Intercultural Mediation Counselling and Psychotherapy in Europe

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Edited by

Agostino Portera, Roy Moodley
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INTRODUCTION

AGOSTINO PORTERA, ROY MOODLEY
AND MARTA MILANI

Since the Second World War, and especially in the last 30 years, the processes of migration and globalization have effected a major demographic change across all countries in Europe. Now there are many ethnicities, cultures and nationalities from all over the world calling Europe their home; with second and third generations included in the social structures. Geopolitical, sociocultural and religious discourses and experiences have produced a complex and confounding environment. However, tensions and disharmonies appear at all levels of society, such as education, employment, health care, and many others. While tensions and conflicts are inevitable at the intersections of culture, differences in ethnicity, counselling and education have a role to play in bringing to consciousness the ways in which resilience, coping and problem solving can be part of a creative and equitable society.

Intercultural counselling and psychotherapy appears to be one of the most suitable rapidly growing approaches that address social justice questions in health and mental care. Counselling in a cultural and ethnic different setting is experienced in various ways across the countries of Europe as a result of their immigration histories, their health and mental health histories, philosophies and developments, the different systems of resource allocation, and many others (Pedersen, 1987; Lago, 2006; Moodley, 1999). Within these experiences, arguments are raised about the inequality of quality mental health services; poor training in counsellor education, research and supervision; the lack of awareness of cross-cultural knowledge, values and ethics; and many other issues.

Given the contemporary discussion, and the epistemological foundation in Europe, intercultural intervention in both theory and praxis can be considered the best answer to ethnic, linguistic and cultural diversity in the fields of education, counselling and psychotherapy (Gundara, 2000; Cantle, 2012; Barrett, 2016; Portera & Grant, 2017). The intercultural approach allows us: a) to evaluate identity and culture as dynamic and

continuous processes, and b) to accept otherness (to be a foreigner or immigrant); living in pluralistic and multicultural societies is no longer considered a risk factor for social disorders or mental illness but as an opportunity for positive personal and social growth. Epistemologically, the intercultural approach stands between universalism (which stresses similarities) and cultural relativism (which stresses differences) and synthesizes the two positions (considering the strengths and limitations of both), empathizing the *interaction* and the resulting opportunity for change. It overcomes the idea of static and hierarchical cultures and considers otherness and the foreign as an opportunity for dialogue, confrontations and encounters (Portera, 2014).

The aim of this book is to bring together several of the excellent practices currently taking place in many European countries where intercultural, multicultural or transcultural counselling is part of their health and mental health services. There are numerous projects currently engaging in cutting edge research related to counselling culturally diverse clients. This text will endeavour to share this information so that insights gleaned from one country can be shared across all European states as well as North and South America, Africa, Asia, and many other countries. For example, there are several major research projects on intercultural cultural competences underway in Italy; a chapter on the findings from this project and its application to counselling generally will support the development of counselling as a profession. Further, in more recent times, there has been much debate and discussion regarding issues of diversity and difference and the understanding of them in various contexts. The editors believe that intercultural counselling and psychotherapy should be at the forefront of adding to this conversation, particularly in relation to the health and mental health of minority communities.

This book will address the questions of ethnic, cultural, religious, gender, and power diversity; their points of tensions and psychopathology; their places of resilience and well-being. For example, many people and communities from ethnic and cultural minorities also seek health and mental health care from among their own healers. In the last years, there have been many research projects in Europe that look at these practices and processes. This book will also seek to bring all this research together, offering the most current data, and its consequences for the practice of intercultural counselling and psychotherapy. The themes discussed in this book include intercultural counselling and psychotherapy (Roy Moodley, Rachel Tribe and Colin Lago) and intercultural competences in counselling (Agostino Portera, Marta Milani, Marco Catarci, and Massimiliano Fiorucci) as well as many examples of the intercultural counselling practices in

European country contexts (e.g., Rashmi Singla and Marie Høgh Thøgersen, Nilima Changkakoti, and Thierry Bonfanti). These issues are divided across the subsequent chapters in the following manner.

In chapter 1, Agostino Portera connects the intercultural approach, as it was developed in Europe in the educational field, with interventions in mediation, counselling and therapy. Essential concepts (e.g., race, culture and identity) and terms (cross-cultural, multicultural and intercultural counselling) are clarified. Using the results of several studies on intercultural competences conducted at the Centre for Intercultural Studies at the University of Verona, Portera points out the necessity and urgency of expanding traditional approaches so that intercultural aspects can be considered and included.

In chapter 2, Agostino Portera reflects more deeply on the necessity and urgency of applying intercultural competence in the fields of mediation, counselling and psychotherapy. Through a critical literature analysis, the major strengths and limits of previous models are identified. Based on the results of empirical research conducted at the Centre for Intercultural Studies in Verona, the author illustrates new models of intercultural competence that have direct application to improving the traditional approaches to mediation and counselling.

In chapter 3, Olga Oulanova and Roy Moodley begin with a critique of multiculturalism and discuss the implications for the mental health field, keeping in mind the rapidly changing demographic composition of European nations. Next, they provide a brief overview of guidelines and recommendations that have been offered in the psychological literature in an effort to address some of the apparent shortcomings of traditional approaches to psychotherapy and the emerging needs of diverse populations. They also present examples of innovative efforts from different parts of the world that have aimed to address these changing counselling needs. In the second half of the chapter, they propose a tool set that clinicians can employ that involves a careful examination of and focus on the clients' (and clinicians') stigmatized sociocultural identities and offer clinical examples to illustrate this approach.

In chapter 4, Jeannie Wright introduces an intercultural review of present and future trends in counselling and psychotherapy with reference to gender and recent developments in feminist theory and practice. Examples are drawn from two key areas of practice: depression and

working with survivors of sexual abuse. The aim of this chapter is to continue a conversation in the field about gender and feminism(s) inter-culturally. The main questions raised are: What do people say about feminism when we practise therapy, and how it is defined or understood? How relevant is feminist thinking in therapeutic practice and counselling/psychotherapy education today?

In chapter 5, Thierry Bonfanti introduces the non-directive intervention (NDI) approach created by Michel Lobrot as an educational approach to psychotherapy and a psychotherapeutic approach to education. After giving the theoretical background of NDI, the author proceeds by giving some practical examples of it, especially when it comes to coping with multicultural contexts.

In chapter 6, Rachel Tribe and Lucia Berdondini review what is meant by intercultural therapy and discuss the relevant terminology in relation to refugees and migrants. They then briefly consider some of the major differences between an immigrant and a refugee and the implications that this may have for intercultural therapy. Shifts across narratives about migrants in the new country are discussed and their possible implications for psychological well-being considered. The issue of power operating at multiple levels is reviewed. Therapeutic services that concentrate only on an individual's refugee or migratory status may inadvertently minimize the experience of a service user and reduce an individual to a part of their life (as a migrant or refugee) rather than considering the whole lived experience of that person. This reductionist approach may also risk underestimating the strengths that an individual possesses. The use of therapeutic skills in innovative ways and in diverse contexts is discussed as well as their potential in working with refugees and migrants in culturally sensitive and non-stigmatizing ways. Also, the notion of health pluralism is reviewed (drawing upon or merging traditions of explanation, treatment and cure). Cultural sensitivity is critical when working with new immigrants and refugees. The issue of conducting intercultural therapy when a language and culture are not shared is discussed and ways of working with this challenge, in the interests of experts by experience/ service users, are reviewed.

In chapter 7, Marco Catarci and Massimiliano Fiorucci analyse mediation and intercultural mediators' tasks and functions in the Italian context. The authors raise many issues related to intercultural mediation in Italy that are still open and unresolved, such as uncertainty and instability of work, the

definition of mediators' functions and roles, and the lack of recognition of mediators' social value in terms of remuneration and long-term political plans. The chapter closes with providing some examples of skills that a mediator should have in order to improve relationships in the school system.

In chapter 8, Nilima Changkakoti presents a case study based on the therapies of three children referred by school professionals to a specific cross-cultural psychotherapy setting – the ethnopsychiatry clinic, described hereafter – showing how providing a transitional space, where worldviews may interact, promotes the weaving of a meaningful illness-and-healing tale. The setting is cross-cultural in the sense that various cultural identities as well as professional cultures are involved and promote a joint process of meaning making.

In chapter 9, Marta Milani introduces the concept of intercultural competence in school counselling and underlines the necessity and urgency of its acquisition in order to face globalization and interdependence, which seem to have led to profound crises concerning all aspects of human life, especially education. Investing in education by using the intercultural approach – rather than the multicultural one – seems to be the best response to these challenges.

In chapter 10, Immaculada González-Falcón analyses how Spanish school counsellors manage cultural diversity and paying attention to foreign immigrant pupils, underlining the advantages and disadvantages, obstacles and support that these professionals perceive today in the application of intercultural guidance in Spain. More specifically, the chapter focuses on analysing the opinions and evaluations of school counsellors. The aim is to assess the educational responses that guidance counsellors and schools provide to immigrant students of foreign origin in order to establish the strengths, weaknesses, opportunities, and threats that mediate this process and favour intercultural education and inclusive schooling. The analysis brought to light strengths and weaknesses that, in the opinion of school counsellors, highlight and then determine the improvements and future lines of action to continue promoting inclusion and interculturality.

In chapter 11, Colin Lago introduces some of the subjects that have historically challenged, informed, influenced, and contributed to the theoretical and practical discourse of intercultural therapy, such as culture,

ethnicity and language. The author addresses their role within the therapy relationship and their subsequent effects on the communication process between client and therapist by providing some scenarios as examples. Lago then moves on to discuss issues such as inequality, power and discrimination and their impact on practitioners (counsellors and psychotherapists) and clients. He concludes his reflection on the importance of revaluing the traditional healing practices in dealing with modern counselling challenges and by enhancing the research efforts in this field.

In chapter 12, Michael S. Trevisan and John C. Carey identify the factors that need to be considered in the evaluation of intercultural programs and interventions. To this end, the chapter provides a brief review of the literature on the evaluation of intercultural programs, highlights the key evaluation approaches found in the literature, and discusses the drive for and development of cultural competencies in evaluation; it also addresses standards that could be used to guide evaluations so that they are culturally responsive. An evaluation framework that the authors developed for the evaluation of school counselling programs is introduced. Special considerations for the evaluation of intercultural programs and interventions accompany this framework based on recommendations found in the literature. The chapter closes with a further discussion on conducting culturally competent evaluations of intercultural programs and interventions in a European context.

In chapter 13, Rashmi Singla and Marie Høgh Thøgersen focus on the policies and practices for refugees and immigrants, followed by a presentation of the major clinical approaches to working with minorities. In another chapter section, they look more closely at some strategic practices, including traditional mental health care practices among ethnic minority communities, followed by a couple of case studies. The chapter ends with discussions including future perspectives regarding the mental health of ethnic minorities in Denmark and the care they receive.

References

Barrett, M. D. (2016). Competences for Democratic Culture and Intercultural Dialogue. *Intercultura,* 80(2), 8–12.

Cantle, T. (2012). *Interculturalism: The New Era of Cohesion and Diversity*. Basingstoke: Palgrave McMillan.

Gundara, J. (2000). *Interculturalism, Education and Inclusion*. London: Paul Chapman.

Lago, C. (Ed.) (2006). *Race, Culture and Counselling: The Ongoing Challenge*. Maidenhead, UK: Open University Press/McGraw-Hill.

Moodley, R. (1999). Psychotherapy with Ethnic Minorities: A Critical Review. *International Journal of Psychology and Psychotherapy*, 17(3), 109–125.

Pedersen, P. (1987). *Handbook of Cross-Cultural Counseling and Therapy*. New York: Praeger.

Portera, A. (2014). Intercultural Counselling and Education in the Global World. *Intercultural Education*, 25(2), 75–76.

Portera, A. & Grant, C. A. (Eds.) (2017). *Intercultural Education and Competences for the Global World*. Newcastle: Cambridge Scholars Publishing.

PART A–

CRITICAL INTERCULTURAL THEORY

CHAPTER ONE

INTERCULTURAL COMPETENCES
IN MEDIATION, COUNSELLING
AND PSYCHOTHERAPY

AGOSTINO PORTERA

Summary

This chapter connects the intercultural approach, as it was developed in Europe in the field of education, with interventions in mediation, counselling and psychotherapy. Essential concepts (e.g., race, culture and identity) and terms (cross-cultural, multicultural and intercultural counselling) are identified. Based on the most relevant literature, the author points out the necessity and urgency of expanding traditional approaches so that important aspects of intercultural methodology can be considered and included.

In the 21st century, in an age of globalization and planetary interdependence, the mobility of individuals and groups is becoming more frequent and intense. Technical advances (especially in transportation and communication), political and economic developments, and increasing real and virtual movement facilitate interactions (both positive and negative) between people of different ethnic and cultural backgrounds (Bauman, 1977; Soros, 1988; Zurn, 2002; Bertrand, 2019). All over the world societies have become increasingly multi-ethnic and multicultural.

These developments and changes become central, especially in professional encounters in the educational and psychological fields. Teachers, mediators, counsellors, and psychotherapists who are applying their own methods and practices (often unintentionally in ethnocentric ways) are facing new problems. The encounter with the strange and foreign triggers feelings of uncertainty. Language barriers and different expectations, communication styles and understandings of problems

(Zimmermann, 1983; Penn & Watermeyer, 2018; Hample & Richards, 2019) complicate relationships. New challenges are evolving for reliable and efficient practices in mediation, counselling and psychotherapy. What are the opportunities and hidden risks of growing up and living in multicultural societies? What forms of intervention are useful or necessary? How should traditional approaches be modified to deal with the new challenges? Are there more appropriate methods for the multicultural context?

Clarification of Terms

Before answering these questions, it is necessary to take a closer look at some fundamental concepts and issues.

The first issue is that migration has always existed and that in our world there are no independent, homogeneous, 'pure' cultures. The most likely scenario in the history of humankind (Lewontin, 1984; Dunbar, 2014) provides for a permanent exchange network (both cultural and genetic) between people of different origins. Based on the results of studies in palaeontology, archaeology, linguistics, and genetics, there is only one common origin for all humans. We are all related. Our oldest common ancestor is the homo sapiens, who most probably lived in south-east Africa and the Middle East about twelve thousand years ago. Over the ensuing thousands of years, they settled the whole world. *All human beings are* therefore *related*.

On the other hand, it cannot be denied that in the course of thousands of years, diverse cultures, religions, ways of thinking, behaviours and habits, and different somatic traits have developed. Consequently, all people on this earth are genetically and culturally unique. *We are all different*.

While similarities seem to create comfort zones, historically the most severe problems in life have arisen from the real or imagined differences. Although migration has always existed, until today people everywhere have struggled to effectively manage the challenges of the coexistence of people of different ethnic and cultural origins. The word 'foreigner' often carries a negative or threatening connotation (Jaede & Portera, 1993; Vertovec & Wessendorf, 2010; Barrett, 2016). Our traditional models of encounters between people with different linguistic, religious, cultural, and ethnic characteristics have led to practices that are not reassuring: elimination; segregation and ghettos; assimilation; fusion, universalism (French Revolution, Soviet Union) or melting pot (USA). Certainly, none of the above-mentioned strategies can be considered as appropriate. Therefore, in the present age of globalization and interdependence, human

beings require a thorough rethinking of the professional role (especially in education and psychology) in the context of intercultural interactions. This rethinking must go hand in hand with a reinterpretation of some basic semantic concepts.

1. Let us begin with the word *race*. Moving from the facts above, this term should be removed from dictionaries. Even concepts such as 'antiracist education' and 'tolerance for other races' should be avoided since these are based on a dangerous, hierarchical ordering of humanity. For this reason, 'race' was banned from European Parliament language (EC, 2000).

2. The concept of *culture* deserves detailed consideration. Inspired originally by anthropological studies, culture is associated with coherent groups of people (a folk) sharing a certain location (state) (Geertz, 1987). In other words, culture is seen as something static that occurs within national fences. Upon closer consideration, using the word 'culture' today results in gross errors. National borders are geographical constructs that cannot be used simply to designate a culture. Furthermore, cultures are not static and cannot be constrained by barbed wire or walls. Cultures are constantly changing, with every breath and even indirect or virtual contact between people. There are no pure American, Italian, African, or Chinese cultures. Cultures are like the water in rivers, constantly flowing by letting go of something old and adding something new. If there is not a permanent exchange, the water becomes putrid and humans stagnate and develop illnesses. Therefore, in my opinion it would be appropriate to use the word 'culture' in a dynamic sense, or to replace it with 'culturality' to underline its always changing nature (Portera, 2010; Pretceille, 2006).

3. Something similar applies to the concept of *identity*. Erikson (1968, p. 16) considered identity as "a specific synthesis or integration performance" that contains psychological and social issues. In the fifth stage of his epigenetic model, he pointed out the difference between acquiring a stable identity (health) versus identity diffusion (disease and disorder). Even this relevant theory evokes a picture of a static identity. It applies to 'find' (where?), to 'earn' (what does it cost?) and to preserve otherwise there is the risk of 'loss' associated with many psychological disorders.

In a longitudinal case study of young people of Italian origin in Germany, I tried to identify the factors and pathological mechanisms in the process of identity building that seem to have a particularly negative effect in relation with behavioural problems or disturbances (Portera, 1995, 1998). I could ascertain that, for the most part, the disorders of people with a migration background are *not* related to cultural differences but rather to well-known general risk factors and mechanisms (Haan, 1977), or with

stigmatisation, exclusion, racism, inadequate education, and wrong or harmful interventions. I therefore concluded that it is important to overcome and avoid the use of static identity categories in empirical research, teaching and psychological practice.

Intercultural Counselling and Psychotherapy: What Does it Mean?

The presence of globalization and economic, political and cultural interdependence raises relevant questions for counselling and therapy.

It is instructive to look at countries such as the USA, Canada and Australia, which have a great deal of experience with migration. In his critical analysis, Moodley (1999) maintained that in the above-mentioned countries, a new autonomous field (namely, multicultural counselling and psychotherapy) has developed. Over the decades it has adopted a variety of names and forms of interventions: cross-cultural (Pedersen, 1985), transcultural (D'Ardenne & Mahtani, 1989), culturally different (Sue & Sue, 1990), intercultural (Kareem & Litdewood, 1992), and multicultural (Pedersen, Pope-Davis & Coleman, 1991). Some methods, such as ethnopsychiatry (Devereux, 1992) and ethnopsychotherapy (Nathan, 1996), cross-cultural psychiatry (Litdewood, 1990) and transcultural psychiatry (Cox, 1986; Pfeiffer, 1994) consider the understanding and the consideration of cultural and ethnic differences as central to the treatment. Other approaches, such as the so-called Afro-centric (Hall, 1995); black feminists (Pankhania, 1996), antiracist (Moodley, 1999), and 'race & culture', as the basis of the intervention (Lago & Thompson, 1996) represent a kind of ethnic awareness of the clients. This area has expanded greatly through other practitioners, such as Atkinson, Morten, Sue (1993), Helms (1990), Ponterotto (1988), and Sabnani (1991), who consider 'race and racial identity' as the most salient aspects of therapy with minority patients. Interesting reflections have also originated from Vontress (1995), who developed a 'cross-cultural therapeutic modality' based on existentialism; and McLeod (1993), who considers deconstructing the racial, cultural and ethnic identities of clients from minority communities as the best foundation for successful treatment.

Given the difficulty of finding the roses among the thorns, it would be useful to attempt a rough summary and critical analysis of the most relevant methods mentioned above (see also Portera, 2011, 2017).

1. A first group of interventions could be described as *metacultural* counselling and therapy. The word meta-culture refers to a kind of 'culture over the culture', a 'supra culture' (such as metaphysics in relation to

physics or meta-communication in relation to communication). This category includes all forms of intervention aiming to work with clients without considering the cultural differences and without "changing the culture" of people with an immigration background (Moodley, 1999, p. 6). In my opinion this assumption is faulty and misleading. No interpersonal encounter (above all, education, mediation, counselling, and therapeutic intervention) can take place without cultural change. Any professional meeting implicates the inclusion and often also the change of norms, values and rules. Therefore, the metacultural model can be considered inadequate and potentially dangerous because it implies that effective counselling or psychotherapy can be conducted without consideration of the clients' culture.

2. The second group of interventions could be categorized by the term *transculture*. In the broadest sense, *cross-cultural* or transcultural strategies are aimed at the development of universal and common characteristics, values (e.g., respect, honesty, autonomy), and concepts (e.g., individual, peace, justice, environmental protection, and the right to improve oneself and one's situation). The transcultural approach refers to elements spreading through culture and is rooted in a theory of cultural *universalism* (e.g., Kant's cosmopolitan education theory; the universal principles of the French Revolution, which affirmed the dignity of all human beings; and Norberto Bobbio's studies on 'universal values') (Lukes, 2003). The *transcultural approach* deserves more detailed consideration, especially as it has a long tradition, as in the case of transcultural psychiatry and cross-cultural psychology. The educational models (known as third-world pedagogy, or education on human rights) could be described as 'additive'. In addition to one's own nationality, one adds an identity connected to other states (we are 'Europeans') and/or the world ('citizen of the world'). In the psychotherapeutic area, the transcultural approach was mostly applied by using one method also for the treatment of people from foreign countries (an example is ethnopsychoanalysis by Devereux (1992) or Nathan (1996)).

Although the transcultural approach brings many advantages (e.g., recognizing common human nature, developing shared values, applying therapeutic intervention in other countries), there are also some important limitations. Adherence to the transcultural method could lead to a uniform view of the world while in reality it is very heterogenous and fragmentary. There is also a risk of regarding one's own values, norms and rules as universal. In the USA, Europe and other countries, the transcultural view could develop as a new form of colonialism and cultural domination, with the western countries trying to impose their own values and *Weltanschauung*

on the rest of the world. Such a structuralist approach may lead educators, counsellors and therapists to take into account many fundamental cultural and cross-country values and rights (such as justice, peace, dignity, distribution of resources). On the other hand, there are dangers associated with applying a static view of culture. Movements and changes that take place in the singular person or group may be disregarded. There is also the risk of overgeneralization, without appropriate consideration of the real uniqueness of the individual and the specific geopolitical and cultural area under consideration. Accordingly, its application could encourage an acultural or even an assimilationist orientation towards minorities. Instead, in the mediation, counselling and therapeutic field, all treatment methods should be considered as having deep cultural roots (having been developed and applied in a certain time and in a specific cultural background). They all contain their own rules, norms and values, and reflect their own understanding of illness. Opinion in relation to mental disorder and the related theories is that methods of treatment and even the way of suffering have been demonstrated to have culture-specific aspects (Zimmermann, 1983; Pfeiffer 1994). Since as human beings we cannot be neutral, especially in the asymmetric professional settings, a great danger exists of imposing (albeit even inadvertently) our own thinking patterns on our clients.

3. A third group of interventions could be described as *multicultural* or pluricultural. These models are based on a philosophical orientation of cultural relativism, which emphasizes the uniqueness of every culture and every culture's right to autonomy. From an ethnological point of view, Levi Strauss (1972, 1974) critiqued the western evolutionism, which considers history as a progression of stages, with western culture as the highest stage. In order to avoid being assimilated or destroyed, traditional cultures needed to avoid any form of contact with western culture. The educational intervention, defined as multiculturalism and multicultural education, starts from the de facto situation (the presence of different cultures) and aims to explore and identify similarities and differences. This approach should be regarded as very positive in that strangeness is respected, and foreigners and immigrants granted the same rights as the locals. Multiculturalism is aimed at a peaceful coexistence. In spite of the advantages of the multicultural perspective, a key risk is adopting the view of cultures as homogeneous, static and rigid –sometimes also with the risk of stratification and creating a hierarchy of individuals or ethnic groups. With educational interventions there is also a danger of presenting exotic or folkloric practices and constraining persons in their (assumed) cultures

of origin. Migrants (children) can be compelled to adopt forms of thinking and behaviour that no longer exist in their home villages or counties.

In the mediation, counselling and therapeutic areas, such methods (prominent especially in the USA) demonstrate many advantages. For example, in the case of the above-mentioned Afro-centric, black feminist and antiracist practices, moving through ethnic awareness can lead to the strengthening of personal and cultural identity, with an overall positive development for the clients. Certainly, proper consideration of the physical and cultural differences and knowledge in relation to other countries, languages or religions can help professionals overcome many obstacles to understanding culture-specific explanations of forms of illness (e.g., in the case of the understanding of the magical world as it is related to disease; Portera, 1986; Gregory & Mustata, 2012). However, there are some limits in this era of globalization: Should/can professionals be experts about all the cultures of the world? Should the counsellor only work with clients from their own country? And in which 'treatment' box shall we put the people who travel a lot and feel right at home in many countries? In addition, by over-stressing cultural differences, many other important aspects of the clients' problems could be ignored (like vulnerability factors and social conditions – such as marginalization, isolation, homelessness, political and legal discrimination, poverty). And some deviant behaviour (such as hyperactivity or depression) can be misinterpreted as culture-specific behaviour (spirited or shy). Once again, culture is viewed and treated as static, and interventions as identity 'conserving' rather than as changing and expanding.

Need for Intercultural Mediation, Counselling and Psychotherapy

The intercultural approach was developed in Europe.[1] Its first impulse came from the international organizations, especially from the United Nations (UN) and UNESCO (United Nations Educational, Scientific and Cultural Organization). In the United States, up to the 1960s, the ideology

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[1] In fact, the word 'intercultural education' was first used in the USA in early 1930. However, the meaning was the strengthening of the self-image and the reduction of the fear of new immigrants by the mainstream populations. In schools, the strategies focused on assimilation and often ended in segregation and discrimination (McGee & Banks, 2011). For more details regarding the development of the intercultural approach, see Portera 2011.

of the melting pot hindered the conscious perception of real ethnic and cultural differences. Focusing on differences in the educational system was literally taboo until the civil rights movement highlighted the deleterious effects of racially segregated school systems and other forms of discrimination. In the 1970s, the ethnic revival movement made an important contribution to the development of multicultural education. Inspired by the example of the black pride movement and its slogan 'Black is beautiful', other minority groups encouraged pride in group membership to maintain the value of their own cultural origin. Similar developments also occurred in English-speaking Canada and in Australia.

In Europe, immigration reached a peak after the Second World War. Large groups of immigrants from previously colonized nations arrived in the countries that had ruled them in the past (e.g., Belgium, England, France, and Holland). In the 1950s and '60s, migration increased rapidly as young men from poor Mediterranean countries (e.g., Turkey, Greece, the former Yugoslavia, Italy, and Spain) emigrated and settled in the countries of northern Europe (e.g., Germany, Switzerland, Austria, Norway, and Sweden). As Rey (2011) stated, influenced by the policy in the USA, the Council of Europe initially adopted a strategy of multiculturalism. In 1970 the Council of European Ministers passed its first resolution (no. 35) on education for immigrant children in member states, aimed at supporting their scholastic integration in the host country, preserving linguistic and cultural ties with their country of origin, and facilitating their educational reintegration. In the course of the following conferences – 1973 in Bern; 1974 in Strasburg; 1975 in Stockholm; 1976 in Oslo – the educational problems of immigrant children were extensively discussed and analysed in order to enable the preservation of ties with their language and culture of origin. Encouraged by the *Conseil de la Cooperation Culturelle* (CDCC), between 1977 and 1983, a working group was created to envision methods and strategies for teacher training in Europe. In this context, *intercultural* education was perceived as necessary. Then, in 1983, at a conference in Dublin, the European Ministers of Education unanimously adopted a resolution that declared the importance of an intercultural dimension in education. In subsequent years Europe passed a recommendation stating that teacher training should be based on intercultural understanding. In the late '80s, the Council of Europe promoted trial periods of intercultural education.

Compared with the above models (trans- and multicultural), the intercultural approach, in my opinion, represents a new 'Copernican' revolution (Portera, 2011): a) concepts like identity and culture are no longer considered as static but as dynamic; and b) estrangement, emigration

and life in a pluralistic and multicultural society are viewed not only as risk factors for disorders or diseases but also as opportunities for enrichment and personal and social development (see also Gundara, 2000; Catarci & Fiorucci, 2015; Barrett, 2016). Meeting with people from different cultural backgrounds is considered a challenge because of the possibility of confrontation and reflection regarding values, rules and behaviours. Epistemologically, the intercultural approach can be collocated between universalism (transcultural) and relativism (multicultural). At the same time, it goes beyond both and frames a new synthesis. The intercultural approach includes all the positive aspects of the transcultural and the multicultural theories but also recognizes its limits. At the same time, it adds something new. Beyond understanding and respecting differences (multicultural) and removing injustice by recognizing communal lows and roles (transcultural), the *intercultural* includes the opportunity for interaction, which reflects change through encounters, dialogue, confrontations, and conflict resolution.

In the fields of mediation, counselling and therapy, the application of the intercultural approach involves overcoming the static and hierarchic vision of cultures. An encounter with the strange can be considered an opportunity for dialogue, confrontation and a resulting positive change. In education, mediation, counselling, and therapy, this positive development can best occur with the promotion of real contact, encounters and interaction. Clients with different cultural backgrounds are not 'forced', directly or indirectly, into singular elements of their own cultural identity (which is dangerous, especially for adolescents, as confirmed in the above-mentioned research by Portera, 1995). In the professional encounter with clients, there is the possibility of open reflection, and a comparison of some culture-roots concepts, ideas and pre-judgements is established. Self-conceptualization can be reconsidered and (if wrong or maladaptive) changed through the assumption of a more dynamic and interactive way of thinking.

Cultural Differences and Fundamental Needs

In order to revise traditional psychological methods to develop an intercultural approach, it is first necessary to take a closer look at some specific cultural differences. For example, in counselling and therapy with immigrant workers from the Mediterranean area, some culture-specific factors need to be considered (Portera, 1987; Pfeiffer 1994; British Council, 2013). These could include:

- *Self and identity*. Many people from the Mediterranean regions (as in Asian countries or in the Islamic area) define their identity primarily by the 'we' rather than through the 'self' or 'I'. The South African Nguni Bantu term *Ubuntu* means 'I am because we are', indicating the belief in a universal bond that connects all humanity.
- *Understanding and expressing illness* vary culturally. Psychic disturbances are often somatically manifested. Many people have a strong magical understanding and are not familiar with western scientific concepts and categories (e.g., DSM 5, 2013).
- *Expectations of counselling and therapists*. Therapeutic approaches and the nature of the therapeutic relationship are very culture-specific. Many clients expect an asymmetric relationship, organic-oriented intervention and a fast heal;
- *Life situation*. After flight experiences or forced migration, many clients not only show culturally specific problems but also manifest the consequences of discrimination, hostility, and negative social and material life conditions.

In addition to these differences, close consideration needs to be given to the question of appropriate methodological approaches. If we take into closer consideration the client-centred approach, in the first analysis, it seems to be difficult, problematic or even impossible, while behavioural cognitive constructivist or psychoanalytic methods might appear more appropriate. In the USA and Canada, until the 1990s, Rogers' theories and multicultural counselling seem to have gone "different ways" (Moodley, 2004, p. 19). Gani (1999, p. 146) stressed that "client centred therapy & counselling runs into serious problems not only among the indigenous members of western society but, more importantly, among the members of ethnic minorities". Many person-centred practitioners showed little interest in the multicultural area. Only a few (such as Holdstock, 1993 and Patterson, 2000) tried building bridges or closing the gap. Many representatives of the multicultural approach wrote critiques of person-centred counselling.

> The positive philosophy of Rogers is applauded by many of a multicultural orientation, but the nature of Rogerian methods – slow reflection and a lack of action and immediate problem solving – seems inappropriate for multicultural clients. The tendency for existential-humanistic counselling to ignore person environment transactions in daily practices can be a major limitation. The intense preoccupation with the individual and free choice is

at times incompatible with a more environmentally oriented and contextually aware approach. (Ivey et al., 2002, p. 258)

The conclusion is therefore that "the existential-humanistic philosophy tradition does not speak to multicultural concerns" (Id.). One of the strongest criticisms came from Rogers' colleague and friend, O'Hara (1996, p. 286): "there are aspects of it that, whether consciously or unconsciously Person Centered [Therapy], serve to preserve, maintain, and protect the interests of the Eurocentric, patriarchal Judeo Christian world". At another point, she indicated

There were times that not even the empathic genius of Carl Rogers could bridge the gap and reconcile the fundamental differences in 'world view' [...] 'construction of reality' [...] 'ways of knowing' [...] between Rogers – a famous, powerful, successful, upper-middle-class, white American male and myself – a young unknown immigrant, working-class, white English female. (O'Hara, 1996, p. 185)

Some other multiculturalist scholars consider Rogers' method as Eurocentric or even racist (Moodley, 1999) because of its lack of applicability to non-white clients. Through my own empirical research, I tried to identify the positive outcomes and opportunities as well as the risks related with migration and living in a multicultural context (Portera 1995, 1998). The methods consisted of a qualitative 7-year longitudinal qualitative case study through which the life-stories, conflicts, crises, and problem-solving strategies of 23 young people of Italian origin with migration experiences in Germany were observed. The study identified *risk factors* like sudden, unprepared separation; frequent journeys between Germany and Italy; ambivalent behaviour (especially that resulting from conflicting messages from school and family); social marginality and practical problems (debt, marginality, insufficient legal security); discrimination and stigmatization by peers or adults; isolation and loneliness; language problems; and strict upbringing (more than in the country of origin). In addition, the study also revealed some *protective factors* like establishing a firm and secure relationship with a person of reference during childhood; parents' openness towards the German environment; parents' understanding and trust; readiness for separation; positive experience of acceptance and respect in the host country; understanding from teachers and educators; no pressure to assimilate; role of friends as a 'bridge' between the cultures; external support also through counselling or therapy.

Beyond acknowledging the main risks and protective factors related to migration and life in a multicultural context, and after identifying the most

appropriate coping strategies,[2] I proposed a tentative theory of the *fundamental needs of human development*.

Based on the work of Maslow (1954), and also considering other psychological postulates, mainly Rogers (1961) and Erikson (1968), the theory of the fundamental needs of human development takes into account the effects of globalization, cultural differences and life in multicultural contexts. The primary hypothesis (which still needs to be further verified through additional research) is that the incomplete or partial satisfaction of these needs – together and in interaction with biological or other factors – is related with the appearance or worsening of psychological and social disorders (Portera, 1999). In contrast to Maslow (1954), the most important needs are not placed in hierarchical order, nor are they to be considered static but a dynamic and interactive process between the subject and their environment. The needs refer not only to the past (i.e., in order to understand the source of the illnesses or disorders) but also to the future. As such, the model can be helpful in establishing a developmental diagnosis (Albertini, 2000), which is much more oriented toward the possibility of intervention – especially in a multicultural context.

1. *Need for physical well-being.* Every human being has certain biological needs to satisfy. In this context it is most essential to consider the physiological needs identified by Maslow (1954): metabolism, shelter, stimulation, nutrition, sleep, and body temperature.

2. *Need for social relations and for belonging.* In addition to physiological needs, it is also necessary to satisfy social needs connected with the community in which a person is living: Human beings need to feel part of a group, to feel similar to others and interact with them. From this point of view, the significance of social and economic status also needs to be considered. It is easier to be poor among poor people than poor among rich people.

3. *Need to bond.* This mainly refers to the human need to create a close relationship, initially a nearly symbiotic one, with at least one main person of reference, possibly the mother (in the sense of Bowlby 1969 and Spitz 1965) but it could also be another stable and reliable person. Maslow (1954) describes this as a need for "security and protection". This need is strongest in newborn babies, who would die if they did not receive intense

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[2] During the study it was also possible to identify certain *coping strategies* that are closely related with the positive or negative management of crises. In many cases, the interviewed adolescents adopted coping strategies (e.g., passivity, submission) that were appropriate for solving conflicts in the country of origin or in the family, but not at school or in German society (Portera, 1995, pp. 211–212).

physical and emotional care. However, the need to establish close relationships with other human beings also plays a decisive role in psychological stability in later periods of human development.

4. *Need for separation.* Separation should not only be considered as something negative or a loss but also as a fundamental need. All growth is founded upon separation – a newborn baby must be separated from the maternal umbilical cord. After the symbiotic attachment, the child needs to experience separation from his primary caregiver. This is the only way to be prepared for the subsequent experiences of separation (e.g., when starting school, and separations due to work, marriage, migration, death). Separation allows one to develop full autonomy, which is indispensable for the adult. Both Bowlby (1969) and Erikson (1968) treated the concepts of autonomy, initiative and individualism in depth, and Ausbel described this process of progressive independence as desatellization.

5. *Need for positive emotional regard (respect, acceptance, love, and acknowledgement).* The study led to the postulate that empathy and congruence, together with attention, which were seen by Rogers (1951) as essential elements for a positive outcome of therapy, also represent an indispensable prerequisite for an educational approach to promoting healthy personal development. The need to be accepted and esteemed in an unconditional way, regardless of one's behaviour or attributes (colour of skin, ethnic origin, religion, language, ideals), is of primary importance for well-being. Every human being needs to be accepted, taken care of, protected, and loved as they are. This implies a right to be different and still accepted. These aspects, important during one's entire life, are essential during early childhood.

6. *Need for deep understanding (empathy).* It is necessary for human beings to know and understand most of the physical and psychological aspects connected with their own personality (sensations, emotions, ideas), as well as the physical and social environment in which they interact. Since the beginning of their evolution, human beings have needed a reference person who is able to understand their wishes, needs and emotions in a deep and differentiated way.

7. *Need for congruence.* Congruence refers primarily to the harmony between oneself and the external world. In this sense, it also refers to the possibility to be authentic and accessible as a person and to show a degree of continuity with respect to real emotions and physical sensations. Every human being needs such relations with themelf and with as many other people as possible. In a multicultural context, this means that a person should not be forced to repress or deny parts of themself in order to be accepted. This premise leads to the need to learn to recognize as much as

possible one's own emotions and sensations, even if they are in apparent contrast with previously acquired elements. It is also important not to be afraid of conflicts arising from a different way of feeling in relation to the external world, or of maintaining ideas which differ from the opinions of others. For Rogers (1987), the fully functioning person is the person who lives in harmony with themself and with their own experience, "integrated, complete and true" (p. 32).

8. *Need for Trust.* Every human being must be able to trust themself, their own potential and the external world. This need is close to the concept of basic trust and self-trust developed by Erikson (1968) and Maslow (1954). Without trust in oneself, it is not possible to develop a stable personality. The primary caregiver in child's life can satisfy this need by allowing the child to feel worthy of trust. The child should be given the opportunity to discover and experience facts and situations. In the case of a mistake or failure, reflection must be promoted and the child should be encouraged rather than humiliated.

9. *Need for active participation and structure.* Every human being needs to influence the world in which they live. In other words, the person needs to have the chance to live their own life as a protagonist and not as a subordinate. In this sense, it is important for every human being to feel equal to the other members of their social group and to play an active role in social life. It is indispensable to enjoy the same political, social and legal rights as others and not be excluded or discriminated against (least of all because of skin colour, gender, religion, or opinions). This refers also to the need for *structure,* justice, and law and order. Every human being needs clear, determined and reliable limits within which to orient themself: laws that are not experienced as an obstacle to self-actualization but as an opportunity for personal and social development; approved rules that are respected because they are voluntarily accepted and not only because they are imposed.

10. *Need for continuity.* This refers to the need to be in contact with clear principles and values so as to be able to internalize stable criteria for evaluating the external world. This does not mean that it is necessary to spend one's whole life in the same place or with the same people, nor that norms, rules and values have to be the same forever (on the contrary: a certain number of variations are necessary to develop personal criteria of evaluation and to increase the ability to critique), but it suggests that these criteria must not be subjected to random, incessant and contradictory change. It is indispensable for children not to be *forced* to remove or deny parts of their cultural standards, principles and values in order to be accepted (e.g., "only if you do this I will love you"). Instead, they must

have the opportunity to compare and contrast new opinions, principles and values with their own and decide freely whether to refuse or to integrate them into their own personal belief systems.

Consequences for Intercultural Mediation, Counselling and Psychotherapy

In the multicultural context, the theory of fundamental needs and of intercultural competence (IC) could be a great help not only in diagnoses but also in interventions by mediation, counselling and therapy, using a variety of different psychological models. For instance, Rogers (1959) postulated that the therapeutic factor *unconditional* positive *regard* could be considered as the basis for awareness and the appropriate support for the personal satisfaction of the basic human needs. Although not all conflicts and disturbances can be prevented or treated, unconditional positive regard could help to transform a vicious circle (where 'solutions' reinforce the disturbance) into a virtuous one. In addition, in the professional encounter, the other basic variables of accurate empathic *understanding and congruence (*being real, open and authentic) could be considered as especially suitable in the multicultural setting. These variables are also highly indicated in the intercultural approach because they result in the opportunity for person-to-person encounters. In the last years of his life, Rogers also considered the international expansion of the person-centred approach as one of the most important challenges. Such efforts seemed to fall on fertile soil, and many counsellors and therapists from all over the world included a person-centred orientation in the multicultural or cross-cultural areas (see Lietaer, Rombauts & Van Balen, 1990; Mearns & Thorne, 2000; Patterson, Cain, & Wilkins, 2003; Moodley, 2004). Rogers also generated some practical examples of applications and conducted transcultural encounter groups in South Africa, Mexico, Russia, and the USA. In addition, he worked in a multicultural setting, which was documented in video-recorded psychotherapeutic sessions labelled "Black client". Whiteley (1977) documented these sessions under the title "Carl Rogers counsels an individual". In one of the sessions, titled "Right to be desperate", the client says, "[...] I didn't find anybody that allowed me to be desperate, that could understand some of the things that I did and wanted to do". In his commentary on the session, Rogers says, "I can let him feel desperate. Friends and family cannot allow this. It is important that someone can really permit it". As a consequence of this acceptance and the subsequent verbalization of his feelings, the client became aware that discrimination and ethnic conflict hurt more than the leukaemia from