Cultural Considerations in Establishing Ethically Sound Relationships ©

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Introduction

"Theories of counselling are based on world views, each with its own values, biases and assumptions" (Corey, 1998, p. 196). Cultural influences on ethical and ordinary decision-making processes in a therapeutic context is the focus of this research. Each participant in the counselling process has a unique cultural background which affects the way they see life and its dilemmas. Being acutely aware of this uniqueness of culture facilitates the counselling relationship and the work to be accomplished. Corey sees the ultimate goal of counselling as the "liberation of consciousness" and regards the "person-in - relation and the cultural context as essential aspects in developing appropriate goals for the helping process" (Corey, 1998, p. 200).

The importance of multicultural awareness cannot be underestimated by the practicing therapist. If the therapist is to support clients in ways which serve their best interests, there must be some knowledge of how this can be accomplished within the context of cultural background. Added to this is the importance of the therapist's cultural bias, which may influence interactions with the client. As most contemporary theories of counselling are based on Western cultural backgrounds, the importance of honing cultural understanding is paramount.

In the following pages the author will outline a conjured medical case history. Three family units, originating from three cultural orientations predominant in the Province of British Columbia, will be described to provide immediacy to the text. The author outlines the main characteristics of each of the three cultures. The shifts of perspective required for ethically sound counselling, in light of the most relevant cultural orientations, will be examined. Finally, appropriate questions to facilitate the process of ethical and culturally sensitive counselling are suggested for each case.

Case History # 1

An 80 year-old male patient arrived at hospital by ambulance. He was accompanied by his grandson and was admitted through emergency with severe stomach pain. He has undergone extensive tests which resulted in a diagnosis, by attending physicians, as terminal cancer. Two options for treatment and care of the patient have been prescribed. The patient can be offered surgery and follow-up radiation treatment which may prolong his life for up to a year; this treatment is not recommended by the attending physicians. The second option is that the patient may be made as comfortable as possible to live out the remaining few months of his life, allowing nature to take its course.

Family History

Mr. Z is the patriarch of a Chinese Canadian family. He was raised in Hong Kong. He married before coming to Canada as a young man. He and his wife had two children, a son who has predeceased Mr Z, and a daughter who resides with them. A grandson is a family physician who was born, educated and practices medicine in British Columbia and is, as yet, unmarried. Mr. Z's wife and daughter depend on the grandson to receive information from physicians and to make all major family decisions with regard to Mr. Z's health and care. In conversations with his family, Mr Z has alluded that his life has been rich and he is prepared for death. The patient is, so far, unaware of the diagnosis, although his grandson has been informed by the attending physician.

The grandson is torn between his desire to follow his grandparent's cultural predisposition toward confidentiality and extending life at all costs, and his knowledge that his grandfather will suffer discomfort and humiliation with the prescribed treatment plan, all toward extending life for a matter of months. He makes an appointment with a hospital therapist, hoping to gain some insight and support as to how to approach this dilemma between his own, and his family's, personal feelings and beliefs.

Chinese Cultural Considerations

"Heaven and Human are One" (Hui, cited in Coward & Ratanakul,1999, p. 128). This expresses the theme of the Chinese way of life. This spiritual joining describes the predominant belief that man is

the product of nature and therefore inseparable and interdependently related to it (Bowman & Hui, 2000, p. 3). Extreme importance is placed on respect for life (Pang, 1999, p. 1) as well as harmony, function and responsibility (Ip, Gilligan, Koenig & Raffin, 1998, p. 448).

The connection to nature or "human-nature dyad" is essential to well being and is achieved by the unity of three concepts. The *Ch'i*, or vital life force, the *Yin and Yang*, and the *Wu-hsing*, or five elements. Body functions are affected by the yin and the yang which are "complementary interdependent opposites" which strive to achieve balance in the body. A mild imbalance between the two will create illness, while great disharmony results in death (Bowman & Hui, 2000, p. 3).

Cheng, or sincerity, is regarded as the virtue of caring for and protecting and is a fundamental Chinese principle integral to all human action and interaction. A "person who understands cheng understands the nature of things, of self, and of other people" (Pang, 1999, p. 3).

Physical energy, or ch'i, is contained in body organs and these energies contribute to consciousness, will, purpose and justice (Hui, cited in Coward & Ratanakul,1999, p. 128). Traditional Chinese medicine sees us as an integrated whole consisting of body, soul and spirit (Bowman & Hui, 2000, p. 3).

Interdependence is not reserved to the physical body. The Chinese culture is based on the interdependence of family and community and the individual is seen as a "relational self". The family is based on an extended clan and is the central structure of an individual's life. The family is a "hierarchy of kin who are responsible for the care of it's aged, sick, unemployed and disabled members" (Bowman & Hui, 2000, p. 2).

The Chinese family is strongly patriarchal in nature, and authority is passed from elder to son and downwards. Family decision - making is a collective process which involves all informed family members in the hierarchy (Bowman & Hui, 2000, p. 2). The concept of hierarchy extends to members outside the family who hold power, by virtue of wealth or education, and these people may be held in deep regard and hold a position of authority (Ip et al., 1998, p. 448).

Filial piety describes the expression of respect and sense of duty extended towards parents in a Chinese family. Children are expected to be obedient to their parents and are responsible for them in their old age (Ip et al., 1998, p. 448). Another aspect important to filial piety is the responsibility of children to produce male offspring (Bowman & Hui, 2000, p. 4 -5). Children often regret the end of an elder's life, as filial piety may be expressed only while the elder is alive (Hui, cited in Coward & Ratanakul,1999, p. 134).

Children are expected to protect a sick elder by preventing him from further harm caused by bad news as this will "take away his hope, terrify him and...make him sicker" (Bowman & Hui, 2000, p. 1)."Hope is central to their concern ... Societies seem to recognize the need for hope but each differs in understanding the conditions of hope" (Bowman & Hui, 2000, p. 7). "In Chinese culture, to tell someone he is dying is not only rude but considered dangerous". Accepting bad news is the responsibility of the family, as are the decisions related to health issues (Ip et al., 1998, p. 449). In China, informed consent is obtained from a family member rather than the patient, and if there is disagreement in the matter, the family must come to consensus to resolve the dilemma (Bowman & Hui, 2000, p. 4)

Chinese medicine is focused on preventative health measures and medical intervention is only accepted in life-threatening cases (Bowman & Hui, 2000, p. 3-4). Death is evaluated in terms of "accomplishments in this world" or the fulfillment of *jen*. Jen is the cultivation of positive human attributes of charity, humanness and beneficence. Death can be graciously accepted when moral duties are seen to be completed: there-fore resistance to end of life is perceived as unfinished business in this world (Bowman & Hui, 2000, p. 5), but "to give up on life will incur punishment by nature". Endurance of pain is completing the life span predetermined by nature (Hui, cited in Coward & Ratanakul,1999, p. 135)

The relational self takes precedence over self determination and provides the basis for social and moral judgment. The concept of ethics is unfamiliar in Chinese culture. Because of strong relational values and the desire for social harmony, ethical codes do not exist (Bowman & Hui, 2000, p. 2). Where Western ethics focus on dichotomies such as duty versus right, Chinese culture sees these opposites as

complementary and "in a dynamic state of reciprocal definition" (Fox & Swazy, 1984, cited in Bowman & Hui, 2000, p. 2).

In traditional Chinese culture self disclosure to a stranger is unacceptable and a "violation of familial and cultural values" (Corey, 1998, p. 238). Because the family holds the position of moral and social judge, it is given the right to receive and disclose information, make decisions, and coordinate support for family members (Bowman & Hui, 2000, p. 6). (It is important to note that the influence of the three main religious beliefs of Taoism, Confucianism and Buddhism may shift these moral beliefs considerably from family to family).

It is clear from the preceding paragraphs, that the Chinese cultural perspective consists of implicit moral, ethical and social attitudes in all aspects of everyday existence. This is illustrated by the integrated and relational approach to family, the physical body, and sharing, caring and decision making in the family. In Canada these aspects of the Chinese way of life become challenged by the Western concept of individual rights to freedom.

Establishing an Ethically Sound Relationship

The concept of autonomy clearly illustrates the contrast between "self" of Western culture and "relational self" of Chinese culture. In the West, the principle of autonomy implies that every person has the right to self-determination. Were a counsellor to advocate autonomy to the grandson of Mr Z, disregard for the value placed on inter-connectedness could severely complicate productive communication.

Equally as important in terms of client understanding would be the conflict between the Western and Eastern approaches to illness. Western medicine tends to see the body and the mind as two separate entities and thus focuses on the structure and function of body organs and systems. There is a major difference in the Chinese approach to the body which often manifests in a fear of surgery due to the belief that it is possible to release essential physical energies which contribute, among others, to consciousness and will. Acknowledgement and exploration of this concept of unity is paramount in the attitude of a counselor.

The propagation of the family name and care for it's aged and sick, in Western culture, continues to deteriorate with the disintegration of the nuclear family due to changing values. A counsellor needs to treat, with respect, the possible emotional context of filial piety, which emphasizes the grandson's responsibility to produce sons, and a sense of duty to care for all disabled family members.

While decision making and disclosure of information are considered to be the right of the individual by Western standards, these processes are delegated, and considered confidential, to family and/or community members in most Eastern cultures. Without prior knowledge of this concept of protectiveness serious misunderstandings may result between a counsellor and Mr Z's grandson.

Suggestions for the client-counsellor meeting with the grandson of Mr Z might include the following:

Knowing that the client risks criticism from family members for discussing the situation outside the confines of the family, the counsellor may begin by expressing her appreciation for the respect shown by his willingness to seek her professional support. Bowman and Hui convey that "open and balanced communication" often results in "easily negotiated [cultural] differences" (Bowman & Hui, 2000, p. 6).

Soil for the growth of understanding and discussion between client and counsellor could be provided by the counsellor's understanding of the interpretation of hope in the Chinese cultural context. This would include the absorption of the impact of the illness and diagnosis by the grandson and other family members (as opposed to maintaining dignity, quality of life and personal choice in the West).

In order that the counsellor may facilitate the resolution of the grandson's dilemma of veracity versus beneficence the following questions could be asked:

What is the most important aspect of this dilemma for you?

What would your grandfather/family see as hope with his illness?

What would hope look like for you at this point in time?

How can you best serve his/ the family's/ your best interests?

What do you want most to see happen in this situation?

Having made an attempt to research, and understand, aspects of the Chinese culture with regard to the issues of confidentiality, death and illness, hope, and filial piety, the counsellor can facilitate, in an ethically conscious way, the client's struggle with his decision.

Case History #2

Mr A is an 80 year-old man who has been admitted to hospital with extreme stomach pain. He is attended by his nephew, his wife and their daughter, as well as his sister and her family. After extensive test results Mr A has been diagnosed with terminal cancer and the health care team predicts that he has approximately one year to live. His physicians have reported that there are two treatment options: surgery and radiation therapy which will prolong life for up to one year. Palliative care with emphasis on pain management for physical comfort has been recommended as the preferred treatment. As yet, no diagnosis or treatment plan has been discussed with the family, but a nephew has been given this information on being elected family spokes-person.

Family History

Mr A is Hindu, originally from Calcutta, and now living with his family in Canada. His son died of cancer three years ago; his wife, daughter and her family, as well as an older sister reside close to him in his community. Mr A's nephew, who was born, educated and raised in Canada, is a surgeon at the hospital and has been designated as the decision maker for the family. The nephew faces a dilemma about his uncle's treatment. His training in Western medicine predicates that surgery and radiation therapy should be top priorities, while his cultural beliefs stress the importance of quality of life. In distress, the nephew seeks support from a therapist in order to help clarify the position he will take in the matter.

Hindu Cultural Considerations

Hinduism believes in a holistic perspective, one which includes the family, the cultural environment and the spiritual dimension of life."Man and the natural world are seen as manifestations of the eternal *Brahman*, [or] all pervading consciousness of God" (Pandya, 1999, p. 35). Not unlike the Chinese view, there is an essential connection between the two entities. They are interactive and interdependent in all aspects of Hindu life (Coward & Sidhu, 2000, p. 2).

Hindu beliefs see no separation between nature, ethics, and personal duty. Ancient Indian philosophy provides the basis for present day beliefs and is intrinsically woven throughout Hindu life (Pandya, 1999, p. 35). There is little differentiation between religion and culture, and Hindu teachings focus on the duties of the individual and the family to maintain a lifestyle which enriches physical and spiritual health (Coward & Sidhu, 2000, p. 2).

Hinduism's aim is to make life "a continuous act of worship" (Rambachan, 1994, p. 2). The *Atman*, as spirit or soul, is the essential self, the true identity of the Self and the *Brahman* in the universe. It is the "changeless basis and unifying reality of all other components of the human being, the God within" (Rambachan,1994, p. 29). The Atman is covered with the subtle body and the physical body, which are likened to layers of cloth. The subtle body consists of our inner world of thoughts, feelings, memories and impressions. Upon death, the Hindu believes that only the physical body dies (Rambachan,1994, p. 29).

Each action and thought in life, whether good or evil, leaves a mark in the unconscious which contributes to *karma,* or rebirth. Karma is affected by our previous lives' experiences. *Dharma*, that which influences action in this life, requires fulfillment of duties "to man and god", and consideration of "the welfare of the whole even as [individuals] pursue their personal goals" (Pandya, 1999, p. 36).

Hindu's believe birth and death to be a continuous cycle; rebirth is contingent on the purification of the soul, the goal of which is "divine cosmic consciousness" (Coward & Sidhu, 2000, p. 2-3). Purity is of two types. *Sudda* is purity of the human body and elements of nature in "their most pure, perfect, and desired state of being". *Sauca* describes the more intimate aspects of body cleanliness. Women, who have more body discharges, are seen to be less pure, which explains the preference for sons in the Hindu culture (Coward & Sidhu, 2000, p. 3).

Where the "I - self" is most common to North American culture, the "We - self" is typical to Hindu life (Coward, 1999, p. 2). The extended family is pivotal in providing social, financial and spiritual support to family members. There is strong male dominance in Hindu culture. The eldest son is the head

of the extended family and protects and provides for the women in the family. This includes overseeing sexual mores, and the responsibility of arranging major decision and consent matters. If there is no son, then the family spokesperson will be the senior, most financially successful, male in the family (Coward & Sidhu, 2000, p. 3-5).

In contemporary Hindu culture, daughters are expected to obtain an education, but are still expected to honour family ties and arranged marriages (Coward & Sidhu, 2000, p. 5, Coward, 1999, p. 17). Women have the responsibility of caring for the family altar, a most sacred place in the home. They also hold the job of passing on the family's worship traditions to it's younger members (Coward, 1999, p. 19).

Children are cherished in Hindu culture, to some degree due to the fact that they are viewed as renewed souls in life, "one in a long series of lives which end in the realization of an identity with the Divine". This, in part, explains the tendency to Hindu permissiveness in childrearing, which also provides children with positive experiences with family and community members. During the early life of the child, rituals are performed which tether the child to the family, the religious community, and, ultimately, the cosmos (Burgess, Rodney, Coward, Ratanakul, Suwonnakote, cited in Coward and Ratanakul, 1999, p. 170 -172).

Religious practices are highly integrated into daily Hindu life. In ancient India, Hinduism was practiced almost entirely in the home. Contemporary society, with its disbursement of family and community, has seen the emergence of the temple as the center of the Hindu community. The "enlightened guru [of each temple] is the dynamic sacred centre of Hinduism". The guru provides guidance with sacred texts and traditions. In each home an altar, or altar room, is set aside for worship and as a resting place for images of gurus, gods and goddesses so basic to Hindu religious practice (Coward, 1999, p. 6-9).

Ethical decisions are made holistically and include societal, religious and spiritual dimensions. Autonomy is not a prevalent quality in Hindu life. Unlike Western tradition, decisions are duty based, rather than rights based. There is no word for rights in Hindu languages (Coward & Sidhu, 2000, p. 2-3).

Western culture has become familiar recently with the word *ayurvedic,* which describes Indian medical orientation. This consists of combining "the prolongation and preservation of life ... within the Hindu religious traditions". Most important is the fact that the ayurvedic goal is "the cultivation of a sound mind in a healthy body as a means towards ensuring the welfare of the soul and ending the cycle of rebirths" (Pandya, 1999, p. 36).

Hindu dietary rules, which are largely vegetarian, and traditional medicines, are often combined with modern medical procedures in the treatment of illness. "Freedom from disease is the elementary requirement for all religious, secular and spiritual pursuits" thus treatment of disease takes whatever form might be successful. Hinduism prioritizes living, as opposed to being alive, and thus quality of life is a serious consideration where terminal illness or advanced age are factors (Pandya, 1999, p. 40 - 41). "Since God dwells in all beings, to help those in distress is to help God" (Pandya, 1999, p. 38 - 40).

"Life and death are points on a continuum" (Pandya, 1999, p. 40). Death is seen as an opportunity for rebirth which brings the Hindu that much closer to Divine Realization (Burgess at al. cited in Coward & Ratanakul, 1999, p. 173). At this time the physical body disintegrates, leaving the subtle body free to merge with the Brahman, and prepare for possible rebirth in another, more realized form.

The eldest son is responsible for cremation arrangements (which, in the Canadian context, take the place of rich ceremonies and the funeral pyre in India) and is responsible for performing rituals for the well being of his elder in the next life (Coward & Sidhu, 2000, p. 4).

The context of Hindu culture is saturated with religious beliefs; this is unique to the cultures examined in this writing. Because some of these beliefs contradict the predominantly Christian culture of the West, lack of respect toward the Hindu has often been exhibited. Tolerance for the differences, and some understanding of the ancient source of these beliefs, could lead to greater harmony between co-existing cultures.

Establishing an Ethically Sound Relationship

In Western culture religious practices are, most often, separate from other aspects of daily life. Church, prayer and ritual are not often seen as integral parts of everyday existence. To the average Hindu, however, life would seem pallid without the richness and support which Hindu ceremony and beliefs contribute. Coward relates the importance of recognizing that religious opinions constitute a major source of ethical viewpoints in the Hindu culture (Coward, 1999, p. 19). Tolerance for, and awareness of, this inter-connectedness would be invaluable for a counsellor while listening to Mr A's nephew's views with regard to his uncle's illness.

Fear of death is prevalent in Western societies. It is the author's opinion that the paucity of our spiritual life is a contributing factor. The Hindu belief of death as a mere point on the path to Divine Realization brings richness and a sense of joyful expectation to death, which is an unknown experience to the average North American. Were a counsellor to approach the situation bringing Western fears to the counselling session, much confusion could be added to the nephew's anxiety.

The wife of a terminally ill patient is the primary contact in Western medical situations. All responsibility with regard to treatment and/or palliative care of the patient would be hers. In the Hindu culture, the wife of Mr A may not be asked her opinion with regard to her husband's care. This would be acceptable from her perspective in most respects but may be an affront to the counsellor's sense of fairness and equality. This most important piece of information may mean the difference between a successful interaction between client and counsellor, and one where the client may leave abruptly.

The dominance of the male in Hindu culture could also be a factor in the first meeting between a counsellor and a male client. It would be important to accept that there may be a sense of dominance, or embarrassment around seeking advice from a woman. If a counsellor accepts this cultural difference a more successful interaction may occur between them.

With the issues conflict of autonomy and non-maleficence foremost in Mr. A's nephew's mind, the counsellor could ask questions such as:

What, given your uncle's religious beliefs, do you feel he would wish most to happen in the next few weeks?

What decision do you believe your uncle would advise you to make, were he in your position?

How could you seek support from the family with this decision?

Who, among hospital staff, could you talk to who would understand your dilemma from a cultural point of view?

By asking these questions, the counsellor shows respect for the religious and familial priorities of Mr. A's nephew and has encouraged him to look for support from these two most important institutions in his culture.

Case History # 3

Mr S is an 80-year-old man flown by Medivac to a hospital in Victoria from northern British Columbia. He arrives with his grandson. He has extreme pain in his stomach (expressed to health care workers by the grandson). With his grandson acting as interpreter, the man is processed through a number of medical tests over the course of the next four days. The resulting diagnosis is cancer. Two alternatives to treatment are offered, one of palliative care, and the other more directive in the form of surgery followed by radiation therapy. Life expectancy is six months maximum and one year minimum consecutively.

Family History

Mr S is an Aboriginal elder living in the village of Klemtu, British Columbia. His grandson, the son of Mr S's only daughter, has been given permission by Mr S to act on his behalf, as his son, brother, and Mr S's wife, are at sea on a fishing boat. When pressed by the attending surgeon to make a decision about his grandfather's proposed surgery, the man becomes agitated and reports that he cannot yet make a decision. He is referred to a hospital counsellor, as a way of expediting the decision-making process.

Aboriginal Cultural Considerations

The Aboriginal culture is an oral culture which is based in a historical context. Its laws and ethical tenets are passed orally from one generation to another and are specific to clan, community and

family (Ellerby, McKenzie, McKay, Gilbert, Kaufert, 2000, p. 1). Because their very survival in a harsh physical environment in the past depended on "harmonious interpersonal relationships", cooperation with other group members and with nature, Aboriginal peoples developed a highly sophisticated culture. The suppression of conflict among clan members resulted in a prosperous existence which was entirely self-sufficient. Many aspects of this cultural heritage are still present today in the habits and rituals of Aboriginal communities (Brant, 1990, p. 534-535).

Generally speaking, Native society is pluralistic and holistic. Rules for social behaviour are highly individualized to clan, or village, tribe or band. Ellerby stresses the importance of acknowledging the diversity inherent in Aboriginal society, and the importance of treating each cultural group with respect by acknowledging their differing perspectives (Ellerby et al., 2000, p. 4).

It follows that emotional restraint would be apparent, because of, and as a result of, the more of conflict suppression. Even the expression of gratitude and approval are seldom seen, as it is assumed that sharing and excellence are common objectives (Brant, 1990, p. 536). On the other hand teasing, shaming and ridicule are common forms of behavior modification in Native families (Brant, 1990, p. 538).

The attitude of "non interference" is paramount to a social community which models autonomy along with voluntary cooperation. Any attempt to advise is seen as an attempt to dominate, and coercion is unacceptable. The goals of the group are met by a disposition toward consensus. Learning therefore, is a process of the one in the know modeling the behaviour or activity, and the learner observing and absorbing all that he wishes or needs to know. It is the responsibility of the learner therefore, to cultivate observation skills (which were originally vital to survival) and an acute awareness of others (Brant, 1990, p. 536). The individualization of rules, which are clan specific can be extremely confusing to outsiders, when combined with the concept of non-interference (Ellerby et al., 2000, p. 1).

Non-competitiveness characterizes Aboriginal relationships. The lack of competition encourages healthy intragroup relations, as well as saving the less capable from embarrassment among other group members. This lack of a competitive nature often extends into educational institutes and the work-place (Brant, 1990, p. 535).

Sharing, familiar to many through publicity of the pot latch, displays a generosity which originated in the necessity of group survival. Materialism to this day is seen to invite "greed, envy, arrogance and pride", all of which can increase the possibility of conflict within the community. Sharing creates equality and democracy in the Aboriginal culture. Extremes of wealth are rare, and each individual is valued and recognized within the community for the contribution of their personal strengths (Brant, 1990, p. 536).

The Aboriginal attitude toward time is a product of non-interference. The concept of "doing things when the time is right" derives from the past need to notice when an array of natural factors converged "to insure success" (Brant, 1990, p. 536). This was/is based on the seasonal quality of many community activities and facilitates harmonious interpersonal relationships among clan members. Personal autonomy, combined with community interdependence is highly valued in Aboriginal society and is bred by this lack of the sense of coercion and an acceptance of the natural timing of events (Ellerby et al., 2000, p. 4).

Holism manifests itself in an emphasis on balance and wellness "within the domains of human life" which encompass the mental, spiritual, physical and emotional. "Affirming the dignity of life is essential". There is no separation of self from family and community, nor between mind, body and spirit (Ellerby et al., 2000, p. 1,4).

Aboriginal spiritual traditions are an intrinsic part of the attitude toward death, and healing is inextricably intertwined with all aspects of living (Ellerby et al., 2000, p. 7). The existence of Spirit Beings plays an important part in connecting the living and the dead and will frequently influence decisions with regard to the approach to curing illness. Aboriginal communities combine both traditional healing techniques and medicine men with modern medical technology (Ellerby et al., 2000, p. 3).

Similar to Chinese beliefs, speaking of "bad news" is felt to bring it closer and, at times, to hasten its arrival (Ellerby et al., 2000, p. 2). The Navajo peoples believe that thought and language "have the

power to shape and control events" (Carrese & Rhodes, 1995 p. 828). There-fore any preplanning is resisted, as it often describes necessary emergency action if a situation worsens.

The word "Hozho" defines the Navajo way of thinking, speaking, behaving, and relating to others. Translated, this means "Think in the Beauty Way", "Talk in the Beauty Way" (Carrese & Rhodes, 1995 p. 829).

Native peoples have faith in the Great Spirit or Creator, "who gave everything on Earth a unique Spirit and who supports their connection ... [to] the traditional healer, shaman, or medicine man". Healers and medicine men see physical ailments as inconsequential compared to spiritual illness (Keyserlingk, cited in Coward & Ratanakul, 1999, p. 179-180). Storytelling is a source of healing in that it emphasizes the continuity of life by describing the lives of ancestors (Kaufert, 1999, p. 37).

A unique aspect of Native tradition is the "sharing circle" which finds family and community members gathered to discuss major concerns and decisions. Communication in the circle is slow, indirect and considerate of all phases of family and community life.The sharing circle is unique in its respect for the "visions and beliefs" of each individual and the "concomitant respect for the community". "Decision making is a process, not an adherence to a code". The individual, and his context of family and community, is of critical importance to the quality of the decision (Ellerby et al., 2000, p. 1-2). The wisdom of elders is often depended upon for the final word, once all stories have been told.

"Aboriginal [peoples] affirm ... the power of human relationships in the healing process. Trust is paramount" (Ellerby et al., 2000, p. 7). Quality of life is more important than extending life, and Aboriginals share, with Eastern and Western cultures, the need to respect "the integrity of the human body after death" (Ellerby et al., 2000, p. 1-2). If quality of life is severely diminished, death is greeted with acceptance (Ellerby et al., 2000, p. 3-4). "Overt expression of grief [is] not seen as appropriate". Instead family members tell stories of other deceased family members as a way of conjoining their Spirits (Kaufert, 1999, p. 37).

Native American ethics, values and rules of behaviour still strongly inform Native thinking and action. The unique combination of spiritualism, autonomy, and community describes the complex and highly adaptive culture of Aboriginal peoples. Sadly, Native languages are dying out (although elders in some communities still speak highly individual dialects and little English). Western attitudes conflict with Aboriginal attitudes, due in some part to vastly divergent meaning making of non-interference, non-competitiveness and sharing. Language barriers have complicated these differences immensely.

Establishing an Ethically Sound Relationship

Although English may be spoken by the majority of Aboriginal people, an interpreter is highly recommended in order to bring awareness and sensitivity to the interaction between the grandson and a counsellor. The subtle, and most vital of, differences between Western and Aboriginal beliefs have been severely maligned by Western attitudes in the past, and any possibility of this reoccurrence could destroy the hope for understanding between the two parties. Kaufert suggests that interpreters can play a "pivotal role" by articulating the value systems and acting as "cultural informers" (Kaufert, 1999, p. 33)

Western culture sees the exchange of bad news as a way of preparing or informing those affected by the news. This propensity directly conflicts with two most important views in Native culture: that it brings about bad news, and that it is interfering, as advice for a solution is often contained with it. Freedman suggests that the concept of "offering truth" (as compared to "imposing truth") may serve Native cultural needs much more delicately (cited in Ellerby, 2000, p. 4). Careful consideration of this by a counsellor, and other health care care workers, would be helpful to the grandson's perspective of his grandfather's health. Understanding that quality of life is more important than extending life in most Aboriginal families would be helpful for a counsellor to remember.

Respect by a counsellor for the importance of the sharing circle would be fundamental to this case. This construct, essential to communication and decision making in Aboriginal society, would be the single most supportive resource which the grandson may have at his disposal. Where Western cultures leave the decision with the patient, Aboriginal culture views the decision as a communal responsibility, and the sharing circle allows each family member to voice their concerns and responsibilities with regard

to the elder. Suggestions may arise for the calling of traditional healers in this milieu, and a counsellor need be accepting of this community resource when meeting with the grandson.

An attitude of inquiry and curiosity would serve a counsellor well. Because of the vast variety of accepted and honored beliefs between individuals, families, communities and clans, it would be presumptuous to make any generalizations when sitting with a Native client. Ellerby suggests assuming "the role of learner" and allowing the client to lead the way in disclosing his ethical principles. (Hospital staff have already inadvertently "interfered', by Native cultural standards, in suggesting that the grandson see the counsellor).

Lastly, the Aboriginal concept of time can cause great misunderstandings in Western culture. Where we are sometimes compulsive about the use of the clock, many other, far more relevant factors of the rightness of time are taken into consideration by Native people. For instance, an appointment may be missed due to family obligations. As relationships are of the utmost importance in the Aboriginal culture, counsellor needs to accept that this may take precedence over her appointment schedule. The pressure by physicians to come to a decision quickly runs contrary to the client's sense of knowing when the time is right for him to reach a decision.

In this case the client did not appear for the appointment. It is doubtful that a single session with the client would have been successful, as Aboriginal relationships are based on trust which is established over a longer period of time and experience. In fact, the client felt it imperative to talk with family members in a sharing circle before he could begin to consider what his decision might be. The family had returned home from fishing, and he to Klemtu, in order to discuss this decision-making process with them.

Had the counsellor seen the grandson to assist him in his decision around the issue of fidelity, she could have asked the following questions:

Would an interpreter be of help to you in feeling better represented in this situation?

Can you tell me what your truth is about your grandfather's health?

How can I learn more of your needs and your family's needs at this time?

What resources do you have within your community to help you with this decision?

The counsellor has acquired some knowledge and understanding of the integration of the spiritual, emotional, and communal world of the grandson which would have enabled her to be open to learning more of the situation in which the grandson finds himself. By asking open ended questions such as those listed, she may have enabled the client to have more clarity about his position which would help him express this in the sharing circle.

Summary

In the preceding paragraphs I have illustrated how varying cultural perspectives can shape the outcome of a counselling session. I provide the context from which to view the cultural information by first describing a contrived case history and family background. The roles of the male, the body, family and death, among others, play in each cultural scenario, delineate the importance of three distinct cultural orientations. The counselling suggestions set the scene for successfull interactions with a member of each cultural background.

Adaptation to Western cultural influences is moderated by factors implicit in the individual. Education, socioeconomic status, and environment (urban or rural) effect the ease with which adjustments are made into a new culture. By varying these factors in each case history, I have attempted to highlight their importance in an ethical decision -making process.

Conclusion

Each client exists in a unique cultural background, making it important for a counsellor to define and develop a way of practicing that reflects flexibility in theory, technique and perspective. Kleinman expands this idea in his statement that counsellors "practice an intensive, systematic, imaginative empathy with the experiences and modes of thought of person's who may be foreign to[them]" (Kleinman, cited in Carrese and Rhodes, 1995, p. 829). By including the word empathy, I believe that Kleinman extends these

requirements to include *ethical* practice. In many respects empathy and ethics require similar considerations by a counsellor, those of imagining the client's milieu in order to enhance an understanding of them.

Knowing cultural orientations is just one step toward this understanding. It would be easy to stereotype people of differing cultures with the information provided in this paper. What becomes essential is that the counsellor takes this information and imagines how it would *feel* to have these cultural guidelines, to notice what shifts the different perspectives might cause in *our* vision of relationships, our spiritual life and our natural environment. Until we can envision how it feels for that person, we cannot assume to understand the ethical context of their world.

Without the inclusion of an empathic and ethical viewpoint, stereotyping is inevitable. Stereotyping is cause for pain among many immigrants to Canada, and for its Native peoples. It has caused mistrust, insecurity and misrepresentation. The experience of discrimination has resulted in resignation, passivity and, at times, aggression. None of these reactions enhance the integration of diverse cultural backgrounds into the Canadian horizon.

Of note in this research is the necessity of maintaining a flexible understanding of each cultural orientation. In the Chinese culture, Taoism, Buddhism and Confucianism can create subtle changes in cultural outlook. In Aboriginal societies there are highly individualistic culture within clans, and the Hindu culture enfolds a variety of cultural perspectives depending on the religious beliefs of specific families. However, there are as many commonalitites as there are differences, as with the universal regard for the human body after death. This is important to remember in terms of our worldview.

Our world is shrinking due to advanced technologies of transportation and communication. The contribution that the expansion of cultural awareness may make to world peace and the reduction of violence is immense. If ethically sound relationships are seen to be the responsibility of each of us, this vision becomes a more plausible prospect.

Coward and Ratanakul contend that "cross cultural sensitivity needs to extend not only to other human cultures, but to animals, plants, earth, air and water", that Western cultures must begin to see the world in the "we-self" perspective which includes ourselves, others and the environment (Coward & Ratanakul,1999, p. 7). We can no longer afford to see ourselves as autonomous and independent of others and nature.

The importance of sensitively negotiating *any* relationship, but particularly those with people of differing customs and beliefs, is profound. Cultural ignorance can be a minefield which may foster explosions of misunderstanding and disrespect.

Addendum:

Case history # 1: Mr Z died from complications shortly after surgery. His wife, grandson and other family members attended him in hospital.

Case history # 2: Mr A returned to India and died a peaceful death with family members by his side. He was cremated by the Ganges River.

Case history # 3: Mr S returned to Klemtu with his grandson upon receiving news of the tests results. Three years later he still lives quietly in the community and is cared for by his wife and family.

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