

**Excerpt from Chapter 7: Barriers to Multicultural Counseling and Therapy:
Individual and Family Perspective:**

Nature of People Dimension

Middle-class Euro-Americans generally perceive the nature of people as neutral. Environmental influences, such as conditioning, family upbringing, and socialization, are believed to be dominant forces in determining the nature of the person. People are neither good nor bad but are a product of their environment. Although several minority groups may share features of this belief with Whites, there is a qualitative and quantitative difference that may affect family structure and dynamics. For example, Asian Americans and American Indians tend to emphasize the inherent goodness of people. We have already discussed the Native American concept of noninterference, which is based on the belief that people have an innate capacity to advance and grow (self-fulfillment) and that problematic behaviors are the result of environmental influences that thwart the opportunity to develop. Goodness will always triumph over evil if the person is left alone. Likewise, Asian philosophy (Buddhism and Confucianism) believes in peoples' innate goodness and prescribes role relationships that manifest the "good way of life." Central to Asian belief is the fact that the best healing source lies within the family (Daya, 2005; Walsh & Shapiro, 2006) and that seeking help from the outside (e.g., counseling and therapy) is nonproductive and against the dictates of Asian philosophy. Latinos may be described as holding the view that human nature is both good and bad (mixed). Concepts of dignidad [dignity] and respect to undergird the belief that people are born with positive qualities. Yet some Hispanics, such as Puerto Ricans, spend a great deal of time appealing to supernatural forces so that children may be blessed with a good human nature (Inclan, 1985). Thus, a child's "badness" may be accepted as destiny, so parents may be less inclined to seek help from educators or mental health professionals for such problems. The preferred mode of help may be religious consultations and ventilation to neighbors and friends who sympathize and understand the dilemmas (change means reaching the supernatural forces). African Americans may also be characterized as having a mixed concept of people but in general they believe, like their White counterparts, that people are basically neutral. Environmental factors have a great influence on how people develop. This orientation is consistent with African American beliefs that racism, discrimination, oppression, and other external factors create problems for the individual. Emotional disorders and antisocial acts are caused by external

forces (system variables) rather than by internal, intrapsychic, psychological forces. For example, high crime rates, poverty, and the current structure of the African American family are the result of historical and current oppression of Black people. White Western concepts of genetic inferiority and pathology (African American people are born that way) hold little validity for the Black person.

GENERALIZATIONS AND STEREOTYPES: SOME CAUTIONS

White cultural values are reflected in the generic characteristics of counseling (Table 7.1 and Table 7.2). These characteristics are summarized and can be compared with the values of four racial/ethnic minority groups: American Indians, Asian Americans, Blacks, and Hispanics. Although it is critical for therapists to have a basic understanding of the generic characteristics of counseling and psychotherapy and the culture-specific life values of different groups, overgeneralizing and stereotyping are ever-present dangers. For example, the listing of racial/ethnic minority group variables does not indicate that all persons coming from the same minority group will share all or even some of these traits. Furthermore, emerging trends such as short-term and crisis-intervention approaches and other less verbally oriented techniques differ from the generic traits listed. Yet it is highly improbable that any of us can enter a situation or encounter people without forming impressions consistent with our own experiences and values. Whether a client is dressed neatly in a suit or wears blue jeans, is a man or a woman, or is of a different race will likely affect our assumptions.

First impressions will be formed that fit our own interpretations and generalizations of human behavior. Generalizations are necessary for us; without them, we would become inefficient creatures. However, they are guidelines for our behaviors, to be tentatively applied in new situations, and they should be open to change and challenge. It is exactly at this stage that generalizations remain generalizations or become stereotypes. Stereotypes may be defined as rigid preconceptions we hold about all people who are members of a particular group, whether it be defined along racial, religious, sexual, or other lines. The belief in a perceived characteristic of the group is applied to all members without regard for individual variations. The danger of stereotypes is that they are impervious to logic or experience. All incoming information is distorted to fit our preconceived notions. For example, people who are strongly anti-Semitic will accuse Jews of being stingy and miserly and then, in the same breath, accuse them of flaunting their wealth by conspicuous spending. The information provided in the chapter tables should act as guidelines rather than absolutes. These generalizations should serve as the background from which the figure emerges. For example, belonging to a particular group may mean sharing common values and experiences. Individuals within a group, however, also differ.

The background offers a contrast for us to see individual differences more clearly. It should not submerge but rather increase the visibility of the figure. This is the figure-ground relationship that should aid us in recognizing the uniqueness of people more readily.

Implications for Clinical Practice

In general, it appears that Western forms of healing involve processes that may prove inappropriate and antagonistic to many culturally diverse groups. The mental health professional must be cognizant of the culture-bound, class-bound, and linguistic barriers that might place minority clients and their families at a disadvantage. Some suggestions to the clinician involve the following:

1. Become cognizant of the generic characteristics of counseling and psychotherapy. It is clear that mental health services arise from a particular cultural context and are imbued with assumptions and values that may not be applicable to all groups.
2. Know that we are increasingly becoming a multilingual nation and that the linguistic demands of clinical work may place minority populations at a disadvantage. Be sensitive and ready to provide or advocate for multilingual services.
3. Consider the need to provide community counseling services that reach out to the minority population. The traditional one-to-one, in-the-office delivery of services must be supplemented by methods that are more action oriented. In other words, effective multicultural counseling must involve roles and activities in the natural environment of the clients (e.g., schools, churches, neighborhoods, playgrounds) rather than just in mental health clinics.
4. Realize that the problems and concerns of many minority groups are related to systemic and external forces rather than to internal psychological problems. The effects of poverty, discrimination, prejudice, immigration stress, and so forth indicate that counselors might be most effective in aiding clients to deal with these forces rather than in pursuing self-exploration and insight approaches.
5. Know that our increasing diversity presents us with different cultural conceptions of the family. Whether groups value a lineal, collateral, or individualistic orientation has major implications for their and our definitions of the family. One definition cannot be seen as superior to another.

6. Realize that families cannot be understood apart from the cultural, social, and political dimensions of their functioning. The traditional definition of the nuclear family as consisting of heterosexual parents in a long-term marriage, raising their biological children, and having the father as sole wage earner is a statistical minority. Extended families, intermarriage, divorce, openly gay/lesbian relationships, commingling of races, single parents, and two parents working outside the home make the conventional "normal family" definition an anomaly.

7. Be careful not to overgeneralize or stereotype. Knowing general group characteristics and guidelines is different from rigidly holding on to preconceived notions. In other words, knowing that certain groups, such as African Americans and Asian Americans, may share common values and worldviews does not mean that all Asian Americans, for example, are the same. Nor does our discussion imply that Euro-American approaches to therapy are completely inapplicable to minority groups.

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