Do We Need Multicultural Counseling Competencies?

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Weinrach and Thomas (2002) have shown rather conclusively that the Competencies are irreparably flawed. The attempt to develop such a document was misguided in the first place. There is no need for such a document, and thus no purpose in attempting to remedy its flaws. In the present discussion, I consider the more general problems with multicultural counseling. In addition, I propose a general solution to the problems of counseling clients who are members of a wide variety of culturally distinct groups. The Competencies are lacking any philosophical or theoretical foundations and are based on two untenable assumptions.

The seeds of the irrelevance of the Competencies are found in two early statements: (a) that "we are all multicultural individuals" (Arredondo et al., 1996, p. 3), and (b) that "everyone is a multicultural person" (p. 8). Thus there is no specific form of counseling that is multicultural. All counseling is multicultural. Everyone lives in a multicultural society. But this does not mean that the mental health professions need different counseling theories and practice for all the possible groups in that society. These statements would appear to negate the attempt to define competencies based upon classifying individuals--even when attempting to see individuals as members of a combination of classes. Everyone is a member of a class of one. No mental health counselor, however, can be prepared to counsel every possible client. The mental health practitioners prepared under the universal system summarized below will have the bases of becoming capable of counseling a wide variety of clients. Such mental health counselors will, of course, need special preparation to work with clients from particular groups. It is here that knowledge of the backgrounds of particular clients is necessary. Such knowledge provides a basis for understanding clients, colloquially, knowing "where the client is coming from." The Competencies (Arredondo et al., 1996) simply provide a compendium of the elements of this knowledge. This knowledge is acquired, but not from academic courses such as anthropology courses. Such courses foster stereotypes and view persons as subjects. The best way of attaining such knowledge is by living in a community of the kind of clients the mental health counselor expects to work with. Minimally, a lengthy internship is necessary. The assumption that simply a knowledge of the culture of the client will lead to more appropriate and effective therapy has not been borne out. Sue and Zane (1987) stated that "recommendations that admonish therapists to be culturally sensitive and to know the culture of the client have not been very helpful" (p. 37). They continued as follows:

> 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 psychotherapy ... Recommendations for knowledge of culture are necessary but not sufficient for effective treatment ... The knowledge must be transformed into concrete operations and strategies. (p. 39)

TWO FAULTY ASSUMPTIONS

There are two faulty assumptions that warrant further examination. The first faulty assumption is that counseling or psychotherapy is a matter in information, knowledge, practices, skills, or techniques. This misconception has permeated the literature on multicultural counseling and continues in the Competencies (Arredondo et al., 1996). However, not all writers on multicultural counseling have labored under this assumption. Several writers on multicultural counseling have gone beyond counseling as a matter of knowledge and skills and have listed a number of practitioner characteristics or attitudes as being necessary. Wohl (1976) noted that McNeil (1965) emphasized that the healing function includes a caring and concern on the part of the healer. In discussing Pande (1968), Wohl wrote that "therapy provides a special, close, love relationship" (p. 189). Stewart (1976), at the same time, emphasized the importance of warmth, genuineness, and especially empathy. Torrey (1970, 1972), according to Pedersen (1976), "identified the expectations of troubled contrast culture clients and the personal qualities of a counselor as being closely related to the healthy change, accurate empathy, and nonpossessive warmth and genuineness that are essential to effective mental health care" (p. 30). Vontress (1976) emphasized the importance of rapport as "the emotional bridge between the counselor and the counselee ... Simply defined rapport constitutes a comfortable and unconstrained mutual trust and confidence between two persons" (p. 45). He appeared to include empathy in rapport. Richardson (1981) listed the following among the ways of working with Native American clients: listen, be accepting, respect their culture, be natural, be honest, honor their presence, and do not be condescending. Preoccupation with techniques is fading, and it is being increasingly recognized that professional competence is inherent in the personal qualities of the mental health practitioner. The competent mental health counselor is one who provides an effective therapeutic relationship. The nature of this relationship has long been known and is the same regardless of the group to which the client belongs. This relationship is considered in more detail later.

The second faulty assumption is that client differences are more important than client similarities--that it is useful and desirable to classify clients into a number of discrete groups, each requiring different counseling treatments. Commendably, the Competencies (Arredondo et al., 1996) stop short of providing a list of the groups and the specific treatments or techniques appropriate for each. It leaves it up to the mental health practitioner to do that, presumably on the basis of the statement. Not listing groups and specific techniques may be the most positive thing that can be said about the Competencies. But the message is that the competent mental health practitioner must do this. The literature is replete with advice and recommendations to mental health professionals about how to deal with clients from different groups (Patterson, 1996).

Pedersen (1976) wrote that "each cultural group requires a different set of skills unique areas of emphasis, and specific insights for effective counseling to occur" (p. 26). There are numerous publications describing the characteristics of various cultural, ethnic and racial groups with recommendations about how to counsel them (e.g., Sue, 1981a; 1981b; Sue & Sue, 1990; Vontress, 1981). Pedersen (1976), for example, in his early review reported that:

> Native American Indian culture presents its own unique requirements for effective counseling. When counseling Native American Indian youth, the counselor is likely to be confronted by passively nonverbal clients who listen and absorb knowledge selectively. A counselor who expects clients to verbalize their feelings is not likely to have much success with Native American Indian clients. (p. 30)

The concept that many clients from ethnic minority groups are dependent and desire a structured relationship in which the mental health practitioner, as an expert, gives advice and solutions to problems has been proposed by several writers (Atkinson, Maruyama, & Matsui, 1978; Sue & Sue, 1990; Sue & Morishima, 1982; Szapocznik, Santisteban, Kurtines, Hervis, & Spencer, 1982; Vontress, 1976, 1981).

Cultural groups are not pure and discrete, but overlapping. The process of globalization is blurring differences. The only workable product of a multicultural society is a society of individuals who must ultimately absorb different cultures into themselves. Thus, no discreet classifications are possible. If classifications were possible, because every client belongs to number of combinations and permutations of these groups is staggering. Attempting to develop different theories, methods, and techniques for each of these groups would be an insurmountable task. Yet attempts have been made, limited to a few of the major ethnic-cultural groups. This approach is not only impossible, but also irrelevant and harmful in counseling the individual client.

Differences among clients are of two kinds: (a) accidental and (b) essential. Cultural, ethnic, and racial differences are accidental--the accident of place of birth. But all clients are alike in one basic essential--they are all human beings. As the psychiatrist Harry Stack Sullivan (1947, p. 7) phrased it, "we are all more basically human than otherwise." Pinker (1997, p. 32) notes that "surveys of the ethnographic literature show that the peoples of the world share an astonishingly detailed universal psychology." The common nature of all human beings provides the basis for a solution to the problem of multicultural counseling. What is needed is a system of counseling or psychotherapy based upon these common characteristics.

A UNIVERSAL SYSTEM OF COUNSELING OR PSYCHOTHERAPY

The essence of a universal system (Patterson, 1995) has long been known. It is what is known as client-centered therapy. There are five basic counselor qualities in this system (Rogers, 1957):

1. Respect for the client: This includes having trust in the client and assumes that the client is capable of taking responsibility for himself or herself (including during the therapy process), and capable of making choices and decisions and resolving problems. Moreover, he or she should be allowed to do so, as a right.

2. Genuineness: Counseling is a real relationship. The counselor does not assume a role as an all-knowing expert, operating on the client with a battery of techniques. The counselor is not an impersonal, cold, objective professional, but a real person.

3. Empathic understanding: Empathic understanding is more than a knowledge of the client based on knowledge of the groups to which he or she belongs. It requires that the MHC be able to use this knowledge as it applies or relates to the unique client, which involves entering into the client's world and seeing it as he or she does. "The ability to convey empathy in a culturally consistent and meaningful manner may be the crucial variable to engage the client" (Ibrahim, 1991, p. 18). The only way in which the mental health counselor can enter the world of the client is with the permission of the client, who communicates the nature of his or her world to the mental health practitioner through self-disclosure. Thus, client self-disclosure is the *sine qua non* for counseling. The mental health practitioner's respect and genuineness facilitate clients' self-disclosure.

4. Communication of empathy, respect, and genuineness to the client: The conditions must be perceived, recognized, and felt by the client if they are to be effective. This perception becomes difficult with clients who differ from the therapist in culture, race, socioeconomic class, age, and gender. Understanding of cultural differences in verbal and nonverbal behaviors (Sue, 1989; Sue & Sue, 1990) can be very helpful here. D. W. Sue and D. Sue conceded that:

> qualities such as respect and acceptance of the individual, unconditional positive regard, understanding the problem from the individual's perspective, allowing the client to explore his or her own values, and arriving at an individual solution are core qualities that may transcend culture. (p. 187)

These professional qualities are not only essential for effective counseling they are also the elements of all facilitative interpersonal relations. They are neither time-bound nor culture-bound.

5. Structuring: there is another element in all counseling that is of particular importance in intercultural counseling. It appears to have been recognized by few writers. Vontress (1976) is one who did, and his statement bears repeating:

> On the whole, disadvantaged minority group members have had limited experiences with counselors and related therapeutic professionals. Their contacts have been mainly with people who tell them what they must and should do ... Relationships with professionals who place major responsibility upon the individual for solving his own problems are few. Therefore, the counselor working within such a context should structure and define his role to clients; that is he should indicate what, how, and why he intends to do what he will do... Failure to structure early and adequately in counseling can result in unfortunate and unnecessary misunderstanding. (p. 47; see also Sue & Zane, 1987, pp. 4143)

And, it might be added, failure to structure may also result in failure of the client to continue. Structuring **is** necessary whenever the client does not know what is involved in the therapeutic relationship--how the mental health counselor will function and what is expected of the client--or holds misconceptions about the process.

CONCLUSIONS

Review of recommendations and suggestions for specific methods and techniques or skills for working with multicultural clients indicates that there is no evidence for the appropriateness or effectiveness of these methods. Other methods that have been suggested for counseling clients from other cultures are generally recognized and acceptable methods for which there is evidence for their effectiveness. It follows that we do not need competencies for multicultural clients. We need methods and approaches that are effective with all kinds of clients. These methods would constitute a universal system of counseling. Do we need multicultural counseling competencies as distinct methods or approaches to counseling? 'My answer is "No".

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