'Cultural Competence' in the Changing European Society Regarding Psychotherapy and Psychiatric Services

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Abstract

Provisions delivered to clients in psychotherapy and psychiatry faces challenges dealing with the diversity of the population in many European countries of today. This change has, particularly, taken place during the last 5 years. A substantial contribution of research pertaining to these issues has developed in the Western World the last 50 years; i.e. regarding multiculturalism and how to apply skills in clinical work. The present study will discuss some of this research with the emphasis on 'cultural competence'.

Keywords: Culture; Diversity; Bicultural; Multiculturalism; Cultural Competence

Introduction

Psychotherapeutic and psychiatric services faces increasingly challenges today compared to yesterday; diagnosing and treating clients with diverse cultural backgrounds. Today it is no longer possible for caregivers in helping professions such as psychiatry - psychotherapy - health care - social services - education - labor market etc. to ignore the client's culture, nor one's own culture and how it could possibly influence the professional encounter.

There is good evidence that culture, language, ethnicity and religion influence causes, manifestations and illness reported by clients [1].

This article will focus on the need for assessing and meeting the needs of diverse ethnic minority populations other than the professional herself/himself possess. For the sake of simplicity, I will focus on my own expertise, namely on helping professionals in psychotherapy and psychiatric services and I will name the help-seeking person client although she or he may actually be a patient in the public care.

Materials and Methods

The present article does not claim to offer a broad exhaustive picture of the research field but attempts to catch some of the substantial contributors in the area of multiculturalism. Several countries throughout the world have, during the past years, made substantial contribution to the research on diversity and multiculturalism in, for example, Canada (John Berry, Lauren Kirmayer), the U.S. (Paul Pederson, Harry Triandis, Derald Wing Sue, Stanley Sue, Nolan Zane, Allen Ivey and Mary Bradford Ivey), Australia (Stephen Bochner), Europe (Geert Hofstede) [2].

Results and Discussion

What is culture?

Culture implies world-cultures as well as sub-cultures [3]. There are many subcultures in a society. An example of a sub-culture in the mainstream Swedish society is the Deaf culture [4].

What does bicultural mean?

A bicultural deaf person is a person who lives in two or more cultures, who adapts to both and who can blend aspects of both. Many deaf people are, no doubt, bicultural. They live in the mainstream society in their country as well as in one or several groups in the Deaf culture. There are deaf mediating persons, so called culture-brokers, having cultural competence both in the Deaf community and in the hearing-dominant society. These mediating deaf persons attempt to bridge the gap between the two. In a sense, they build bridges between deaf and hearing [4].

What is multiculturalism?

Multiculturalism refers to a heterogenous society and each one of us is a multicultural person according to Lott [3].

Multiculturalism includes behaviors, attitudes, perceptions, feelings and emotions - often studied by psychologists - and institutional structures that characterizes multicultural living; i.e. school curricula, anti-discrimination legislation, employment law and so on - often studied by sociologists [5].

In order to explain multiculturalism, a multicultural counseling theory is needed providing a conceptual framework explaining the complex diversity in our plural society and suggesting bridges of shared concern [6].

Hays maintained, in an article from 1995 [7], that the multicultural publications defined culture almost solely in terms of ethnicity. However, in a broader perspective, multicultural also encompasses other groups like age, sexual orientation, disability, gender, religion, social status, nationality, just to name a few. Hays, furthermore claims, that cognitive behavior therapy has excluded ethnic minority cultures and ignored attention to the client´s history on one side. On the other side, cognitive behavior therapy emphasizes the uniqueness of each individual.

What does it mean in psychotherapy and psychiatric services to assess and treat a client from a diverse culture?

First, different cultures define helping professionals in different ways according to Ohsako [8]. Meeuwesen, van den Brink-Muinen and Hofstede [9] demonstrated in a study that cultural norms and values may play a role on medical communication contributing to the understanding between European countries both in doctor-patient interaction as well as on a macrolevel regarding negotiation cooperation integration in European health care policies. The greater the cultural distance between the professional and her or his client, the greater chance for the probability of miscommunication [10].

In 1987 Sue and Zane [11] stressed that cultural knowledge and the techniques (or skills) generated are frequently applied in inappropriate ways. Knowledge of an ethnic minority cannot always be assumed because there are, first, individual differences and, secondly, individuals from a culture who may not be the first generation, nor the second generation etc.

What is cultural competence?

Cultural competence encompasses specific cultural competencies [12]. Cultural competence is, according to Kirmayer [1], the capacity of practitioners and health services to encounter and respond appropriately to clients with diverse cultural backgrounds. Fukuhara and Hidano [13] examined and found that translation and adaption of psychological tests was necessary for cross-cultural comparisons.

Furnham and Bochner [14] attempted to bring together applicable research about cultures suggesting that integrative acculturation responses (for example bilinguism) was more successful rather than assimilation, separation, or marginalization in a new culture.

It is of outmost importance to balance between the therapeutic process; i.e. credibility, and cultural sensitivity [11].

Conclusion

The globalization of our world, increased human migration and the exchange between diverse cultural groups - professionally as well as socially - in our society calls for skills in order to enhance intercultural encounters. Representative helpers from the disciplines of psychology and psychiatry attempt to understand what culture means for the clients needs and how to attend to these needs appropriately. A starting point I´d like to suggest is that all professional encounters we have may be considered cross-cultural since we gather from different perspectives.

It is important to acknowledge that psychotherapeutic theory is influenced by culture [6,15]. Furthermore, not to overemphasize the cultural differences, nor to underestimate their importance.

Canada has a long tradition of cultural diversity and Canadian psychologists has contributed to the understanding of culture influencing both theory and applied practice of psychology [16].

Some important guidelines can be summarized from the body of research presented here:

1. To have an open, non-stereotypical attitude to clients from different cultures than our own.
2. To increase are awareness continuously - UNESCO´s motto; life-long education [8] of our own culture; i.e. attitudes, values, beliefs and so on and how these influence our encounter and the provisions we offer to clients.
3. To acknowledge the need for cultural competence in psychotherapy and psychiatric services.

Kirmayer [1] stresses that evidence-based practice (EBP) and cultural competence (CC) are the key concepts in improving both the quality and the effectiveness of mental health services.

Kirmayer and Ban [17], however, emphasize that the construct of cultural competence, so far, demonstrates a limited evidence for effectiveness and that there is a need for further research.

In striving for increasing our own cultural competence it is essential not to forget another source of evidence in the professional encounter; i.e. the client's own narratives. Disregarding this salient source of experience would leave us in a state of insufficiently competency.

Insomuch as the professional establishment emphasize the unique client and her or his experiential world, with all its cultural influences, and attempts to learn more about the client´s world-view we may contribute to the client's health and quality of life as well as contributing to a humanistic and inclusive society. In the long run this may - hopefully - also contribute to a peacekeeping society for us all.

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Conflict of Interest

The author declared no potential conflicts of interest.

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