Using a Multicultural Lens to Understand Illnesses Among Haitians Living in America

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Currently, ethnic and racial minority individuals represent a large proportion of the U.S. population, and researchers expect that they will represent the majority of the population by 2050. This shift in U.S. demographics calls for a greater awareness and integration of cultural issues into the assessment and treatment of ethnically and linguistically diverse clients. This article examines the unique beliefs and manifestations of illnesses among Haitians in connection with the American Psychological Association’s (APA, 2002) Multicultural Guidelines. The authors use a common culture-bound syndrome, Sélizismn, to illustrate the cultural beliefs, assessment, and treatment of illnesses among Haitians. In so doing, they demonstrate how to incorporate the APA Multicultural Guidelines into treatment with clients of diverse cultural and racial backgrounds.

Keywords: multicultural, Haitian, illnesses, cultural beliefs, Sélizismn

Culture is critical to address as it affects the service delivery outcomes of ethnic minority and/or immigrant populations in the United States (Office of the Surgeon General, 2001). The number of Haitian immigrants in the United States continues to grow at a steady rate. According to the 2000 Census, there were 419,317 Haitian immigrants in the United States. This makes Haiti the second largest source, after Jamaica, of Black immigrants in the United States (U.S. Census Bureau, 2001a). As the number of immigrants and ethnic and linguistic minorities continues to rise in this country (Judy & D’Amico, 1997; U.S. Census Bureau, 2001b; Wehrly, Kenney, & Kenney, 1999), it is imperative that mental health providers become better informed and develop the skill sets necessary to integrate the providers’ and clients’ cultural backgrounds into the treatment process.

The Guidelines for Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists (also known as the APA Multicultural Guidelines; American Psychological Association [APA], 2002) affords mental health providers justification for understanding, addressing, and integrating cultural, historical, social, political, and economic contexts into service delivery for diverse populations. In this article, we illustrate the utility of the APA Multicultural Guidelines by describing (a) the etiology, presenting concerns, and treatment of illnesses among Haitians, and (b) one specific type of illness, Sélizismn,

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with examples of how it is perceived and treated by Haitians in the community. Also, we make specific recommendations for mental health practice with Haitians that are consistent with the APA Multicultural Guidelines.

Etiology of Illness

The APA Multicultural Guidelines, as well as the Surgeon General’s report on culture and mental health (Office of the Surgeon General, 2001), strongly suggests that “cultural misunderstandings or communication problems between clients and therapists may prevent minority group members from using services and receiving appropriate care” (Office of the Surgeon General, 2001, p. 42). The APA Multicultural Guidelines provides ways that mental health providers can begin to address this problem with Haitian clients. The first and second guidelines stress that clinicians need to recognize how their own beliefs may impact the way they perceive clients as well as the importance of cultural sensitivity for individuals from cultural groups other than their own. Consistent with the first and second guidelines, the fifth and sixth encourage clinicians to use culturally appropriate skills and to collaborate with professionals outside the field of psychology who may provide more insight into a client’s presenting problems. In this section, the importance of knowledge and awareness of attitudes and beliefs about diverse groups is illustrated through a presentation of Haitians’ perceptions and beliefs about the causes of illnesses.

Supernatural Illness

When working with Haitian immigrants, clinicians need to be aware of the fact that Haitians often believe illnesses are supernaturally induced. Supernatural refers to a belief in power that seems to violate or go beyond natural forces. In Haitian culture, supernaturally induced illnesses can be perceived as arising from several sources: (a) strained relationships with God, (b) curses (evil spells), and (c) offended lwa (i.e., a powerful spirit or deity in the Voodoo religion).

Strained God–person relationships. A common belief among Haitian clients is that a person’s body may become weak or ill if his or her relationship with God is strained (Martin, Rissmiller, & Heal, 1995). For example, Ulin, Cayemittes, and Metellus’s (2004) qualitative study on HIV/AIDS illustrates this belief. Haitian women attributed the transmission of HIV/AIDS to a variety of supernatural (e.g., a curse, voodoo) and natural (e.g., environment, sexual contact) causes, but God was also a salient cause. The following quote from Ulin et al. (2004) illustrates this Haitian belief system:

They say that male homosexuals transmit it. I have seen male homosexuals since I was a child, and I don’t see them die. Sometimes they say that female prostitutes transmit the disease. Sometimes they say it is drugs, sometimes women and men with several partners. I think that nobody knows what causes AIDS. I think it is a God-given disease aimed at destroying human beings. (p. 2)

In this quotation, the speaker is arguing that engagement in activities deemed inappropriate by God leads to severe consequences for individuals.

Curses. A number of Haitians also believe that illnesses can result from a curse (Martin et al., 1995). For example, a jealous neighbor may place curses on individuals with the intention of disabling them. In talking with Haitians in Miami about their perceptions of the causes of HIV/AIDS among Haitians, Albertini and Barsky (2003) found that one of the most frequent beliefs about the cause of HIV/AIDS among the participants was a curse by others. One participant made the following comment to Albertini and Barsky (2003):

His family thought that he wasn’t sick and someone was doing something bad to him. Even in Haiti, when the person has AIDS, they always say that it’s a bad spell that they did to him. His parents would take him to the witch doctor; they would bathe him in leaves and give him a bottle of herbs to try to cure him. Because for them he doesn’t really have AIDS. (p. 10)

Offended lwa. Lastly, a quite common belief among Haitians is that illnesses can result from an offended lwa. Lwas who are neglected, or are not served by their worshippers, can induce illness as a means of retaliation (complete descriptions of Haitian Voodoo can be found in Corrine, Bailey, Valentin, Mortantus, & Shirley, 1992; Cosentino, 1995; Olmos & Paravissini-Gebert, 1997). It is important to note that an offended lwa may be a Haitian client’s causal attribution for his or her illness, but the mental health professional will not be able to see or interact with the lwa. Rather, assessment of the client’s attributions provides the mental health provider with a sense of how the client may perceive his or her symptoms or illnesses that may be used to make interventions more culturally relevant. The following quotation is from Mambo Racine San Bout (Mambo and Houngan are names for female and male priests, respectively; personal communication, July 14, 2004), with regard to her experience of the etiology of mental illnesses in the Haitian community:

There is, for example, in my neighborhood in Haiti a young woman whom I will call Rose. Rose wanders the streets and trails, dressed in rather bizarre outfits, she talks out loud to herself cursing at her enemies. . . . and yet Rose used to be a perfectly normal young woman, a mother, a wife. The skinny [story] on Rose is that her mat lot, which is to say another domestic partner of her common law husband (she did not agree to her man taking another woman, the man just inflicted this on her as Haitian men are able to do since women are so socially and economically disempowered), worked a wanga (a spell, a collection of “secret” ingredients collected in a bottle or pouch) on her to make her nuts, so the man wouldn’t want her anymore.

According to Mambo Racine, in the event that Rose was inflected by a wanga, the magic has to be undone. If Rose’s illness is caused by her husband setting an evil lwa on her, he would be required by the Mambo or Houngan to offer some service to
Rose’s lwa, thereby affirming her value and paying the consequence of his act by having to withstand some financial penalty. A lwa could be called to the head of the sick person by a Houngan or Mambo to reveal where the malevolent power objects are buried in order for them to be dug up and their power undone. The lwa identified could be bribed with a more substantial payment than the original maledictor paid (e.g., three chickens instead of one, a pig instead of a goat, or monetary compensation). Another lwa could also be called to fight against the original lwa and the person who made the original wanga. This is captured in the expressions Fe koupe fe (Iron cuts iron) and Neg fe, neg defe (What one man does, another man will undo).

**Naturally Induced Illness**

Illnesses not perceived to be supernaturally induced are known as naturally induced illnesses (Dow, 1965; Laguerre, 1981). When an illness is naturally induced, its causes can be seen in the natural world. According to Haitians, naturally induced illnesses result from environmental factors (e.g., food, air, cold, heat, gas). Obesity, cold, fever, and headache are some of the illnesses that are often associated with natural causes. Naturally induced illnesses are often short in duration and occur frequently among individuals. Many Haitians believe that naturally induced illnesses can be prevented by eating a balanced diet, getting enough sleep, keeping warm, exercising, and keeping clean (Martin et al., 1995). These practices are important in order to maintain strength and avoid weakness or febless (feelings of weakness).

Using gaz (gas) as an example of how such environmental factors can lead to the development of illness, Colin and Paperwalla (1996) provided the following illustration:

Gaz can occur in the head where it enters through the ears; in the stomach where it enters through the mouth; and in the shoulders, back, legs, or appendix where it travels from the stomach. When gaz is in the stomach, the client is said to suffer kolik meaning stomach pain. Gaz in the head is called van nan tet or van nan zorey, which literally means “gaz in one’s ears” and is believed to be a cause of headaches. Gaz moving from one part of the body to another produces pain. Thus, gaz moving from the stomach to the legs produces rheumatism, to the back causes back pain, and to the shoulder causes shoulder pain. Foods that are capable of dispelling gaz include tea made from garlic, cloves, and mint; plantain; and corn. To deter the entry of gaz into the body, one must be careful about eating “leftovers,” especially beans. (p. 152)

Thus, many Haitians believe that gaz is a contributing factor to the development of various ailments. Also, a common Haitian belief is that women are likely to develop gaz after childbirth. Therefore, the reporting of gaz symptoms should not be dismissed or considered insignificant by providers in this country because they may be indicative of other physical health problems (e.g., gastrointestinal disorders), which warrant closer examination.

Because Haitians attribute illnesses to both supernatural and natural causes, there are specific behaviors that an individual can engage in to decrease the occurrence of illnesses. Whereas the treatment for supernatural illnesses is rituals and prayers, the treatment for natural illnesses is typically special massage oils, herbal teas, and antibiotics. As outlined by the APA Multicultural Guidelines, an understanding of the Haitian client’s explanation for her or his illness provides mental health providers in the United States with an entryway from which to discuss the person’s beliefs, perceptions, and responsibilities in the healing process.

**Illustration of Etiology of Illness—Séizisman**

Within the Haitian community, syndromes specific to Haitian culture exist (e.g., Pedisyon, Maldyok, and Séizisman; Colin & Paperwalla, 1996; Coreil, 1983; Coreil, Barnes-Josiah, Augustin, & Cayemittes, 1996). Though the symptoms of these illnesses may exist in other cultural groups, the Haitian community often names, identifies, and treats them differently. In this section we use Séizisman, the most frequently occurring Haitian cultural syndrome, to illustrate the perception, assessment, and treatment of culture-bound illnesses within the Haitian community. In reading about this syndrome, it is important to think about the first, second, and fifth guidelines of the APA Multicultural Guidelines as they suggest necessary practices for assessing and treating clients suffering from Séizisman.

**Onset of Séizisman**

Séizisman, which literally means “seized-up-ness,” refers to a state of paralysis usually brought on by rage, anger, or sadness, and, in rare cases, happiness. Some of the most frequent causes of Séizisman are receiving bad news regarding a loved one; witnessing a traumatic event, such as an accident or a shooting; or seeing dead bodies. A number of other situations that may induce Séizisman include family crises (e.g., misbehaviors of children or conflicts between family members leading to estrangement), news announcements (e.g., wedding engagement, pregnancy, funeral), and narcissistic injuries (e.g., verbal insults from others, getting fired from a job). Thus, Séizisman is the result of an unexpected event or situation (whether good or bad). Although it is not an exhaustive list of the causes of Séizisman, the foregoing list provides an overview, on the basis of our conversations with health providers and community members about their experiences with this illness.

Moreover, some catalysts for Séizisman are specific to Haitian women. For example, Haitians believe that delivery of “bad news” or “shocking news” to pregnant Haitian women can lead to miscarriage, premature delivery, deformations of the fetus, and even the woman’s death. Additionally, women in the postpartum period are very vulnerable to the development of Séizisman. In fact, Haitians believe that the development of Séizisman in Haitian women who are nursing can lead to the contamination of breast milk. As a result, regardless of the situation, Haitians make every attempt to protect pregnant and postpartum women from harmful news. For example, a family may not tell a pregnant woman of the death of a family member until after the birth of her child, or, alternatively, they may delay telling her until they have made reasonable accommodations should Séizisman occur.

**Experience and Presentation of Séizisman**

According to Haitians, Séizisman includes the movement of blood to the head—resulting in the loss of vision, headache, increased blood pressure, and the potential for stroke, heart attack, and sudden death (Laguerre, 1981, 1984). The person affected with this syndrome often becomes completely dysfunctional, disorga-
nized, and confused (Laguerre, 1981). He or she is usually unresponsive to his or her surroundings and is unable to get up. The person constantly weeps and refuses to speak or eat. In addition, the person can twoufe (suffocate) or become so outraged that he or she can no longer draw breath. Séizisman may last anywhere from a few hours to a few days. The precipitating events do not necessarily impact the duration, but rather, Haitians believe that individual reactions to the events are larger determinants of the duration. Thus, it is possible for the same event to result in several days of Séizisman for one person and 1 day for another. There is no clear explanation of the reasons underlying such diverse reactions. The following is Mambo Racine San Bout’s description of her own development of symptoms of Séizisman while she was serving as a United Nations Human Rights Monitor in Haiti (personal communication, July 14, 2004):

I remember over and over, when I was a UN [United Nations] Human Rights Monitor and I was down there in Port-au-Prince viewing cadaver after cadaver left by the Haitian army, people would say, “Now go home and lie down or you will have Séizisman.” And I never really had a problem, you know? I never threw up or fainted no matter what I saw, but I started to feel “stressed,” which is an American illness defined in an American way. After viewing one particularly vile massacre scene, I went home and followed the cultural model I had been shown. I lay down, curled up, and went incommunicado. “Ah-hah! Séizisman!” said the people of my household. I was then the recipient of massage, herbal teas, cuddling and coddling, and general cheering up from my Houngan [spiritual healer] and Mambo buddies and others.

The previous quotation illustrates how viewing horrific events can lead to a progression of symptom development by the person. It also illustrates how attuned Haitians are to the symptoms of this syndrome. Therefore, as the first and second guidelines (APA, 2002) indicate, when working with Haitian clients, it is imperative for clinicians to first recognize how their own beliefs may impact the way they perceive their clients and their clients’ symptoms as well as to gain an understanding of how their clients perceive the etiology of their condition(s).

Integrating Cultural Beliefs and Experiences Into Treatment

Researchers have cited several reasons (e.g., distrust of psychological services, practitioners’ lack of cultural sensitivity) as the causes for the underutilization of mental health services by ethnic and racial minority people (e.g., Sue & Sue, 1999). However, insensitivity regarding the cultural and spiritual experiences of ethnically and racially diverse people (common in many Westernized treatment modalities) is the most cited reason for the lack of utilization of mental health services (Hall, 2001; Sue, Bingham, Porche-Burke, & Vasquez, 1999). As highlighted by the APA Multicultural Guidelines, if Haitian and other ethnically diverse clients do not typically enter traditional Western mental health settings, then it is important for mental health providers to be aware of common ethnic community healing practices so that these practices can be taken into account if these clients decide to seek services.

Community Healing Practices

The majority of Haitians typically manage their symptoms or illnesses by consulting family members, spiritual healers, and, as a last resort, Haitian health care providers. Family members and spiritual healers often practice folk medicine specific to Haitian culture.

Family members as healers. The first resource for managing symptoms or illnesses is the advice of family members. Different treatments may be used depending on whether the cause of the illness is natural or supernatural. For example, Racine’s anecdote illustrates that both natural and spiritual treatments are used when a person experiences Séizisman. Thus, family members help the person to quietly sit; they apply a cold compress to the person’s forehead and encourage him or her to drink bitter herbal tea, water, or rum mixed with black unsweetened coffee. Family members may also recommend that the person seek treatment from a spiritual healer such as a Houngan or Mambo. Regardless of the type of illness, however, Haitians will almost always consult with their family regarding treatment prior to seeking outside help.

Spiritual healing. The common secondary mode of symptom management is spiritual care. After obtaining familial advice or help and before seeking professional medical services, the person will seek services from a priest or clergymen (Desrosiers & St. Fleurose, 2002). For example, supernaturally induced illnesses that are due to an offended lwa are commonly treated with Voodoo. According to Mambo Racine, this can occur during a Voodoo ceremony during which the lwa is called to the head of either the sick person or the Houngan or Mambo leading the treatment in order to resolve the underlying cause of the illness (e.g., an offended lwa or a curse; Racine San Bout, personal communication, July 15, 2004). In addition to using Houngans and Mambos, supernaturally induced illnesses can be treated with individual prayers and religious incantations. This method is used when an illness is believed to have come from a strained relationship with God (Metrax, 1972). Under these circumstances, prayer helps repair and strengthen the individual’s relationship with God.

Folk medicine. The use of herbs is a common practice among Haitians for all types of naturally induced symptoms and illnesses. For example, Haitians often use the root sarsaparilla as a blood purifier to cleanse the liver, kidneys, spleen, and bowels and as a preventive measure for illnesses (Laguerre, 1984). Senna is another herb often used in Haiti to reduce indigestion and act as a laxative (Colon, 1976). In addition to using specific herbs, which may be administered by family members or spiritual healers, Prince (2005) reported that a person can choose to go to a medsen fey (leaf doctor), “a person who knows how to use leaves and other plant parts to promote health and cure illness” (p. 2). The following excerpt from Prince (2005) illustrates the role of the leaf doctor as a health care provider:

I treat people with digestive problems, acid stomach, gas, constipation, and sexual problems. I treat fevers, and colds, and aches. I have medicine, which cleans and purifies the blood. I treat children who aren’t growing well, or who are being persecuted by evil spirits. In addition, we always make sure that the sick person gets the best possible care from a medical doctor, and sometimes the doctor works together with me. I work with people who have chronic illnesses, including diabetes, hypertension, and HIV/AIDS. While I cannot cure
these diseases, there is much that can be done to help a person live a longer, healthier life. (p. 2)

Treatment Implications

Given that many Haitians prefer alternative modes of treatment for illnesses, by the time they consult mental health professionals as resources, they are likely to be desperate. Therefore, as suggested by the APA Multicultural Guidelines, mental health providers will deliver services more effectively if they incorporate core beliefs and indigenous healing practices into the treatment process. The examples provided so far suggest some potentially useful treatment strategies. They are as follows: (a) Mental health providers can consult with families about their understanding of various treatment options to gain an understanding of how Haitians conceptualize illnesses; (b) mental health providers can consult with spiritual healers in the community about various treatment remedies often used by Haitians to determine if and how to integrate them with counseling practices; and (c) they can suggest alternatives to folk remedies and learn how to sensitively integrate these alternative treatments with folk treatments. Given that illnesses are often associated with supernatural elements, clinicians should consult spiritual or religious healers when treating illnesses that clients believe are associated with supernatural beliefs among Haitians (Desrosiers & St. Fleurose, 2002). A mental health provider can locate a spiritual healer through any community center or by contacting the National Federation of Spiritual Healers, which maintains a list of spiritual healers throughout the United States.

Health care providers who adopt the APA Multicultural Guidelines and show compassion and sensitivity toward Haitian and other non-Westernized clients may achieve greater success in educating and treating the client, family, and community. For example, in the event that there is a conflict between Westernized and Haitian community treatment modalities, clients are likely to comply with the treatment regimen commonly used in their ethnic community. In such situations, advocates of culture-specific treatments recommend that mental health providers create a community-centered healing, which involves seeking the guidance and advice of community and spiritual healers from the individual’s community (APA, 2002; Arredondo et al., 1996; Grieger & Ponterotto, 1998; Lewis, Lewis, Daniels, & D’Andrea, 1998).

Implications of Multicultural Guidelines for Treatment

Engaging in service delivery and consultative practices that respect clients’ cultural belief systems is supported by the APA Multicultural Guidelines, especially the sixth guideline, which stresses the importance of incorporating non-Westernized practices into mental health treatments for clients of nondominant ethnic and linguistic heritage. With respect to Haitian clients specifically, awareness of the existence of supernatural and natural beliefs about the etiology of illnesses in Haitian culture and the identification of culture-specific syndromes highlights the importance of the first, second, and fifth guidelines of the APA Multicultural Guidelines. Specification of these culture-specific illness beliefs demonstrates reasons why psychologists should be attuned to their own beliefs as well as the beliefs and healing experiences of their clients. Given the cultural differences between and among members of various ethnic groups, it is likely that mental health providers will encounter contradictions between their own beliefs and their clients’ beliefs about the development and appropriate treatment of illness when working with clients from cultural backgrounds different from their own.

Fiske (1998) argued that one way people manage information that is overwhelming or contradicts their own belief is to “place people into categories” (p. 359). Categorization may potentially be damaging to the therapeutic process with clients. The illness beliefs that many Haitians hold can lead mental health clinicians to form “automatic biases and stereotypic attitudes” (APA, 2002) about Haitians that can negatively influence their communication and relationships with them as clients. As clinicians read about the health beliefs of Haitians as an ethnic group, we recommend that they begin to evaluate and become more aware of their own attitudes and beliefs about Haitians and other ethnic minority groups in order to reduce the biases that they might have about these groups. Following the APA Multicultural Guidelines and engaging in self-evaluation and reflection will result in better service delivery to culturally and racially diverse clients.

Better assessment and connection with clients can be facilitated by using questions developed by Callan and Littlewood (1998) such as What do you or people from your family or cultural background call your problem (illness)? What do you think is the course of your illness? Who do you go to for help for this type of problem? Such a culture-focused assessment (similar to Kleinman’s, 1980, explanatory model) allows for an investigation of the clients’ beliefs and perceptions of their problems and also a greater therapeutic alliance between the client and the mental health provider.

More generally, as recommended by the APA Multicultural Guidelines, mental health providers need to become aware of any discrepancies between their belief systems and those of their clients. Additionally, they need to learn about the various healing practices often found in nonwestern cultures, such as Haiti, and how to include such practices in mental health services provided to people from these cultures.

Conclusions

Understanding and adopting the Multicultural Guidelines put forth by APA will allow clinicians to recognize the importance of developing a clear understanding of the perceptions, manifestations, and appropriate treatment of illnesses among Haitians and other culturally and racially diverse clients. Ultimately this new awareness will help clinicians determine how to approach treatment with such clients. Additionally, we believe that this new awareness will motivate clinicians and researchers to use their clients’ (and their clients’ families’) perspectives on the etiology and treatment of illnesses to make the treatment process more consistent with the clients’ needs.

An important aim of treatment with ethnic minority populations should be to empower clients to actively interact with their service provider. A culturally responsive treatment process should allow clients to communicate effectively about their own methods of preventing and treating illnesses, including their use of medications and home remedies. Clinicians need to provide a culturally competent environment in which the client feels understood and uninhibited in sharing her or his cultural beliefs and practices. This sharing of valuable information will enhance the communication
process between clients and their health care providers, which
ultimately should improve adherence to treatment regimens, client retention, and client satisfaction.

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