

## Chapter 6: Developing Trans-culturally Sensitive Theory and Practice Valerie Batts

### Introduction

*A white female therapist reflects after her first supervision session with a male Indian psychologist: "How do I know what the impact of my vastly different life experiences are on this prospective relationship? Does it matter?"*

*A white male supervisor completes a 3<sup>rd</sup> supervisory session with a black South African supervisee, appearing to have no concerns. The supervisee asks himself: "how do I handle the frustration – and scare – that comes up in me as I realize I am not being seen for who I really am? I wonder if I should ask for another supervisor".*

Since the early 1960's in the United States, organizations that support clinicians of colour in a variety of clinical disciplines have been suggesting and demonstrating that "culture" matters (Pinderhughes 2004). Most clinician supervisors trained in traditional academic settings in the U.S. and in the U.K. in the pre-1960's era were taught the accepted western-based psychological frame that neutrality is possible and desirable in supervisory relationships. Though it was generally expected that psychotherapists would engage in their own therapy, typically this action was considered to aid in the development of such neutrality. Further, personal therapy typically did not address cultural issues. Thus when discomfort across lines of differences occurred, the situation involved risk taking. Examining our responses and behaviour in this situation through the lens of worldview enhances our ability to function effectively.

The supervisors above are facing situations where ignoring difference could impede their effectiveness needlessly. This paper will offer an introduction to options for supervisors to engage trainees and their clients, accounting for cultural differences at four levels: the personal, interpersonal, institutional and cultural. This model is offered as an important beginning "toolkit" for effective supervisory training and clinical service delivery.

### Context

Working with people from different cultural and ethnic groups can be an exciting journey. It can also be a frustrating and puzzling experience for well meaning supervisors who find that they begin to have repeated "problems" or concerns in such relationships. Early termination or lack of success on other variables is often reported. Supervisors of colour often notice that whites do not typically seek them out for supervision and training or if white trainees do, they question or express discomfort with or confusion about some of the different approaches they may experience. Alternately the supervisor of colour becomes a "guru" of

sorts, a reflection of an idealization of exoticism that also can have negative consequences on the relationship over time.

Supervisors interested in developing a trans-culturally sensitive practice will need to examine both process and content information. Process is how we engage in teaching, training and other supervisory activities. Many supervisors trained in systems approaches to clinical intervention, have been taught to attend to aspects of process; that is, what is going on between clients in the room. Psychoanalytically trained clinicians will attend to issues of “transference”; what the supervisee may project onto the supervisor. Less frequently in this model there is also attention paid to how the supervisor might be responding, i.e., counter transference dynamics.

Taking a multicultural lens as normative in supervisory relationships however means much more. It starts from the assumption that cultural differences inform all aspects of the supervisor/supervisee relationship and that exploration of this dimension can provide vital information for effective clinical change. Exploring these dimensions can deepen and enhance the supervisory relationship, and the supervisee’s relationship to the clients she serves.

Attending to cultural differences also means taking time to learn about the worldviews, perspectives and “life chances” of different groups in one’s community (Knoff 1986). It takes recognizing one’s own cultural assumptions, values, filters and judgments. This leads to an increased awareness of the limits of one’s own cultural learning and the developing of a cultural humility that allows on-going learning about self and other to occur (Tervalon and Murray-Garcia 1998). The supervisory relationship can become a place to unpack this learning, both about self and other. Such a process between supervisor and supervisee involves openness to acknowledging lack of knowledge on both parts, which for many supervisors may reflect a new approach to such work. The power dynamic in the supervisor/supervisee shifts from supervisor as content expert, to supervisor and supervisee as learners together in the understanding of how cultural influences are affecting their relationship and/or the supervisee’s relationship to a given client of a different cultural background.

It should be noted that this approach to supervision can also have implications for supervisory relationships and client/clinician relationships between people of the same ethnic or cultural group. The approach invites exploring how each person is similar and different from each other person, even within the same social group (Batts 2002). Social groups are defined broadly, in terms of those social variables that inhibit and/or enhance the likelihood (i.e., statistical possibility) that a given individual will have equal access to life’s chances. (see figure 6.1)

Thus, a white female clinician from an owning class background may enhance her ability to work with a white female supervisee from a working class background by exploring both how they are similar and how they are different given their respective class backgrounds.

The goal of learning to apply a multicultural lens is to allow the supervisory and the clinical relationship to use the lens to explore and deepen the variety of angles from which to address the given presenting issue of the supervisee and/or the client.

<b>Types of Oppression</b>	<b>Variable</b>	<b>Non-Target Groups</b>	<b>Target Groups</b>
Racism	Race/Colour/ Ethnicity	White European Caucasian	Racial Ethnic Minorities (African, Asian, Caribbean, Arab, Latina/o, Persian/Iranian)
Sexism	Gender	Men	Women
Classism	Socio-Economic Class	Middle, Upper Class	Poor, Working Class
Elitism	Education Level  Place in Hierarchy	Formally Educated  Managers, Faculty	Informally Educated Clerical, Students
Religious Oppression Anti-Semitism	Religion	Christians, Protestants	Muslims/Catholics, Atheists, Jews, others
Militarism	Military Status	WW I&II	Falkland War Gurkhas Gulf War ; Iraq war, Afghanistan.
Ageism Adultism	Age	Young Adults/ workers Adults	Elders (40+ by law)/older worker +lower level Children
Heterosexism	Sexual Orientation	Heterosexuals	Gay, Lesbian, Bisexual, Transgender
Ableism	Physical or Mental Ability	Temporarily Able- Bodied	Physically or Mentally Challenged
Xenophobia	Immigrant Status/ Passport Status	UK Born UK Passport	Immigrant Non-UK Passport
Linguistic Oppression	Language	English	English as a Second Language Non-English

**Table 6.1 Factors that inhibit / advance life chances**

### **Personal level tools**

Emotional literacy:

Many supervisors trained in traditional therapeutic models will need to learn to demonstrate “emotionally literacy” (Gardner 1993 ) in the therapeutic and the supervisory context. Cognitions and behaviours are much more often the focus of intervention (See Figure 6.2: Three Dimensions of change).



**Figure 6.1: Three Dimensions of change**

In the psychotherapy context specifically, it may be ok for clients to express feelings as part of “getting cured,” yet it can be viewed as a sign of weakness or ineffective counter transference if the clinician is affected emotionally in the client/therapist relationship. Similarly, if a supervisee needs to work through feelings, this is seen as part of their training, but not something that the supervisor should usually be doing as well.

In many relational cultures, the expression of emotions is a normative part of the discourse. Absence of such expression can be viewed as a sign that this person is not real, transparent or trustworthy. If a supervisor shares nothing about his/her self in the affective domain, for example, in the early stages of a supervisor/supervisee relationship, this can hamper trust building and lead to a less than authentic relationship.

The first task then is to examine how comfortable the supervisor is with expressing affect and to practice affective expression, first with self and then in the relationship.

Increasing knowledge about different world views and cultures and how things are done within them:

This knowledge begins with self-awareness. Culturally skilled supervisors have explored their own cultural backgrounds and assumptions and are in a learning journey regarding how these “cultural scripts” (Steiner 2003) affect their comfort with people who are different. They are also open to noticing how they affect others, irrespective of intent. A white male supervisor who has been trained in private school and university to “speak with authority even if you are not sure” will become aware that his training in taking up space with speculative ideas, may be ineffective in making contact with a young woman of colour from a family in which she was trained to “speak only when you are sure of what you are saying”. Noticing how much he speaks versus how much she speaks in their supervisory sessions can be a clue to such unspoken differences operating.

It is important, further to acknowledge that learning about cultural differences is a life long journey and it is not only ok but desirable to become aware of what we do not know in this area as well.

#### Becoming aware of barriers to effective cross cultural interactions:

Modern oppression theory (Batts,1983) suggests that there are five behaviours that can occur among supervisors that inhibit effective supervisor/supervisory relationships:

- ❖ Dysfunctional rescuing – help that doesn’t help and/or that is disempowering, often as a way to handle feelings of guilt or shame from our places of privilege
- ❖ Blaming the victim – putting 100% of the responsibility for lack of success on the part of the “target” person and not seeing systemic barriers
- ❖ Avoidance of contact – no genuine, authentic equitable contact across lines of difference  
Denial of difference – the myth of color blindness  
Denial of the significance of difference – a belief that all have equal life chances and therefore differences don’t matter in how likely a person from a given group is to succeed
- ❖ Denial of difference – the myth of colour blindness
- ❖ Denial of the significance of difference – a belief that all have equal life chances and therefore differences don’t matter to the likelihood that a person from a given group will succeed

It is also important to note that these behaviours can also set up and/or reinforce survival behaviours on the part of the *supervisee* that can also be problematic. These behaviours are:

- ❖ System beating – figuring out how to get over on or around “the system”
- ❖ Blaming the system – putting 100% of the responsibility for lack of success on the system and not taking personal responsibility
- ❖ Antagonistic avoidance – avoidance of individuals from social groups because of a blanket mistrust that is hurtful to the person carrying the affect

- ❖ Denial of cultural heritage – denying aspects of self to fit into the larger culture or group
- ❖ Lack of understanding of the significance of difference – minimizing systemic, cultural, historical and/or social barriers that might inhibit individual success

The “dance” that can occur in supervisory relationships that do not challenge these barriers keeps both parties stuck in terms of maximal learning and problem solving. The alternatives are noted in figures 6.2 and 6.3:

## Alternative Behaviors

for Modern “ISM” and Internalized Oppression Behaviors

<ul style="list-style-type: none"> <li>▪ <b>Functional Helping</b> (instead of <i>Rescuing</i>)</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Confrontation/Standing Up</b> (instead of <i>System Beating</i>)</li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>Problem Solving/Responsibility</b> (instead of <i>Blaming</i>)</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Take Responsibility</b> (instead of <i>Blaming</i>)</li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>Make Mutual Contact</b> (instead of <i>Avoiding</i>)</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Share Information/ Make Contact</b> (instead of <i>Antagonistic Avoiding</i>)</li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>Notice Differences</b> (instead of <i>Denying Differences</i>)</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Notice and Share Information about one’s own Differences, Culture</b> (instead of <i>Denying target group</i>)</li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>Learn, Ask about, and Notice the Impact</b> (instead of <i>Denying the Impact</i>)</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Notice, Ask, and Share Information about the impact of the “ism on me and my target group”</b> (instead of <i>Denying the Impact</i>)</li> </ul>

For all behaviors, personal and organizational problem-solving at the personal, interpersonal, institutional, and cultural levels to generate ongoing multicultural structures and processes.  
©VISIONS, Inc. 2003

**Figure 6.2 Alternative behaviours**

---

# Modern “ISM” and Internalized Oppression Theory

## ■ Modern “ISM” Behaviors

- Dysfunctional Rescuing
- Blaming the Victim
- Avoidance of Contact
- Denial of Differences
- Denial of the Political Significance of Differences

## ■ Internalized Oppression Behaviors

- System Beating
- Blaming the System
- Antagonistic Avoidance of Contact
- Denial of Differences
- Lack of Understanding of the Political Significance of Differences

©VISIONS, Inc. 2003

**Figure 6.3 Modern “ISM” and Internalized oppression Theory**

Interpersonal level tools

Supervisors who practice the following skills are most likely to develop empowering, transparent and effective multicultural relationships:

- ❖ Listening that is active, reflective and empathetic. This typically takes learning to talk less when appropriate and to allow for all perspectives. It takes patience, as well as willingness to make mistakes.
- ❖ Developing a non-judgmental attitude AND learning how to understand and express “judgments” when indicated, in ways that do not communicate that the supervisor’s view is more “right”
- ❖ Keen observation skills: ability to notice what is happening both within oneself and in others at several levels.
- ❖ Knowing how to interpret implicit or covert as well as explicit or overt communication.
- ❖ Contracting and negotiation skills; knowing how to clarify who is responsible for what and how accountability will be enhanced. This includes clarifying assumptions about what is needed from the supervisor, which may be different for different cultural groups.
- ❖ Being able to see beyond ones own world-view.
- ❖ Noticing intent and impact (what we say and how we say it). See figure 6.4: Guidelines.

- ❖ Learning how and when to set boundaries, including teaching self and supervisees how to manage how more much time more talkative, entitled and/or expressive persons speak, in the context of group therapy, for instance.

## Guidelines

- “Try on”
- It’s okay to disagree
- It is not okay to blame, shame, or attack, self or others
- Confidentiality
- Practice “self-focus”
- Practice “both/and” thinking
- Notice both process and content
- Be aware of intent and impact
- Confidentiality

*©VISIONS, Inc. 2003*

### **Institutional level tools**

A traditionally trained supervisor may tend to think of the supervisory relationship primarily in terms of individual change models. Many supervisees and/or clients coming from cultural groups that have been historically excluded have personal, interpersonal and systemic barriers to face. They may also have different cultural frames of reference about the sense of self as “I” based versus “We” based. Effective supervisors will want to understand when a relational world-view will enhance effectiveness. Such an understanding supports trainers to teach supervisees how to:

- ❖ Offer to their organizations the option of team-based decision-making that accounts for difference as well as similarity. This might mean faculty examining the institutional “unwritten” rules about what is expected of students in a pass/fail course, for instance. If the course culture assumes that students will be present for all or most classes even if there is no grade attached, how does the organization

communicate these expectations to members of cultural groups for whom this is not normative practice? Assumptions that students are not showing up because of lack of investment or overwhelming circumstances, versus lack of understanding of the institutional expectations, can lead to avoidable cross cultural misses.

- ❖ Examine how decisions regarding client treatment are made through a multicultural lens. The supervisee will begin to ask questions like: Who is told what and when? Why? What are the assumptions about who can handle what information? How do we anticipate differences when possible and manage the different meanings of such decisions to different individuals within their cultural contexts?
- ❖ Address issues of cultural differences in timing, information sharing and handling issues such as grief and loss in clinical decisions regarding serious illness or end of life care. Culturally sensitive institutions ask themselves, how do this client and her/his family handle information regarding this issue? How do we respect their needs in the context of the indicated treatment? How do we support cultural differences in the grieving process as an institution, as a provider?

### **Cultural level tools**

Supervisory training from a multicultural perspective creates and supports the understanding and practicing of

- ❖ Relational cultures where it is ok to talk about differences
- ❖ Use of affective as well as cognitive processes for effective problem analysis and resolution
- ❖ A shift in world view so that it is ok to make mistakes, acknowledge lessons learned and continue to enhance supervisee skill and effectiveness.

### **Summary**

Effective supervisory relationships allow supervisor and supervisee to explore the impact of similarities and differences in the client/clinician relationship. They use cultural differences between supervisee and supervisor as one point of reference. Process and content are addressed as they come up, in ways that respect the history and traditions of each group. Understanding and applying the tools described in this chapter allow such encounters/ experiences to unfold, and supervisee's learning from them to be enhanced. These include: guidelines; 3 dimensions of change; the multicultural process of change; 4 levels of analysis, oppression and change; Modernism/internalized oppression theory; and alternative behaviours.

### **References**

Batts, V.B.(1983): "*Knowing and Changing the Cultural Script Component of Racism*" In Transactional Analysis Journal, Volume 13, No 4: 255-257.

Batts, V.B.(2002): *"Is Reconciliation Possible"* in Douglas, Ian T. ed. Waging Reconciliation: God's Mission in a Time of Globalization and Crisis( pp. 35-75). New York: Church Publishing, [www.churchpublishing.org](http://www.churchpublishing.org)

Gardner, H. (1993): Multiple Intelligences. New York: Basic Books,

Knoff, H. M. (1986): *"Characteristics of the Culturally Skilled Counseling Psychologist"* in The Assessment of Child and Adolescent Personality. New York: Guilford Press, p 106

Pinderhughes, E.( 2004): *"My Struggle to Understand Racism and Injustice"*. In, Reflections: Narratives of Professional Helping. CSULB University Press, Volume 10, Winter 2004, Number 1. PP 26 – 38

Steiner, C. (2003):Emotional Literacy: Intelligence with a Heart. Fawnskin, California: Personhood Books,

Tervalon, M and Murray-Garcia, J, (1998): *"Cultural Humility Versus Cultural Competence: A Critical Distinction in Defining Physician Training Outcomes in Multicultural Education"* in Journal of Health Care for the Poor and Underserved. Baltimore: John Hopkins University Press, Vol. 9, No. 2: 117-125.