Are Western Approaches to Research, Diagnosis, and Treatment Universal? 
A Cross Cultural Perspective”.

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“Every Encounter is a Cross-Cultural Encounter”

Multiculturalism and Ethnic Diversities are Increasing.

There are natural Sociocultural differences between Caregivers & Clients, Teachers & Students, and Healthcare Providers & Patients.

Cultural Traditions, Value-Systems, Religious Affiliations, and Nationalities are mixing more than ever in our world today.

We are less anxious when working with people who are similar to us, and are more anxious when working with people who are different from us. The greater the gap (in background, beliefs, education), the higher the anxiety, apprehension, and incompetence.
Practical Suggestions

• Let us pay attention to the *culture* of our surveys, questionnaires, and instruments (language, nuances, hints, terminologies, style, content, etc.).
• Discover the background and mentality of the people with whom we are working.
• Let us find out whether we are part of the *majority* or *minority* culture and whether people have a previous idea about our methods of Research, Diagnosis, Intervention, and Treatment.
• Are you dealing with an *international* audience or a *localized* small population?
• Working with a *heterogeneous* group is different from working with a *homogeneous* group.
• Let us find out the level of education, development, and exposure of our target audiences before applying any methods or measures (*empirical or therapeutic*).
• Let us be *sensitive* to the value system, norms, and customs of other people.
• Realize that *Culture* is not the same as *Country* or *Ethnicity* or *Nationality* (though these are part).
• Let us discover the *worldview* of the local and national people, and how this is similar or different from our own personal worldview.
Defining Community & Culture

• **Culture** is a broad and rich concept. No single definition is able to capture its essence, describe its dynamics, or articulate its depths *(there are over 150 definitions)*

• **Cultures** are better felt than defined and better experienced than explained... Culture is a design of life. It can be understood as a way of feeling, acting, and believing. It is the knowledge of the community or the people group stored for future use.

  *(cf. Hesselgrave, 1984)*

• **Culture** shapes the life of the community and in return is shaped by the community itself. Cultures have an abstract and a concrete element to them. They are, at once, tangible and symbolic, moral and temporal, conscious and unconscious. They represent connectivity with the past and continuity into the future.

  *(Abi-Hashem, 1999)*
“The Concept of Cultural Self”

Who Are We Becoming Culturally in this Age?

**Cultural self** is a fluid entity that reveals who we are at the core and at large, and reflects our multi-layered Self and multiple-Identities.

Generally speaking, it is a broader sense of **self with many dimensions**, that is pushed and pulled by so many forces and, at the same time, creating its own gravity.

In essence, it is, **who are we becoming culturally** in this globalized, industrialized, materialized, digitalized, secularized, politicized, polarized, and radicalized age.

“Cultural Competency”

During the last decade or so, cultural competency has been highly emphasized encouraged and in all areas of professional care and service, both locally and globally (e.g., cultural awareness, cross-cultural skills, and multicultural sensitivity).

Also there is a need to equally promote the community and its resources for resiliency, in order to counter the high tendencies of individualistic living and social disconnectivity. People are being removed from their vital cultural heritage, social sphere, and rich context.

These tendencies are increasingly becoming characteristic of our urban, industrialized, and digital lifestyles (cf. Turkle, 2011; Weil, 2011).

In other words, it is a call to re-invent and re-establish community as a cultural mediator and emotional resource as well as to revitalize and re-contextualize resiliency as a cultural function and phenomenon.
On Globalization
The World is Witnessing Powerful Trends

• Computerization & Digitalization of Life (*is virtual reality real?*)
• Diffusion of Geographical Boundaries & Nationalism.
• Increased Travels, Trades, and Communications.
• Overload of Information & Invasion of Advertisements.
• Materialism, Commercialism, & Consumerism.
• Changing the Face of Human Interaction & Relationship.
• Secularism, Individualism, & Liberalism (*against norms & conventions*)
• Traditionalism, Conservatism, & Legalism (*rise of rigidity as a reaction*)
• Fundamentalism, Extremism, & Radicalism (*on the other hand*)
• Globalization and Culture have mutual reciprocal effects.
• Globalization has positive and negative impacts and is considered to be an irreversible phenomenon.
Worldview

- Worldview is the general outlook on life. It is the blueprint and contact-lenses by which people perceive reality and interpret the world.
- It is a large cognitive-mental mapping, an affective-emotional tuning, and a comprehensive philosophical landing and the collection of conceptions about life, existence, and humanity at large.
- Similar to the concept of mentality, worldview can be open or narrow, flexible or rigid, broad or skewed, linear or circular, depending on the level of exposure and emotional maturity of the group.
- Any worldview to hold and be valid, it must be realistic, comprehensive, global, cohesive, rational, meaningful, consistent, and satisfactory, as well as being able to hold and stand the test of time.
- Most people are not aware of their own worldview (3 scenarios possible).
- It should be reasonable and seasoned enough, anchored in human wisdom, values, and maturity, and yet flexible and adaptable enough to accommodate the emerging realities of our world and this globalized 21st century.
Worldview

• Basically, there are several layers and dimensions to a worldview, which could be summarized by these four: philosophical-theological, technical-empirical, psychological behavioral, and social-cultural. Virtually, these spheres overlap, converge, interact, and mutually influence and inform each other.

• As cultures and ethnicities are mixing more than ever in our rapidly changing world today, the fact of discovering, appreciating, and learning from other people’s worldviews can be a very rich experience. This, of course, requires psychological empathy and cultural humility as well as a constructive communication pattern and a creative imagination. These skills are essentially valuable and increasingly needed in all types of the helping professions.

(Abi-Hashem, 2012a; Hofstede, Hofstede, & Minkov, 2010; Smart, 1999; Suhoza, 2006).
Cross-Cultural Health

• Culture and Religion affect our Views of Health & Illness, Normal & Abnormal, and Life & Death. They are intertwined.

• Cross-cultural health can be defined as an approach which attempts to reconcile and integrate differing cultural values and practices. It strives to accomplish effective health care system across time and social boundaries.

• Cross-cultural health researchers and providers learn the importance of Awareness, both of their own attitudes and beliefs, as well as of other people.

• Cultural empathy and sensitivity are essential in all aspects and stages: Administration, screening, education, assessment, prevention, intervention, etc.  (cf. Sisuki & Ahmed, 2012)
Some of the Goals of Cross-Cultural Service are:

• To increase understanding and building common bridges while decreasing misconceptions, prejudices, biases, and stereotypes.

• To pay attention to the assumptions and sociocultural nuances and to avoid mistakes, alienations, and offenses.

• To become appropriate, well informed, and effective by learning from the subjects/clients/patients/others.

• To invest time in preparing verbal or written Cross-Cultural Communication materials with the help of knowledgeable translators. (see article on “Counseling Middle Eastern Arab Americans”)
Internationalizing and Contextualization of Therapeutic Research and Health Care Practice.

Most research studies and textbooks are done by Westerners and for Westerners, and mostly by North Americans in North Americans.

How accurate and applicable are the outcomes to non-Westerners?

What are the benefits and the dangers of generalizing such knowledge and the research conclusions and results elsewhere? *(pros & cons).*

How about the pressure in academia to produce research studies and publications *(even though many are weak, redundant, and irrelevant)*?

What about the cultural bias, focused worldview, and personal assumptions of the investigators and researchers?

Our background, past experiences, present reactions, and future ambitions all shape the way we think, write, teach, practice, and do scholarship. The way we formulate questions, design plans and methods, and interpret results are influences by our belief system, experiences, preferences, worldview, inclinations, needs, exposures, ideology, aspirations… *(conscious or unconscious).*

Thus, there is ultimately no value-free literature or totally bias-free, flavor-free research *(we have to be aware of this dynamic).*
Individualism vs. Collectivism is not always an easy distinction. In many societies the “individual” is important only through “others.”

There is a need to Indigenize and de-Colonize Research content.

What are the challenges of doing US research on internationals?

The benefits of relying on Cultural Brokers, Collaborators, and Middle-Men who know the local Customs, languages, and Cultures as well as the Western Mindset, Lifestyle, and Customs.

Communities and nations are similar in some ways but different in other ways, e.g., Honor Culture vs. Justice Culture; Group vs. Self-Reliant.

There is a need to revise the cultural approach of instruments, surveys, and questionnaires (either-or, yes-no, multiple choices answers).

Guidelines for Cross-Cultural Research & Evaluation
(Especially with People of Arabic & Middle Eastern Heritage)

• In-depth research studies and adequate specialized-surveys are needed to understand the psychosocial functioning and coping strategies of the various populations and minorities (immigrants, displaced, and nationals in their homeland).

• These investigations should be based on comprehensive preparations, observations, deep insights, new conceptual frameworks, carefully crafted designs, and friendly approaches.

• Any research effort should include experts in cross-cultural psychology and communication, who possess intimate knowledge of the target population (in this case the MENA).

• Insensitive approaches or literally-translated questionnaires from far away sources, are often misleading and confusing (without a soul), both to the participants and the researchers alike and may completely miss the point (cf. Daskon, 2010; Khaleefa, 1999).
Any empirical research, study measure, health survey, academic endeavor, clinical intervention, medical inventory, or even humanitarian service, that is conducted across cultures, groups, minorities, nationalities, etc., should take the following qualities, principles, and guidelines into serious consideration:

• It should be mostly **non-western** in nature. Must be culturally sensitive and appropriately relevant to the locals’ mentality and intergenerational subcultures (*warm culture, Eastern mentality, close knit circles, etc.*).

• Although many concepts, **theories**, and approaches in medicine and social sciences are global and universal in their nature and application, many others are not, simply put! They need to be **adjusted**, modified, adapted, edited, changed, or completely omitted (*Betancourt et al., 2009; Cram, 2009*).

• It should be mostly **non-pathological** in orientation. Trying to detect not only the malfunctions and disorders but also the strengths, positive qualities, and healthy aspects of the people. And the inter-generational wisdom, communal **strength**, social support, and psychological **resiliency** that keep them striving and functioning. It is very rewarding indeed to discover some of their hidden sources of hope, tolerance, and survival as a stored emotional capital and wellness (*cf. Abi-Hashem, 2006, 2008, 2011*).
• It should be **Familial**, Personable and **Collective**. Every health or socio-emotional issue is a family-communal issue. Too much focus on the single-isolated individual, private, and self-reliant as an intrinsic, intrapsychic, and detached unit standing alone. Most warm cultures and societies function in group cohesiveness. They have personal-individual “self,” but are not individualistic in Western sense. Tribal bonding and mentality are strong, thus our paradigms and approaches need shifting.

• It should be **Philosophical** and **Existential** in nature. Most non-Westerners view reality in non-linear or mechanical ways. They have different views of time and space, hardship and pain, struggle and endurance. They tend to keep the global picture present and incorporate spirituality, tradition, religious affiliation, and social values intimately. Many of them are multi-linguistic thus they navigate many subcultures, mental dimensions, and worldviews (*mode of thinking versatile compared to monocultural & monolingual*). Communal heritage and spiritual faith are integral elements and cultural glues of any Middle Eastern group identity and social function.
• It should be non-**Intrusive** but **Respectful**! Try to Avoid interrogation, embarrassment, pushing people to reveal too much too soon. Avoid questioning sensitive materials or private issues (*like eliciting detailed information about one’s intimate life or sexual behavior or matter related to public shame*).

• It should be **non-Provocative** but **Friendly** and **Diplomatic**. Not promoting wild expressions (*describe your anger toward your father/mother… your hate toward your boss/elders/government…etc.*).

• It should be **non-Literal** but **Realistic** and **Meaning** oriented. Meaning-making is very strong among many cultures and minority groups. Most people around the world learn to live with disappointments and problems and reconcile mortality. They do not expect any quick fix or easy solution. Therefore, it is important not to always define or label their experiences for them but listen to their **perception** and **perspective**.
• It should be **Non-Rigid** or **Mechanical** but **Comprehensive** in its **Diagnostic** approach, especially for mental-emotional health and personality-functioning domains. It must remain open-ended, looking for the underlying clusters, multiple features, and combination of syndromes. Most people (even in Western societies) do not fit under one single diagnosis of the DSM (which is after all based on Western settings and criteria). It must fit a combination of **Paradigms** and integrate many experiences, disturbances, and conditions together. Virtually, what is clinical and pathological in one culture can be quite normal and functional in another, and vice versa. We should be concerned, not only with **details**, fragments, or pieces but also with the **larger** scope and the global **Picture**.
• It should find **common grounds** and build solid **bridges** with others in order to earn their trust, respect, and confidence.

• It must acknowledge the obvious **differences** between you, as an investigator-caregiver, and them, by gently asking about any **concerns** they might have about working with you.

• It should take into consideration their background and heritage, if they were **indigenous people**, and their level of **acculturation** and integration, if they were immigrants or new minorities.

• It should avoid **generalization** and **classification**. Let us be clear in our instructions, guidance, and recommendations as well as in our set of expectations. Always check back to see if these suggestions are **making sense** to them. Realize that every community is unique, diverse, and rich.

• And for us, it is a privilege and an honor to work cross-culturally. Every encounter is important and rewarding, and hopefully, will change our own life for the better.

  [--- and together we can continue to make a difference]
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