Resolution of Value Conflicts in Multicultural Counselling

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Abstract

Reports of value conflicts between counsellors from the dominant group and culturally different clients have served as the impetus for matching counsellors and clients based on cultural background, as well as for the development of the Theory of Multicultural Counselling and Therapy (MCT). The assumption of cultural homogeneity that underlies the strategy of counsellor-client match is challenged based on the processes of free will and acculturation. Incongruities in the theory and practice of MCT are highlighted with respect to cultural bias in language and intervention choice. An innovative, disclosure-based alternative to resolving counsellor-client value conflicts is presented. The application of the approach is illustrated through a multicultural case in which the principles of integrity in relationships and responsible caring in the Canadian Psychological Association's ethical guidelines diverge.

Résumé

L'apparition de conflits de valeurs entre les conseillers de la culture dominante et des clients d'un groupe culturel différent a mis en évidence la nécessité de mettre en rapport des conseillers et des clients de la même origine culturelle. Cette constatation a également stimulé la conception de la *Theory of Multicultural Counselling and Therapy (MCT)* [Théorie de counseling et de thérapie multiculturels—CTM]. La présomption d'une homogénéité culturelle sur laquelle est basée la stratégie d'un conseiller et client assortis culturellement est contestée en tenant compte des processus du libre arbitre et de l'acculturation. Cet article souligne les incohérences relevées dans la théorie et la mise en pratique de CTM en ce qui concerne les préjudices culturels de langues et le choix d'intervention. Il propose également une méthode de substitution innovatrice, s'appuyant sur une communication ouverte afin de résoudre les conflits de valeurs entre les conseillers et les clients. La mise en pratique de cette approche est illustrée par l'étude d'un cas multiculturel dans lequel le principe d'intégrité dans les relations s'oppose au principe de soins responsables, tels qu'ils sont présentés dans le Code d'éthique de la Société canadienne de psychologie.

Many counselling theories operate under the assumption that counsellors can maintain an objective stance and prevent their values from influencing counselling process and outcome (Christopher, 1996; Corey, 1996; Ibrahim, 1996; Ivey, Ivey, & Simek-Morgan, 1997; Sue & Sue, 1990). Cross-cultural counsellors posit that this emphasis on neutrality is simply a veil under which Western moral values are disguised (Atkinson, 1983; Christopher, 1996; Sue, 1992; Sue & Sue, 1990; Wong & Piran, 1995). The definitions of optimal development provided by the Psychodynamic, Existential-Humanistic, and Cognitive-Behavioural orientations are viewed to reflect the European sociocultural milieu in which these theories were constructed (Gonzalez, Biever, & Gardner, 1994; Sue & Sue, 1990). Culturally different clients, individuals whose socialization experiences have been distinct from those of the dominant group in North American society, often espouse values that are incongruent with those advanced by counsellors representing the major theoretical orien-

tations (Sue, 1992; Sue, Ivey, & Pederson, 1996; Sue & Sue, 1990). The counselling profession has responded to the occurrence of counsellor-client value conflicts in two ways: (1) by advocating referral of culturally different clients to ethnically similar counsellors, and (2) by developing theories specific to multicultural counselling interactions. These strategies will be critiqued and an innovative approach to resolving counsellor-client value conflicts will be presented.

COUNSELLOR-CLIENT MATCHING

Beginning in the mid-1970s, efforts were being made to recruit members of minority groups into the counselling discipline (Atkinson, Brown, Casas, & Zane, 1996). The goal was to equate the percentage of culturally different counsellors with the degree of representation of their ethnic groups in terms of national demographics (Sue & Zane, 1987). Affirmative action policies were incorporated into the admission criteria for many counselling programs in order to achieve this outcome (Atkinson et al., 1996). An increase in the availability of culturally different counsellors would make it possible to refer clients whose values differ from those of a particular counsellor to ethnically similar professionals. It can be inferred that the underlying assumption of the strategy of counsellor-client match is that it will "equalize" the values of both parties.

Despite efforts to recruit ethnic minorities into the counselling profession, most cultural groups are still severely underrepresented (Kohout & Pion, 1990). Since counselling and therapy are Western concepts, it is possible that only those minorities who espouse the discipline's Western value-base enter the profession. They may have a weakened committment to culturally different values, defeating the purpose of counsellor-client match. This hypothesis can account for the fact that, overall, counselling outcomes for matched counsellor-client dyads have not been found to be any more favourable than those for non-matched dyads (Atkinson, 1983). While many other variables such as the quality of the counsellor-client relationship and client expectations can affect counselling outcomes (Walborn, 1996), this pattern of findings challenges the assumption that all members of a single ethnic group share the same values and behaviours.

Culture is a normative system consisting of values, rules, and roles for a given group of people in a specific set of circumstances (Okamura, 1981). Free will and personal agency are factors that can lead to discrepancies in the degree to which each individual adheres to a normative code (Moghaddam & Studer, 1997). In pluralistic societies, the process of acculturation can also produce within-group variance. Acculturation is the process of migration-induced adaptation in which the culturally different make decisions about the unique values and behaviours they will relinquish in order to adopt the idioms of the host society (Baptiste,

1993). Acculturation occurs on a contiuum, ranging from complete cultural identity maintenance on the one hand, to assimilation into the surrounding milieu on the other. Biculturalism, the combination of home and host cultures, represents the midpoint of these two polarities (Berry, 1997). Different individuals and groups have been found to acculturate to different degrees at different rates (Berry, 1997). Preferences for counsellors from various ethnic backgrounds have been found to be mediated by acculturation; studies of counsellor-client match have found that clients who have chosen to retain their distinct cultural identities prefer and fare better with ethnically similar counsellors, whereas those who have assimilated into the dominant culture tend to prefer counsellors from the mainstream (Coleman, Wampold, & Casali, 1995; Johnson & Lashley, 1989; Sue, 1998). Timms (1986) noted that clients often enter counselling seeking confirmation of their value systems. Therefore, similarity in values or cognitive match may be a better criterion for equating counsellors and clients than matching based on cultural background.

THEORY OF MULTICULTURAL COUNSELLING AND THERAPY

Due to the inefficacy of ethnic matching in preventing and resolving value conflicts, it has become necessary for counsellors to be able to effectively work with clients whose values differ from their own. Some revisions have been made to counselling theories to assist counsellors in their work with culturally different clients. The individual unconscious in Psychoanalytic Theory has been replaced by an emphasis on the family unconscious. Collective meaning-making processes have been incorporated into Existential theorizing. Cultural differences in adaptive coping beliefs and internal dialogue have been incorporated into Cognitive-Behavioural theories (Ivey et al., 1997). Similarly, the Eurocentric bias has been corrected in recent advancements in feminist psychology. It has been acknowledged that concepts such as health, the good life, and the good society are culturally constructed (Boyd, 1990).

The theory of Multicultural Counselling and Therapy (MCT; Ivey et al., 1997; Sue et al., 1996) was created to integrate such revisions into a unified perspective. The theory was meant to inform clinicians about ways of practicing that do not involve having their values operate as disguised counselling ideologies. MCT is a social constructionist approach grounded in postmodern thought (Ivey et al., 1997). Its central tenet is the principle of relativism. There are two types of relativism pertinent to multicultural counselling: *ethical egoism* is the relativistic position which assumes that what is right for one person may not be right for another, whereas *cultural relativism* assumes that the answers to questions of right and wrong are determined by an individual's sociocultural context (Pederson, 1995). These micro and macro relativisms are not

mutually exclusive. For example, what is right for one individual may not be right for another due to differences in cultural contexts, or to the degree to which each person adheres to an overarching cultural framework.

MCT differs from other counselling theories in that it does not provide any definition of optimal functioning or specify the means to achieve personal growth:

> Therapists explore the client's understanding of and theories about the problems which brought them to therapy rather than exploring how the client fits into the therapists' theories about the nature of psychological problems, diagnostic categories, or change.   (Gonzalez et al., 1994, p. 517)

Counselling goals are to be formulated in a manner consistent with clients' values, and intervention techniques are drawn from existing theoretical orientations (Ivey et al., 1997; Sue, 1982). Since each person's value position is considered to be equally legitimate, MCT encourages the censoring of one's own value system in favour of client beliefs (Ivey et al., 1997; Sue, 1992; Sue et al., 1996; Sue & Sue, 1990). Based on an analysis of various sources on multicultural theory, this involves a four-step process. The first step involves acquiring knowledge about the specific cultural group to which the client belongs. The second step involves acquiring the skills to interact with the client in a culturally-sensitive manner in order to collect information about the presenting problem. As a third step, the counsellor closely examines the influence of his/her own cultural upbringing on the values related to the presenting problem to legitimate the counsellor-client disparity. Fourth, the counsellor suspends his/her own values and enters the client's world (Ivey et al., 1997; Sue, 1982; Sue & Sue, 1990).

Though MCT was developed as a reaction to the emphasis on neutrality being used to hide Western values in other theories, it also assumes that counsellors can adopt a neutral position. Therefore, an important question to ask is: How would we know if we were successful in censoring our values? One criterion would be the use of language that is not value-saturated. Kvale (1992) asserts that since the words we use to describe various concepts are derived from our sociocultural context, our language necessarily carries our value biases; no language is value-free. Though the developers of MCT have described it as a fourth force in counselling relative to the Psychodynamic, Existential-Humanistic, and Cognitive-Behavioural paradigms (Ivey et al., 1997; Sue et al., 1996), Essandoh (1996) argues that it is better viewed as a fourth dimension; it borrows its terminology and intervention strategies from existing theories. For example, Ivey et al. (1997) use the term "enmeshed" to describe family systems in which members are "overinvolved" when contructing family genograms. Due to the emphasis on familism rather than individualism in many minority cultures, a high level of involvement may be

normative (McGoldrick, Pearce, & Giordano, 1982). If a counsellor labels a culturally different client's family as enmeshed, the choice of intervention cannot be independent of this Western value judgement.

It seems that the idea that self-censorship can be achieved is a fallacy. Nevertheless, MCT's neutrality fallacy has been instituted into American ethical codes of conduct for multicultural counsellors. The American Psychological Association has developed a separate set of guidelines for providers of psychological services to culturally different clients. This code explicitly includes an emphasis on awareness of how one's own cultural values influence the counselling process, and the necessity to "correct" and eliminate our value biases (American Psychological Association, 1993).

Similar to the APA ethical guidelines, the principle of integrity in relationships in the Canadian Code of Ethics for Psychologists includes freedom from bias (Canadian Psychological Association, 1991). In the Canadian Code, respect for the client's wishes and goals is assigned primacy. However, this may conflict with the principle of responsible caring, which connotes the promotion of the welfare of the client (Canadian Psychological Association, 1991), in some multicultural cases. If a counsellor perceives his/her value system to be one that promotes the welfare of the client even if it is incongruent with the client's values, this would represent an instance of counsellor bias.

ASSESSING VALUE-BASED CONSEQUENCES

It has been argued that counselling is not and cannot be a value-free activity regardless of theoretical orientation. Thus, there is an inherent potential for counsellor-client value conflicts in all counselling interactions. These can be addressed by reconceptualizing counselling as a process involving value negotiation.

Timms (1986) anticipated this new direction and articulated the first step in integrating values into counselling. She described the assumption of counsellor neutrality as a key feature of client expectations about the counselling process. She further emphasized the need for counsellors to portray themselves more accurately as individuals with specific biases and preferences. In this view, the counselling process is considered to be an analog for the pluralistic society in which it takes place. If counsellors do not share their values with their clients in cases where value differences are interfering with relationship formation and progress, these values will likely contribute to the build-up of tension in the helping alliance. As a result, the client may perceive the counsellor as manipulative, since his/her values would be operating implicitly. Counsellor self-disclosure can be used to reduce tension and facilitate genuineness.

The second step in the integration of values into counselling extends the emphasis on cultural context in MCT: Contextual factors should be

integrated into an examination of the consequences of intervening from different value positions. The counsellor and client should explore the possible results of pursuing interventions from the client's value base and from the counsellor's value base. Subsequently, they should try to achieve consensus about which intervention options would truly serve the best interests of the client. Ideally, these should be solutions that both the counsellor and client can live with.

Case Example

This approach to resolving counsellor-client value conflicts can best be elucidated through a case example. One ethical dilemma that often emerges in multicultural counselling involves clients who request that their counsellors assist them to feel good in bad situations. An East Asian woman whose low self-esteem can be attributed to emotional abuse by her husband may request that her counsellor assist her to find other sources of esteem. Taking the perspective of person-environment inter-actions, three intervention options emerge: (1) changing the client's reaction to the circumstances by following her request, (2) changing the marital situation, and (3) simultaneously addressing elements of the person and situation. Different cultural value systems dictate different intervention preferences. The client may view tolerating put-downs by her husband as an acceptable lifestyle. She may not even label her experience as abuse. In contrast, a counsellor with a Western value base may view her situation as abusive and desire to address the marital situation. Searching for a balance seems to be precluded by the tradi-tional conceptualization of counselling as a unilateral process driven by client goals and values (Corey, 1996; Ivey et al, 1996).

According to MCT and the associated ethical guidelines, the counsel-lor should implement a self-esteem intervention as requested by the client. This course of action is consistent with the principle of integrity in relationships in the Canadian Code of Ethics for Psychologists (Cana-dian Psychological Association, 1991). It can be argued that the reason the counsellor wants to encourage the client to alter her marital situation is due to the Western judgement that her relationship is emotionally-abusive. However, the solution is not as simple as it seems. The principle of responsible caring emphasizes nonmaleficence (Canadian Psycho-logical Association, 1991). Can the counsellor actively assist the client to feel good about herself in a situation in which she is maltreated and still do no harm? It is acknowledged that the relationship is not necessarily considered abusive in the client's perspective. However, the principle of responsible caring is based on the counsellor's perception of the course of action most likely to promote the client's welfare (Canadian Psycho-logical Association, 1991). This ethical principle makes the counsellor's

desire to pursue an interpersonal intervention equally defensible on moral grounds.

Using the approach described in this section, the counsellor would disclose this ethical dilemma to the client. He/she could say: "I know that you want me to help you feel better about yourself while keeping your relationship with your husband the same. Maybe the problem is that you are unhappy with yourself because of what he says to you. I'm thinking that if I encourage you to change yourself and not the marriage, I'll be helping you to feel good in a bad relationship. It seems like we have different ideas about what an acceptable relationship is." This type of disclosure would encourage dialogue about cultural values and how they relate to intervention preferences. It could also promote a perception of counsellor genuineness.

Subsequently, the counsellor and client would examine the consequences of intervening from their respective value positions. It is possible that if the client were to attempt to alter her marital situation based on the counsellor valuing a different type of relationship, she would become alienated from her indigenous support systems. Her mother might have told her never to return home after her marriage, for example. If her husband viewed her attempt to change the marriage as a departure from his definition of an ideal wife, he might choose to leave her. Another possible consequence in a worst case scenario is that the client may not have the opportunity to remarry due to cultural values surrounding virginity. How would these consequences affect her self-esteem?

It seems possible that intervening from the counsellor's value position could be hurtful rather than helpful. If the consequences of intervening from the client's position are further explored, the counsellor might realize that implementing a self-esteem intervention may involve helping her to feel good in a bad situation, but encouraging her to alter the marriage may result in her feeling bad in an even worse situation. With the new knowledge that an examination of value-based consequences provides, the counsellor may come to the understanding that by following the client's request, he/she may simply be assisting her to choose the lesser of two evils. It is also possible that the exploration could lead to the counsellor's intervention preference being agreed upon by both parties. The client might not have examined alternative relationship possibilities outside of her culture. If she already questions some of the messages she has received from her family, she may choose to attempt to alter her marriage and to live with the consequences.

In this approach, the "ethical" course of action is determined jointly by the counsellor and client. While the Canadian Code of Ethics for Psychologists outlines an elaborate ethical decision-making process in which various interventions and their consequences are examined (Canadian Psychological Association, 1991), the suggested consultation

process involves professional colleagues rather than the client. There is no disclosure of the counsellor's ethical dilemma to the person whose life is affected by it. Therefore, in multicultural cases, the intervention options considered likely all stem from counsellors' value positions or from their perceptions of the likelihood of different outcomes.

CONCLUSION

Incorporating values into the counselling process is a positive direction to pursue even independent of its implications for inclusive ethical decision-making; it requires a welcomed shift in our definitions of counsellor competence. Although MCT acknowledges the potential for counsellor-client value conflicts, it promotes the view that counsellors are inept or deficient in skills if they cannot resolve these conflicts by establishing neutrality. If neutrality is a theoretical ideal rather than a practical reality, these ideas can bring the counselling profession into disrepute. If values are considered to be an integral part of counselling, competence and skillfulness becomes equated with counsellors' abilities to articulate and appropriately disclose the value systems underlying their intervention preferences, and to critically examine the consequences of interventions stemming from different value positions.

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