

Cultural Confrontation

A Skill of Advanced Cultural Empathy

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Primary Objective

- To explain the concept of cultural confrontation and demonstrate how counselors can apply this therapeutic microskill practically in multicultural counseling

Secondary Objectives

- To demonstrate how an underestimation and/or an uncritical acceptance of clients' cultural values and belief systems can undermine therapeutic change
 - To illustrate that psychological problems, distress, and dysfunction can be a manifestation of cultural impasses or extreme and rigid adherence to an individual's cultural values
 - To explain how cultural confrontation is a demonstration of advanced cultural empathy
 - To provide examples of cultural confrontation used in actual practice
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As a little girl I remember watching the wisps of smoke curl from my father's cigarettes. I would delight in the whole process, the lighting of the match, the two quick shakes of his hand, the sound of his first breath taking in the tobacco. On special occasions, my father would take me on walks in

grassy areas, pointing out our role in the world and how we had the responsibility to take care of it. At different times of the year, he would break his cigarette and make an offering to our ancestors on those walks. I remember always wondering when it would be my turn to do the same. It was the 1970's and the warnings of the dangers of smoking were not as prevalent as they are now. My father a Lakota man, born and raised on the reservation, taught me to honor tobacco but his dependence on nicotine played a significant role in his life span only reaching 56 years.

McCloskey (2007)

AS THE MENTAL HEALTH PROFESSIONS HAVE SOUGHT TO ENSURE THAT PRACTITIONERS ARE CULTURALLY competent and sensitive, they have inadvertently overlooked a critical aspect of multicultural counseling competence. Often they assume that counselors should accept without question clients' cultural values. In their thinking, uncritical acceptance reflects an unbiased approach to counseling, especially as it pertains to clients whose cultural backgrounds are radically different from their own. The assumption of automatic acceptance is both implicit and, in our opinion, invalid, consequently rendering many practitioners of the profession incompetent instead of demonstrating the competence to which they aspire. Although it is imperative to identify, understand, and respect clients' cultural values, it is equally imperative for practitioners to critically examine cultural impasses and values to determine how they manifest themselves in clients' psychological distress. We maintain that in some cases, rigid and extreme adherence to cultural values not only is dysfunctional but also creates a great deal of psychological distress. We suggest that examination of clients' cultural impasses and at times cultural confrontation are essential competencies under the larger domain of multicultural counseling competence.

THE PROBLEM IN PERSPECTIVE

The call for multicultural counseling competence and sensitivity is replete in the counseling and applied psychological literature. For instance, the American Psychological Association (APA) published guidelines on multicultural education, training, research, practice, and organizational change for psychologists (APA, 2003). The document underscores the importance the profession places on these considerations. In particular, Guideline 2 calls for psychologists to recognize the importance of multicultural sensitivity when interacting with culturally different individuals (APA, 2003). This call to the practice of psychology has implications for training because recognizing that multicultural issues are an important component of counseling and applied psychology implies that training in multicultural issues is necessary (Toporek, Liu, & Pope-Davis, 2003).

We too recognize the importance of multicultural counseling competence and the concomitant training required to achieve this end. Given the history of racism and oppression in mental health delivery systems (Ridley, 2005), the emphasis on cultural competence and sensitivity is not only long overdue but essential. We are concerned, however, that discussions in the literature of cultural competence and sensitivity have a tacit flaw: They almost suggest or imply that mental health professionals uncritically accept differences in clients' cultural values. In fact, counselors and psychologists frequently are urged to respect cultural, racial, and ethnic differences in counseling. We certainly agree that clients always are worthy of the counselors' respect. However, all too often, *respect* is synonymous with an *uncritical acceptance*, regardless of the physical and psychological impact. Consider the language in the APA guidelines on multicultural education, training, research, practice, and organizational change. The document calls for the following:

respect and inclusiveness for the national heritage of all cultural groups, recognition of cultural contexts as defining forces for individuals' and groups' lived experiences, and the role of external forces such as historical, economic, and sociopolitical events. (APA, 2003, p. 382)

Similarly, a principle of Locke's (1998) model of multicultural understanding is the treatment of culturally diverse group members with dignity, respect, and responsibility. Hanna, Bemak, and Chi-Ying Chung's (1999) counselor wisdom paradigm calls for counselors to be extremely tolerant and accepting. One of the tasks of Ramirez's (1999) multicultural model of psychotherapy is to provide a nonjudgmental, positive, and accepting atmosphere devoid of conformity or assimilation pressures. While we recognize these principles, tasks, and guidelines as not only very important but essential to multicultural counseling, we want to make explicit the current absence of the examination of cultural binds or impasses, and especially cultural confrontation, as important components of multicultural counseling.

CONCEPTUAL TENETS UNDERLYING CULTURAL CONFRONTATION

We propose that cultural confrontation is a microskill of the larger domain of multicultural counseling competence. Our proposal is based on five tenets, and we now discuss these tenets.

1. *The superordinate goal of psychotherapy is to facilitate change toward resolving clients' psychological distress.* The goal is consistent with the needs of clients who typically seek counseling because they are unable to resolve stressful problems in their lives (e.g., Heppner, Cooper, Mulholland, & Wei, 2001; Heppner, Witty, & Dixon, 2004). Most clients do not enter therapy because they want their lives to remain the same; indeed, the overarching aim of psychotherapy is to facilitate changes that are beneficial to the client. On this issue, a general principle of the APA Code of Ethics is *beneficence*: doing what is best for our clients (APA, 2002). As such, it is important for therapists to identify key processes that lead to change in counseling (Warwar & Greenburg, 2000). This is not to suggest that therapeutic change is always easy or devoid of psychological pain. Often just the opposite is true. For example, becoming congruent in Rogerian therapy involves the self-concept and self-experience becoming more similar. This requires clients to face themselves in the proverbial psychological mirror, which is a prelude to self-actualizing and becoming fully functioning persons. The process necessarily evokes psychological pain, which Rogers labels as anxiety. But the superordinate goal to which therapists aspire is therapeutic change, which is attainable only through the facilitation of such a painful process.

Ridley (2005) suggests that psychological presentations always are contextualized in culture; therefore, therapeutic change always has a cultural manifestation. That is, although the *process* of facilitating therapeutic change is the superordinate goal of therapy, the *content* of the change will vary across cultural contexts. This occurs at both the idiographic and nomothetic levels of culture because counselors must be aware of the importance of within-group and between-group differences in cultural values. For example, a member of a minority group consciously and unconsciously may adhere to a broad array of values, some of which may be endorsed by his or her cultural group and others that are more representative of the dominant culture. Moreover, all clients have idiographic values that are a product of their individualized experiences; they have nomothetic values that represent their shared histories and identities as members of groups. Counselors need to be aware of how the cultural values of their clients manifest themselves as part of the change process. Furthermore, counselors need to skillfully incorporate cultural considerations into the basic design of counseling interventions (Ridley, Mendoza, Kanitz, Angermeier, & Zenk, 1994).

2. *Conflicting cultural values, and subsequently behaviors and lifestyle choices, may create psychological distress.* Frequently, the behaviors and lifestyle choices resulting in the psychological distress are both unnecessary and self-defeating. Unfortunately, many individuals are so focused on their psychological distress that they overlook the real source of their problems. Furthermore, some self-defeating behaviors may be more obvious than others, but the psychological pain and concomitant self-defeating consequences experienced as a result of the behaviors may not be easily discerned. For example, self-defeating behavior that is manifested as clients provoking others to engage in physical fights is more easily observed than cognitive processes such as overgeneralization, selective abstraction, or dichotomous thinking. Consider the African American client who has had the unfortunate experiences of being the victim of racial profiling and racial slurs. As we would expect, these experiences are traumatic. However, the client then overgeneralizes these experiences to every encounter with Whites, never testing reality to determine if these new encounters might be different. The overgeneralization leads the client to conclude erroneously that all Whites are racist. Played out in therapy, the client presents as guarded and nondisclosing, making it difficult to achieve any therapeutic gain. Understandably, the psychological pain that accompanies the self-defeating behavior is as real as the behavior itself and therefore necessitates clinical attention. Peck (1978) made this astute observation: "The difficulty we have in accepting responsibility for our behavior lies in the desire to avoid the pain of the consequences of that behavior" (p. 42).

3. *Individuals exhibit dysfunctional behavior in all cultures, and recorded history indicates its existence across time.* The need to understand and treat psychological disorders is universal. Archaeological and anthropological evidence makes this clear. Unfortunately, it is common to take a pseudoetic view of mental health—superimposing one's cultural values on other cultures and interpreting the mental health status of individuals through culturally constricted lenses (e.g., Triandis, Malpass, & Davidson, 1973). Nevertheless, the universality of human dysfunction and the recognition that dysfunction is culturally contextualized suggest that culture is implicated in psychological presentations. Consider people from individualistic cultures that take rugged individualism to an extreme: Some of them are so obsessed with their achievements that they compromise their psychological and physical health.

4. *Mental health professionals facilitate therapeutic change by recognizing and addressing self-defeating behavior, especially those related to cultural conflicts.* Although there are many aspects of the therapeutic change process, therapists certainly may help clients become aware of the motivations and consequences of self-defeating behaviors. As suggested previously, many clients are not cognizant that their choices—let alone the reasons why they choose their behaviors—are inherently self-defeating. Other clients recognize their behaviors as self-defeating but lack the motivation to change. Their resistance to change hinges on secondary gains—the psychological benefits they derive from remaining in a dysfunctional state. Keeping in mind that the superordinate goal of psychotherapy is to facilitate therapeutic change to resolve the clients' stressful problems (Heppner et al., 2001), therapists need to recognize the various factors that contribute to the behaviors and, for the purpose of this chapter, especially cultural conflicts and impasses.

5. *In addition to recognizing cultural conflicts and impasses, mental health professionals must supportively challenge cultural specific self-defeating behaviors.* If counselors do not accept this challenge, they inadvertently may undermine therapeutic process and outcome. When clients' cultural values manifest themselves through cultural conflicts, impasses, and self-defeating behaviors, multiculturally competent counselors must have the skills to identify this information to promote therapeutic

change. The need may not be apparent to clients because of their identification with a particular culture. Nevertheless, it is in this context that therapists may engage sensitively in cultural examination and, if necessary, challenge to help clients become cognizant of the reasons underlying their distress and the resulting self-defeating behaviors.

CULTURAL CONFRONTATION AND PROFESSIONAL ETHICS

The general principles of the APA Code of Ethics are nonhierarchical, and psychologists must strive to act in accordance with all of the principles (Fisher, 2003). Principle E of the Code of Ethics calls for psychologists to “respect the dignity and worth of all people” and to “respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status” (APA, 2002, p. 1063). Psychologists concomitantly are bound to Principle A, which articulates that psychologists strive to do good by promoting the welfare of others and strive to do no harm (APA, 2002). The American Counseling Association (ACA) Code of Ethics has similar admonitions. The preamble states, “Association members recognize diversity and embrace a cross-cultural approach in support of the worth, dignity, potential, and uniqueness of people within their social and cultural contexts” (ACA, 2006, p. 235).

Serving the best interests of clients and respecting cultural differences does not mean that ethical professionals overlook or minimize cultural conflicts. Mental health professionals have an ethical responsibility to help clients examine cultural conflicts, impasses, and values that create physical and psychological distress. Professionals failing to recognize cultural conflicts and impasses, as well as failing to address culturally influenced behaviors that are inherently self-defeating, are not helpful, nor are they acting in an ethically appropriate manner (Ridley, Liddle, Hill, & Li, 2001).

Along similar lines, competent professionals must be aware of their own biases and cultural values to ensure they are not engaging in unintentional racism and/or oppression (Thompson & Neville, 1999). According to Ridley (2005), racism is any behavior or pattern of behavior that tends to systematically deny access, opportunities, or privileges to members of one racial group while allowing members of another racial group to enjoy those opportunities or privileges. Ridley considered unintentional racism to be the most insidious form of racial victimization because unintentional racists are unaware of the harmful consequences of their behavior. Mental health professionals may avoid cultural confrontation as a show of respect for their clients. This behavior may be well intentioned and seem responsible on the surface. But inaction is an important element in the victimization of minority clients: It inadvertently reinforces clients’ dysfunctional patterns along with its attending psychological pain. We should note that some mental health professionals are so frightened of doing the wrong thing that they refuse to do or say anything when issues of race or culture arise. In so doing, they actually perpetuate the problem they seek to avoid by refusing to act.

RELEVANT CONSTRUCTS

The definition of cultural confrontation hinges on the definition of two relevant constructs—multicultural counseling competence and confrontation. We take the position that cultural confrontation is one among many components of multicultural counseling competence. Furthermore, it is a specific application of confrontation, a widely used microskill of counseling. Understanding both constructs is essential to defining cultural confrontation.

Multicultural Counseling Competence

A number of conceptualizations of multicultural counseling competence appear in the literature. We elect to use the definition posited by Ridley (2005). He defines the construct as the beneficial incorporation of cultural data in counseling to facilitate therapeutic change. *Culture* is broadly construed to include the full range of human experience that may play a critical role in issues presented to counselors, including knowing how one is perceived by others. By using a broad definition of culture, "multicultural" counseling can be extrapolated to all counseling relationships. Indeed, it is difficult to imagine counseling relationships where culture does not play any role. It is the charge of therapists to recognize cultural data as such and to sensitively incorporate the data into their counseling interventions in ways that are most beneficial for the clients.

In addition, Ridley and Mollen (in press) differentiate competence from competency, suggesting that multicultural counseling competence consists of an array of competencies, each of which is composed of a cluster of microskills. Cultural confrontation is a microskill that is necessary to obtain multicultural counseling competence. Of course, many competencies and microskills contribute to multicultural counseling competence. Many of these have been discussed in the literature, such as knowledge, skills, and attitudes related to counseling multicultural clients.

Confrontation

Confrontation is one among a number of microskills developed to help counselors intervene intentionally to facilitate the process of counseling. According to Ivey and Ivey (2007), confrontation is the "ability to identify incongruity, discrepancies, or mixed messages in behavior, thought, feelings, or meanings" (p. 261). Confrontation is both a powerful and complex microskill. It is powerful in that it is facilitating clients who are stuck at impasses to move intentionally toward self-enhancing behaviors and lifestyle choices. It is complex in that it involves several steps. Finally, the confrontation is not aggression toward clients but an assertive intervention to facilitate change. Along these lines, Ivey and Ivey (2007) provide this explanation:

Confrontation is *not* a harsh challenge. Think of it, rather, as a more gentle skill that involves listening to the client carefully and respectfully and then seeking to help the client examine self or situation more fully. Confrontation is not "going against" the client; it is "going with" the client; seeking clarification and the possibility of a new resolution of difficulties. Think of confrontation as a *supportive challenge*. (p. 263)

The essence of confrontation is to assist clients in considering how they disregard the inconsistencies and cultural impasses that result in their dysfunctional patterns. Before clients realistically can problem-solve and face the many and difficult challenges of living, they must become self-aware and resolve their incongruities and discrepancies. The failure to resolve personal incongruities and discrepancies entails a fundamental inability to achieve therapeutic change.

DEFINITION OF CULTURAL CONFRONTATION

Cultural confrontation, as previously mentioned, is both a component of multicultural counseling competence and a special application of the microskill confrontation. We define *cultural confrontation* as the identification and clarification of a discrepancy between a client's adherence to or exaggeration

of a cultural value and the resulting self-defeating consequences. Like any confrontation in counseling, the goals of this intervention are to move the client beyond the impasse, achieve resolution, and adopt self-enhancing behaviors. This microskill consists of two phases: critical examination and supportive challenge.

Critical Examination

The purpose of this phase is to determine whether a challenge of the client's cultural values is necessary. Counselors should be open to the possibility that any client needs to be challenged, but they should not assume this is necessary with every client. This assumption is no more valid than overlooking any client's pattern of dysfunction. Values associated with cultural conflicts and impasses may contribute to self-defeating behavior and psychological distress in one client but not another client. Therefore, the rationale for challenging clients is an established causal connection between their cultural values and self-defeating behavior. In some cases, a critical examination will reveal no connection. Here, further challenging of the client is not necessary. In other cases, a critical examination will reveal a causal connection between clients' cultural values and their self-defeating behavior. The counselor has no choice but to challenge clients concerning the discrepancies and inconsistencies in their psychological presentations.

Supportive Challenge

The purpose of the supportive challenge is twofold: (a) to clarify for clients the causal connection between their cultural values and the self-defeating consequences and (b) to seek resolution of clients' discrepancies and impasses. In regards to the clarification, counselors should realize that most clients are unaware of the connection and that the pattern provides a psychological benefit even though it is self-defeating. In regards to the resolution, counselors should realize that helping clients to move beyond their discrepancies and surmount their impasses is a major undertaking. This requires considerable skill, patience, and willingness to work with intense emotions. After all, the discrepancies and impasses are well entrenched in the clients' experiences, and they do not easily go away. Ultimately, the goal of a challenge is to assist the client in facing reality, solving problems effectively, and making sound lifestyle choices.

CULTURAL CONFRONTATION AS ADVANCED CULTURAL EMPATHY

Empathy has been considered for many years to be an integral component to counseling and psychotherapy, although no complete agreement on the definition of empathy exists in the literature. Most definitions of empathy describe how an individual attempts to perceive, conceptualize, or understand how another person experiences the world (Ridley & Lingle, 1996; Warwar & Greenburg, 2000). Cultural empathy is a special case of empathy, and it has been defined as the learned ability of counselors to accurately understand the self-experience of clients from other cultures (Ridley & Lingle, 1996; Ridley & Udipi, 2002). Drawing on the work of Rogers (1959, 1961), the self-experience is a composite picture of a person's psychological world or frame of reference, consisting of emotions, attitudes, values, and perceptions. As he explains, it is "all that is going on within the envelope of the human organism at any given moment" (Rogers, 1959, p. 197) and "the experiencing of experience" (Rogers,

1961, p. 76). Counselors' understanding of the self-experience is informed by their interpretation of clients' cultural data. Cultural empathy consists of two major processes: cultural empathic understanding and cultural empathic responsiveness. Cultural empathic understanding is the process through which counselors perceive the self-experience—the composite picture of the client's psychological world. The key is that counselors' perceptions of clients should be as accurate as possible. Cultural empathic responsiveness is the process through which counselors communicate to clients their understanding of the clients' self-experience. The key is that the communication not only demonstrates an accurate understanding of clients but also demonstrates an attitude of concern and respect.

Egan (1998) distinguishes basic empathy from advanced empathy, and this distinction is especially useful in conceptualizing cultural confrontation as advanced cultural empathy. Basic empathy “involves *listening* to clients, *understanding* them and their concerns to the degree that this is possible, and *communicating* this understanding to them so that they might *understand themselves* more fully and *act* on their understanding (Egan, 1998, p. 81). Cultural empathy is the ability of counselors to understand their clients' internal frame of reference, particularly as it pertains to culture. Thus, basic cultural empathy may be considered a counselor's ability to understand the cultural components that are part of their clients' self-experience *and* that are currently part of their clients' self-awareness. Counselors who respond to the cultural components that clients incorporate into their self-awareness are practicing basic cultural empathy.

Ridley and Udipi (2002, pp. 320–321) provide a helpful vignette of a counselor's use of basic-level cultural empathy.

Client: When I get down on myself, I question whether my parents thought about the impact of a mixed marriage on their children. As a biracial individual, I struggle with knowing where I belong. Sometimes I feel like I belong to both races, and sometimes I do not feel like I am either Black or White. Relatives on both sides of the family are nice to me, but I wonder if they are pretending.

Counselor: You want to be certain about your place in the world, and it matters that those who are close to you accept you as you are. Yet it is not always clear to you that by being biracial you have a place or, if you do, that is acceptable. You want to find an answer so you can be up on yourself.

In the above example, the counselor is effective in both understanding and communicating that understanding of the client's self-experience. The counselor uses different words than the client but reflects the essence of what the client is saying. For instance, the client never uses the words *place in the world* or *acceptable*, but having a place and acceptance are core themes embedded in the client's words. This demonstration of basic cultural empathy indicates that the counselor accurately perceives and, therefore, understands and consequently communicates personal themes of which the client is aware. But the counselor does not communicate any new insights of which the client may be unaware.

Egan (2002) describes advanced empathy as a communication skill that highlights deeper messages to clients. He suggests that advanced empathy is demonstrated when counselors assist clients in taking implicit aspects of their self-experience (what is implied by what they say) and making them explicit. Here counselors identify themes in which their clients are unaware, making connections they may be overlooking (Egan, 2002). Essentially, advanced empathy is the ability of counselors to help clients get in touch with aspects of their self-experience that currently are not part of their

self-awareness. Counselors use advanced cultural empathy to help their clients realize cultural components that are part of their self-experience but were previously not part of their self-awareness.

Consider again the previous vignette. Now notice how the counselor builds on that material and moves beyond basic empathy to advanced empathy.

Counselor: You want to be certain about your place in the world, and it matters that those who are close to you accept you as you are. Yet it is not clear to you that by being biracial you have a place or, if you do, that is acceptable. You want to find an answer so you can be up on yourself. But based on what you just said and some earlier comments you made, I wonder if you really believe that it is possible for you ever to be up on yourself. That is because you are afraid that you might never find your place. Furthermore, the anger you have toward your parents for not considering the impact of their decision leaves you with a feeling of hopelessness.

In the above example, the counselor provides some fresh insights into the client's self-experience. The client is unaware of some deep feelings and attitudes. However, it takes the attentive listening of the counselor to "hear" what the client is saying between the lines. The counselor brings to the client's awareness his uncertainty of ever being happy, his fear of never finding his place in the world, and his anger toward his parents. Of course, the counselor must be careful to neither misunderstand the client nor put words in the client's mouth. A misinterpretation not only would contradict the purpose of advanced empathy but could also misdirect the course of therapy.

Cultural confrontation is a skill integral to practicing advanced cultural empathy. Cultural confrontation allows counselors to assist clients in accessing conflicts of which they may not be aware but are nevertheless real and negatively affecting their functioning. Counselors must first use basic cultural empathy to conceptualize the cultural components of their clients' presentation from the clients' point of view. Then they must use advanced cultural empathy to explore implicit cultural messages that may contribute to psychological distress. Cultural confrontation is used to facilitate therapeutic change because it seeks to make accessible parts of a client's self-experience that were previously inaccessible. This may result in necessary psychological pain that clients experience as they become more congruent. Using the skill of cultural confrontation is dependent on the counselor's ability to recognize how culture contributes to their clients' presenting concerns.

GUIDELINES TO CULTURAL CONFRONTATION

The practical question pertaining to cultural confrontation is this: How do mental health practitioners examine cultural values and challenge clients concerning their self-defeating behaviors related to cultural conflicts? Embedded in the above question is another question: How do mental health professionals employ cultural confrontation in a way that results in positive therapeutic outcomes? We recognize that such an intervention is demanding, and for some professionals, it is daunting. Nevertheless, we reiterate that by avoiding this intervention, the therapist is abdicating an often powerful tool to promote change, thereby decreasing the likelihood of favorable counseling outcomes. To answer the aforementioned questions, we provide seven guidelines to assist professionals in the process of cultural confrontation. We present these guidelines as representing important elements or ingredients in the process of cultural confrontation and recognize that the order of our presentation oversimplifies the complex and nonlinear process of counseling.

1. *Accept cultural confrontation as an essential microskill of multicultural competence.* Many counselors have fears and apprehensions about confronting any client. The intervention forces them out of their comfort zone. Moreover, in light of the tremendous emphasis in the literature and training programs on respecting clients' cultural values, it is understandable how some counselors would find it particularly difficult to consider this microskill as an intervention they personally would employ. Counselor-trainees, in particular, often experience anxiety (Gross, 2005), and they may especially be prone to forego confronting culturally diverse clients. Nevertheless, counselors should remind themselves of the importance of this intervention and commit themselves to engage in cultural confrontation despite their fears and anxieties. The last thing counselors should do is avoid cultural confrontation.

2. *Establish a strong working alliance with clients in general, but it is especially important to have a strong working alliance before engaging in a cultural confrontation.* A working alliance is facilitative of therapeutic change. It has been cited as an integral part of counseling in general (Bachelor & Horvath, 1999) and multicultural counseling in particular (Roysircar, Hubbell, & Gard, 2003). A critical element of the working alliance in multicultural counseling is cultural empathy. In addition, counselors need to move from basic to advanced cultural empathy before engaging in cultural confrontation. Advanced cultural empathy allows counselors to recognize how cultural components contribute to their clients' psychological distress, even though the clients themselves may not have this awareness.

3. *Time the cultural confrontation.* Like any intervention, timing is everything. Counselors should not confront their clients prematurely, nor should they postpone confrontation when it is an appropriate time to confront. Both actions are counterproductive. On one hand, Ridley (1984) explained the importance of not prematurely confronting African American clients, some of whom overgeneralize their experiences of racism:

The new role of the therapist is to facilitate the client's ability to discriminate sociopsychological cues. Generalizing to all Whites or all situations is no longer a desirable response. A sensitized therapist would confront and encourage discussion of the cultural paranoia during the early phases of treatment. Without such confrontation, the potential benefits of therapy and future interracial experiences could be restricted. (p. 1240)

On the other hand, Knox, Burkard, Johnson, Suzuki, and Ponterotto (2003) demonstrated the consequences of avoiding racial issues in counseling. They reported that White psychologists normally did not address race with racially different clients, and they did so because of their feelings of discomfort. These psychologists' within-therapy behavior, however, contradicted their perception, for they believed that discussions of race in therapy had positive effects.

4. *Anticipate client resistance to cultural confrontation.* Resistance is clients' attempts to interfere with the process of constructive change (Ridley, 2005). Underlying resistance are psychological processes in the clients intended to protect themselves from emotional pain. Resistance can be reflected in a wide range of behaviors, some of which are obvious, others of which are less so. For instance, some resistance is active, such as a client arguing with a counselor about the counselor's interpretation of the self-defeating behavior. Other resistance is passive, such as a client faking cooperation with the therapist by making *counseling-correct* statements to cover up unresolved issues. The best measure counselors can take to try to prevent resistance is establishing a strong therapeutic alliance. In the context of the alliance, clients are more likely to feel safe and less vulnerable in facing their discrepancies and inconsistencies. However, even the best attempts to prevent resistance are not always successful. Here counselors should sensitively name the resistance and then help clients to realize how it serves to maintain their self-defeating behavior and interfere with their progress in counseling.

5. *Affirm clients' cultures.* Obviously, counselors should never denigrate a client's culture. This requirement holds true even when counselors ascertain a connection between clients' cultural values and their self-defeating behavior. We know that culture plays a major role in shaping identity, values, and behaviors. Therefore, to dismiss or downplay the important role of culture is to undermine clients at the core of their psychological experience. Based on this premise, helping clients to examine the cultural context of their distress, including cultural confrontation, does not imply that their cultural values are bad or unimportant. Instead, the intervention of cultural confrontation takes into account that cultural values affect clients' cognition, affect/mood, and behaviors at many different levels. At the same time, the premise implies that it is harmful for counselors to promote cultural confrontation disrespectfully or prematurely. Clients are more likely to terminate therapy prematurely, or it may significantly damage the therapeutic relationship.

6. *Assist clients in understanding the causal connection of the pattern of behavior to their psychological consequences.* Unless clients understand the nature of the connection, they are unlikely to accept it as a valid hypothesis. Actually, the causal connection entails two levels: the connection of the cultural values of the client to the self-defeating pattern and the connection of the self-defeating pattern to the psychological consequences. It is essential for clients to understand both levels of connection.

Within the context of cultural empathy and a strong working alliance, another critical component is for counselors to be able to help clients examine the cultural context of their distress. Many clients are so focused on the symptoms they are experiencing that they fail to see them in the context of their lifestyles or cultures. If counselors can help clients make the link between their cultural values, behaviors, and psychological pain, therapeutic change is more likely to occur. For example, a male client from an individualist culture may engage not only in independent but even isolationist behaviors due to an idiographic combination of cultural values of supporting oneself, achieving individual merit, and having a strong sense of shame associated with asking for help. On the other hand, an overemphasis on saving face and interpersonal harmony for a female incest survivor from a collectivistic culture may result in very high levels of psychological distress and a number of self-defeating behaviors later in her life. Moreover, behavioral dysfunction may result from an overemphasis of a particular cultural value. Here a client's self-defeating behavior is extreme even for members of the client's culture, as in the case of clients who are so individualistic in cultural orientation that they develop a narcissistic personality disorder or so collectivistic in cultural orientation that they develop a dependent personality disorder. Neither is healthy.

Based on the work of Ridley, Li, and Hill (1998), the following suggestions may be useful in establishing the connections between cultural values and self-defeating behavior and between self-defeating behaviors and psychological consequences.

- Determine if clients' cultural values reflect in self-enhancing behaviors. If these cannot be determined, there is a strong possibility that the cultural values reflect in self-defeating behaviors.
- Determine whether clients' behaviors represent extremes even for members of their culture.
- Consider whether behaviors that appear outwardly as assets could be insidiously self-defeating and behaviors that appear outwardly as deficits could be assets.
- Explore clients' interpretations of their psychological presentations.
- Recognize your biases to avoid misinterpretation of clients' psychological presentation.

7. *Help clients change their behavior and make new lifestyle choices.* It is one thing for clients to understand and come to terms with the sources of their dysfunctional patterns. It is another thing for

them to actually change their behavior. In addition to anticipating resistance to change, counselors ought to realize that only part of the equation of change is stopping self-defeating behavior. The other part is teaching clients new behaviors that are self-enhancing. To help clients change their behavior, counselors may draw upon any number of theoretical orientations and employ a variety of strategies. Critical to the change process is the naming of a specific behavioral pattern to be acquired. The ultimate test of the effectiveness of counselors' critical examination and supportive challenge is whether clients retain appreciation for their cultures while choosing lifestyle practices that are self-enhancing.

CASE EXAMPLE

We use a case example to demonstrate cultural confrontation in action. Rocio Rosales, a doctoral candidate in counseling psychology at the University of Missouri–Columbia, provides this material based on her counseling experiences. She discusses not only the issues related to cultural confrontation with a Latina client but also the issues that this raises for her as a Latina therapist.

In my development as a counselor, I have struggled to remain true to myself both as a counselor and as a Mexican American. Through this process, I have integrated my cultural beliefs into my work and found a balance that remains authentic to my clients and me. Although I recognize the value of confronting client's cultural values that lead to dysfunctional behavior and distress, I must acknowledge the distress that this confrontation has caused for me as a racial/ethnic minority counselor.

In my training, I have struggled most with incorporating a new role within my Mexican cultural values when counseling some clients. The most difficult piece of this work has been in challenging some clients; I had to push myself to be more vocal, direct, and at times confrontational—communication styles that are not practical to my culture. Challenging clients is in stark contrast to my cultural values of *personalismo* (personalism) and *respeto* (respect). I had to learn how to reconcile the communication style of my culture with the communication style needed for conducting effective therapy.

In addition to the discomfort and internal struggle I felt in incorporating a new role within my cultural values for the benefit of my therapeutic work with some clients, this struggle has magnified when working with a client who is of the same ethnic background as me. Something about challenging clients on values that I hold so dear in my heart cannot help but make me feel as though I may be betraying my cultural heritage. These values are at the core of my culture and ones that I take pride in; thus, questioning these values, I feel as though I am being disloyal. Nonetheless, through my counseling work, I recognize that pride and inflexibility in these values may hinder positive change for my clients if I am not flexible in balancing my cultural values with counseling values.

Through providing an example of my work with a Latina client, I hope to illustrate the benefit of finding a balance between and within cultural values. Alicia was a 20-year-old Latina college student that presented with depressive symptoms. Through further exploration, Alicia confided that she felt a tremendous amount of guilt in going to college, far from family. This was especially difficult because of the Latino cultural value of *familismo* (familism), which explained her distress in pursuing a college education away from her family.

Her family history compounded her feelings of guilt as her family continually called her to come home because of difficult times. Alicia felt guilty in not being able to go home because she would fall behind in her schoolwork, but was also not able to concentrate on her studies if she would stay because of the importance of family. Alicia wanted to be with her family, but the stressful home environment also increased her distress. It became clear that in our work, we would have to address her cultural value of *familismo* and examine its fit with her to decrease her distress. In doing so, being authentic and transparent while discussing this cultural value was important to our examination of *familismo*. Through these discussions, Alicia came to realize that while family is important, the best way to help

her family was to take care of herself. Toward the end of our work and through processing conflicting cultural values and emotions, Alicia felt that she could balance her family's needs along with her own needs. Through this processing, Alicia felt that she could let go of her guilt because she also recognized the importance of her own needs.

This case was extremely difficult because I could identify with Alicia's love for her family and placing her family's needs before her own. After each session, I had to process with my peers because I could not help but feel that I was being an impostor in questioning her on values that I also believed. How much more betrayal can that imply? Needless to say, this was a difficult process for me as well as for my client. However, through seeing Alicia's progress and through my own reflection, I have felt less betrayal and more prepared and equipped to help future clients on similar issues.

Through this process, I feel as though I have successfully bridged two worlds and remained true to myself as a counselor and as Mexican American. I believe that the nature of counseling, in providing a safe space and through *confianza* (trust), allowed my client and me to explore and challenge certain aspects of her cultural values in a particular situation or context. It is my hope that in sharing what we explored in *confianza*, confronting cultural values to fit her needs, other counselors may learn that while this process is difficult, it also can be a healing experience for clients.

Based on this case material, here is a vignette of how cultural confrontation might be employed.

Counselor: Alicia, you have talked at length about the importance of your family. I can identify with your feelings since *familismo* is so much a part of our culture. We really are fortunate to have this heritage. Nevertheless, your tone suggests to me something else that concerns me: You feel as though you are at fault for not being with your family to help with the problems. After hearing your story, I want to raise an idea for you to think about. Family is a good thing, and you are experiencing guilt both about not being there for your family and not helping to solve the problems at home. In addition, your depression and distress are not good for your physical and emotional health. Is it possible that you are considering only the importance of family in the short term as opposed to looking at the long-term consequences if you do well in school? Is it also not possible to support your family without being at home and solving the problems? Believe me, I have struggled with the same issues. Perhaps, the best way you can help your family is by standing up to the pressure, not allowing your relatives or yourself to put you on a guilt trip, and completing your education now so that you can actually take better care of your family in the future. In addition, you can help your family by supporting them, through listening, without feeling the pressure to solve the family problems. In doing these things, you really can be an asset to your family.

This case poignantly depicts the struggle counselors may have in helping their clients to examine not only the role and function of traditional values in their lives but also the parallel struggle of clients' psychological presentations, which jar counselors to reflect on and clarify their own cultural beliefs. The myriad of thoughts and feelings that arise from cultural confrontation may be daunting for any counselor, which thereby emphasizes the need for counselors to consult with colleagues and supervisors who are multiculturally competent. In the vignette, the counselor displays basic cultural empathy by reflecting on the value the client attaches to family and advanced cultural empathy by insightfully noting the client's deep sense of responsibility for the family problems and future welfare. Finally, the counselor challenges the client's approach to family, pointing out the inherent conflicts between the short- and long-term consequences and between supporting and solving problems.

CONCLUSION

In the quest to make multiculturalism integral to professional counseling, the profession inadvertently has overlooked important presuppositions that underlie its interventions. By overlooking these presuppositions, practitioners of the profession sometimes are unhelpful or even harmful rather than therapeutic in their counseling—a practice that contradicts their intentions to be helpful. One of these presuppositions is that the cultural values of clients should be accepted uncritically. We maintain that counselors' respect of clients' cultural values should not be equated with their uncritical acceptance. Indeed, the failure to critically examine clients' cultural values and subsequently confront their cultural values that result in self-defeating behavior and lifestyle choices reflects incompetence in multicultural counseling, resulting most likely in unfavorable treatment outcomes. Therefore, we explained the microskill of cultural confrontation and provided guidance to assist professionals in implementing this intervention.

CRITICAL INCIDENT

A South Korean Student

The following incident, written by Dr. Dong-gwi Lee (Yonsei University, Korea), nicely illustrates the complexities inherent in an array of cultural values. In addition, it demonstrates the need for cultural competence in examining and confronting a client's cultural values.

According to Yonhap News ("Suicide," 2006) in South Korea, on March 21, 2006, a 20-year-old Korean college student committed suicide by throwing himself on the track of an approaching subway train in Seoul. A witness reported that the student was anxiously staring at the track and suddenly jumped off on it the moment he saw the train approaching closely. Based on the police report, the student was ranked at the top of the list when matriculating into the Engineering School of one of the most prestigious universities in Korea but recently took a leave because of a drastic drop in his grades, presumably due to his heavy involvement in extracurricular activities. The report added that the student seemed to suffer from frequent altercations with his parents on account of his poor grades, resulting in isolating himself from any social contact for a month. The night before his suicide, it was reported that the student received a harsh reprimand from his parents due to his recent decision to take a leave without having consulted with them.

This sad story offers points of discussion for counselors in the United States working with Asian and Asian American adolescents in terms of (a) how some East Asian values seem to have influenced the student's decision of killing himself and (b) the unique challenges counselors may encounter when serving Asian clients with similar presenting issues. The student's psychological turmoil may be likely conceptualized by his struggles with some traditional Asian values, such as saving face for one's family as well as filial piety (Kim, Atkinson, & Yang, 1999; Kwan, 2000). This student was likely feeling shameful and/or guilty about his "poor grades"; grades tend to be highly valued in Korean culture and a reflection of family success. The student's "poor grades" disappointed his parents, and thus resulted in a "harsh reprimand." Not surprisingly, such emotional turmoil may have been a big blow to his self-esteem as his reputation in his family drastically changed from being a "TOP" student to probably being a "trouble maker." It also seems noteworthy that the student was facing an important task of developing his identity and his life values and preferences, as implied by his strong engagement in extracurricular activities. Unfortunately, it seemed to be too much of

a burden to handle both demands (i.e., saving family face and meeting personal needs). The student needed help to resolve this situation. Unfortunately again, traditional Asian values of saving face for one's family often preclude Asians from pursuing professional counseling. More specifically, in Korea, seeking professional help, especially for a male, can indicate a sign of weakness. Moreover, divulging family discord to people other than members of the family is typically discouraged because of the potential to lose face for the family. In essence, the student seems to have been in a very stressful cultural and personal impasse. The student seems to have chosen to withdraw from social contact to avoid confrontation; however, this aggravated his situation by limiting his resources in dealing with the stress. It appears that his suicide resulted from the interplay among his fear of losing family face, lack of family support, and fragile self-esteem coupled with escalated loneliness and helplessness. In short, sometimes a combination of overemphasizing traditional Asian values of filial piety and saving face as well as expectations for Korean males can combine to create difficult emotional dilemmas.

My observations as a supervisor for American counselor trainees who have not been frequently exposed to cultures other than their own suggest that the majority of them could be categorized into two categories: (a) *overacceptance of cultural differences*, which refers to an individual's simple acceptance of cultures different from their own with no reflections or questions attached (e.g., I have to just accept others' cultures of which I am totally ignorant), or (b) *underestimation of cultural differences*, which is a belief about the universality across cultures (e.g., human beings have more similarities than differences). Note similar distinctions were made by other scholars (e.g., color consciousness vs. color blindness, Ridley, 2005; "*alpha bias*, the tendency to exaggerate differences" [vs.] "*beta bias*, emphasizes similarity at the expense of attention to group differences," Gelso & Fassinger, 1992, p. 290); however, these terms were not directly applied to populations other than Americans. In short, counselors who lack multicultural competence can make two mistakes: (a) overacceptance of the client's culture and (b) underestimation of cultural differences. In both cases, the client's culture is not fully incorporated into the conceptualization of the client's presenting problems, nor is it a focus of the intervention strategies. In working with the student in the story, a novice counselor could make the mistake of not fully discussing the Asian cultural influence and its toll on the student's psychological health given the counselor's simple acceptance of Asian cultures at the surface level. If a counselor trainee overlooks cultural differences, the counselor overlooks the power of cultural issues.

Discussion

In the example above, the student might have benefited from an examination of the cultural context of his situation, perhaps increasing his awareness and the consequences of his interpretations and expectations of his personal and cultural values. In essence, the counselor could facilitate a respectful process of exploring his values and assumptions about his values (which could even involve various levels of confrontation) to help the client move toward a values clarification and purposeful decision making. But if a counselor trainee is overaccepting of cultural differences, she or he is likely to not only accept the cultural values but also even ignore the stressful impact of the cultural values. Because the counselor accepts the client's cultural values, the counselor has difficulty accurately conceptualizing the client's presenting problem and is often devoid of the client's cultural context. Moreover, the counselor typically does not conceptualize addressing the cultural values as part of counseling and even attempts to work around the cultural impasse. In essence, because the counselor lacks such multicultural counseling competencies, the counselor avoids intervening with cultural dilemmas and discussing the client's cultural values, which can result in ineffective or even harmful counseling experiences for the client.

DISCUSSION QUESTIONS

1. Imagine you were the counselor of the 20-year-old man discussed above, and after much discussion with him, you found the need to engage in cultural confrontation. Write a brief description of how you might have engaged this man in a cultural confrontation.
2. Further imagine that the client reacted defensively to your cultural confrontation and clearly appeared to be angry with you. How would you (a) respond to his reaction, which likely may have been resistance on his part, and (b) manage the working alliance with this client?

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