

MULTICULTURAL COUNSELING: FROM DIVERSITY TO UNIVERSALITY

C. H. PATTERSON

(*Journal of Counseling and Development*, 1996, 74, 227-231. Also published in Understanding Psychotherapy: Fifty Years of Client-Centered Theory and Practice. PCCS Books, 2000.)

Multicultural counseling has been a major source of diversity. Recently, however, it has been recognized that multicultural counseling is generic in nature and therefore that all counseling is multicultural. Thus multiculturalism has joined the movement toward a universal system of counseling.

The multicultural movement in counseling began some 40 years ago. An early statement was Wrenn's (1962) article "The Culturally Encapsulated Counselor." But the movement gained momentum from observations that "minority-group clients receive unequal and poor mental health services" (S. Sue, 1977, p. 116). They were, it was claimed, underserved and poorly served. S. Sue cited as examples reports by Yamamoto, James, and Palley (1968) and others. S. Sue later (1988) referred to the President's Commission on Mental Health (1978), as had others before. It appeared in S. Sue's study that minority clients were more likely to receive supportive treatment than were White clients. S. Sue found, however, that Black clients and Native Americans "were heavily overrepresented" in the community mental health centers he studied in Seattle, although Chicanos and Asian American clients were heavily underrepresented (S. Sue & McKinney, 1975; S. Sue, McKinney, Allen, & Hale, 1974). The failure-to-return rate (after the first session) was over 50% for Blacks, Native Americans, and Asian Americans; the Chicano rate was 42%, and the White rate was 30%. Blacks were the only group who received differential treatment, more often becoming inpatients and less often provided group and marital therapy (see also Wu & Windle, 1980).

Mays and Albee (1992) summarized their observations as follows:

"Members of ethnic minority groups are neither users of traditional psychotherapy nor purveyors of psychotherapy in anything like their proportion in the population.... The pattern of usage should not be confused with levels of need or help-seeking for emotional problems. In general, ethnic minorities experience a higher proportion of poverty and social stressors typically regarded as antecedents of psychiatric and psychological disorders than Whites.... Yet, in spite of the preponderance of these events in their lives, ethnic minorities are often underserved by high quality mental health resources (Wu & Windle, 1980). (pp. 552-553)."

Early concern focused on minority groups in the United States (D. W. Sue, 1978). Publications on these groups mushroomed. D. W. Sue's book *Counseling the Culturally Different* (1981a) contained chapters on Asian Americans, Black Americans (by Elsie Smith), Hispanics (by R. Ruiz), and American Indians (by E. H. Richardson). A special issue of the journal *Psychotherapy*, on psychotherapy with ethnic minorities (Dudley & Rawlins, 1985), included articles on these groups (see also Atkinson, Morten, & D. W. Sue, 1993). D. W. Sue and D. Sue (1990) included chapters on American Indians, Asian Americans, Black Americans, and Hispanic Americans.

But multiculturalism expanded to include other groups: various subcultures, racial groups, gender groups, economic groups including the poor (see Goldstein, 1973). Curiously, little has been written about counseling in other cultures outside the United States. The book *Counseling Across Cultures* edited by Pedersen, Lonner, and Draguns (1976) did include some material on this topic.

The assumption was quickly made that a form of counseling that had been developed in the United States (and other Western countries) for upper-middle-class White clients was inappropriate for other groups, even within the same general culture. Pedersen (1976) in an early review, 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).

INADEQUACIES OF MENTAL HEALTH SERVICES FOR MINORITY GROUPS

Many reasons have been advanced for the inadequacies of mental health services for ethnic minority groups, such as a lack of bilingual counselors and counselors who are members of the minority group, discrimination, or prejudice in counselors. S. Sue (1988) cited as one of the most frequent criticisms of counseling with minority clients "the lack of therapists who can communicate and understand the values, lifestyles, and backgrounds of these clients" S. Sue and Zane (1987) wrote that:

"the most important explanation for the problem in services delivery involves the inability of therapists to provide culturally responsive forms of treatment. The assumption, and a good one, is that most therapists are not familiar with the cultural background and styles of the various ethnic-minority groups and have received training primarily developed for Anglo, or mainstream, Americans (Bernal & Padilla, 1982; Chunn, Dunston, & Ross-Sheriff, 1983; Wyatt & Parham, 1985)." (p. 37)

In his early review Pedersen (1976) wrote, "There is increasing evidence that the trained counselor is not prepared to deal with individuals who come from different racial, ethnic or socioeconomic groups whose values, attitudes, and general life styles are different from and threatening to his own (Padilla, Boxley, & Wagner, (1973)" (p. 35). And Mays and Albee (1992) referred to "the cultural insensitivity" of traditional psychotherapy and "a failure of the profession of psychology to develop and promote relevant and adequate mental health services for this population" (p. 554).

Because every client belongs to numerous groups, it does not take much imagination to recognize that the 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.

There are numerous publications attempting to remedy the lack of knowledge about ethnic, racial, and cultural groups. The literature is replete with the characteristics of these groups and how to treat or not treat them (e.g., D. W. Sue, 1981a; D. W. Sue & D. Sue, 1990; Vontress, 1981). Pedersen (1976) 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 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 problems by himself. The Native American is very conscious of having to make his own decisions and is likely to resent being pushed in a particular direction by persons seeking to motivate him or her. (p. 30)"

Ridley (1984) stated that Black clients distrust White counselors and do not self-disclose: "Thus both the clinical and research evidence converge in portraying a black client who, as a therapeutic participant, is generally reluctant to disclose intimately to a white therapist" (p. 1236). Ridley's statement on self-disclosure in Blacks applies to other groups as well, including Asian Americans. Yet not all Blacks are non-self-disclosing, nor are all Asian Americans. S. Sue and Zane (1987) noted that "many Asian American clients who were unacculturated seemed quite willing to talk about their emotions and to work with little structure" (p. 39). Trimble (1976) noted that "the Indian is not accustomed to self-analysis nor is there a familiarity with the process of discussing with a non-Indian one's emotional conflicts" (p. 79). Meadow (1982) recommended that counselors de-emphasize the necessity for self-disclosure with Hispanic clients. D. W. Sue (1981a) wrote that counselors who "value verbal, emotional and behavioral expressiveness as goals in counseling are transmitting their own values" (p. 38; cf. D. W. Sue & D. Sue, 1990, p. 38). It appears that lack of self-disclosure is not necessarily an inability to do so but rather a reluctance to do so in certain situations with certain persons.

A second characteristic of certain (many) ethnic minority groups is the desire for a structured relationship in which the counselor is cast as an expert, giving advice and solutions to problems (D. W. Sue & D. Sue, 1990; S. Sue & Morishima, 1982; Szapocznik, Santisteban, Kurtines, Hervis & Spencer, 1982; Vontress, 1976, 1981). Many clients from ethnic-minority groups are dependent, desiring a therapist who is active, authoritative, directive, and concrete (Atkinson, Maruyama, & Matsui, 1978; Leong, 1986; D. W. Sue, 1981b; S. Sue & Zane, 1987; Trimble, 1976, 1981). It is usually stated that such clients need counselors who provide these conditions. However, it would be more accurate to say

that they *want or prefer* such therapists. Virtually all of the research on the preferences of minority groups toward counseling has been conducted with participants who compose small, unrepresentative samples--not actual clients--and involve statements regarding the kind of counselor the participants would like if they were to go to a counselor.

Yet, the almost universal recommendation is that counselors use techniques that "fit" the presumed characteristics of clients. Basic to this is "the assumption that different cultural and subcultural groups require different approaches" (D. W. Sue & D. Sue, 1990, p. 161). Listing five publications (including Ridley, 1984), these authors wrote:

"All seem to endorse the *notion* [italics added] that various racial groups may require approaches or techniques that differ from white Anglo-Saxon middle-class clients. Indeed, the belief held by many cross-cultural scholars is that minority clients tend to prefer and respond better to directive than to nondirective, and that counseling approaches which are active rather than passive are more effective, that a structured, explicit approach may be more effective than an unstructured, ambiguous one, and that minority clients may desire a counselor who self-discloses his/her thoughts or feelings (Atkinson, Maruyama, & Matsui, 1976; Berman, 1979; Dauphinais, Dauphinais, & Rowe, 1981; Ivey, 1986; D. W. Sue, 1978; Szapocznik et al., 1982). D. W. Sue & D. Sue, 1990, p. 160)"

PROBLEMS WITH A TECHNIQUE ORIENTATION TO MULTICULTURAL COUNSELING

There has been a plethora of publications recommending that "culturally sensitive," "culturally relevant," and "culturally appropriate" techniques be developed (e.g., D. W. Sue, 1989, 1990, 1991; D. W. et al, 1982; D. W. Sue & D. Sue, 1990). There are a number of problems with the attempt to provide information and knowledge about ethnic-minority groups and to recommend specific methods or techniques to fit these characteristics.

First, descriptions of the various groups are generalizations, describing the modal (abstract average) person. The result is the proliferation of stereotypes, a danger that a number of writers recognize. Sue (1983) cited Campbell (1963) who "warned that the finding of actual differences between groups often leads to exaggerated stereotyped images of these differences" (p. 585). S. Sue (1983) was one the first to point out the existence of wide individual differences within each group. In statistics when within-group variance is great compared with between-group variance, it becomes difficult, if not impossible, to assign individuals to groups or to differentiate among groups.

A note about the emphasis on value differences among cultures is relevant here. There are, to be sure, some value differences. But it needs to be pointed out that the word *values* is used too indiscriminately. Many so-called value differences among groups are actually customs, lifestyles, social norms, or habits, and preferences. There are many values that are common to many different groups, and some universal values (Patterson, 1989b). Brown (1991) wrote that "universals exist, they are numerous.... It will be irresponsible to

continue shunting these questions to the side, fraud to deny that they exist" (see pp. 142-156).

Second, the assumptions regarding the characteristics of ethnic minority groups leads to the self-fulfillment prophecy. If clients from other cultural groups are believed to be non-self-disclosing, dependent, in need of structure, direction, advice, and so on, then they will be treated as if these things are true, and they will respond to confirm the counselor's beliefs. It is thus assured that standard or traditional approaches will not be effective.

Third, the assumption that the counselor's knowledge of the culture of his or her client will lead to more appropriate and effective therapy has not been borne out. S. 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)"

Fourth, perhaps the greatest difficulty with accepting assumptions about the characteristics and so-called needs of clients from differing cultures is that they will lead to failure, or lack of success, in counseling. The active, authoritative, directive, controlling counselor, providing answers and solutions to the client's problems, has not been considered competent or effective for many years. To provide this kind of treatment (it would not be called counseling) to clients from other cultures would be providing poor or second-class treatment.

Fifth, D. W. Sue (1981a, p. 38) and D. W. Sue and D. Sue (1990, p. 40) referred to "the belief in the desirability of self-disclosure." But client self-disclosure is more than desirable-it is necessary for client progress. D. W. Sue and D. Sue (1990) appeared to recognize its importance, referring to self-disclosure as an "essential" condition, "particularly crucial to the process and goals of counseling, because it is the most direct means by which an individual makes himself/herself known to another (Greene, 1985; Mays, 1985)" (p. 77). Vontress (1976, 1981) recognized it as "basic to the counseling process" (p. 53). Ridley (1984) wrote that "nondisclosure means that a client forfeits an opportunity to engage in therapeutic self-exploration.... The result will most surely be nontherapeutic" (p. 1237).

Modifying or adapting counseling to the presumed needs or desires of ethnic minority clients cannot lead to abandoning those things that are essential for therapeutic progress. Ho (1985) recognized this: "There is a limit on the degree to which the fundamental psychological-therapeutic orientation [the Western model] can be compromised" (p. 1214). To attempt to apply all the techniques that have been suggested in working with ethnic-minority clients is to water down the counseling process until it is no longer effective in

any meaningful sense of counseling. Although clients may be pleased or satisfied with such treatment and may even receive some immediate, temporary help, therapy that includes goals such as client independence, responsibility, and ability to resolve his or her own problems is not achieved.

Culture-specific techniques for people in all the innumerable groups who may come to a counselor for help have not been clearly specified, described, or matched with the groups to which they apply. More important, there is little if any research support for the effectiveness of the theorized differential techniques or methods.

S. Sue (1988) noted that "considerable controversy exists over the effectiveness of psychotherapy for ethnic minority groups.... Despite the strongly held opinions over the problems ethnic clients encounter in receiving effective services, empirical evidence has failed to consistently demonstrate differential outcomes for ethnic and White clients.... Most treatment studies have failed to show differential outcomes on the basis of race or ethnicity of clients" (pp. 301-302), once clients enter and continue in treatment.

THE SOLUTION TO COUNSELING WITH MEMBERS OF MINORITY GROUPS

What then, is the solution to the problem of counseling with members of minority groups? It is certainly not that traditional counseling, that is, counseling as competently practiced in our current society, be abandoned.

Early on, before the emphasis on specific techniques for different groups, several writers listed a number of counselor characteristics or attitudes as being necessary. Wohl (1976, p. 187) noted that McNeil (1965, p. vii) emphasized that the healing function includes a caring and concern on the part of the healer. And 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 American Indian clients: listen, be accepting, respect their culture, be natural, be honest, honor their presence, and do not be condescending. Vontress (1976) also commented on counselor training that "what is needed most are affective experiences designed to humanize counselors.... Few counselors ever ask what they can do to change themselves; few want to know how they can become better human beings in order to relate more effectually with other human beings who, through the accident of birth, are racially and ethnically different. (p 62).

Unfortunately, the emphasis on techniques has overshadowed attention to the nature of the relationship between the counselor and the client. It now appears that this preoccupation with techniques is fading and that it is being recognized that counselor competence inheres in the personal qualities of the counselor. The competent 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.

There are five basic counselor qualities that are essentials of all effective counseling (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 counselor 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 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 counselor through self-disclosure. Thus, client self-disclosure is the sine qua non for counseling. Counselor respect and genuineness facilitate client 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 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 (D. W. Sue, 1989; D. W. Sue & D. Sue, 1990) can be very helpful here.

D. W. Sue and D. Sue (1990) 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 counselor 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 S. Sue & Zane, 1987, pp. 41-43)

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

There appears to have been the beginning of a change in the literature on multicultural counseling that could portend a return to a recognition of the basic nature of counseling as an interpersonal relationship. Patterson (1978) earlier had proposed such a view of multicultural therapy or counseling. Recently, change was introduced by the statement of Pedersen (1990) that "to some extent all mental health counseling is multicultural" (p. 94). This was followed by his statement that "we are moving toward a genuine theory of multiculturalism" (Pedersen, 1991, p. 6). He continued, "The obvious differences in behavior across cultures are typically over-emphasized, whereas the more difficult to discover similarities of expectations are typically underemphasized" (p. 9). Vontress (1988) earlier had emphasized the common humanness of all clients. Ibrahim (1991) also accepted multicultural counseling as generic. Speight, Myers, Cox, and Highlen (1991) stated it clearly: "All counseling is cross-cultural or multicultural because all humans differ in terms of cultural backgrounds, values or life style . . . Multicultural counseling is redefined as basic to all forms of helping relationships. All counseling is multicultural in nature" (pp. 29, 31). Unfortunately, the statement of standards of the Association for Multicultural Counseling and Development (D. W. Sue, Arredondo, & McDavis, 1992) does not adequately recognize this core of counselor competence.

All clients, as previously noted, belong to multiple groups, all of which influence the client's perceptions, beliefs, feelings, thoughts, and behavior. The counselor must be aware of these influences and of their unique blending or fusion in the client if counseling is to be successful.

The current overemphasis on cultural diversity and culture specific counseling leads to (a) a focus on specific techniques (or skills as they are now called), with the counselor becoming a chameleon who changes styles, techniques, and methods to meet the presumed characteristics of clients from varying cultures and groups and (b) an emphasis on

differences among cultures and their contrasting worldviews. This approach ignores the fact that we are rapidly becoming one world, with rapid communication and increasing interrelations among persons from varying cultures, leading to increasing homogeneity and a worldview representing the common humanity that binds all human beings together as one species.

Vontress (1979) proposed an existentialist philosophical view of cross-cultural counseling, a "philosophical orientation that transcends culture" (p. 117). Freeman (1993), citing Pedersen's (1991) proposal for a search for a framework that recognizes the complex diversity of a plural society and, at the same time, suggests bridges of shared concern that bind culturally different persons to one another, developed such a framework that includes the universal and the specific in therapy. Though she does not make this point, the universal is the process, and the specific deals with the content in therapy.

If multicultural counseling is generic, and if all counseling is multicultural, then it becomes possible to develop a universal system of counseling (Patterson, 1989a, 1995).

REFERENCES

Atkinson, D. R., Maruyama, M., & Matsui, S. (1978). Effects of counselor race and counseling approach on Asian Americans' perceptions of counselor credibility and utility. *Journal of Counseling Psychology, 25*, 76-83.

Atkinson, D. R., Morten, G., & Sue, D. W. (1993). *Counseling American minorities: A cross-cultural perspective*. (4th ed.). Dubuque, IA: Brown.

Bernal, M. E., & Padilla, A. M. (1982). Status of minority curricula and training in clinical psychology. *American Psychologist, 37*, 78-787.

Brown, D. E. (1991). *Human universals*. Philadelphia, PA: Temple University Press.

Campbell, D. T. (1967). Stereotypes and the perception of group differences. *American Psychologist, 22*, 817-829.

Chunn, J. C., Dunston, P. J., & Ross-Sheriff, E. (1983). (Eds.). *Mental health and people of color: Curriculum development and change*. Washington, DC: Howard University Press.

Dauphinais, R., Dauphinais, L., & Rowe, W. (1981). Effects of race and communication style on Indian perceptions of counselor effectiveness. *Counselor Education and Supervision, 21*, 72-80.

Dudley, G. R., & Rawlins, M. L. (1985). (Eds.). Psychotherapy with ethnic minorities [Special issue]. *Psychotherapy, 22*(2).

Freeman, S. (1993). Client-centered therapy and diverse populations. *Journal of Multicultural Counseling and Development, 21*, 248-254.

Goldstein, A. R. (1973). *Structured learning therapy: Toward a psychotherapy for the poor*. New York: Academic.

Greene, B. A. (1985). Considerations in the treatment of Black patients by White therapists. *Psychotherapy*, 22, 389-393.

Ho, D.Y. F. (1985). Cultural values and professional issues in clinical psychology: The Hong Kong experience. *American Psychologist*, 40, 1212-1218.

Ibrahim, F. A. (1991). Contribution of cultural worldview to generic counseling and development. *Journal of Counseling & Development* 70, 13-

Leong, F. T. (1986). Counseling and psychotherapy with Asian-Americans. *Journal of Counseling Psychology*, 33, 196-206.

Mays, V. M. (1985). The Black American and psychotherapy: The dilemma. *Psychotherapy*, 22, 379-388.

Mays, V. M., & Albee, G. W. (1992). Psychotherapy and ethnic minorities. In D. K. Freedheim (Ed.), *History of psychotherapy*. (Pp. 552-570). Washington, DC: American Psychological Association.

McNeill, J. T. (1965). *A history of souls*. New York: Harper & Row.

Meadow, A. (1982). Psychopathology, psychotherapy, and the Mexican-American patient. In E. E. Jones & S. J. Korchin (Eds.), *Minority mental health* (Pp. 331-361). New York: Praeger.

Padilla, E. R., Boxley, A., & Wagner, N. (1973). The desegregation of clinical psychology training. *Professional Psychology*, 4, 259-263.

Pande, S. (1968). The mystique of Western psychotherapy: An Eastern interpretation. *Journal of Nervous and Mental Diseases*, 146, 425-432.

Patterson, C. H. (1978). Cross-cultural or intercultural counseling or psychotherapy. *International Journal for the Advancement of Counseling*, 1, 231-247.

Patterson, C. H. (1989a, December). *A universal system of psychotherapy*. Keynote speech presented at the Southeast Asian Symposium on Counseling and Guidance in the 21st Century, Taipei, Taiwan.

Patterson, C. H. (1989b). Values in counseling and psychotherapy. *Counseling and Values*, 33, 164-176.

- Patterson, C. H. (1995). A universal system of psychotherapy. *Person-Centered Journal*, 2(1), 54-62.
- Pedersen, P. (1976). The field of intercultural counseling. In P. Pedersen, W. J. Lonner & J. G. Draguns (Eds.), *Counseling across cultures* . (Pp. 17-41). Honolulu, HI: University Press of Hawaii.
- Pedersen, P. B. (1990). The multicultural perspective as a fourth force in counseling. *Journal of Mental Health Counseling*, 12, 93-95.
- Pedersen, P. B. (1991). Multiculturalism as a generic approach to counseling. *Journal of Counseling & Development*, 70, 6-12.
- Pedersen, P. B., Lonner, W., & Draguns, J. (1976). (Eds.). *Counseling across cultures*. Honolulu, HI: University Press of Hawaii.
- President's Commission on Mental Health. (1978). *Report to the President*. Washington, DC: U. S. Government Printing Office.
- Richardson, E. H. (1981). Cultural and historical perspectives in counseling American Indians. In D. W. Sue (Ed.), *Counseling the culturally different: Theory and practice* . (Pp. 216-255). New York: Wiley.
- Ridley, C. R. (1984). Clinical treatment of the non-disclosing Black client. *American Psychologist*, 39, 1234-1244.
- Rogers, C. R. (1957). A note on "The nature of man." *Journal of Counseling Psychology*, 4, 199 -203.
- Speight, S. L., Myers, L. J., Cox, C. I., & Highlen, R S. (1991). A redefinition of multicultural counseling. *Journal of Counseling & Development*, 70, 29-36.
- Stewart, E. C. (1976). Cultural sensitivities in counseling. In P. Pedersen, W. J. Lonner, & J. Draguns (Eds.), *Counseling across cultures* (Pp. 98-122). Honolulu, HI: University Press of Hawaii.
- Sue, D. W. (1978). Eliminating cultural oppression in counseling: Toward a general theory. *Journal of Counseling Psychology*, 25, 419-428.
- Sue, D. W. (1981a). *Counseling the culturally different: Theory and practice*. New York: Wiley.
- Sue, D. W. (1981b). Evaluating process variables in cross-cultural counseling and psychotherapy. In A J. Marsella & P. Pedersen (Eds.), *Cross-cultural counseling and psychotherapy*. New York: Pergamon.

Sue, D. W. (1989, December). *Cultural specific techniques in counseling: A counseling framework*. Paper presented at the Southeast Asia Symposium on Counseling and Guidance in the 21st Century, Taipei, Taiwan.

Sue, D. W. (1990). Culture specific techniques in counseling: A conceptual framework. *Professional Psychology: Research and Practice*, 21, 424-433.

Sue, D. W. (1991). A model for cultural diversity training. *Journal of Counseling & Development*, 70, 99-105.

Sue, D. W., Arredondo, R., & McDavis, R. J. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Counseling & Development*, 70, 477-488.

Sue, D. W., Bernier, J. E., Durran, A., Feinberg, L., Pedersen, P., Smith, E. J., & Velasquez-Nuttall, E. (1982). Position paper: Cross-cultural counseling competencies. *The Counseling Psychologist*, 10(2), 45-52.

Sue, D. W., & Sue, D. (1990). *Counseling the culturally different: Theory and practice*. (2nd ed.). New York: Wiley.

Sue, S. (1977). Community mental health services to minority groups: Some optimism, some pessimism. *American Psychologist*, 32, 616-624.

Sue, S. (1983). Ethnic minorities in psychology: A reexamination. *American Psychologist*, 38, 583-592.

Sue, S. (1988). Psychotherapeutic services for minorities: Two decades of research findings. *American Psychologist*, 43, 301-308.

Sue, S., & McKinney, H. (1975). Asian Americans in the community mental health system. *American Journal of Orthopsychiatry*, 45, 111-118.

Sue, S., McKinney, H., Allen, D., & Hale, J. (1974). Delivery of community mental health services to Black and White clients. *Journal of Consulting and Clinical Psychology*, 42, 794-801.

Sue, S., & Morishima, J. K. (1982). *The mental health of Asian Americans*. San Francisco, CA: Jossey-Bass.

Sue, S., & Zane, N. (1987). The role of culture and cultural techniques in psychotherapy. *American Psychologist*, 42, 37-45.

Szapocznik, J., Santisteban, D., Kurtines, W. M., Hervis, O. E., & Spencer, E. (1982). Life enhancement counseling: A psychosocial model of services for Cuban elders. In E. E. Jones & S. J. Korchin (Eds.). *Minority mental health*. New York: Praeger.

Torrey, E. F. (1970, March). *The irrelevancy of traditional mental health services for urban Mexican-Americans*. Paper presented at the meeting of the American Orthopsychiatric Association, San Francisco, CA.

Torrey, E. F. (1972). *The mind game: Witch doctors and psychiatrists*. New York: Emerson Hall.

Trimble, J. E. (1976). Value differences among American Indians: Concerns for the concerned counselor. In P. Pedersen (Ed.), *Counseling across cultures* . (Pp. 65-81). Honolulu, HI: University Press of Hawaii.

Trimble, J. E. (1981). Value differences and their importance in counseling American Indians. In P. Pedersen, J. G. Draguns, W. J. Lonner, & J. E. Trimble (Eds.), *Counseling across cultures*. (2nd ed.). Honolulu, HI: University Press of Hawaii.

Vontress, C. E. (1976). Racial and ethnic barriers in counseling. In P. Pedersen, W. J. Lonner, & J. Draguns (Eds.), *Counseling across cultures*. (Pp. 42-64). Honolulu, HI: University Press of Hawaii.

Vontress, C. E. (1979). Cross-cultural counseling: An existential approach. *The Personnel and Guidance Journal*, 58, 117-122.

Vontress, C. E. (1981). Racial and ethnic barriers in counseling. In P. Pedersen, J. S. Draguns, W. J. Lonner, & J. E. Trimble (Eds.), *Counseling across cultures* . (2nd ed.). Honolulu, HI: University Press of Hawaii.

Vontress, C. E. (1988). An existential approach to cross-cultural counseling. *Journal of Multicultural Counseling and Development*, 16, 73-83.

Wohl, J. (1976). Intercultural psychotherapy: Issues, questions, and reflections. In P. Pedersen, W. J. Lonner, & J. Draguns (Eds.), *Counseling across cultures* . (Pp. 184-207). Honolulu, HI: University Press of Hawaii.

Wrenn, C. G. (1962). The culturally encapsulated counselor. *Harvard Educational Review*, 32, 111-119.

Wu, I. H., & Windle, C. (1980). Ethnic specificity in the relative minority use and staffing of community mental health services. *Community Mental Health Journal*, 16, 156-168.

Wyatt, G. E., & Parham, W. D. (1985). The inclusion of culturally sensitive issue materials in graduate school and training programs. *Psychotherapy*, 22, 461-468.

Yamamoto, J., James, T. C., & Palley, N. (1968). Clinical problems in psychiatric therapy. *Archives of General Psychiatry*, 19, 45-49.