Culture and Empathy

Case Studies in Cross-Cultural Counseling

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Dimensions of Empathic Therapy

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The definition of traditional empathy draws from the various disciplines of philosophy, psychology, sociology, social work, counseling and anthropology. Originating centuries ago from the Greek word *empatheia,* empathy means understanding others by entering their world and placing oneself inside the client's frame of reference and then having the ability to effectively communicate one's understanding of that world. Therefore, empathy is a core condition for providing effective psychotherapy.

There has been consensus that empathy is critical during psychotherapy and transcends developmental stages in the counseling process (Gladstein, 1983; Hackney, 1978; Rogers, 1975, 1980; Truax & Mitchell, 1971). Rogers (1961) described empathy as the therapist's ability to enter the client's world, to think *with* the client rather than *for* or about the client (Brammer, Abrego, & Shostrum, 1993) and feel *with* the client rather than feel *for* the client (Capuzzi & Gross, 1999). Therapeutic empathy requires the therapist to experience oneself symbolically in the place of the client and understand their world. Rogers (1961) posited that empathy was communicated only if the client perceived and believed that the therapist to be empathic. Thus empathy is an interactive relationship where the therapist must have the ability and skill to communicate and demonstrate empathic understanding.

For decades empathy has been identified as a core concept in psychotherapy, however, the primary focus has been with mainstream populations, which raises the question of how applicable is the use of traditional empathy for cross-cultural psychotherapy. There has been a noticeable lack of attention to empathy as a concept to consider across cultures. Pedersen (1991) clearly established the importance of culture in psychotherapy, requiring that therapist be aware, understand and appreciate the influence of culture on psychotherapy. Yet with a concept as critical to core conditions for healing as empathy, there has been minimal attention given to cross- cultural differences. In fact, what may be an effective psychotherapeutic technique for mainstream populations may not only be ineffective, but in some cases offensive, to different ethnic/cultural groups. As the U.S. becomes increasingly ethnically diverse it is critical to address the issue of the relationship between culture and empathy. Given the complexity of

culture, an issue for psychotherapists to consider is how one displays empathy effectively across cultures. This chapter will begin with a brief review of cultural differences in worldviews, followed by a discussion on the interaction of culture and empathy and case studies to illustrate cultural empathy.

Cultural Worldviews

Pedersen (1991) defined culture as a tool that defines the reality for members of a particular culture. He postulated that culture is shared learned perspectives and common universals that members agree on (p.6). Within this worldview, there is a defined existential meaning for life and subsequent prescribed and acceptable behavior. The values, beliefs, and behaviors of a culture furnish its members with personal and social meaning so that the cultural norms are learned through tradition and transmitted from generation to generation (Kagawa-Singer & Chung, 1994). The cultural patterns of belief and rules for behavior enable members to maintain social and behavioral consistency so that they are recognizable and result in the facilitation of social interaction and integration. Therefore beliefs and/or behaviors that are taken in isolation or out of context may be misinterpreted or even disregarded as maladaptive. For example, an Asian client may offer a gift to their psychotherapist, which would be a culturally appropriate and culturally sanctioned gesture. The psychotherapist may find this improper and question the motives of the Asian client, crossing professional boundaries, and establishing a level of intimacy that would be unacceptable in western psychotherapy.

The way individuals conceptualize, perceive, and think about their world, and their relationship to the world is their worldview (Ivey, Ivey & Simek- Downing, 1987; Sue 1991). Worldviews are made up of attitudes, values, beliefs, opinions, and concepts, and affect various facets of our lives such as how we think, make decisions, behave, define and interpret events (Sue & Sue, 1990). Worldviews are also influenced by culture (Ibrahim, 1985) and become learned ways of discerning one's environment, thus becoming an important factor in shaping the way that individuals understand each other and interact. Thus worldviews can be used to demonstrate how distinct cultural groups tend to experience the world in different ways, and therefore may be utilized as a way of examining possible misinterpretations that can arise in a therapeutic situation where the therapist and client are from different cultural backgrounds. For example, a client's conceptualization of mental illness may be attributed to evil spirits, therefore the culturally appropriate healing method will be to seek help from a spiritualist to rid the

body of evil spirits and eliminate the illness. That cultural perspective on the world would be important for the therapist to acknowledge and accept rather than discount as irrational and problematic practices that interfere with western therapeutic interventions. Conflictual worldviews between the client and therapist are often based on examples like this one, and relate to differences in worldviews as well as different dimensions of worldviews (Brown & Landrum-Brown, 1995; Myers, 1991; Nichols, 1976; Nobles, 1972). Therefore for therapists to be effective with clients from different cultural backgrounds, it is critical that they are aware, understand and accept the client's perception of the world as well as their own worldview. By comparing worldviews therapists are able to examine possible misinterpretations that can arise in a therapeutic situation.

Culture and Empathy

In general, psychotherapists in cross-cultural therapeutic situations will rely on empathetic concepts and precepts that are based on their training and work with mainstream populations. The concept of empathy is based on and influenced by western European-American values, and does not take into account the applicability of traditional empathy cross-cultures. That is, the western or traditional definition of empathy is defined without the knowledge, awareness, and understanding of the complexities and multidimensional nature of culture. Therefore, the issue of culturally sensitive empathy needs to be examined, since it has not been clearly defined as to how it differentiates from the traditional definition and practice of empathy. Cultural empathy has been described as "seeing the world through another's eyes, hearing as they might hear, and feeling and experiencing their internal world," which does not involve "mixing your own thoughts and actions with those of the client" (Ivey, Ivey, & Simek-Morgan, 1993, p.21). Therefore, for therapists to be culturally empathic they not only retain their separate cultural identity, but are simultaneously aware and accept the clients cultural values and beliefs. Behavior aspects of the definition of cultural empathy therefore have similarities to traditional empathy. However, cultural empathy requires an integration of not only behavior, but also the cognitive and affective factors as well. That is, the therapist is able to understand, accept, and feel the client's situation, while simultaneously maintaining a separate sense of self, and therefore bridge the cultural gap therapist and client (Ridley, 1995). This separateness of self, or individuality is perceived differently by disparate cultures. In individualistic societies, it may be a highly valued trait and an

ultimate goal in defining the self, while in collectivist societies the boundaries of separateness and personal and spiritual independence may be less honored. For example, in many collectivistic cultures, a 15-year-old child who was not working hard in school would reflect poorly on the entire family. If the student was referred for psychotherapy, it would be to not only assist the student in improving grades, but also has implications for the larger family system. Better grades would reflect on good upbringing, values, respect for elders, and a family- based work ethic, rather than simply an accomplishment by the individual student. Therapists from individualist cultures may erroneously focus on individual achievement and self-esteem, highlighting the personal accomplishments of the student, rather than the success of the family through the child's success. Therefore therapeutic empathy must take into account the cultural context and worldview, so that the same problem presented in two distinct cultures would warrant in different culturally specific responses. This has important implications and points to the need for cultural understanding and the ability to identify, at least in part, with the client so that the therapist is able to "feel as the client feels."

Yamamoto (1982) coined the term "active empathy" to describe his work with Asian clients whereby therapists actively communicate appreciation about all aspects of client's lives. It was suggested that by incorporating the knowledge of the Asian culture (family-oriented) the therapist should acknowledge and communicate empathy towards the client's family and include the family in treatment, thus demonstrating knowledge of the culture as well as respect for Asian value of collectivity (Yamamoto & Chang, 1987). Cultural empathy is therefore complex and multidimensional. The challenge for therapist is expressing their understanding and empathy and being understood may be different across cultures.

Each individual's experience is influenced by culture while empathic understanding that is culturally based is a process where the therapist perceives the meaning of the client's personal experience from another culture. Therefore, the therapist must assess how cultural values and explicit and implicit assumptions influence client's personal experience (Stewart, 1981).

Misunderstanding of clients from another culture by the therapist is commonplace if the therapist does not understand the clients background and experience or have cultural knowledge, awareness or understanding. Cultural misunderstanding partially occurs because of therapists indiscriminately

applying textbook norms and failing to maintain a posture of naiveté and a role as learner (Ridley, 1995).

A major problem in cross-cultural work is the tendency for therapists to impose their cultural values onto their clients (Ridley, 1995), which may occur on a conscious or unconscious level. This problem is accentuated by therapists' cultural encapsulation (Wrenn, 1962) and cultural tunnel vision (Corey, Corey, & Callanan, 1993), leading to the expectation that clients will embrace the therapists' cultural values. Subsequently a major cognitive task in achieving cultural empathy is for therapist to differentiate their own culture and the associated biases from those of their clients. An examination of cultural influences personal belief system, values, customs, behaviors, and the like are essential to explore. Gaining an in-depth self-awareness provides the therapist with the awareness to resolve cultural stereotypes and biases and experience the true world of the client rather than seeing the client through their own cultural lens. For example, a therapist may empathize with newly arrived refugee clients who have lost their spouse. If the therapist did not come from a war-torn country or lost his/her spouse during the war and doesn't have firsthand experience as a refugee, it would not be genuine for the therapist to respond as if they had experienced refugee status. However, the therapist may have experienced loss of family member or a close friend and know what it is like to have lost a loved one. These experiences may be generalized to better understand the client while maintaining an awareness of cultural barriers and the subsequent limitations of the cultural transference of the experience. The next section will provide case study examples to illustrate cultural empathy.

CASE STUDY 1

John is a middle-aged African-American who is concerned about his closest childhood friend named Samuel who John describes as "*my real* brother." Samuel is going through personal and legal trouble regarding domestic violence charges that could lead to a prison sentence. During counseling, John often reflects on Samuel's problems and expresses anger that his friend is being treated unfairly by the legal system. John is adamant that his loyalty to Samuel is unconditional regardless of what happens, ignoring the prosecuting lawyer's threats about the serious consequences for perjury in court.

Even so, John is firm that he is willing to do "anything" to help Samuel. The fact that his "real

brother" is "going down" makes him feel personally obligated to come to his aid and keep him out of prison at any cost. During counseling, John's is very emotional about this situation, often hitting his fists against each other or rubbing his hands together in agitation, insisting that it is "Us against the world."

There are several cultural aspects presented by the client that a therapist from a different ethnic background may misinterpret or misunderstand. The first involves the African-American concept of family. The definition of family includes not only biological and/or the legal term for family, but also friends, neighbors and the wider community who may be particularly close to the extended family (Lee & Bailey, 1997). Therefore, the therapist may not understand the closeness, devotion, and intense emotion John is expressing regarding this problem facing his "*real* brother." Furthermore, African-American culture has a basis in being a collectivistic culture, focusing on family, group, and community rather than only on the individual. Therefore, the problem of John's "real brother" is not just the individual's problem, it is a group problem. A therapist from an individualistic cultural perspective may have a difficult time understanding and accepting a client who is willing to take serious personal risks to help someone else who may be viewed from their social construction of reality as only a friend. It would be important in this situation for the psychotherapist to have knowledge, understanding and awareness of the historical and sociopolitical background of African-Americans, as well as issues of oppression, discrimination and racism, and an historical context of the legal system in relationship to African-Americans. Thus the therapist must comprehend the client's worldview, the impact of societal and institutional racism, the history of victimization, and the resultant resentment and anger in order to provide authentic cross-cultural empathy.

CASE STUDY 2

Cindy is a 19 year-old Chinese-American student majoring in medicine. Cindy stated that she is depressed, anxious, not able to sleep, and does not have an appetite. She explains to the therapist that she is not interested in pursuing a career in medicine, and is only in this area to fulfill her parents' wishes. Cindy feels that she cannot talk to her parents, family or friends about this situation. Her family immigrated to the U.S. for a better life and education for the children and Cindy is the first generation to be born and raised in the United States. She feels that her parents have made tremendous sacrifices for her and her siblings to provide them with a good education that is reinforced by her mother who

constantly reminds Cindy about her sacrifices. Cindy feels guilty and confused for not being interested in medicine, conflicted because she wants her parents to be proud of her and not let them down. During the session, Cindy has blunted affect, speaks softly, and avoids direct eye contact with the therapist.

The therapist may perceive Cindy as lacking assertiveness, too dependent on her family, and exhibiting too much passivity toward her parents, family and friends. The therapist may suggest that Cindy participate in assertiveness training and become more independent, as well as, encourage her to express her anger and frustration towards family members, possibly encouraging role playing to rehearse ways to more effectively approach her parents. If Cindy refuses to participate in these activities or follow the therapists suggestions the therapist may perceive her as being resistant or passive-aggressive and enmeshed in the family.

It is important for the therapist to understand the Asian culture and worldview as it relates to family, the concept of filial piety and the cultural issues of loss of face and shame. The client is obviously experiencing tremendous pressure to succeed in the field of medicine. The therapist must understand and be aware that in many Asian cultures the success of children is viewed as the success of the parents and family. The behavior and accomplishments of children is a reflection on the family so that each person identifies themselves within the social matrix of the family. Furthermore, the concept of filial piety refers to respect for parents, and the child's sensitivity, obligation and loyalty to his/her lineage and parents. Thus Asian children are expected to comply with family wishes, even to the point of sacrificing their own personal desires and ambitions. Shame and guilt are methods used by parents to reinforce expectations and proper behavior so that improper behavior, such as disobeying your parents, brings shame and loss of face and may cause significant others, including the family and community to withdraw support. Instead of encouraging independence, it is culturally appropriate for the client to listen to the family's wishes and not express individual views and desires. Thus the therapist may express cultural empathy through understanding the cultural context of the family, filial piety, and obligation children have for their parents and family. To focus and encourage autonomy for Cindy would be culturally insensitive. Cultural empathy by a therapist from a different culture must include a deep understanding of the cultural issues related to family, social role, obligation, and Cindy's serious personal dilemma. Therapeutic interventions must take these cultural factors into account, with cross-cultural empathy transcending one's own value system and responding to the culturally bound difficulty

that Cindy must face.

CASE STUDY 3

Michael is a middle-aged Mexican-American who has been in the U.S. for 2 years and referred through the courts for counseling for domestic violence. In counseling Michael reports that he is experiencing headaches, anxiety, and depression to the point where he finds it difficult to get out of bed in the morning. When the therapist asked him why he is having difficulties sleeping, Michael explained that he has reoccurring nightmares regarding his escape from Mexico to the U.S. Michael recently lost his job because he believes that there are people watching him and has become increasingly afraid to leave his house. He finds himself staying at home, watching TV, and drinking which is leading to marital conflicts with his wife, who complains that he is not a "man" because he does not contribute financially to the household. His wife has angrily insisted that Michael should do the housework now that he is unemployed and at home, since she is working full time during the week, which led to the domestic violence charge. Michael's English is limited but understandable. A few of Michael's friends have contacted the therapist to say that a cure would be "curanderismo" (folk medicine).

To display cultural empathy the therapist must understand several cultural issues that have been brought up in the therapy session. The first issue is that Michael speaks passable but limited English, so that the therapist may consider using a bilingual translator to assist as a cultural narrator. It is also important for the therapist to understand Michael's immigration process. From his description of reoccurring nightmares and symptoms Michael may be undergoing post-traumatic stress disorder. The therapist also needs to be aware of cultural gender roles and the concept of machismo. For Mexican-Americans there are clearly defined gender roles in all aspects of life, from home, school, work and social life. Women and men are expected to behave and interact in ways that are culturally appropriate for their gender. The Mexican culture is where men pride themselves on "being men" so that doing household chores is most likely antithetical to Michael's worldview. For Michael to assume the role of cleaning the house may be culturally link to a loss of identity as a man rather than simply dividing household responsibilities. Thus the therapist must recognize and understand gender roles within a cultural context. It is also important for the therapist to be aware of the importance of the social network and Michael's concerned friends who are giving advice that Michael really needs to see a traditional

healer. Culturally empathy would take these issues into account and be able to not only accept, but communicate that appreciation to Michael.

In summary, to be effective with clients from culturally diverse backgrounds, it is critical that therapist display empathy in a culturally sensitive manner. Without cultural empathy there is a high probability of premature termination. Therapists must recognize and accept that traditional empathy may not be appropriate cross-culturally and must make a concentrated effort to demonstrate cultural empathy to their clients.

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