Barriers to Effective Cross-Cultural Counseling

Derald Wing Sue
California State University, Hayward

David Sue
University of Michigan – Dearborn

Many mental health professionals have noted that racial and ethnic factors may act as impediments to counseling. Misunderstandings that arise from cultural variations in verbal and nonverbal communication may lead to alienation and/or an inability to develop trust and rapport. An analysis of the generic characteristics of counseling reveals three variables that interact in such a way as to seriously hinder counseling with third-world groups: (a) language variables—use of standard English and verbal communication; (b) class-bound values—strict adherence to time schedules, ambiguity, and seeking long-range solutions; (c) culture-bound values—individual centered, verbal/emotional/behavioral expressiveness, client to counselor communication, openness and intimacy, cause-effect orientation, and mental and physical well-being distinction. These generic characteristics are contrasted with value systems of various ethnic groups. Implications for counseling are explored.

Counseling may be viewed legitimately as a process of interpersonal interaction and communication. For effective counseling to occur, the counselor and client must be able to appropriately and accurately send and receive both verbal and nonverbal messages. Although breakdowns in communication often occur among members who share the same culture, the problem becomes exacerbated among people of different racial or ethnic backgrounds. Many mental health professionals have noted that racial or ethnic factors may act as impediments to counseling (Carkhuff & Pierce, 1967; Ruiz & Padilla, in press; Sue, 1975; Vontress, 1971; Atteneave, Note 1). Misunderstandings that arise from cultural variations in communication may lead to alienation and/or an inability to develop trust and rapport, which, as Yamamoto, James, and Palley (1968) suggest, may result in early termination of treatment.

In one of the most comprehensive studies ever conducted on third-world clients, Sue and associates (Sue, Allen, Conaway, in press; Sue & McKinney, 1974; Sue, McKinney, Allen, & Hall, 1974) found that Asian-Americans, blacks, Chicanos, and native Americans terminated counseling after only one contact at a rate of approximately 50%. This was in sharp contrast to a 30% rate for Anglo clients. These investigators believe that it is the inappropriateness of interpersonal interactions, what happens between counselor and client, which accounts for the premature termination. Padilla, Ruiz, and Alvarez (1975), while referring to a Latino population, identify three major factors that hinder the formation of a good counseling relationship: (a) a language barrier that often exists between the counselor and client, (b) class-bound values which indicate that counselors conduct treatment within the value system of the middle class, and (c) culture-bound values that are used to judge normality and abnormality in clients. All three of these variables seem to interact in such a way as to seriously hinder and distort communications.

This article focuses on how the values of counseling may be antagonistic to the values of third-world clients. Second, how these values may distort communication and/or affect the counseling relationship...
between members of different backgrounds is explored. Third, implications for counseling are discussed. A conceptual scheme is presented that can be used to compare and contrast how language, culture, and class variables can be used to determine appropriate interventions. Such a comparative analysis is not only helpful in providing a means for examining the appropriateness of counseling approaches for third-world clients but for other special populations (women, the physically handicapped, and the elderly) as well. What we cannot forget is that the basic issue remains the classic one of individual differences and their significance for counselors. For that reason, this analysis is also helpful in comparing the appropriateness of counseling for different individuals within a single culture.

Generic Characteristics of Counseling

Within the Western framework, counseling is a white, middle-class activity that holds many values and characteristics different from third-world groups. Schofield (1964) has noted that clients exhibiting the YAVIS syndrome (young, attractive, verbal, intelligent and successful) are preferred. This preference tends to discriminate against people from different minority groups or those from lower socioeconomic classes. Likewise, Sue and Sue (1972a) have identified three major characteristics of counseling that may act as a source of conflict for third-world groups.

First, counselors often expect their counselees to exhibit some degree of openness, psychological mindedness, or sophistication. Most theories of counseling place a high premium upon verbal, emotional, and behavioral expressiveness and the attainment of insight. These are either the end goals of counseling or are the medium by which “cures” are effected. Second, counseling is traditionally a one-to-one activity that encourages clients to talk about or discuss the most intimate aspects of their lives. Individuals who fail or resist doing this may be seen as resistant, defensive, or superficial. Third, the counseling situation is often an ambiguous one. The client is encouraged to discuss problems, whereas the counselor listens and responds. Relatively speaking, the counseling situation is unstructured and forces the client to be the primary active participant. Patterns of communication are generally from client to counselor.

Four other factors identified as generally characteristic of counseling are (a) a monolingual orientation, (b) emphasis on long-range goals, (c) distinction between physical and mental well-being, and (d) emphasis on cause and effect relationships. With respect to the former, the use of "good" standard English is predominantly the vehicle by which communication occurs. To individuals who may not speak or use English well, the lack of bilingual counselors is a serious handicap to accurate communication. Furthermore, since counseling is generally isolated from the client's environment and contacts are brief (a 50-minute session once a week), it is by nature aimed at seeking long-range goals and solutions.

Another important and often overlooked factor in counseling is the implicit assumption that a clear distinction can be made between mental and physical illness or health. Contrary to this Western view, many cultures may not make a clear distinction between the two. Such a separation may be confusing to third-world clients and cause problems in counseling.

As can be seen in Table 1, the generic characteristics of counseling tend to fall into three major categories. These characteristics are summarized and can then be compared (see Table 2) with the values of third-world groups: Asian-Americans, blacks, Chicanos, and native Americans. Although it is important for counselors to have a basic understanding of counseling characteristics and third-world life values, there is the ever present danger of overgeneralizing. For example, emerging trends such as short-term and crisis counseling approaches and other less verbally oriented techniques like Gestalt counseling, bioenergetics, psychosynthesis, and the like differ from some of these generic traits. Furthermore, the listing of third-world group variables in Table 2 does not
Table 1
Generic Characteristics of Counseling

<table>
<thead>
<tr>
<th>Language</th>
<th>Middle class</th>
<th>Culture</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard English</td>
<td>Standard English</td>
<td>Standard English</td>
</tr>
<tr>
<td>Verbal communication</td>
<td>Verbal communication</td>
<td>Verbal communication</td>
</tr>
<tr>
<td>Adherence to time schedules (50-minute session)</td>
<td>Individual centered</td>
<td></td>
</tr>
<tr>
<td>Long-range goals</td>
<td>Verbal/emotional/behavioral expressiveness</td>
<td></td>
</tr>
<tr>
<td>Ambiguity</td>
<td>Client-counselor communication</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Openness and intimacy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cause-effect orientation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clear distinction between &quot;physical&quot; and &quot;mental&quot; well-being</td>
<td></td>
</tr>
</tbody>
</table>

indicate that all persons coming from a minority group will share all or even some of these traits.

Sources of Conflict and Misinterpretations in Counseling

Although an attempt has been made to clearly delineate three major variables that influence effective counseling, they are often inseparable from one another. For example, use of standard English in counseling definitely places those individuals who are unable to use it fluently at a disadvantage. However, cultural and class values that govern conversation conventions can also operate via language to cause serious misunderstandings. Furthermore, the fact that many blacks, Chicanos, and native Americans come from predominantly lower-class backgrounds often compounds class and culture variables. Thus, it is often difficult to tell which are the sole impediments in counseling. Nevertheless, this distinction is valuable in conceptualizing barriers to effective cross-cultural counseling.

Language Barriers

Western society is definitely a monolingual one. Use of standard English to communicate with one another may unfairly discriminate against those from lower-class or bilingual backgrounds. Not only is this seen in our educational system but in the counseling relationship as well. The bilingual background of many Asian-Americans (Sue & Frank, 1973; Sue & Kirk, 1972), Chicanos (Padilla, Ruiz, & Alvarez, 1975), and native Americans (Attenave, Note 1) may lead to much misunderstanding. This is true even if the third-world person cannot speak his/her own native tongue. Studies conducted in Hawaii (Smith, 1957; Smith & Kasdon, 1961) indicate that simply coming from a background where one or both of the parents have spoken their native tongue can impair proper acquisition of English.

Even blacks, who come from a different subcultural environment, may use words and phrases ("black language") not entirely understandable to the counselor. Smith (1973) points out that black clients are expected to communicate their feelings and thoughts to counselors in standardized English. For the ghetto student, this may be a difficult task because the use of non-standard English is the norm. Their restricted language code involves a great deal of implicitness in communication, such as shorter sentences and less grammatical elaboration. On the other hand, the language code of the middle and upper classes is much more elaborate and entails greater knowledge of grammar and syntax.

A minority client's brief or "poor" verbal responses may lead many counselors to impute inaccurate characteristics or motives to him or her. A counselee may be seen as uncooperative, sullen, negative, nonverbal, or repressed on the basis of language expression alone. Because Western society places such a high premium on one's use of English, it is a short step to conclude that minorities are inferior, lack awareness, or lack conceptual thinking powers. Such misinterpretations are most
Table 2  
Third-World Group Variables

<table>
<thead>
<tr>
<th>Language</th>
<th>Lower class</th>
<th>Culture</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian-Americans</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bilingual background</td>
<td>Nonstandard English</td>
<td>Asian language</td>
</tr>
<tr>
<td></td>
<td>Action oriented</td>
<td>Family centered</td>
</tr>
<tr>
<td></td>
<td>Different time perspective</td>
<td>Restraint of feelings</td>
</tr>
<tr>
<td></td>
<td>Immediate, short-range goals</td>
<td>One-way communication from author-</td>
</tr>
<tr>
<td></td>
<td>Concrete, tangible, structured approach</td>
<td>ity figure to person. Silence is respect.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Advice seeking</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Well-defined patterns of interaction (concrete structured)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Private vs. public display (shame/disgrace/pride)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&quot;Physical&quot; and &quot;mental&quot; well-being defined differently</td>
</tr>
<tr>
<td>Black language</td>
<td>Nonstandard English</td>
<td>Black language</td>
</tr>
<tr>
<td></td>
<td>Action oriented</td>
<td>Sense of &quot;peoplehood&quot;</td>
</tr>
<tr>
<td></td>
<td>Different time perspective</td>
<td>Action oriented</td>
</tr>
<tr>
<td></td>
<td>Immediate, short-range goals</td>
<td>&quot;Paranorm&quot; due to oppression</td>
</tr>
<tr>
<td></td>
<td>Concrete, tangible, structured approach</td>
<td>Importance placed on nonverbal behavior</td>
</tr>
<tr>
<td>Chicanos</td>
<td>Nonstandard English</td>
<td>Spanish speaking</td>
</tr>
<tr>
<td></td>
<td>Action oriented</td>
<td>Group-centered cooperation</td>
</tr>
<tr>
<td></td>
<td>Different time perspective</td>
<td>Temporal difference</td>
</tr>
<tr>
<td></td>
<td>Immediate, short-range goals</td>
<td>Family orientation</td>
</tr>
<tr>
<td></td>
<td>Concrete, tangible, and structured approach</td>
<td>Different pattern of communication</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A religious distinction between mind/body</td>
</tr>
<tr>
<td>Native Americans</td>
<td>Nonstandard English</td>
<td>Tribal dialects</td>
</tr>
<tr>
<td></td>
<td>Action oriented</td>
<td>Cooperative not competitive individ-</td>
</tr>
<tr>
<td></td>
<td>Different time perspective</td>
<td>ualism</td>
</tr>
<tr>
<td></td>
<td>Immediate, short-range goals</td>
<td>Present time orientation</td>
</tr>
<tr>
<td></td>
<td>Concrete, tangible, and structured approach</td>
<td>Creative/experiential/intuitive/non-verbal</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Satisfy present needs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Use of folk or supernatural explana-</td>
</tr>
<tr>
<td></td>
<td></td>
<td>tions</td>
</tr>
</tbody>
</table>

clearly seen in the use and interpretation of psychological tests. So-called IQ and achievement tests are especially notorious for their language bias.

Class-Bound Values

As mentioned previously, class values are important to consider in counseling because third-world clients are disproportionately represented in the lower classes. We have already seen how this operates with respect to language. Bernstein (1964) has investigated the suitability of English for the lower-class poor in psychotherapy and has concluded that it works to the detriment of those individuals. Although his study and others to be cited later in this article deal with psychotherapy, we feel they have applicability to counseling as well.

In an extensive review of services delivered to ethnic minorities and low socioeconomic status patients, Lorion (1973) found
that psychiatrists refer to therapy persons most like themselves, that is, to whites rather than nonwhites and those of upper socioeconomic classes. Lorion (1974) also points out that the expectations of lower-class clients are often different from those of psychotherapists. For example, lower-class clients who are concerned with "survival" or making it through on a day-to-day basis expect advice and suggestions from the counselor. Appointments made weeks in advance with short weekly 50-minute contacts are not consistent with the need to seek immediate solutions. Furthermore, reflection of feelings, concern with insight, and attempts to discover underlying intrapsychic problems are seen as inappropriate. Thus, lower-class clients expect to receive advice or some form of concrete tangible treatment. When the counselor attempts to explore personality dynamics or to take a historical approach to the problem, the client often becomes confused, alienated, and frustrated. Abad, Ramos, and Boyce (1974) use the case of Puerto Ricans to illustrate this point. They feel that the passive psychiatric approach requiring the client to talk about problems introspectively and to take initiative and responsibility for decision making is not what is expected by the Puerto Rican client.

Because of the lower-class client's environment and past inexperience with counseling, the expectations of the minority individual may be quite different or even negative. The client's unfamiliarity with the counseling role may hinder the success of counseling and cause the counselor to blame the failure on the client. Thus, the minority client may be perceived as hostile and resistant. The result of this interaction may be a premature termination of counseling. Ryan and Gaier (1968) conclude that students from upper socioeconomic backgrounds have significantly more exploratory interviews with their counselors. Winder and Hersko (1962) pointed out that middle-class patients tend to remain in treatment longer than lower-class patients. Furthermore, the now-classic study of Hollingshead and Redlich (1958) indicates that lower-class patients tend to have fewer ego-involving and less intensive therapeutic relationships than members of higher socioeconomic classes.

Culture-Bound Values

In simple terms, culture consists of all those things that people have learned to do, believe, value, and enjoy in their history. It is the ideals, beliefs, skills, tools, customs, and institutions into which each member of society is born. Although Sue and Sue (1972b) have stressed the need for social scientists to focus on the positive aspects of being bicultural, such dual membership may cause problems for many minorities. The term marginal person, coined by Stonequist (1937), refers to a person's inability to form dual ethnic identification because of bicultural membership. Although there is nothing inherently pathological about bicultural membership, Jones (1972) believes that Western society has practiced a form of cultural racism. Its basic manifestation is (a) a strong belief in the superiority of achievements, arts, crafts, language, and religion of one group of people (white America); (b) a belief in the inferiority of all different cultural achievements (that is, nonwhite); and (c) attempts to impose the desired standards, beliefs, and ways of behaving from the dominant to the minority group. Thus, third-world people are placed under strong pressures to adopt the ways of the dominant culture. Their own ethnicity or cultural heritage is seen as a handicap to be overcome, something to be ashamed of and to be avoided. In essence, third-world people may be taught that to be different is to be deviant, pathological, or sick (Sue & Sue, 1972b).

Many social scientists (Halleck, 1971; Tedeschi & O'Donovan, 1971) believe that psychology and counseling may be viewed as encompassing the use of social power and that counseling is a "handmaiden of the status quo." The counselor may be seen as an agent of society transmitting and functioning under Western values. Szasz (1970), an outspoken critic, believes that psychiatrists are like slave masters using therapy as a powerful political ploy.
against people whose ideas, beliefs, and behaviors differ from the dominant society. Several cultural characteristics of counseling may be responsible for these negative beliefs.

First, counselors who believe that having clients gain insight into their personality dynamics and who value verbal, emotional, and behavioral expressiveness as goals in counseling are transmitting their own cultural values. This generic characteristic of counseling is not only antagonistic to lower-class values but to different cultural ones as well. For example, statements by some mental health professionals that Asian-Americans are the most repressed of all clients indicate that they expect their counselees to exhibit openness, psychological mindedness, and assertiveness. Such a statement may indicate a failure on the part of counselors to understand the background and cultural upbringing of many Asian-American clients. Traditional Chinese and Japanese culture may value restraint of strong feelings and subtleness in approaching problems. Intimate revelations of personal or social problems may not be acceptable because such difficulties reflect not only on the individual but on the whole family. Thus, the family may exert strong pressures on the Asian-American client not to reveal personal matters to "strangers" or "outsiders." A counselor who works with a client from a minority background may jump to the erroneous conclusion that the person is repressed, inhibited, shy, or passive. Note that all of these terms are seen as undesirable by Western standards.

Second, the ambiguous and unstructured aspect of the counseling situation may create discomfort in third-world clients. The culturally different may not be familiar with counseling and may perceive it as an unknown and mystifying process. Some groups, like the Chinese, may have been raised in an environment that actively structures social relationships and patterns of interaction. Therefore, anxiety and confusion may be the outcome in an unstructured counseling setting.

Third, the cultural upbringing of many minorities dictates different patterns of communication that may place them at a disadvantage in counseling. Counseling initially demands that communication move from client to counselor. The client is expected to take major responsibility for initiating conversation in the session while the counselor plays a less active role. Asian-Americans, Chicanos, and native Americans, however, function under different cultural imperatives that may make this difficult. These three groups may have been raised to respect elders and authority figures and "not to speak until spoken to." Clearly defined roles of dominance and deference are established in the traditional family. A minority client who may be asked to initiate conversation may become uncomfortable and respond with only short phrases or statements. The counselor may be prone to interpret the behavior negatively when in actuality it may be a sign of respect.

Fourth, many Latinos, native Americans, Asian-Americans, and blacks also hold a different concept of what constitutes mental health, mental illness, and adjustment. Among the Chinese, the concept of mental health or psychological well-being is not clearly understood. Padilla et al. (1975) argue that the Spanish-speaking/surnamed do not make a distinction between "mental" and "physical" health. Thus, nonphysical problems are most likely to be referred to a physician, priest, or minister. Third-world persons operating under this orientation may enter counseling expecting to be treated by counselors in the manner they expect doctors or priests to behave. Immediate solutions and concrete tangible forms of treatment (advice, confession, consolation, and mediation) are expected.

Last, theories of counseling tend to be distinctly analytical, rational, verbal, and strongly stress discovering cause-effect relationships. This emphasis on Aristotelian logic is in marked contrast to the philosophy of many cultures. For example, native American world views emphasize the harmonious aspects of the world, intuitive functioning, and a holistic approach—a world view that is characterized by right-
brain activity (Ornstein, 1972) and that is devoid of analytical/reductionistic inquiries. Thus, when native Americans undergo counseling, the analytic approach may violate their philosophy of life.

Nonverbal Communication

Although language, class, and culture factors all interact to create problems in communication between the minority client and counselor, another often neglected area is that of nonverbal behavior and conversation conventions. What people say and do are usually qualified by other things they say and do. A gesture, tone, inflection, posture, or eye contact may enhance or negate a message. Raised in a white middle-class society, counselors may assume that certain behaviors or rules of speaking are universal and have the same meaning. Personal space, eye contact, and conventions regarding interaction are prime examples.

Personal Space

The study of proxemics refers to perception and use of personal and interpersonal space. Hall (1966) has identified the following four interpersonal distance zones characteristic of Anglo culture: intimate, from contact to 18 inches; personal, from 1½ feet to 4 feet; social, from 4 feet to 12 feet; and public (lectures and speeches), that is, greater than 12 feet. However, different cultures dictate different distances in personal space. For Latin Americans, Africans, and Indonesians, conversing with a person dictates a much closer stance than normally comfortable for Anglos. A Latin American client may cause the counselor to back away. The client may interpret the counselor’s behavior as indicative of aloofness, coldness, or a desire not to communicate. On the other hand, the counselor may misinterpret the client’s behavior as an attempt to become inappropriately intimate or as being pushy. Thus, how furniture in an office is arranged, where the seats are located, and where you seat the client may have meanings and implications that enhance or retard the relationship (Boucher, 1972; Graves & Robinson, 1976; Hackney, 1974; Mehrabian, 1968, 1969; Mehrabian & Diamond, 1971).

Eye Contact

Another important aspect of nonverbal communication is the meaning ascribed to eye contact (gaze holding and directness). Knapp (1972) and Kendon (1967) found that Anglo-Americans rely heavily on eye contact as indicating whether a person is listening or tuned out. In black culture, it is often assumed that being in the same room or in close proximity to another person is enough to indicate attentiveness. Going through the motions of looking at the person and nodding your head is not necessary (Hall, 1974).

Yet, different cultures have different meanings for the directness of a gaze. Traditional Navajos use much more peripheral vision and avoid eye contact if possible. Knapp (1972) states that some Navajos believe that direct stares are considered hostile and use this technique to chastise children. Among Mexican-Americans and the Japanese, avoidance of eye contact may be a sign of respect or deference. For the counselor to unknowingly ascribe to them motives such as inattentiveness, rudeness, aggressiveness, shyness, or low intelligence is extremely hazardous. This warning is emphasized because mental health professionals often use eye contact as a diagnostic sign.

Conversation Conventions

Applegate (1975) believes that the rules of speaking, those that govern how we greet, address, and take turns in speaking differ from culture to culture. In Anglo society, handshaking in many cases is optional in greeting and not obligatory. Jaramillo (1973) observes that Latin Americans never greet one another without some form of body contact. Padilla et al. (1975) also find this to be true for American Latinos and recommend some form of body contact in greeting Chicano clients. Likewise, physical expressions of greeting also vary across culture (kissing, bowing, handshaking, etc.).

There are also complex rules regarding
when to speak or yield to another person. Dublin (1973) points out that Americans frequently feel uncomfortable with a pause or silent stretch in the conversation. They feel obligated to fill it in with more talk. Although silence may be viewed negatively by Americans, other cultures interpret and use silence much differently. English and Arabs use silence for privacy (Hall, 1966), whereas the Russians, French, and Spanish read it as agreement among the parties. In Asian culture (Sue & Sue, 1972a, 1973), silence is traditionally a sign of respect for elders. Furthermore, silence by many Chinese and Japanese is not a floor-yielding signal inviting others to pick up the conversation. Rather, it may indicate a desire to continue speaking after making a particular point. Often times, silence is a sign of politeness and respect rather than lack of desire to continue speaking. A counselor uncomfortable with silence may fill in and prevent the client from elaborating further. An even greater danger is to impute false motives to the client's apparent reticence.

Volume of speech and directness in conversation are also influenced by cultural values. The overall loudness of speech by many American visitors to foreign countries has earned Americans the reputation of being boisterous and shameless. Likewise, lower volume on the part of clients may be interpreted by the counselor as weakness or shyness. Additionally, indirectness in speech is a prized art in many cultures. American emphasis on "getting to the point" and "not beating around the bush" may alienate others. Asian-Americans may see this behavior as immature, rude, and lacking in finesse. On the other hand, counselees from different cultures may be negatively labeled as evasive and afraid to confront the problem.

Implications for Counseling

In working with persons with minority cultural backgrounds, the counselor must take into consideration the interaction of class, language, and culture factors on verbal and nonverbal communications. Because counseling is a white middle-class activity, the counselor must guard against possible misinterpretation of behaviors and be aware that many aspects of counseling may be antagonistic to the values held by the client. Several suggestions may be made to the counselor working with the culturally different.

First, the counselor must take major responsibility to examine and evaluate the relevance of his or her particular theoretical framework with respect to the client's needs and values. This implies (a) a knowledge and understanding of minority group cultures and experiences, (b) understanding the generic characteristics of counseling, and (c) understanding value assumptions inherent in the different schools of counseling.

Second, an examination of relevant counseling practices for special groups indicates a huge vacuum. Although there has been much talk about what is wrong with things and what needs to be done, little action has taken place. Much of the problem resides in a lack of direction and the tedious process of developing new practices and programs. But, more importantly, our failure to advance quickly can be traced to the haphazard manner in which we have approached the task. We have become too conscious of technique and too disorganized and do not relate our ideas and practices to a larger conceptual framework. In order to be more responsive to special groups, we must begin the much-needed work of systematically determining the appropriateness or inappropriateness of counseling approaches. Table 1 is an attempt to provide such a framework. Although not complete, such an approach may be useful in identifying innovative and appropriate services for third-world groups.

Third, it seems evident from the foregoing analysis that one general statement may be made about counseling the culturally different. The counselor must be more action oriented in (a) initiating counseling, (b) structuring the interview, and (c) helping clients cope with pressing social problems of immediate concern to them. To a great extent, the techniques of the counselor must break traditional training and not rely solely on talk (Calia, 1968). Being action oriented makes the counselor
and client deal with the actual rather than the abstract. Getting job interviews for clients, teaching them specific educational skills, teaching social skills, helping them fill out unemployment forms, or teaching them to take tests are not traditionally defined as counseling. Yet, such an approach may be of pressing concern to the client. Furthermore, by helping the client through these situational problems, greater trust and rapport may be established. Cobb (1972) concludes that lower-class patients respond better to therapists who take a more active role in counseling. The establishment of a good relationship is the first step toward further exploration of problems that the minority client might wish to share with the counselor. Therapists who are able to relate to clients on their level are much more effective in providing aid. Lorion (1974) and Carkhuff and Pierce (1967) conclude that clients who have racial and social backgrounds similar to the therapist tend to explore themselves much more than when they are different. Significantly more self-exploration is the result when the counselor is able to understand the cultural and class conventions of the client and to share expectations of the process.

In closing, one important point must be stressed. The ultimate success of counseling is very much dependent upon the counselor’s flexibility in using techniques appropriate not only to the cultural group but the individual as well. No one mode of counseling will be appropriate for all populations or all situations. The guidelines and issues discussed in this article must not be blindly imposed upon individuals without consideration of their unique attributes. To do so would be to foster unwarranted generalizations and stereotypes.

Reference Note


References


Halleck, S. L. Therapy is the handmaiden of the status quo. Psychology Today, April 1971, pp. 30-34; 98-100.


Mehrabian, A. Relationship of attitude to seated


Smith, E. J. *Counseling the culturally different black youth*. Columbus, Ohio: Charles E. Merrill, 1973.


Sue, D. W. Asian Americans: Social-psychological forces affecting their life styles. In S. Picou & R. Campbell (Eds.), *Career behavior of special groups*. Columbus, Ohio: Charles E. Merrill, 1975.


Sue, D. W., & Sue, S. Ethnic minorities: Resistance to being researched. *Professional Psychology*, 1972, 2, 11–17. (b)


Received September 27, 1976