

---

## ANNOTATION

Walsh-Soucheray, Kate. “Christian Counselors and Their Therapeutic Work with Multicultural Clients.” EdD dissertation, Saint Mary’s University of Minnesota, 2019. 188 pp.

Given the growth of diverse immigrant populations in the United States over the past few decades, as well as the increasing awareness of cultural diversity of all kinds, this dissertation provides keen insights into how Christian counselors can support, affirm, and assist clients from a culture not their own. The study is structured in ways familiar to anyone who has conducted a “qualitative, hermeneutic phenomenological study” (66).

Chapter One presents the problem to be investigated, in this case how self-described Christian counselors working in an explicitly defined Christian counseling center can support clients coming from “other” cultures. While it is not entirely clear, it seems that these clients were all – or at least the majority – immigrants (xii, 121-123). Chapter Two offers a robust review of the literature. This would be a very good starting point for anyone interested in the issue of “cross-cultural” counseling, its challenges, and the competencies necessary to engage in such therapy. Chapter Three outlines the methodology employed in the study, including factors such as the participants, setting, structure, instrument(s) used, process, coding and analysis, ethical issues, and so on. Chapter Four presents the results of the study – surely the key chapter – and an analysis of the five foundational findings or learnings from the research interviews. Chapter Five, the final chapter, presents a relatively brief summary, discussion, and conclusions.

This study is based on interviews with 12 Christian counselors employed by a “Christian, private counseling practice in an upper Midwest metropolitan area of the United States” (xii). Given the subjects and the context in which they work, this study is relatively limited as to generalizability. At the same time, it lays the groundwork for additional work in this critically important area. These 12 therapists who had engaged in counseling sessions with at least two “multicultural clients” in the previous 12 months were found within a larger group of 35 therapists in this practice. A small matter is that there is some slight bit of confusion as to the 12 who participated in the study per se, and where the 2 pilot study participants came from. Mention is made of 12 and that “[T]he first two interviews were conducted on a trial basis as the Pilot Study . . . [and] were not included in the final analysis of the data” (95). The table a few pages later does list 12 counselors (100).

The researcher conducted one 45-60 minute interview with each of the 12 therapists, asking the main research question of “What is the lived experience of the therapeutic practices of Christian counselors in this Christian, private practice in the upper Midwest metropolitan area when providing counseling services to multicultural clients?” (11). During the course of the interview, the main question was followed up with a half-dozen additional “probing, follow-up questions,” four of which asked about spirituality and religion in the counseling sessions with their multicultural clients, about the therapists’ knowledge of the Multicultural Counseling

Competencies (MCC) and/ or the Multicultural Social Justice Counseling Competencies (MSJCC) in their training or follow-up classes, about the therapists' experience of, or participation in, any kind of cross-cultural "immersion experiences with multicultural groups," and about whether or not they had been "involved in advocacy projects to improve the lives of multicultural groups" (74).

The researcher took notes during each interview. In addition, each interview was recorded and transcribed, and each practitioner was asked to review, edit, correct, or otherwise clarify her or his taped responses. Responses were then analyzed by the main researcher, as well as a second coder, in order to discern common themes as well as to ensure greater degrees of reliability and validity (76-78).

Five significant, common themes emerged from the interviews with the therapists. First was the fact that a great many of the multicultural clients had experienced some kind of trauma. It is not entirely clear, but it seems likely that at least some of that trauma is, for many immigrants, part and parcel of the experience of being an immigrant. No doubt and at the same time, in addition to the challenges of living "in a land not one's own," there are other forms of trauma that many, if not most, of these multicultural clients experienced that brought them to therapy in the first place. The second theme is that of hope. Many of the therapists, as well as their clients, spoke of hope (with both religious/ spiritual as well as "secular" meanings) as a tool for and an aid in supporting clients managing and maneuvering through their particular issues. As one of the quintessential Christian virtues, it is not surprising that self-described Christian therapists at an explicitly Christian counseling center would be aware of and comfortable with suggesting – if an appropriate opportunity arose in the clinical setting – this virtue.

The third overarching theme to emerge in the interviews with the dozen therapists was that of the importance of respect for the multicultural client's world. Of course, one would presume this is the case in all clinical settings, regardless of whatever uniqueness and specific worldview or clinical concerns a particular client brings to the counseling session. While this kind of study cannot manage to explore every comment made in a 45-60 minute interview, it would be interesting to invite the therapist identified as "Mark" to further unpack his comment that "I don't really see culture. When you relate with people through respect and love, there is no culture gap" (110). This is not unlike the person claiming to be "colorblind" and "I don't see a person's color" which can be as demeaning and dismissive as outright racism. It seems to this reviewer that there are cultural gaps (or, cultural diversity) and, when better understood, such cultural uniqueness is to be appreciated, honored, and indeed celebrated.

The fourth theme that emerged within the clinical setting was the use of spirituality with multicultural clients. Either introduced directly or indirectly, by either the client or the therapist, spirituality can be a valuable resource for clients in addressing the issues and challenges that initially brought them to counseling. From one of the interviews, it is clear that "Louise" was one of the founders of this practice. Says she: "When 'Bill' and I were setting up the agency, we had a long conversation about how blatant we wanted to be. How Christian? . . . And we decided that our Christian beliefs were important enough to us to be blatantly Christian . . . People know when they come" (112). "Vince" mentioned that "[h]e believed his clients came with that knowledge and desire to have Christianity as part of their counseling experience" (113), while "Mark"

mentioned that he worked with clients “who were spiritual but not Christian” with some being “Buddhist or atheist” (114). No dissertation can answer every question, but it would be interesting to conduct a study similar to this one from the perspective of the clients and learn from them what role spirituality or religiosity played in both their choice of this private Christian counseling practice and in the course of their therapy.

The fifth and final theme had to do with the impactfulness and cross-cultural learnings and sensitivity that mission trips, service trips, and/ or immersion experiences have and had on some of these Christian counselors. What influence did such experiences of working with marginalized communities or minority populations that exposed a therapist to other cultures, worldviews, and diverse perspectives have on the clinician and their clinical practice while working with cross-cultural clients (and, indeed, all clients)? Such experiences “facilitated greater confidence and assurance in the counselors’ ability to help [clients], too” (117). One can also imagine that such immersion experiences can happen relatively inexpensively in virtually any moderate- to large-sized metropolitan area of the United States by exploring various cultural venues such as ethnically diverse restaurants, music and artistic events, places of worship, public lectures and book readings by and about diverse populations, and so on.

The author clearly lays out the limitations of the current study, mentions its implications, and offers suggestions for further research (130-132). She also offers: “The essence of the finding of this study is that, through the sharing of their lived experiences regarding their therapeutic work with multicultural clients, Christian counselors effectively use spirituality to convey a sense of respect and empathy for their multicultural clients, due to Christianity’s core tenet of acceptance, love, and nonjudgment toward everyone” (133). Most Christians would at least generally agree that a core tenant of their religion is acceptance, love, and nonjudgement – of persons, but not necessarily of specific, individual behaviors. One wonders how the 12 therapists in this study might address what some could find personally (or religiously) distasteful, or even wrong, in a culture which is not their own. How, for example, does an explicitly Christian counselor in a “blatantly” private Christian clinical practice address issues of polygamy, genital mutilation, hierarchical roles within the family and group setting that (from many Western perspectives) seem to demean women, and other similar culturally bound practices? No doubt, professional organizations and clinical associations have guidelines for such situations, but this study raises as many questions as it answers – which is testament to a well-done study.