions are verbally and nonverbally expressed in the clients' cultures of origin.

### **The Role of Family**

Cultures that value collectivism (the group) over individualism can also expect that the family and its members are intertwined and that the family makes the decisions for the individual members. Thus, information is freely shared among family members, and actions taken only after consultation among them. Clients from these cultures may not consider sharing information with family members as breaching confidentiality, or may be able to implement an action plan prior to receiving family permission.

When you have clients from collectivism cultures, expect to be educating all the client's family not just the client. Be very specific in an effort to set the limits for confidentiality for these members. For example, it can be permissible to discuss the factual material and the structure for the counseling sessions or group, but not discuss what individual members say and do with people outside the group, including family members. Other things that can be shared are the client's personal thoughts, ideas, and feelings about themselves and their conditions or illnesses, personal action plans, and sources of information. If you have varying cultures represented in your groups, this emphasis and specificity can be extremely important for establishing trust and safety for other (all) group members.

### **Meaning Attribution**

There are three major systems for attribution of meaning for experiencing; personal responsibility, fate, and unseen forces.

Mainstream U.S. culture places a lot of emphasis on personal responsibility and control of what one experiences. Choices, decisions, and other personal interventions are emphasized, and people are expected to actively participate in their healing and recovery and to take preventative actions. This expectation is the basis for the establishment and wide use of support and therapy-related psychoeducational groups where it is postulated and believed that these groups can help facilitate coping, change, and recovery by providing information, encouragement, and support, and by learning specific skills.

There are some cultures where illnesses and other conditions are perceived as fate or predestination. There was little or nothing the person could have done to escape this experience. This perspective is closely tied to the spiritual/religious bias of the culture, and emphasizes illnesses and conditions as punishment for not being or living in accordance with those principles, either in the person's current life, or in their former life. Clients from cultures that have this perspective are not likely to take an active role in their recovery or healing because they believe that they have no control over or impact on what happens to them.

The cultures that attribute meaning of experiences to unseen forces are those that emphasize spirits in nature or from elsewhere, ancestors, and other people who have magical powers. Counselors cannot assume that members from a particular country or culture will have the unseen forces perspective, as beliefs vary in almost every culture.

There is also a certain amount of fatalism when people believe in the power of unseen forces, and that the person caused the illness or condition by his or her own behavior. The primary way for getting well would be to appease these forces or to overcome them in some way. A counselor can ask them to describe what they feel they must do in addition to the medical or other treatment they are receiving, to address these unseen forces. Do not ignore or dismiss this perspective as being counter to the medical/scientific one as it is important for improvement, healing, recovery, and for building trust and safety in the group that members with these beliefs have some acknowledgment of their perspective, and how

it could be incorporated into the more traditional Western medical and other treatments and interventions.

### **Group Leader Strategies**

There are six basic strategies that can help guide counselors to be more culturally sensitive and competent and be perceived as such by their clients.

- Become open to learning about cultural differences;
- Limit the amount of information given at any one time;
- Check to insure clarity and understanding;
- Use open questions;
- Use simple words and reduce or eliminate jargon;
- Ask for information about respectful interactions and cultural sensitivities and taboos.

The discussion to this point has emphasized the need to learn about other cultures. It is helpful when the counselor demonstrates an openness to learning more about members' culturally determined expectations. Information from consultants, such as college professors from that culture or who have studied the culture; books, the Internet, and other reference materials; and the members themselves can be rich resources for needed information and understanding.

*Limit the amount of information* given at any one time because the language and concepts are foreign and new, and because these clients may need the time to mentally translate the information into their native language and then translate that understanding back to English in order to ask or answer questions.

It is always helpful to have clients *paraphrase* or repeat instructions, information, and so on, to insure clarity and understanding. It can be even more important when clients are culturally different. There can be times when counselors think they are saying one thing, but are perceived as saying something else; that is, clients hear and understand something different from

what was actually said. Paraphrasing and asking clients to repeat what they heard, or thought was meant can help prevent errors and misunderstandings.

Use *open questions* that will give clients an opportunity for exploration and elaboration. This approach also prevents being pushed in a particular direction, or to reach a predetermined conclusion or decision that reflects the counselor's rather than clients' perspectives, values, and choices. Do not frame statements as questions because this can be confusing to some people.

*Language* can be a barrier for culturally different clients. Conveying the information so that it is understood is of critical concern, and counselors must pay attention to their choice of words, even if they have to use several simple words instead of one word that incorporates many complexities.

Acuff (1993) presents these rituals and taboos as reducing communication noise. You will want to specifically inquire about the following:

- How to say hello and goodbye;
- Greeting rituals and gestures;
- Correct address, such as Senor, Senora, or Doctor;
- Sequence for names—not all cultures put the family name last;
- Extent of eye contact that is acceptable;
- Acceptability of jokes;
- Unacceptable nonverbal postures, gestures, and body positions;
- Acceptable physical space or proximity;
- Perceptions about authority figures;
- Sensitive topics, such as religion, history, relations with the U.S., and politics;
- How status or “face” is maintained.

There are many culturally determined ways to show respect and regard and conversely, many ways to unintentionally insult or offend.