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Abstract

Culture is a group's way of life. It is visible and invisible, cognitive and affective, conscious and unconscious, and much more. There are at least five sources of it. They are the universal, ecological, national, regional, and racio-ethnic tributaries. Interactively, they shape and influence all human behavior, including counseling. In this chapter, the ways culture as a whole impacts the counseling relationship, diagnosis, treatment plan, follow-up, and payment is discussed.

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Introduction

Culture is a group's way of life that is passed from one generation to the next. It is what people make, think, value, and do to ensure their existence. It determines what is appropriate to eat, drink, wear, and much more. However, it is not static. Each generation acts upon it, causing modifications, even though the basic components such as language, religious practices, and system of government usually resist significant change.

Like a river, culture has many sources (Mosterin, 1992). There are at least five tributaries that merge to make us who we are. The first one is our biology and its instincts, needs, impulses, and destiny. For example, our genders and sexual attraction generate a host of human behaviors that cut across national boundaries. A primary universal phenomenon is the family and the many behaviors it requires. Parents nourish, protect, and socialize their offspring to assume adult roles already defined by previous generations.

As a part of nature, human beings are obliged to go with the rhythm of the natural world. They necessarily adjust their behavior to day and night, the seasons, and the processes of planting, germination, growth, and decay (Mühlmann, 1996). Since our behavior is influenced by our biology, it is reasonable to conceive of a biologically dictated or universal culture.

Secondly, there is the ecological source of culture. Humans occupy a vast array of environments such as swamplands, mountains, deserts, forests and shorelines. Each setting has its own rhythm of nature to which they must adjust. Understandably, people living in Alaska develop a different way of life than their counterparts in Senegal, West Africa.

Thirdly, there is a culture unique to a particular national group. Usually, inhabitants of each country have their own language, belief system, style of government, values, mode of dress, communication network, and manifest a variety of behaviors that set them apart from people in other nations. Although the national culture may be invisible to natives, foreign visitors see, feel, hear, smell, and sense a culture that is strange to them. Indeed, the heritage and conduct of a nationality are an important source of culture.

Fourthly, regional differences in a country often contribute significantly to the national culture. For example, in the United States, people residing in California and Texas along the Mexican border present cultural attributes unique to that part of the country (Vontress, 2001). Similarly, many Americans living in Louisiana, once owned by the French, retain traces of the French culture in language, music, food, dress, architecture, and in many other ways that are unconscious and invisible to local residents.

Fifthly, the racio-ethnic group into which individuals are born and socialized is probably the most important source of culture. Newborns acquire the ways of their forebears who first learned to cope with the other cultural environments already discussed—the regional, national, ecological, and universal cultures. The extent to which they absorb external cultures depends on their ability to participate in them. For example, nearly a century and a half after President Abraham Lincoln signed the Emancipation Proclamation that freed the slaves, many African Americans today manifest a culture somewhat different

from that of the majority racial group in the United States. In countries where there are many ethnic groups, it is often easy to identify members of each ethnicity by their language, dress, gait, and other behaviors. In general, the racio-ethnic group is a buffer and cultural filter that assist people to negotiate the other environments affecting their lives.

Although culture is a complex construct, it affects our entire existence. The purpose of this chapter is to explain briefly how it impacts counseling. Counseling as used here refers to an interpersonal, professional relationship involving two or more individuals, one of whom is perceived as able to help the other(s) in some way. The aim of the counselor is to assist clients in the process of adjusting to or otherwise negotiating relationships, environments or conditions encumbering their wellbeing.

The Counseling Enterprise

Even though counseling is a holistic process, here, for the purpose of cultural analysis, it is broken down into several parts: (1) the counselor as a person, (2) the relationship, (3) diagnosing, (4) treatment plan, (5) intervention, (6) follow-up, and (7) payment for services.

The Counselor as a Person

The culture in which counseling takes place determines who performs in the role of helper (Abel, Metraux, & Roll, 1987). In oral societies where authority and wisdom are attributed to the oldest living men and women in the community, elders are usually sought out for advice and direction for almost every aspect of life. When counseling over and above what is provided by elders in the family is needed, people usually consult traditional healers, most of whom have learned their occupation by apprenticing themselves to recognized senior practitioners. They may or may not know how to read or write.

On the other hand, in Western societies in particular, the counselor is anyone, male or female of any age, who has met the academic preparation requirements set by the state or some other jurisdiction (Vontress, 2001). Entry into counseling and other psychotherapeutic professions depends on the individual's ability to obtain the requisite academic preparation and license to practice.

The Counseling Relationship

As an interpersonal relationship, counseling resembles many other social encounters. However, it differs from them in important ways. First, it is usually designed to be psychotherapeutic for the help-seeker. Secondly, the interactants are relative strangers. Thirdly, there are socially sanctioned rules and ethical standards that regulate the intercourse. Fourthly, it is an economic enterprise. The client is expected to pay for the services, even though immediate benefits from the counseling may be uncertain. At least this is a description of counseling as it is done in the United States and other Western countries in which science and the scientific attitude influence almost everything people

do, including how counselors relate to their clients. Graduate students are taught how to sit, look at, listen, and respond verbally to individuals who consult them.

However, in developing countries where most people consult indigenous healers for assistance with problems in living, the helping relationship does not seem to be regulated by prescribed rules and regulations (Vontress, 1999). Inhabitants of such societies generally show great respect for their elders and other authority figures. The deference is generalized to traditional healers to whom they mostly listen. They are not expected to engage in a democratic interpersonal dialogue with counselors as they usually do in the United States. In many instances, clients do not even state the presenting problem. The head of the family, accompanied by other members of the unit, escorts the person in need of remedy to the healer, to whom he describes the problem.

Diagnosis

Diagnosis is the act or process of determining the nature of the presenting problem by examining or analyzing reported and observed symptoms. Making a diagnosis is usually the first step in counseling. It requires that counselors make a judgment of the client. They must decide if and how much the client's behavior deviates from the way other people in the same culture behave. Making such a decision is difficult in cross-cultural counseling, because psychological judgments are never free from the influence of therapists' native cultural values. Problems are encountered when they attempt to use the standards of their personal cultural background to evaluate the treatment of culturally different clients (Vontress & Epp, 2000).

Problems in living cannot be divorced from the socialization processes and personality characteristics of individuals in a given society. Personality is the product of that culture. Counselors must be able to discern whether the client's condition under consideration is a state (temporary disorder) or a trait (features of the person engendered by socialization). Counselors who administer psychological tests to culturally different clients to determine if they deviate from the norm may not know how to interpret the results of the instruments. The question is which norm should be used as the yardstick for normal? Should "normal" be based on the behavioral expectations of the client's culture or those of the counselor's culture?

The main tool used by counselors and therapists in general is the Diagnostic Statistical Manual of Mental Disorders (4th ed.) (DSM) (American Psychiatric Association, 1994). The writers of the document indicate that there is "wide international acceptance of DSM" (APA, 1994, p. xxiv). However, they caution that a "clinician who is unfamiliar with the nuances of an individual's cultural frame of reference may incorrectly judge as psychopathology those normal variations in behavior, belief, or experience that are particular to the individual's culture" (APA, 1994, p. xxiv). In spite of this advice, few counselors are able to modify their diagnostic procedures for the culturally different. The directions for formulating diagnoses and treatment plans provided by managed healthcare companies explain in part why therapists are unable to deviate from their usual diagnostic methods.

Treatment Plan

After diagnosing the client's presenting problem, the counselor is expected to state what ought to be done, why, by whom, the duration of the intervention, and its likely outcome, in order to eliminate the problematic or troubling condition. Writing such a statement requires that counselors be knowledgeable of the culture of their clients. Each culture holds different ideas about what constitutes problems in living. The remedy, reason for it, the person to consult, and for how long the consultation should last are also culture-specific. Counselors should not assume that writing a treatment plan for a Moroccan is the same as writing one for an American client.

A realistic treatment plan is based on four factors. The first one is the counselor's knowledge of what is usually done in the client's culture to eliminate the presenting problem. The second one is an understanding of the usual treatment in the counselor's own culture for a client with the diagnosed problem. The third one is an awareness of how well clients are acculturated to the host culture. If the client is fairly well acculturated to the host culture, counselors can feel more comfortable designing a treatment plan similar to what they usually design for native clients. If the client is a recent arrival from a developing country, counselors may want to consider how they can incorporate into the treatment plan some remedies known to the client. The fourth factor is willingness of clients to participate in a proposed remedy.

Intervention

Intervention refers to the process of aiding clients to correct, overcome, negotiate, or adjust to the condition or situation that caused them to seek consultation. To be therapeutic, counselors must have four understandings. First, they need to understand the general culture in which the client was socialized. This knowledge gives them a preliminary perception of their client's personality. However, it is important to realize that people tend to internalize their culture and thereby not reveal many of the differences between themselves and others. Second, counselors need to understand the host culture in which their culturally different clients currently live. The understanding is essential, because cross-cultural counselors need to comprehend the nature of multi-faceted aspects of cultural clashes impacting culturally different clients. Thirdly, counselors need to understand their clients' personality. To be sure, an individual's personality is a reflection of the general culture in which he or she was socialized (Triandis, 1994). However, it is also a product of the client's genetic heritage and racio-ethnic socialization.

Fourthly, cross-cultural counselors ought to have a thorough understanding of their own socialization that made them who they are. Without such self-examination, they may become biased mediators. Culturally biased counselors can become unwittingly anti-therapeutic for their clients.

Follow-up

Follow-up refers to counselors' reviewing their work with clients. It is especially important in cross-cultural counseling. There is so much that counselors do not understand about their clients' native culture, the host culture, and the interaction of the two. Counselors need to know if the presenting problem existed before the individual arrived in the new environment or whether it is a product of the attempt to adjust to the new culture.

Follow-up provides continuous in-service training for the counselor. Each client and each presenting problem are opportunities for counselors to learn better ways to help culturally different people. It is advised that counselors audio or video tape each counseling session with their clients and listen to them either alone or with a colleague at the end of each day. When counselors critique themselves, they usually notice many things they can do to improve their therapeutic encounters with culturally different clients. Often they are able to make corrections in the very next session with their clients. If the clients have already terminated the relationship, they will be able to apply what they have learned from the follow-up when they work with future clients.

Payment for Services

Immigrants new to the Western host countries often do not understand the expectation that they pay for counseling services before evidence of remedy. In their homelands, many of them consulted traditional healers who took direct action to "cure" them. In the United States, counseling is usually a dialogue in which clients are invited to participate in solving their own problems. It is understandable that culturally different clients may resist the idea of paying for services that they themselves provided, at least in part.

In order to avoid misunderstandings, counselors need to structure the relationship at the initial contact with clients. They should ask them if they have consulted anyone for help before. If they say that they have, it is recommended that the nature of their experience be explored. The exploration should include a discussion of how and when they paid for the service. In fact, it is useful to structure the entire counseling process with clients before starting it. Counselors should define their role and that of the client, indicate the approximate number of sessions anticipated, the expected outcome of the intervention, how much each session will cost, and when the payment is required.

Conclusions

It is obvious that culture influences counseling in many ways. A few of them have been discussed in this chapter. There are many more that have been pointed out in the large literature now available on cross-cultural counseling. The most important thing to keep in mind when counseling clients from cultures different from your own is that they are similar to you and different from you at the same time. In cross-cultural counseling, it is best to initiate the relationship with the recognition of the common humanity that you share with clients. Differences that need to be addressed may become obvious later. However, it is

best not to erect barriers before the nature of the presenting problem is discussed or identified.

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About the Author

Clemmont E. Vontress (BA, French & English, KY State University, '52; MS, Counseling, IN University, '56; PhD, Counseling, IN University, '65) is a frequent contributor to the counseling literature, especially that on cross-cultural counseling. His book, *Counseling Negroes* (1971) was one of the first to call attention to the impact of culture on counseling. A university professor for over 40 years, he has taught at Southern, Howard, Virginia Polytechnic Institute and State, Johns Hopkins, and George Washington universities. He has made several field trips to West Africa to study traditional healing. His most recent book is *Cross-cultural counseling: A casebook* (1999) with J. A. Johnson and L. R. Epp. A licensed psychologist for over thirty years, he lives in Washington, DC, where he has a part-time private practice restricted to clients who differ culturally from mainstream citizens of the United States.

Questions for Discussion

1. Of the five sources of culture discussed in this essay, which do you consider the most important in determining human behavior? Justify your response.
2. In Western societies, academic degrees, rather than gender and age, seem to be the most important requirement for being certified as a counselor. What do you think should be the main requirement for counselor certification?
3. What is cross-cultural counseling?

4. What is a traditional healer? Would you consult one?
5. What is meant by diagnosis?
6. How is personality related to culture?
7. What is the Diagnostic Statistical Manual (DSM)?
8. In cross-cultural counseling, what are some things the counselor should take into consideration when developing a treatment plan?
9. How is intervention defined in the chapter?
10. Why is follow-up important in cross-cultural counseling?