

Cross-cultural or intercultural counseling or psychotherapy

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Warren Weaver, a biological scientist, wrote that ' . . . as man's control of his environment has proceeded . . . he has progressively uncovered more and more unifying principles which accept the ever increasing variety, but recognize an underlying unity. He has, in short, discovered the many and the one The diversity . . . is a surface phenomenon. When one looks underneath and within, the universal unity becomes apparent.' This observation applies not only to the physical and biological realms, but also to the human sciences including psychology. One might substitute the phrase 'As man's understanding of man has proceeded' for the first phrase of Weaver's statement and the remainder would still be relevant (Weaver, 1966).

Harry Stack Sullivan, the American psychiatrist who developed the interpersonal theory of psychotherapy, stated it concisely: 'We are all much more simply human than otherwise' (Sullivan, 1947).

In this paper I shall develop this theses as the basis for a universal approach to counseling or psychotherapy. This approach is neither time-bound nor culture-bound; it transcends time and culture, since it is based upon the universal unity of human nature.

We are moving, though very slowly, toward a world culture, which will have room for much diversity but which will nevertheless have a unity derived from the universals of human nature and the human experience. In such a world, while members of different cultures will vary in opinions, customs, preferences, tastes and styles, they will share some basic universal values related to the nature, development and evolution of man as a species. These values will be the foundation for the common goal and methods of counselors or psychotherapists in all cultures.

BACKGROUND

The last decade has seen the development of increasing interest in cross-cultural counseling or psychotherapy, as manifested by publications in this

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area, culminating in the book 'Counseling Across Cultures' (Pedersen, Lonner and Draguns, 1976). The tenor of the writing appears to be in general negative, focusing upon the numerous problems and difficulties associated with cultural differences. There is little of a positive or constructive nature offered. Furthermore, many of the criticisms of the applicability of counseling methods to clients of other cultures are not related to cultural factors but involve questions of counselor or psychotherapist competence. There is much emphasis, for example, on the ability of the therapist to establish a relationship, to be accepting of the client, to understand the client as a (unique) person, and on the avoidance of stereotyping clients. The problem of excessive positive reactions (sympathy, identification) or negative feelings toward clients is also frequently discussed. Again, considerable attention is given to the necessity of the counselor understanding himself and being aware of his attitudes and values, avoiding their imposition upon clients. The bias of rational or logical explanations of causation and analysis of problems has also been noted.

But these are not problems which are peculiar to cross-cultural counseling or psychotherapy. They are problems in therapy with clients from the same culture as the therapist, where there are social and class differences, sectional differences, neighbourhood differences, sex differences, and age differences, as well as wide individual differences in speech and mannerisms and in attitudes and values. In the consideration of the special problems posed by cultural differences one must start with the assumption of a competent therapist, even though it may be that there are few such therapists.

Another problem in many discussions involves confusion or disagreement about the essential nature of counseling or psychotherapy. Some criticisms (often by writers who are not counselors) of so-called Western approaches to counseling are criticisms of directive and controlling methods, involving the definition of the problem by the counselor and the imposing of solutions with little if any consideration of the individual client and his perceptions of his situation and problems. Some writers appear to differentiate between counseling and psychotherapy, with the former consisting of rational problem solving directed by the counselor. The problem then inheres in the assumption that the counselor's (or therapist's) function is to diagnose, evaluate and define the problem, intervene to alleviate the problem or to advise, recommend, suggest or impose a solution to the problem. To do so without a thorough understanding of the culture would of course lead to all sorts of complications beyond those occurring in a situation where the counselor and the client are from the same culture. Certainly this approach would be in-

applicable to clients from other cultures, whose problems are influenced by the culture, and whose solutions would also involve cultural considerations.

But such an approach to counseling would not be acceptable with clients from the same culture as the therapist. Most counselors and instructors would disagree with such an approach.

More relevant are the discussions of problems actually related to cultural differences. Of particular interest is the comparison of Western culture with other cultures, particularly Eastern cultures, as well as with subcultures, or minority cultures, such as the American Indian culture. Here the concern has been with differing values and personal characteristics. These differences are relevant on the one hand to objectives and goals, and on the other hand to methods and techniques, or the counseling or therapy relationship.

There are two aspects of the discussion of values which are not recognized or dealt with. (These are also relevant to the consideration of differences within a culture, e.g., to social class differences in values.) First, there are many differences which are not basic. There are differences in opinions, preferences, habits, customs, norms and practices or ways of doing things, differences in dress, attire and manners, or the style of living. These are essentially choices or preferences which do not involve basic values or goals. They represent acceptable alternatives. But too often these are overemphasized as if they represented important value differences. The counselor becomes involved in these differences because of his biases and inability to accept alternatives to his own practices. However, these are not essentially value differences.

But there appear to be some basic differences in significant areas among cultures. Western culture values highly such things as economic productivity and efficiency (including a competitive element), and an obligation to work to support one's family and contribute to society. But there is also a high value placed on the individual, on personal health and happiness, upon individual potentialities. Loyalty is to one's family of procreation (the nuclear family) rather than to one's family of origin (the extended family). Love, rather than family choice, is the basis of marriage and the family. Personal satisfaction rather than obligation is its continuing justification. Youth rather than age is respected.

In other cultures, particularly Eastern cultures, there is less concern with material productivity and efficiency. Cooperation rather than competition is emphasized. Marriage is a concern of, and arranged by, families. The individual continues to identify closely with his family of origin even after marriage. The individual is expected to sacrifice his personal ambitions and development, even his career choice and aspirations, to the needs and de-

mands of the family. In return, the family supports its members in crises and times of need. The individual is subordinated to the family group. Age rather than youth is revered.

These differing patterns of cultural organization and values clearly have implications for the definition of normality or abnormality in behavior, and for the acceptable or desirable outcomes or goals of counseling or psychotherapy. Recognition of, and emphasis upon these implications pervades the literature of cross-cultural counseling or psychotherapy. But there is little concerning the solution of the problems which they pose. The general position seems to be that one must accept these basic differences, as one should the less basic preferences and attitudes, as equally tenable or desirable without question or discrimination.

These cultural differences are associated with differences in modal personality characteristics which are relevant for counseling or psychotherapy. Individuals in Western cultures are more independent of their families of origin than individuals in some other cultures. They do not feel the same pressures to submerge or sacrifice themselves to the family. Westerners are more independent. They are also more extrovertive, or more verbal compared to many other cultures. They are more used to introspection, more ready and able to engage in the self-disclosure and self-exploration which is necessary for progress in psychotherapy. Persons from the Oriental and some other cultures, on the other hand, are more reticent, more modest about talking about themselves or personal relationships with others, including their families. They are more respectful to and dependent upon authority.

The problem posed by passive, dependent, nonverbal, nonself-disclosing clients is clear. The solution, however, is not clear. The generally accepted opinion seems to be that psychotherapy as developed and practiced in Western societies is not applicable to other societies. All of the major systems or theories of counseling or psychotherapy, it is pointed out, have developed in Western Europe and America. It is assumed that the theories (if not the nature) of human behavior and its psychopathologies are culture bound. Thus, it is concluded that new approaches, as yet undefined, are necessary.

It is interesting that some of those who recognize that counseling or psychotherapy requires that the client assume responsibility for self-disclosure and self-exploration and that he take responsibility for developing his own solutions to his problems and making his own decision, suggest that, if the client is passive, dependent and nonverbal then the counselor should change his approach. He should direct and control the process, giving the client suggestions and advice and proposing solutions to his problems. Pedersen

(1976) for example, referring to North American Indian clients, writes: 'A counselor who expects counselees to verbalize their feelings is not likely to have much success with Native American clients. The Native American is more likely to withdraw and, using the advice he has received, work out the problem by himself.' He concludes that 'each cultural group requires a different set of skills, unique areas of emphasis, and specific insights for effective counseling to occur.' This statement represents the implicit, if not explicit, conclusion of many writers that the methods of Western counseling and psychotherapy are not appropriate in other cultures, and must be changed or modified by developing methods or techniques to conform with the characteristics of other cultures. No specifications of the necessary skills, methods or techniques are provided.

This view presumes to avoid a narrow, parochial, culture-bound view of man and his nature. Yet, in a very real sense, it may represent the most parochial, culture-bound view of humanity. It assumes that the accidents of geography, climate and culture are associated with basic differences in human nature. As the assumption that we must develop a new kind of (simplified, structured) psychotherapy for the poor (Goldstein, 1973) is a manifestation of extreme bias and prejudice in a subtle disguise, so may also be the assumption that different cultures require different approaches and methods of counseling or psychotherapy.

UNIVERSALITY IN HUMAN NATURE AND VALUES

The belief that all cultural differences should be accepted and respected, and that all differing cultural values are equally good and desirable must be questioned. So must the assumption that there are no universals in human nature, and no universal values, or no universal goals for counseling or psychotherapy. Finally, if there are some universals in human nature and values, one must question the prevailing concept that different approaches, methods and skills are necessary for counseling individuals from each and every cultural group.

The argument for accepting all cultural differences as being desirable rests upon the doctrine of cultural relativity. This doctrine involves the contention that differences represent basic characteristics of the culture, and that to change them will result in the lack of survival of the culture. This argument overlooks the fact that cultures have changed and do change with changing conditions, and that it is the cultures which do not change which do not

survive. Cultural characteristics do develop out of the struggle for existence in a particular physical and social environment, but characteristics which persist when the environment changes result in the demise of the culture.

It is frequently noted that characteristics which are viewed as undesirable in present Western culture are present, or have been present, and accepted as desirable, in other cultures. Suspiciousness, deception and treachery, and revenge have been present and valued in some societies, and are necessary for individual survival. But it is likely that these characteristics would not, and no doubt did not, contribute to the survival of such societies. It could be maintained that unless there is a basic minimum of honesty and trustworthiness in a society, no social system can long survive.

Moreover, the survival of a culture is a necessary but not sufficient condition for the survival and, more important, the development of the individual and his potentials. Survival is not the highest goal of mankind – life must be worth living, and contribute to the development of the individual as a person. The basic motivation of the human being – a universal motivation – includes but goes beyond survival. As Combs and Snygg (1959, p. 45) phrase it, ‘From birth to death the maintenance of the phenomenal self is the most pressing, the most crucial, if not the only task of existence But man seeks not merely the maintenance of the self Man seeks both to maintain and enhance his perceived self.’ Or, as stated by Rogers (1951, p. 487): ‘The organism has one basic tendency and striving – to actualize, maintain and enhance the experiencing organism.’ The concept of self-actualization incorporates these ideas. It can be stated that the universal and single motivation of every organism, including human beings, is the development and actualization of its potentials. It is this striving which throughout history has been the basis of cultural change, to assure that society recognizes and contributes to the self-actualization of its members. Self-actualization thus presents the basic drive or motivation, and the basic goal or value of the individual and of society or culture.

Here, then, we have a solution to the problem of cultural relativity. We have a criterion for the evaluation of different societies or cultures. Ruth Benedict, the well known anthropologist, attempted to transcend the doctrine of cultural relativity with which she was erroneously identified (See Maslow, 1964). She sought for criteria on the basis of which cultures could be evaluated. On the basis of her study of four pairs of cultures, she identified several characteristics which differentiated ‘good’ from ‘bad’ cultures. The latter were anxious, surly and nasty, hostile and aggressive and insecure, and the former were not. She coined the term ‘synergy’ to summarize the differences.

Societies with high social synergy are 'those whose institutions insure mutual advantage from their undertakings,' while societies with low social synergy are those where the advantage of one individual becomes a victory over another, and the majority who are not victorious must shift as they can.' In high synergy societies the good of the individual and of the group or society are not antagonistic; the selfish-unselfish dichotomy is resolved, in that if one gains, others do not have less, but more.

It is interesting that Maslow at the time he wrote the article did not tie the concept of synergy in with the concept of self-actualization. Yet later he did propose the development of self-actualizing persons as the criterion by which to judge the adequacy of any society: 'I proceed on the assumption that the good society, and therefore the immediate goal of any society which is trying to improve itself, is the self-actualization of all individuals . . .' (Maslow, 1971, p. 213)¹ The 'good', or high synergy, society or culture is one which fosters the development of self-actualizing persons.

Thus it must be recognized that not all cultures or societies are good or desirable, and thus not all cultural institutions, characteristics, or values of all societies are to be respected and maintained. We clearly recognize and accept this when considering our own society (Halleck, 1971), but paradoxically we refuse to do so when considering other cultures. We are concerned about changing social environments in our society which are deleterious to personal development, but seem oblivious to the deleterious effects of social environments in other cultures. A possible exception in our own society is the idealizing by some of the so-called 'picture of poverty'.

Not all cultures should survive; not all the values and forms of every culture should be accepted, respected and revered. All must be judged or evaluated in terms of their contribution to the self-actualization of the individual. The concept of self-actualization as a value or goal is thus applicable to Eastern cultures which value and require conformity, uniformity and dependence on the group or the family. Thus, a society which subordinates the individual to the group – even the family group – to an extreme degree which inhibits or prevents the development of self-actualization, is not acceptable. It must change or, eventually, not survive because it is inconsistent with, or thwarts, the basic motivation of the individual. The value of self-actualization is an ultimate, universal value, not one that is man-made or culture bound. It is apart of the nature of the human organism. Societies which do not facilitate self-actualization must change. This means not only Eastern cultures, for example, which thwart the independence or autonomy of the individual. Nor should the change necessarily be toward identity with Western culture, with

its extreme individualism, selfish aggrandizement, and competitive dog-eat-dog ethics, with the devil taking the hindmost. These characteristics or values do not contribute to self-actualization and must change. The traditional Western concept of individualism is not the only possible kind of individualism. Thus while Eastern cultures must change in the direction of greater concern for individual personal development, Western culture must move in the direction of greater concern for the influence of the individual upon others and upon their development, and of cooperation in fostering personal development in others. While the highly dependent relationship of the individual to the family in Eastern culture must be modified, so must Western culture refrain from going too far toward independence from the family. There needs to be a balance between the individual and the group.

The concept of self-actualization has a number of advantages as an integrating concept for human behavior. Of particular importance in a cultural context is that while it recognizes the basic common or universal motivation of human beings, it also allows for individual differences, and cultural differences, in the means for its achievement and the nature of the outcome. These will vary with the various potentialities, aptitudes, and abilities of different persons. Individuality is thus possible and is fostered. But there are limits related to respecting the need of others for self-actualization. Self-actualization is not to be confused, as it frequently is, with self-centeredness or selfishness (Patterson, 1974). The individual needs others to become self-actualizing; he must live with others in a society and cannot be self-actualizing without them. However, while there is room for individual and cultural differences, it is not reasonable to expect that the nature of self-actualization will be drastically different in different cultures. We are basically similar as human beings, and Maslow's description of the general characteristics of the self-actualizing person is applicable for individuals in any culture (Maslow, 1956).

THE GOALS AND METHODS OF COUNSELING AND PSYCHOTHERAPY

The problem of goals in counseling or psychotherapy has received relatively little attention until the past few years. Every school or method of therapy, indeed every therapist, developed their own goals, leading to a situation where there seemed to be great confusion with little agreement. Recently, however, there appears to have developed some consensus, if one looks at what might be considered long-term, ultimate or general goals, that is, the kind of persons we want to develop, the nature of so called 'mentally healthy'

or psychologically healthy or 'adjusted' people. The problem has been one of terminology. The concept which seems to be congealing, and which incorporates many if not all the more specific terms and concepts, is that of self-actualization. The outcome of counseling or psychotherapy is a person who might be characterized by Maslow's description of a self-actualizing person (Maslow, 1956). The purpose and goal of counseling or psychotherapy, then, is to help persons who are hampered in their personal development to become more self-actualizing persons (Patterson, 1974 b).

The major conditions for the development of such persons, both in general and in counseling or psychotherapy, are now known. They were first identified and defined by Carl Rogers (Rogers, 1957). They have come to be known as the 'core conditions' for effective counseling or psychotherapy (Carkhuff, 1969; Carkhuff and Berenson, 1967; Truax, 1963; Truax and Carkhuff, 1967). They are defined as follows:

1. *Empathic understanding.* By empathic understanding is meant an understanding from an internal frame of reference; it is understanding of another achieved by putting oneself in the place of the other, so that one sees him and the world, as closely as possible, as he does. Rogers' definition perhaps expresses it as well as any: 'An accurate, empathic understanding of the client's world as seen from the inside. To sense the client's private world as if it were your own, but without losing the 'as if' quality – this is empathy . . .' There seem to be no synonyms for empathic understanding. Unlike other languages, English does not have two words to designate the two kinds of understanding or knowing: knowing about, and the knowing which is empathy. Some American Indian languages apparently had this concept, indicated by the phrase 'walk in his moccasins.' The theme of the novel *To Kill a Mockingbird* is dependent on the concept of empathy. At one point the lawyer Atticus Finch, trying to help his children understand people's behavior, said: 'if you can learn a simple trick . . . you'll get along a lot better with all kinds of folks. You never really understand a person until you consider things from his point of view – until you climb into his skin and walk around in it' (Lee, 1961, p. 24).

Empathy involves at least three aspects or stages. Assuming that the client is willing to allow the counselor to enter his private world, it is first necessary that the counselor listen to the client, and make it possible for the client to communicate his perceptions. The second aspect is the counselor's understanding of this world. And third is the communication of this understanding to the client. Truax and Carkhuff in the definition accompanying their Tentative Scale for the Measurement of Accurate Empathy, note that 'accurate empathy involves both the therapist's *sensitivity to current feelings* and his *verbal facility to communicate this understanding* in a language attuned to the client's feelings.'

2. *Respect or Nonpossessive warmth.* This is similar to Rogers' unconditional positive regard: 'To the extent that the therapist finds himself experiencing a warm acceptance of each aspect of the client's experience as being a part of the client, he is experiencing

unconditional positive regard.' Warmth includes acceptance, interest, concern, prizing, respect, liking. It is nonjudgmental, a valuing without conditions. It is not necessarily acceptance of, or being nonjudgmental with regard to, behavior, but refers to the client as a person. It is the warmth of a parent who may reject, or not accept, particular behaviors of a child. Truax and Carkhuff in defining their Tentative Scale for the Measurement of Nonpossessive Warmth, say that 'it involves a nonpossessive caring for him (the client) as a separate person, and thus, a willingness to share equally his joys and aspirations or his depressions and failures. It involves valuing the patient as a person, separate from any evaluation of his behavior or his thoughts.

3. *Therapeutic Genuineness.* Genuineness is the congruence or integration of the therapist in the relationship: 'It means that within the relationship he is freely and deeply himself, with his actual experience accurately represented by his awareness of himself.' The therapist is not thinking or feeling one thing and saying another. He is open, honest, sincere. He is freely and deeply himself, without a facade, and not playing a role. He is, as the existentialists term it, authentic, or, to use Jourard's (1964) term, transparent.

These three conditions appear to be common to all major theories of counseling or psychotherapy, implicitly if not explicitly. They appear to be necessary, if not sufficient, conditions for personality change in the direction of self-actualization. They represent basic principles of human relations which are universal. Wohl (1976) contends that 'Despite this universality, it is possible, even probable, that the constituents of the 'good human relationship' are different in one culture than they are in another . . . the question needs to be raised as to the extent to which our American conception of the good therapeutic relationship is universally valid.' It is certainly justifiable to raise the question, but neither Wohl nor others who do so have presented any evidence to support differences. The evidence from studies involving a wide variety of clients with a wide variety of problems in various groups in Western society supports their universality, though admittedly studies in quite different cultures have not yet been done. Given the basic similarity of human nature, it is not likely that the conditions would not be necessary in other cultures. As the drive for self-actualization is not limited to a particular culture, so the conditions for its development are not. If counseling or psychotherapy consists of providing these facilitative conditions for self-actualization, then these conditions are universal aspects of counseling or psychotherapy.

Psychotherapy, in some form, has existed and now exists in many if not all non-Western cultures. A study of these other cultures suggests that methods of psychological healing do include these conditions. Frank (1961) in his survey refers to them as nonspecific conditions. It is apparent that acceptance, respect, caring and concern characterize these methods, though they are often

(as is also the case in many Western approaches) associated with other aspects of an influencing relationship – prestige, status, suggestion, authority – in short the ubiquitous placebo. It appears that experience has led to the development of methods which share much in common across time and cultures. Nevertheless, the differences among cultures and some personal characteristics in clients related to cultural differences – characteristics which the authoritative placebo seem designed to deal with – pose some problems. It is to the solution of these problems in the context of maintaining the necessary conditions for therapeutic personality change that we now turn.

PROBLEMS RELATING TO CULTURAL FACTORS

We conclude that it is not necessary, nor desirable, that we discover or develop new theories or approaches for counseling clients from or in other cultures. The evidence, from experience and research, as noted earlier, supports the effectiveness of the core conditions as they have been extended to new kinds of clients with different problems and in different situations. The problem is one of implementation of the conditions. There are two major categories of problems. The first consists of those relating to the functioning of the therapist, involving problems in understanding the communications of the client, and communicating this understanding to the client (empathic understanding), and communication of respect, warmth, caring, and concern in a therapeutically genuine manner. The second category of problems consists of those relating to preparing or adapting clients to engage in the client behaviors necessary for therapeutic progress.

Cultural differences impose barriers to empathic understanding – to communications of the client about himself to the therapist and to communication of therapist understanding to the client. (So, of course, do other differences, such as sex, age, socio-economic levels, race and religion.) The first barrier is of course language. It would no doubt go without saying that the therapist must be fluent in the client's native language. Besides verbal communication, there is the problem of nonverbal communication. This is a difficult area in working with clients from the same culture, since we know so little about nonverbal cues, except for the most obvious. With clients from other cultures the problem is greater, since nonverbal behaviors may have different, even opposite, meanings in different cultures.

An example of cultural differences in nonverbal behavior involves eye contact, an element of attending behavior, which is an aspect of the core con-

ditions. There is currently an emphasis in counselor education on training students in such behaviors, because they are objective and can be measured and thus serve as goals for a competence based approach to preparing counselors. The use of such behaviors as objectives is questionable even in preparing counselors to work with standard clients in the usual setting in America. It is an apt example of the technologizing of human relations, reducing the qualitative to the quantitative. There is no research to indicate exactly what proportion of time a counselor should maintain eye contact with a client. Certainly it will depend on the client, and on the counselor, and on the quality of the eye contact. Performed by the counselor as a technique it may consist of a nontherapeutic staring at the client. And when used with clients from some other cultures it may also be nontherapeutic. In Japan and some other cultures it is taboo for a female to look males in the eye, and custom and modesty influence eye contact in other cases.

This calls into question the trend toward emphasizing specific techniques in counseling. The attempt to reduce counseling or psychotherapy to such restricted techniques is likely to be detrimental to the counselor or therapist adapting to clients from differing cultures or differing social backgrounds. The greater the emphasis upon techniques, the less the generalizability of an approach to other cultures. Conversely, emphasis upon philosophy and attitudes frees the therapist to discover and to learn culturally appropriate methods of implementation. The core conditions are necessary, but there may be no specific techniques of implementing them which are necessary. If eye contact is necessary, one wonders how Freud and the orthodox psychoanalysts, sitting behind the client, who is on a couch, could ever be successful as therapists. It has been reported that Freud chose this position because he was unable to tolerate prolonged eye contact with clients. No doubt Freud would have failed to graduate from a competence based counselor education program.

A second barrier involves the content of the client's communications. Here it is clear that the counselor or therapist must have a thorough knowledge of the client's culture if he is to understand the content of the client's communications, including the nature of his problems. Culture provides the content in which the universals of human experience are clothed. In some instances – great art, literature and drama, and music – the universals of human experience transcend the specific content. The highly sensitive, experienced counselor or therapist may be able to sense this experience in some cases even when it is clothed in unfamiliar content. But the therapist who intends to work in a particular culture clearly must be committed to a time-consuming process of learning to know the culture.

Academic courses may help. But they may also hinder, if they focus as they often do, upon group characteristics, averages, and the typical or 'modal' personality, leading to stereotypes which interfere with understanding the client as an individual. The literature of the culture is a better source for cultural understanding. But there is no substitute for living in the culture, and the counselor or therapist should be prepared to spend considerable time living in the culture – preferably as a nonprofessional – before engaging in counseling or psychotherapy. To be sure, once the therapist begins to practice, he continues to learn from his clients.

Stewart (1976), in an interesting discussion of empathy, says that 'intercultural counseling, by definition, does not permit a totally accurate interaction, since empathy, defined as understanding others on the basis of shared qualities, cannot occur.' He goes on to note, however, that 'there are universals of human behavior' which provide similarities in experience which serve as a basis for shared qualities. Perfect understanding, and thus perfect empathy, cannot be achieved with any client, or any other human being, since each has had unique experiences which cannot be completely communicated to, or understood by, another. It is not required for therapeutic success that perfect empathy be achieved. There is always a gap in understanding, but it must not be too wide, and the client must feel that the therapist understands to a minimal degree and that he is constantly striving to understand better.

While the problems involving the therapist are difficult, problems involving the client may be greater in certain cultures. The evidence from research indicates that certain conditions or behaviors are necessary in the client if therapy is to be successful. The major requirement in the client is that he be willing and able to engage in the process of self-exploration, which begins with self-disclosure. It is possible that to some extent this can occur without overt vocalization on the part of the client. But in general, the client must be able to verbalize about himself and his experiences, to communicate to the therapist his perceptions of himself and his problems and to engage in active exploration of these areas.

A serious problem is posed if the client is unwilling or unable to engage in this process. In fact, if he cannot do so, then he is unlikely to be able to benefit from counseling or psychotherapy, to achieve the desired outcome of becoming a more responsible, independent and self-actualizing person. Psychotherapy, by definition, cannot occur without the participation of the client. It is clearly no solution, as some writers have proposed, for the counselor or therapist to take the responsibility for defining and exploring what he conceives to be the client's problem. Even if he should perceive the problem

correctly, the goals of client responsibility, independence and problem solving are being abandoned. But if the client cannot verbalize about himself, cannot communicate his ideas, thoughts, attitudes, feelings and perceptions, then the therapist has no basis for empathic understanding. It does not help for the therapist to assume responsibility, to make suggestions, to give advice and to make decisions for the client. To do so is to abandon the goals of counseling or psychotherapy.

Similarly, there is a problem if the client, as is often the case in other cultures (as well as in segments of Western cultures), expects the therapist to assume an authoritarian, expert, directive role, making suggestions and giving advice. If, as has previously been noted, such a role is not therapeutic where an objective of therapy is that the client take responsibility for himself, then to accede to those expectations is to abandon the goals of therapy. But what is the counselor or therapist to do?

And what if the client defines his problem in a way in which it cannot be solved by a method depending upon a relationship or upon the client accepting responsibility for the problem? Wohl (1976) discusses a situation in which a client attributed his problem to a demonic power which he had offended. This is similar to externalization, where clients attribute their difficulties to forces outside themselves or to other people, taking no responsibility for them. Counseling or psychotherapy is not successful, or applicable, in such situations, even when the counselor or therapist and the client are members of the same cultural group.

Thus it must be recognized that therapy is not effective with or applicable to, every person who seeks help or with every problem presented to the therapist. But where client attitudes and expectations are inconsistent with the conditions necessary for effective psychotherapy an effort can be made to modify these attitudes and expectations before abandoning the conditions and resorting to other methods which, though they may give the client a temporary feeling of being helped, are not psychotherapy. Structuring, in which the counselor or therapist explains the requirements of therapy and the roles and activities of each participant, can be useful in many cases. Another approach is pre-therapy education or training to prepare the client for his role in the process. Instruction may be given in groups; the instructor should be someone other than the therapist. But, if the client is unable to assume the role of a client and engage in the activities necessary for successful psychotherapy, therapy cannot take place, and whatever else the therapist may do is not psychotherapy.

If the culture is not one which is conducive to the development of self-

actualizing persons, then a problem arises if therapy is successful, since the client will then find himself in a difficult social position. He may be more 'maladjusted' than he was before therapy. But, while the purpose of therapy is not to make clients better adjusted to their society, neither is it the purpose, as some have suggested (Halleck, 1971), to produce revolutionaries. The client can decide, without being criticized or pressured by the therapist, to forego any change in directions which will bring him into conflict with his society – he does not have to choose to be a more self-actualizing person if he feels the price is too great. But if, knowing the price, he does make the choice, he will become a source of change within the culture or society, whether as an activist or not. Self-actualizing persons facilitate the self-actualization of other persons.

SUMMARY

We have reviewed the problems in counseling or psychotherapy posed by cultural differences. Few if any solutions to these problems have been proposed. It has been the general conclusion that theories and methods of psychotherapy developed in Western culture are not applicable in other cultures.

This view is rejected on the basis that there are universals of human nature, a basic one being the common motive of self-actualization. The goal of counseling or psychotherapy is to facilitate the development of self-actualization in clients. Cultures can be evaluated in terms of their contribution to the self-actualization of their members. The major conditions for the development of self-actualizing persons are known, and must be present in counseling or psychotherapy as practiced with any client, regardless of his culture. These conditions are not time-bound nor culture-bound. The problems of practicing counseling or psychotherapy in other cultures are viewed as problems of implementing these conditions. Certain characteristics of clients which present obstacles to the implementation of the conditions are associated with certain cultures. Until cultural changes lead to changes in these characteristics, counseling or psychotherapy will be difficult and in some cases impossible with certain clients from certain cultures. Structuring and client education and training may change client expectations and make therapy possible. In any case, however, to accede to client expectations, abandoning methods which have been demonstrated to be related to self-actualization as an outcome of counseling or psychotherapy, is to abandon self-actualization as the goal, and to accept goals which are often inconsistent with self-actualization.

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