
Changing the Face of Multicultural Counselling with Principles of Change

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ABSTRACT

Discussion in multicultural counselling has focused on whether the culture specific (emic) or universal position (etic) is more useful. More recently a common factors approach has been introduced. This article provides a critical analysis of each of these positions and introduces the principles of change approach as a way of unifying multicultural counselling and moving the conversation to a more applied level. Directions for future research are provided.

RÉSUMÉ

Jusqu'à présent, les discussions dans le domaine du counseling multiculturel ont eu pour objet de déterminer quelle approche était la plus utile : une approche particulière à la culture (émique) ou une position universelle (étique). Plus récemment, une approche centrée sur les facteurs communs est apparue. Cet article fournit une analyse critique de chacune de ces approches et en présente une nouvelle axée sur des principes d'évolution, comme moyen d'unifier le counseling multiculturel et de diriger les discussions vers un niveau plus appliqué. Des recommandations pour des recherches futures sont également incluses.

During the past two decades a dialogue about diversity-sensitive counselling has occurred within the counselling profession. The current status of this dialogue represents a postmodern clash of values (Thomas & Weinrach, 1998). Two popular positions are the culture specific position (emic) and the universal position (etic). This paper will begin with a discussion of different definitions of culture that lie at the root of multicultural or diversity-sensitive counselling. A critical analysis of the two predominant approaches — the emic approach and the etic approach — will be provided, as well as a discussion of the premises upon which each are based. This will be followed by a discussion of the more recent common factors approach to multicultural counselling. The second part of the paper will focus on how the profession can move beyond the basic debate and into culturally responsive professional practice.

The multicultural movement has highlighted the need for counsellors to be prepared for professional practice with clients from cultural backgrounds different from their own (Arthur, 1998). Both the Canadian Psychological Association (CPA) (1996) and the American Psychological Association (APA) (1993) have recognized the importance of this issue. These associations have recently set guidelines for non-discriminatory practice and standards of training for working with individuals from culturally diverse populations, emphasizing issues pertinent to therapeutic conduct with culturally diverse populations.

These steps have been taken in response to research findings that suggest high rates of attrition and low use of mental health services by diverse groups (Sue & McKinney, 1975). Other research has found that only a limited number of doctoral level APA psychologists indicate feeling highly competent in providing services to individuals from various ethnic and diverse groups (Allison, Crawford, Echmendis, Robinson, & Knapp, 1994).

In addition to involvement by APA and CPA, there has been unprecedented growth in the number of professionals writing about diversity and competency with diverse groups. Research and literature has addressed and articulated professional standards for multicultural counselling competencies (Arredondo et al., 1996) and training models (Reynolds, 1995).

DEFINITIONS OF CULTURE

It has been assertively stated that the field is "moving toward a generic theory of multicultural counselling as a 'fourth force' position, complementary to the other three forces of psychodynamic, behavioural, and humanistic explanations of human behaviour" (Pedersen, 1991, p.7). This view of multicultural counselling as a fourth force has been shared and endorsed by many researchers (Ibrahim, 1991; Ivey, Ivey, & Semek-Morgan, 1993). Despite this bold position, multicultural counselling is fraught with theoretical ambiguities and tensions. Central to the disarray within the field is the dispute over the meaning of culture. The term 'culture' has been defined both broadly (inclusive definition) and narrowly (exclusive definition).

Inclusive Definition

When broadly defined, culture is a frame of reference from which we encounter ourselves, our lives, and the world around us (Draguns, 1996; Pedersen, 1985). This definition of culture includes values norms, beliefs, attitudes, behaviours, and traditions that link the individuals of the groups to one another (Leighton, 1982). It may also include demographic variables, status variables, affiliation, and ethnographic variables. When culture is defined broadly, all counselling is multicultural to some extent (Pedersen, 1991).

Exclusionary Definition

A narrow definition of culture limits the variables to ethnicity or nationality (Pedersen, 1991). From this perspective an individual is culturally diverse only if he/she is of different ethnicity or nationality than the majority group. The proponents of an exclusionary definition fear is that if a broad definition of culture is employed the effects of racism against the minority group member will be overlooked (Essandoh, 1996).

Internalized Culture

The resolution to this debate may be found by changing the focus of attention from external culture to the internalized culture of the client. Ho (1995) argued

that the conception of culture most relevant to counselling “pertains not to the culture external to the individual but to the culture internalized by the individual through enculturation” (p. 5). This approach puts the client at the centre of the debate by allowing for the possibility that culture can mean different things to each client. To understand the individual, the focus must be on his/her internalized culture versus his/her cultural group membership. Ho likened this to focusing on psychological maturity, gender, and class identification instead of age, sex, and socioeconomic status.

THE ETIC/EMIC DEBATE

Disputes about the definition of culture set the stage for a more pervasive tension within the field — one dealing with approaches to multicultural counselling. A number of authors have suggested that multicultural counselling is a new paradigm in counselling (Ivey et al., 1993; Pedersen, 1991). According to Essandoh (1996), a new paradigm should “function as a focal point for the consensus of the scientific community” (p. 129). Multicultural counselling is faced with the problem of searching for this unifying focal point. At the moment two opposing forces divide the field. Some theorists hold that multicultural counselling should be approached from a universal perspective (etic), while others believe that the specifics of culture (emic) should be the starting point.

The Etic Position

The universalistic position rests upon the inclusive definition of culture holding that “to some extent all mental health counselling is multicultural” (Pedersen, 1990, p. 94). When culture is broadly defined each person is considered to hold a unique cultural composition which means that all forms of helping relationships must necessarily be defined as multicultural (Speight, Myers, Cox, & Highlen, 1991). Even within a given cultural group (e.g., women of colour), each person carries his/her own version of that culture making that individual unique in his/her sense of cultural identity. As emphasized by Ho (1995), it is the internalized culture that is most significant in understanding the diverse individual. The etic position emphasizes the internalized culture by asserting that each person, not just those individuals belonging to ethnic minority groups, holds a unique culture. Consequently, it is believed that each person has distinct counselling needs.

Because all counselling is multicultural, it is important to look beyond stereotypes and differences in order to develop an authentic counselling relationship with each client (Vontress, 1988). The proponents of this position emphasize that the most basic element of counselling is the interpersonal relationship (Patterson, 1996; Sue & Zane, 1987). The problem with emphasizing culturally specific techniques in professional practice with diverse clients is the risk that the cultural characteristics of the client may be overemphasized. The counsellor may fail to notice and experience the personal characteristics of the client, and thus fail to develop an authentic therapeutic relationship.

Patterson (1996) stressed that the recent emphasis on techniques has distracted the profession from the idea that counsellor competence rests in the personal qualities of the counsellor. The dichotomy of technique versus counsellor qualities set up in Patterson's (1996) position is a false one. The development of these counsellor qualities need not exclude one's skillful ability to apply appropriate and effective counselling interventions. The application of techniques becomes dangerous when it is done in a blanket format in the absence of developing the relationship and assessing the appropriateness of the intervention to the specific client, with a unique cultural composition, experiencing a particular distress, in the moment (Paul, 1967).

Pedersen (1996) stressed that saying that all counselling is multicultural is not the same as advocating a single universal system of counselling. From his perspective, emphasizing the generic dimension of multiculturalism in all counselling reminds the therapist that all behaviour is culturally learned and that it is important to pay attention to the client's cultural context. This approach emphasizes that the counsellor has a cultural perspective just as the client does. When culture is defined narrowly and only culture specific techniques are employed there is the fear that the counsellor will view the client as the only one in the therapeutic encounter who comes from a cultural context. In that case, it becomes easy for the therapist to encourage the client to shed that cultural context and become like everyone else. Instead, Pedersen's (1991) position that multicultural counselling is a generic approach to counselling encourages counsellors to be aware of themselves and their clients as cultural beings placed in the context of larger cultures. With this belief in mind the counsellor becomes able to see clients' cultural milieu changing from moment to moment. The counsellor learns to appreciate the complexity of the individual in constant struggle to balance the ever-changing salience of each aspect of self.

The Emic Position

Supporters of the emic position espouse that to provide effective mental health service to the culturally diverse client, the therapist must have knowledge specific to that client's culture. When counsellors have conceptualized all of the characteristics of a variety of cultural, racial, and ethnic groups, they will be skillful and effective counsellors (Speight et al., 1991).

The emic position is founded upon recommendations of investigators for improving the relationship between therapists and ethnic minority clients. Recommendations typically suggest that therapists improve their knowledge of various cultures and the specific techniques based on this knowledge (Sue & Zane, 1987). Inherent to these recommendations is the assumption that culturally diverse clients receive an inferior quality of care because counsellors are unfamiliar with the cultural backgrounds of their ethnically diverse clients. Lack of knowledge of clients' cultural background means that therapists are unable to devise culturally appropriate treatment (Sue & Zane, 1987).

Another premise of the emic position is the belief that most prominent theories of counselling (e.g., behavioural, client-centred, psychodynamic) start from Euro-North American cultural frameworks. These theories reflect the values, mores, customs, philosophies, and language of the culture from which they have originated (Nwachuku & Ivey, 1991). Often the theory is adapted for use with culturally diverse clients. Such an adaptation is ineffective because the values implicit to the theory are often antagonistic to the values and experiences of members of the culturally different group (Sue, Ivey, & Pedersen, 1996). Adapting the theory does not remove or negate the effect of the implicit values represented by the theory.

Sue et al. (1996) provide an example. They report that most Western theories emphasize individualism and the development of a separate sense of self. The majority of societies and cultures in the world have a more collective notion of identity. These cultures do not define the psychosocial unit of operation as the individual but instead focus on groups as the most significant unit of operation. Thus, with clients coming from collective cultures it may be more helpful to focus on relationships or the family unit than on the internal intrapsychic dimension that is most often emphasized in Western frameworks.

Instead of adapting existing Euro-North American based theories, the culture-specific approach asserts that counselling theory would be enriched if theorizing began from the point of view of the host culture (Nwachuku & Ivey, 1991). Attempts to do this have been made by Nwachuku and Ivey (1991), who have developed a step model for generating a culture specific theory.

In sum, the emic approach to multicultural counselling emphasizes that theory and techniques best serve the culturally diverse client when they are developed from a culture specific framework, which holds that ethnicity and nationality are the most significant dimensions of culture. The development of these theories can be done through the use of indigenous systems of healing. The emerging common factors perspective of multicultural counselling has taken a different approach to informing therapeutic practice with culturally diverse clients.

THE COMMON FACTORS PERSPECTIVE

Common factors theorists propose that the curative properties of any psychotherapy lie not in its theoretically unique components, but in the components common to all psychotherapies (Garfield, 1992). This idea was first introduced to counselling in the 1930's (Rosenzweig, 1936), but has only recently received attention in the multicultural counselling literature (Fischer, Jome, & Atkinson, 1998; Sue & Zane, 1987). Frank (1961) is considered the 'father' of the common factors approach. He emphasized the importance of considering factors that are universal, relevant, and common to all psychological and spiritual healing encounters. The underlying premise of universal healing elements makes the common factors paradigm particularly suitable for multicultural counselling.

Sue and Zane (1987) were among the first to move in this direction with their assertion that therapist credibility and giving (the client's belief that something has been received from the encounter) in the therapeutic relationship are crucial

to effective therapy with culturally diverse clients. They believed that if these two qualities are present in the therapist-client relationship, a solid basis for therapeutic work has been established.

More recently Fischer et al. (1998), have been instrumental in developing the common factors paradigm in the multicultural area. Though a multitude of common factors can be found in the literature, Fischer et al. determined that the therapeutic relationship, a shared worldview between client and counsellor, client expectations for successful outcome, and interventions believed by both the therapist and the client, are the common factors of psychotherapy that are the most relevant to multicultural counselling.

The Therapeutic Relationship

A common and consistent theme in psychotherapy literature is the importance of the therapeutic relationship. The therapeutic relationship is "the least controversial and yet the most important aspect of all therapeutic systems" (Garfield, 1991, p. 10). The therapeutic relationship has also been the subject of empirical research that has linked the client's perception of the strength of the relationship with the outcome of therapy (Luborsky, Crits-Cristoph, Mintz, & Auerbach, 1988).

Shared Worldview

Research within the multicultural area has already emphasized the importance of a shared worldview between client and therapist (Ibrahim, 1991; Trevino, 1996). Fischer et al. (1998), seem to believe that the shared worldview is the most central to the common factors framework. They stated that a common worldview between therapist and client facilitates the development of a strong therapeutic alliance. When therapist and client have a shared worldview, the client is more likely to accept the therapist's explanation or rationale for his/her problem and the interventions implemented in therapy, thereby enhancing the expectation for a positive outcome.

Client Expectations

Often the place of therapy has been designated as a place of healing within the community (Frank & Frank, 1991). Much like the medical doctor's office is marked as the place one goes to for the healing of physical ailments, the setting of a psychologist, counsellor, spiritual healer, etc., is marked as a place one goes with the expectation of alleviation of psychological distress.

Ritual or Intervention

When a client finds the courage to seek help, there is the expectation that some event will occur. These are the rituals or interventions. The common element here is not the consistency of the intervention, but that all healing processes contain them (Fischer et al., 1998). The client's acceptance of the rituals as relevant and healing is an important factor in predicting their success.

Fischer et al. (1998) asserted that the four common factors above are the most relevant to multicultural counselling because these factors are transcultural in nature. They believed that none of the above factors exclusively reflect a Euro-North American value system.

As multicultural counselling becomes relevant to the professional practice of most counsellors and psychologists, the research and literature in this area continues to grow exponentially. It is common for writers to assert their commitment to either the etic or the emic position. Unfortunately, this kind of rivalry has masked more important issues and has impacted the credibility of the movement (Weinrach & Thomas, 1996). The common factors approach proposed by Fischer et al. (1998) is a first step to moving beyond the divisive debate to a more fruitful and unifying road for multicultural counselling scholars and practitioners.

A review of the multicultural counselling literature might lead some psychologists to the conclusion that they must choose between two camps, one that says that techniques or rituals associated with their theoretical approach can be applied across all cultures and one that says that psychologists must apply only those techniques from the client's indigeneous culture. Instead of choosing between these etic and emic approaches, we suggest that counsellors can use a common factors approach as a guiding framework for counselling, especially with culturally different clients (p. 566).

COMMON CRITICISMS

The common factors position has been criticized for being overly general and ambiguous in the differentiation of factors. This results in abstract ideas that have little practical value (Sue et al., 1996). An examination of the common factors articulated by Fischer et al., (1998) substantiates the validity of this criticism. Though this approach meets its goal of providing an organizational framework for the multicultural counselling literature, it gives little direction to therapists who want to know what they can do to alleviate the suffering of the culturally diverse client.

The criticism of applicability is also relevant to etic and emic approaches. The etic approach stresses the multicultural nature of all counselling relationships, but says little about what to do within that relationship. The emic approach stresses the importance of understanding the client's ethnic background and using techniques derived from that knowledge. This approach has been criticized on the basis that culture specific knowledge and techniques seem to have no relationship to general therapeutic techniques and processes. Sue and Zane (1987) state that "the major problem with approaches emphasizing either cultural knowledge or culture specific techniques is that neither is linked to *particular processes* that result in effective therapy" (p.39) (emphasis added). The emphasis here is on the need to link theory and techniques to psychological processes so that they can be appropriately utilized in the therapeutic encounter. What is needed is a way for therapists to move beyond the basic debate and into *culturally responsive* professional practice.

CULTURALLY RESPONSIVE PROFESSIONAL PRACTICE

Culturally responsive professional practice can be approached through an examination of the guidelines and professional standards for multicultural competencies. The American Counselling Association (1995), the American Psychological Association (1993), and the Canadian Psychological Association (1996) stated that professionals appreciate that the innate worth of human beings is not enhanced or reduced by their culture, nationality, ethnicity, colour, race, status, and/or any other preference of personal characteristic, condition, or status. The question becomes, "What are the criteria used to determine whether competent and responsible professional service is being provided to the culturally diverse client?" To answer this question the Professional Standards and Certification Committee of the Association for Multicultural Counseling and Development was charged with the task of providing guidelines of competence. Sue, Arredondo, and McDavis, (1992) were instrumental in developing the Multicultural Counselling Competencies into the domains of awareness, knowledge, and skills. Each of these domains have been described in detail by Arredondo et al., (1996) and Sue et al., (1998).

Guidelines for the Development of Competencies

Sue et al., (1998) suggested four principles for guiding the development of one's competencies in these areas. First, the individual must learn from and experience as many cultural sources as possible. Second, the individual must spend time with healthy people of that culture. It is easy for professional practitioners to develop distorted pictures of cultural characteristic because so many of them most often have with people in distress. Third, the individual must learn through real life encounters. Last, the individual must constantly be aware of the manifestations of bias in the surrounding context.

This outline provides some guidance for counsellors in the process of developing their awareness and knowledge base with respect to multicultural issues. Little is said about the development of skills in this area. Though awareness and knowledge are important components of multicultural counselling competencies, these components alone do not facilitate the development of the skills necessary to provide culturally responsive treatment. It has been suggested that the combination of awareness, knowledge, and skill is necessary and sufficient for successful multicultural counselling (Pope-Davis & Dings, 1995). It is asserted here that though necessary, these three dimensions are not sufficient for successful counselling. The principles of change model may provide the missing link.

PRINCIPLES OF CHANGE—AN APPLIED MODEL

The rationale for proposing an approach that is based on common principles of change stems from the position that the processes of change are universal. That is, regardless of the cultural identity and worldview of the client and thera-

pist, the mechanisms of change are consistent. Steenbarger and Pels (1997) asserted that "the process of change is universal, even as its thematic content is derived from diverse individual, social, and cultural sources" (p. 112). The principles of change perspective is similar to the common factors approach in that they both seek out similarities as the starting points. Where the common factors approach highlights the factors that are common to all healing relationships, the principles of change perspective highlights the psychological processes that are common to people in general and useful in the therapeutic relationship. An example of this is co-constructing problems in a novel and useful way (Steenbarger & Pels, 1997). Through this process the client may be relieved of feelings of blame and inferiority while simultaneously becoming invested with a sense of responsibility for alleviating his/her suffering. How this principle of change (co-constructing problems in a novel and useful way) is implemented by the therapist in specific therapeutic contexts will depend on the therapists assessment of which techniques are most appropriate with the specific client, holding a specific worldview, at the present time.

Principles of Change to Unify Multicultural Counselling

Multicultural counselling is not a clear and distinct theory of counselling. Recent attempts have been made to unify the field with the development of a metatheory of multicultural counselling and therapy (Sue, et al., 1996). It is a theory about theories that can be used to organize the various approaches to helping within the field. Thus, the area of multicultural counselling is comprised of many models (e.g., Ibrahim, 1991; McFadden, 1996; Speight et al., 1991; Trevino, 1996) and a metatheory for organizing these models, but no theory of its own.

The principles of change paradigm suggest that counsellors consider questions of human nature, wellness, psychological distress, resolution of problems in living, etc., and hold theoretical beliefs with a flexible grip. A psychologist who is engaged in professional practice and who does not hold theoretical beliefs can be likened to a builder constructing a house without first laying down the foundation. It can be done, but the slightest wind may dismantle all the efforts. The therapist's theoretical beliefs will help to conceptualize the client's concerns. They must be held flexibly so as to hear and accept the clients own theories often spawned through personal experiences.

The heart of the principles of change approach lies in the belief that human change processes are universal. Many authors (Frank, 1974; Fischer et al., 1998) have asserted that some change processes are universal, but research has not been conducted to verify this belief. Research has found that the opportunity and process of catharsis and ventilation, the acquisition and practice of new behaviours, the process of receiving a rationale, and the process of emotional and interpersonal learning are among the most helpful and common change processes among western schools of psychotherapy (Grencavage & Norcross, 1990). Research has not tested the universality of these change processes.

Daya (1999) has abstracted and articulated the core processes of change found in Buddhist psychology. These are having a flexible sense of self, living in the here and now, experiencing, transmuting emotions into wisdom, developing a sense of compassion, openness, and achieving awareness of the interdependency of all systems.

If the Eastern and Western change processes are universal, it is important that the therapeutic environment provide the client with the opportunity to experience them. In order to do this each therapist must have an understanding of each of these processes and a broad repertoire of skills that would enable affecting them.

The skills of the therapist are most crucial at the implementation level. It is necessary for the therapist be able to assess which change processes to implement with any given client and in what manner to do this so that the client will benefit from the experience. Information about the values, beliefs, biases, internalized cultural identity, and worldview of the client is most relevant at this juncture. The therapist will combine that knowledge with an understanding of theoretical beliefs, awareness of personal values and assumptions, and an in-depth understanding of the change processes to implement an intervention strategy that is appropriate for the client in this context. The multicultural counsellor is placed in the position of straddling an interesting fence, employing universal principles of change flexibly and adaptively to the content of the client's individual cultural context (Steenbarger & Pels, 1997).

The principles of change paradigm provides a way for the therapist to employ the awareness, knowledge, and skill requirements outlined by the Multicultural Counselling Competencies. Awareness of one's own values and beliefs is helpful in determining one's theoretical approach. Knowledge of theory, the various principles of change, and the client's broad cultural background is necessary. The skill is for the therapist to use awareness and knowledge to implement a concrete intervention so that therapy is meaningful for the client. Developing this skill will ensure that the client receives *responsive* treatment that considers the individual as holding and residing within a cultural context. Before this paradigm can be of use in the multicultural counselling context research needs to be performed. The next section will outline future directions for research in this area.

DIRECTIONS FOR RESEARCH

The importance of mechanisms of change has received increased attention during the past decade (Grencavage & Norcross, 1990; Orlinsky, Graive, & Parks, 1994). Most of the work that has been done in this area has focused on identifying which mechanisms of change are consistent across Western schools of psychotherapy and using the findings to develop models of psychotherapy based on the common principles of change (Prochaska & DiClemente, 1992). Though the principles of change have begun to be tested for their presence across differ-

ent theories, they have not been tested for their presence in therapy with clients from different cultural backgrounds. In this context it may be most helpful to employ a narrow definition of culture. Thus, research could begin with analyzing therapy sessions with clients of various ethnic groups to determine whether or not the principles of change that have been articulated in the literature also effect change with diverse clients. If so, the next step would be to create interventions that would employ the principles of change in a way that is most appropriate to the cultural context of specific diverse clients. It is also important that researchers and practitioners move beyond Western paradigms to determine the universality of change processes that are found in Eastern systems. A principles of change paradigm promises to be a respectful way of bringing Eastern and Western ideas of growth and health into the therapeutic context.

For example, assume that the first step of the proposed research finds that the process of ventilation of feelings is a universal change mechanism. The next step of research would be to determine how to best implement ventilation of feelings in the therapeutic context with clients from various cultural backgrounds. When therapy is approached in this manner, responding to the needs and unique characteristics of each client is emphasized as opposed to implementing a prescribed treatment plan. This is truly client responsive professional practice with culture being seen as an integral part of the client.

The proposed research builds upon research in the common factors area and in the psychotherapy process area. In order for multicultural counselling to move ahead and attain increased presence in the field of psychotherapy it is important to build upon relevant and ongoing research in the field. This will help the field move further, faster and with more credibility. The aim of the proposed research would be to find a way for all people to benefit from something that may be common to human functioning.

CONCLUSION

The ability to provide competent services to the diverse client is a reality for practicing professionals in Canada. The field of multicultural counselling has been instrumental in bringing issues of diversity to the attention of the counselling profession. Unfortunately, debates about the definition of culture, and culture-specific versus universal approaches have prevented proponents from moving forward in a unified manner. Agreement on a focal point is crucial so that multicultural counselling can become a powerful paradigm within the field of psychotherapy. The principles of change approach holds that promise as it builds upon change processes that may be universal to humans, while respecting the unique cultural manifestations of those change processes. The time is ripe for empirical investigation of the universality of change processes as well as ways to employ them in the therapeutic context with the diverse client. Research in this area could do more than unify multicultural counselling — it could bring the importance of responsive therapy to the attention of the whole profession.

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