

Student Voice

Investigating the Necessity of Prior Cultural Knowledge for Person-Centered Counsellors working with Multicultural Clients

By Robert Barry



Culture can be defined as the “ideas, customs, social behaviour, products, or way of life of a particular nation, society, people or period” (*Oxford English Dictionary*, 2018, Culture). Sue, Arredondo and McDavis (1992) describe culture as relating also to racial and ethnic minorities, women, gays and lesbians and other special populations. Quinn (2012) says that in the United States, you would be in the dominant culture if you are of white, European American descent, middle-class, male, heterosexual, Christian, young, able-bodied and English speaking. From the above descriptions of culture, it is therefore inevitable that in our work as therapists we will encounter clients from culturally diverse backgrounds.

This article will examine multicultural (MC) counselling skills, including my work with a female client from India. As a gay male and part of a cultural minority, I will also look at my own experiences of being a therapist as well as a client. Furthermore, I aim to explore some of the approaches to MC counselling, concluding with the possibility of a best practice approach.

Although I have the consent of my client, all names and identifying features have been changed for ethical reasons and to protect privacy.

With the changing face of Irish society and the recent debate around a new language of racism in Ireland, counsellors need to be mindful of how they approach their work with multicultural clients

Introduction

I was asked in class recently how might I work with culturally-diverse clients? In my head, I immediately questioned the relevance of knowing the client’s background before meeting them. This comes at a time when in my own practice I have been working at trying to fully enter the world of my clients and to

experience their personal meanings and experiences as they do (Rogers, 1961). I believed that prior knowledge of their culture was not necessary and that being person-centred would be enough; striving to create a facilitative relationship that fostered Rogers’ (1961) core conditions of empathy, unconditional positive regard and congruence.

Language barriers

The first of Rogers' Necessary and Sufficient Conditions states that two people should be in psychological contact (Rogers, 1957). I believe that verbal communication is the keystone to such psychological contact, although Rogers' (1951) work with clients limited in verbal communication may demonstrate otherwise. Cornelius-White (2014) questioned the need for a translation when listening to a woman with whom he had no common language. He knew what she had said and grasped the content and the details. He prefaces the story by explaining how the woman began to share her experience of being imprisoned in her country for political reasons. I question the limits of how real emotion can transcend language in this way and how I could ever maintain a therapeutic relationship long-term with a client whose verbal language was foreign to me.

Clarke (2004, cited in Moodley, R., Lago, C. and Talahite, 2004) outlines her difficulty in working with a Muslim woman of Pakistani heritage. Words and phrases are often spoken in a way that have hidden meaning, which might be alien to someone who is from a different culture. Clarke (2004) wondered if she was hearing the right music behind the words to realise true empathy. In trying to understand the client's frame of reference (Rogers, 1957) it meant asking more questions and that felt intrusive and interrogatory. This can also take up valuable time for the client, which will affect the overall client flow of the sessions (Freire, Elliott and Westwell, 2014).

My personal therapist is from China and I have often felt the limitations of language in our sessions. We are from two very different cultures and her first language is not English. At times I can feel her frustration when struggling to find the words with which to respond; often resorting to

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a different phrase in the hope that it will suffice. I have also noted how in some of her responses she has misinterpreted what I have said. The quality of therapists' communication is of crucial significance. The only way that the accuracy of an empathic understanding of the client can be verified is by its coherent communication to the client (Temaner-Brodley, 1993 cited in Merry, 2000). If the communication between myself and my client is restricted by language, I feel empathic understanding and potentially all of Rogers' core conditions (Rogers, 1961) will be restricted also.

As a therapist working with a client, Sarah, from India, I struggled initially with understanding her accent and the speed at which she spoke. Her first language is not English, but I got used to her accent and listened more intently when she spoke. At times I wondered if I understood her correctly; I learned that instead of asking questions, often the answers would naturally flow through the course of our conversation. In our early sessions, she described how, in her culture, she saw men as being very dominant and this was a struggle for her now that she was living in the UK. My knowledge of India has been acquired almost entirely from television programmes and newspapers. I had heard some horrific stories of rape and so Sarah's description of the dominance of men seemed to fit with my vision of India.

It was only in later sessions that I

learned how Sarah's experience was individual to her. She had developed conditions of worth (Rogers, 1961) because of the effect that a male teacher had on her during her schooling. I had made an assumption and related this to the culture as a whole. In a later session, when I summarised her experiences of men, Sarah made clear that these were *her* experiences and almost jokingly explained that this was not her view of *all* men. Sarah reminded me of the importance of being guided by her - of understanding the world through her eyes. Drawing conclusions or carrying out an assessment of Sarah's earlier sessions would not have given an accurate picture of her personal experiences. In this situation, the person-centred approach gave Sarah the time and space to explore the meaning her feelings had for her. An alternative approach could easily have missed this and made generalised assumptions early in therapy.

I feel Sarah and I are similar in that we sometimes adjust our verbal language to help the therapist. We are mindful of our differences and I don't presume that my therapist could understand certain colloquial expressions and figures of speech. However, I am not confident that this would be the case when working with the general public.

Clients are facing their own challenges in therapy - this includes trying to help the therapist and explain such things as their faith concepts or beliefs to yet another uninformed helper (Mearns, Thorne and McLeod, 2013). Cooper, O'Hara, Schmid, and Wyatt (2007) describe what happens in the client as a real reciprocal of what is occurring in the therapist - as the therapist is listening to the client, the client finds it easier to listen to themselves. If a client is focused more on the need to explain or partially translate for the therapist, is the session then in

danger of becoming therapist-centred to the detriment of the client's better understanding of themselves? (Somerbeck, 2015) Besides fluency in the person-centred approach, the more a therapist can learn about, and be comfortable with, different culturally determined linguistic and behavioural patterns, the more one is likely to be successful in multicultural communication (Cornelius-White, Motschnig-Pitrik, and Lux, 2013).

Lago (2011) outlines the considerable disadvantage of not having knowledge and awareness of the different terms associated with cultures and how these terms change over time. An example of this would be the use of the word 'Queer'. Originally a derogatory term towards members of the LGBTQ+ community, in recent years it has been reclaimed and is now seen as a term of defiant pride. This process has occurred mainly due to younger members of the community and so older generations may still not be comfortable with the use of the word (UC Berkeley, 2018).

As a therapist, I need to remain guided by my client at all times. This involves being acutely aware of the language that they use and how I might react/respond to a client when they use words or phrases that I might deem to violate social norms (Moodley, Shipton and Falken, 2000 cited in Moodley, Lago and Talahite, 2004).

In the video *Carl Rogers counsels an individual on anger* (2017 [1974]), Rogers takes what I feel is a real risk when he restates a contemptuous term for a black or dark-skinned person. The word may shock and offend some therapists and I believe such a reaction could be detrimental to the therapeutic relationship. Although it is the client that first uses the word, I feel Rogers is very brave in restating it in an attempt to acknowledge the meaning the word has for the client. He is being guided by the client, not shying away

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(Mearns et al., 2013)

from the issue of race, even though it goes against the social norms he may be used to.

Thus, the question is, is it possible to ever penetrate such a vast field of MC knowledge? In working with Sarah, she often referred to her Jainism religion. I had no knowledge whatsoever of this term. I tried to learn more about Jainism from my Indian housemate. He, to my surprise, had not heard of the term either. This led me to question how we could ever successfully culturally match therapists with clients. Clarke (2004, cited in Moodley et al., 2004) discusses similar struggles in understanding a client going through a divorce. Her client was married under Islamic law but not English civil law. Although she struggled to see things through her client's frame of reference (Rogers, 1957), she explains how she felt more in touch with her client when she was trying to understand her client's feelings, rather than the complications surrounding her divorce.

Cultural segregation

Sue (1998) cites that one of the major problems in delivering therapy is the kind of cultural and linguistic mismatches discussed in the previous paragraphs. However, in striving to culturally match clients with therapists I feel there is a real danger of cultural segregation, e.g. where the staff in a service are from the cultural minority group, speak

the relevant language, and offer the service within the cultural minorities' community. When I moved to the UK, I looked into volunteering with a local LGBT+ network. On their website, it states that "To become a volunteer, you yourself must be lesbian, gay, bisexual or trans". For me, this statement makes a sweeping generalisation of each individual's life experiences. I believe it also creates a divide from the rest of society. This statement questions if I could be understood or supported by a person outside of the above list of people. Would I need to be vegan to work with a client who is vegan? I would not want to attend a therapist who knew a lot about the LGBTQ+ community but not a lot about me (Mearns, 2002).

The work should be centred on the experience of the client and not in terms of the general client issue. "Far too common, new and experienced therapists trust too much in their theory, experience, or intuition more than the client's perceptions - to their clients' and their own detriment" (Cornelius-White, 2014).

There is a general consensus that culturally-competent counsellors should (a) be aware of their own bias, assumptions and values, and (b) understand the world view of the client and be constantly trying to broaden their knowledge by learning new ways in which people interact with one another. Quantitative and qualitative research in support of this can be found in Rogers, 1951; Sue, 1978, 1998; Sue, et al., 1992; Holcomb-McCoy, 2000; Mearns, 2002; Williams, 2003; Lago, 2011; Mearns et al., 2013; Cornelius White, 2014; Ratts, Singh, Nassar McMillan, Butler and McCullough, 2016; IACP, 2018.

Divisions occur, however, when some of the above approaches go further and include a third competency, which includes the use of techniques or intervention strategies in working with MC clients

(Sue, 1978, 1998; Sue et al., 1992; Holcomb-McCoy, 2000; Williams, 2003; Ratts et al., 2016). Therapists will carry out assessments of clients and these assessments will determine the culturally appropriate techniques that are best suited to the client. MC counsellors will be experts in working with these client groups and provide suitable intervention strategies.

Sue (1998) and Sue et al. (1992) believe that person-centred therapy is at a disadvantage because it is not recognising the cause of people's problems and does not have appropriate intervention strategies to deal with such problems. This is reminiscent of the medical profession of categorisation and treating 'conditions' rather than people (Mearns, 2002). Therapists are seen as cultural experts in working with the client group, something that Sue (1998) recommends.

Cultural differences

One way to counteract the issue of cultural avoidance in the person-centred approach might be to replicate the training of many students of clinical psychology in the UK and America. Mier and Witty (2004, cited in Moodley, R., Lago, C. and Talahite, 2004) explain how these students are often taught how to respond directly to cultural differences within their practice. For example, the therapist might point out the racial differences between them and their clients. This will directly address the cultural differences within the room, as a way of showing acceptance towards the client. They go on to point out, however, that such a statement in therapy is often not true and just a 'tick box' exercise. The therapist may not be congruent and might just be stating something because they have been told to do so. In doing this, the therapist may be exerting their power from the start.

What if a client has encountered

much aggression and racism in their daily life? They have come to therapy in such pain that they are unable to immediately talk about their experiences for fear of their safety and of being judged (Owen, Tao, Drinane, Hook, Davis and Kune, 2016). They have buried their feelings under layers of defences and have become an expert at putting up an elaborate façade (Rogers, 1961). The person-centred approach would create the right climate to allow the client, in their own time, to delve into their deep-rooted feelings and fears. If the client is not yet ready to discuss issues that are at the edge of their awareness, forcing them to do so could be detrimental to them and the therapeutic relationship (Mearns et al., 2013).

The worldview of the client dominates much focus in all MC counselling approaches. I feel if a gay client can only be seen by a gay therapist, the therapist is in danger of assuming the worldview of the client instead of seeking to understand and honour the client's worldview (Kirschenbaum, 2007). I can try to make well-informed guesses as to what the client is experiencing, but I am well aware that common experiences can often prove a major hindrance in the relationship by making empathy more difficult, as well as preventing me from seeing things through the client's frame of reference (Mearns et al., 2013; Rogers, 1957). I am reminded that I can learn something new from each client that walks through the door and they may cause me to question all of my previous hypotheses (Rogers and Shaffer, 1949).

Conclusion

Raskin (2007 cited in Moodley and Mier, 2007, p.149) describes the person-centred approach as being culture-free; the therapist is focused on culture only to the extent to which the client raises these issues. To this point, prior cultural knowledge

may not be necessary. However, to be able to understand what the client then brings up, I feel it is necessary to achieve as much MC knowledge as possible. Without this knowledge, the likelihood of failure in the therapeutic relationship is much higher. In this article, I have shown how failures can occur due to restrictions in relation to communication, making assumptions and jumping to conclusions, lack of understanding of the culture and associated terminology and treating conditions rather than clients.

I believe that MC knowledge will help me understand people and how they communicate with one another - not as a way of predicting the behaviour of an individual client, but to help me widen my experience so that I can better understand behaviour once it is presented (Mearns, 2002). If as a therapist I worked in a prison where a client was a doctor who carried out female genital mutilation, I may find such a practice abhorrent. However, if I have some understanding as to why people carry out these practices, then my ability to offer empathy and unconditional positive regard will be much greater than if I had a complete lack of knowledge in the area (Rogers, 1957).

When I started with my therapist, I got to a place where I told my story of growing up gay and getting to where I am in life today. I found this a highly cathartic experience and one of my most memorable therapy sessions. I would never try to presume that my experience would be the same as one of my clients and I would be very hurt if my therapist assumed the same about me. Each client will react to their reality as they experience it and we can all perceive things differently (Rogers, 1951). It is important that we honour the client's personal description and perception of their own world and their lived experiences (Bozarth, 1998).

To say that prior-cultural knowledge is necessary seems too absolute - a static, unobtainable goal. I believe that if I want to be a competent MC counsellor, I should strive to constantly revise my knowledge through up-to-date research and experience.

To do this, Rogers (1951) recommends that students have a broad experiential knowledge of human beings within their cultural setting. This can be achieved through literature as well as through lived experiences with people from other cultures and ideally in clinical work.

I am very aware of gaining

experience in the way that Rogers recommends and of avoiding the likelihood of pigeon-holing myself by working with a narrow client field. "Although I am and will always be highly interested in working with clients who are LGBTQ+, I also wish to broaden my knowledge and work with clients from any and all cultural backgrounds. ☺

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